



RECEIVED

Project Number: _____

Intentionally left blank for Official Use Only

SHOPS:
DUE:

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
FACILITIES AND MAINTENANCE

SPECIAL PROJECT APPROVAL REQUEST

School/ Site:	Date:
Estimated Start Date: _____	Estimate Completion Date: _____
* Exact Start and End Dates will be determined upon approval	
Project Description:	

6.48 405.12 539.28 12.96 re W BT /TT 0 1 Tf 11.04 0 0 11.04 161.4 408.48 Tm ()Tj ET Q q 36.48 405.12 539.28 12.96 re W

GENERAL INFORMATION SPR Applications submitted to Facilities Support Services are normally reviewed within 30 working days of receipt of all applicable applications (all requirements submitted)

(Include a copy of the school/site plan indicating the exact location where the proposed project is to be completed)

School/ Site Approval: _____
Signature of Principal/ Site Administrator

Date

Next steps: Complete a special project request form and submit all appropriate paperwork listed below, along with the Principal/Site Administrator's signature of approval to Facilities Support Services for processing.

No work shall commence until Facilities Support Services approve the project scope, materials list, project schedule, site map, etc.

- | | |
|---|--|
| <input type="checkbox"/> Project Scope Attached | <input type="checkbox"/> For Gardens: Provide a List of Plants That Will Be Used |
| <input type="checkbox"/> Materials List Attached | <input type="checkbox"/> Site Map with Proposed Project Identified |
| <input type="checkbox"/> Project Schedule Attached | <input type="checkbox"/> Mural Waiver |
| <input type="checkbox"/> School/Site Map Indicating Exact Location Where Proposed Project is to be Completed Attached | |

1. What work needs to be completed by District staff before the project?

2. What assurance does the District have that this project will meet the required District standards of workmanship, materials, and safety?

3. What impact will this project have on bargaining unit work?

4. What is the plan for post-project evaluation, and how will District personnel be involved?

5. Who will be responsible for future repairs and maintenance needed?

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Review of Project (Sign & Date) (Continuation):

Glazing/Floor/Tile Supervisor:	DATE:
COMMENTS	
REVIEWER SIGNATURE	

HVAC Supervisor:	DATE:
COMMENTS	
REVIEWER SIGNATURE	

Labor/Garden Supervisor:	DATE:
COMMENTS	
REVIEWER SIGNATURE	

District Use Only

Review of Project (Sign & Date) (Continuation):

Paint Supervisor:	DATE:
COMMENTS	
REVIEWER SIGNATURE	

Plumbing Supervisor:	DATE:
COMMENTS	
REVIEWER SIGNATURE	

SEI Steward:	DATE:
COMMENTS	
REVIEWER SIGNATURE	

Review of Project (Sign & Date) (Continuation):

Facilities Maintenance Manager:	DATE:
COMMENTS:	
REVIEWER SIGNATURE	

Assistant Superintendent, Facilities Support Services	DATE:
COMMENTS:	
REVIEWER SIGNATURE	