

School/Department: _____	Date: ____ / ____ / ____
Principal/Director: _____	
Program Designee: _____	Phone #: ____ - ____ - ____
<i>Primary Contact for Project</i>	
Email Address: _____	

Is the Cost of the Project Known?: If "yes", enter amount : _____ If "no", select "Approximate cost"	Approximate Project Cost: <input type="checkbox"/> \$1,000 or Less <input type="checkbox"/> \$5,000 or Less <input type="checkbox"/> Exceed \$10,000 <i>(Requires SLT Approval)</i>
Funding Source: <input type="checkbox"/> Grant(s) <input type="checkbox"/> Budgeted Expense <input type="checkbox"/> Capital Expense <input type="checkbox"/> Other <i>(Please Specify):</i> _____	

Project Type:

- Change Existing Space for New Use
- Installation of New or Upgraded Equipment
- Landscaping or Playground
- Signage or Marketing
- Other *(Please Specify):* _____

Project Description: *Please provide a short description along with justification for the requested project. Please include any attachments pertaining to the proposed project.*

Estimated Project Start Date: _____ and Completion Date: _____

Attachments: *Please attach additional information that would assist the review of the proposed project, including: proposals, quotes, site plans, drawings, sketches, notices, ect.*

Approved by _____ Date: ____ / ____ / ____
(By signing, the program/department's Managing Director is endorsing this project and certifying, that if approved, the project will be implemented in accordance with the final approval plan.)

*All submissions must be reviewed by facilities and finance.
 Submissions for projects exceeding \$1,000 will need to be reviewed and approved by Senior Executive Leadership.*

Click "submit" to send your request.

1. Facilities Review
<input type="checkbox"/> Approved as Proposed, no changes needed <input type="checkbox"/> Denied <input type="checkbox"/> Approved with modifications <input type="checkbox"/> Resubmit proposal with modifications <input type="checkbox"/> Inclusion in future capital projects
Review Comments: _____
Additional Notation: _____ (<input type="checkbox"/> see attachment, if checked)
Reviewed By: _____ Date: ____ / ____ / ____
Title: _____

2. SLT Review <i>*If Proposal Exceeds \$25,000</i>
<input type="checkbox"/> Approved as Proposed, no changes needed <input type="checkbox"/> Denied <input type="checkbox"/> Approved with modifications <input type="checkbox"/> Resubmit proposal with modifications <input type="checkbox"/> Inclusion in future capital projects
Review Comments: _____
Additional Notation: _____ (<input type="checkbox"/> see attachment, if checked)
Reviewed By: _____ Date: ____ / ____ / ____
Title: _____

3. Finance Review
<input type="checkbox"/> Approved as Proposed, no changes needed <input type="checkbox"/> Denied <input type="checkbox"/> Approved with modifications <input type="checkbox"/> Resubmit proposal with modifications <input type="checkbox"/> Inclusion in future capital projects
Review Comments: _____
Additional Notation: _____ (<input type="checkbox"/> see attachment, if checked)
Reviewed By: _____ Date: ____ / ____ / ____
Title: _____

Project: Approved Denied Resubmit with Modifications

By: _____ Date: ____ / ____ / ____

Title: _____