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| **STEP 1:** School / Site: |  | Date: |  |
|  |
| Project Description: |  |
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|  |
| (Include copy of school/site plan indicating exact location where proposed project is to be completed.) |
|  |
| Desired Project Start Date(s): |  | Desired Project Completion Date: |  |
|  |
| Work to be performed by: | [ ]  Parents [ ]  Staff [ ]  Students [ ]  Facilities Support Services |
| [ ]  Others, please specify: |  |
|  |  |
| Funding: | (Include budget source and / or budget codes) |  |
|  |
|  |
| Estimated Cost of Project: | $ |
|  |
| Project Coordinator Name: |  |
| Phone Number and E-mail: |  |
| *Answer all questions thoroughly to avoid delays*1. What work needs to be completed by District staff prior to the start of the project? (If yes, attach MOP-F010)
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| 1. What assurances does the District have that this project will meet required district standards of workmanship, materials, and safety?
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| 1. What impact will this project have on bargaining unit work?
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| 1. What is the plan for post-project evaluation and how will district personnel be involved?
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| 1. Who will be responsible for future repairs and maintenance needed?
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| School / Site Approval: |  |  |  |  |
|  | Signature of Principal/Site Administrator | Date |  |
|  | **MUST FOLLOW ALL DISTRICT GUIDELINES IF REQUEST APPROVED** |  |  |

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| ***Notice to Principals for Garden Projects Only:*** |
| By approving the development of a school garden on District property, you are taking responsibility for the maintenance, harvesting and, if necessary, removal of the specified garden.  Facilities Support Services understands the educational value and supports garden installation, however due to limited maintenance budgets, Principal participation is vital.  Approval of this garden makes the onsite principal the responsible party for maintenance and general upkeep of the garden, which includes appointing others to be accountable.  If the garden is not maintained and requires removal, the school site will be charged a square foot removal fee, which will include dumping fees.  |

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| ***STEP 2*:** Complete the necessary items listed below, see SCUSD website for all additional forms. |
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| [ ]  Project scope  | **[ ]**  For Gardens: Provide list of plants that will be used |
| [ ]  Materials list  | [ ]  Site map with proposed project identified |
| [ ]  Project schedule  | [ ]  Mural waiver  |

Once your special project request is completely filled out and signed by the Principal/Site Coordinator (Step 1), attach all required documents from step 2 to your signed request from step 1, and then send into Facilities Support Services for processing (Step 3). For more information on the special project procedure process please see form MOP-P014. For additional questions or concerns regarding your special project request, please contact Facilities Support Services at (916) 264-4075.***STEPS 1 & 2 HAVE TO BE COMPLETED BEFORE STEP 3 CAN OCCUR******STEP 3: Starting a project without prior approval can create potential problems and additional fees that your site would be accountable for,* no work should be completed until scope, materials, and schedule is approved.** **Please allow 30 days for processing*****Facilities Support Services Use Only******Special Project Request: Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_ Due: \_\_\_\_\_\_\_\_\_\_\_\_\_ Received: \_\_\_\_\_\_\_\_\_\_\_\_\_*** |
|  |
| **Review/Approval of project (Sign & Date):**  |
| Asbestos / Risk Management  | Carpentry/Painting Supervisor/ USA (Circle Y / N ) | Electrical Supervisor/ USA (Circle Y / N ) |
| Electronics Supervisor/ USA (Circle Y / N ) | Glazing/Locksmith/Floor/Tile Supervisor | HVAC Supervisor/ USA (Circle Y / N ) |
| Labor/Gardener Supervisor/ USA (Circle Y / N ) | Facilities/Constr. Manager / USA (Circle Y / N ) | Plumbing Supervisor/ USA (Circle Y / N ) |
| SEIU Steward | Director Final Review & Approval | *SIA/Chief of Staff Review & Approval if necessary* |
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| **Reviewer(s) Comments and Questions:** (*Ex:* Utility check completed, review raised garden before filled with dirt) |
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| **Denied/Rejected** (provide reason and required action for resubmission for approval):  |
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| ***Sign and date of denial:***  |
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