Facility Project Request Form

Department of Facilities Management
2096 Gaither Road, Suite 200 • Rockville, Maryland 20850
240-314-1060 (phone); 301-670-6378 (fax)

For new work, school-based projects, & projects not covered through maintenance work orders
(including changes and modifications to existing facility)

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<th>DFM TRACKING #</th>
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School Name ___________________________________________ Date _____/_____/_____
Principal ____________________________________________
Principal's designee, primary contact for project __________________________ Phone number __________-________-________
E-mail address __________________________

Approximate cost of project $ __________
Funding source: □ PTA or private funding (See BOE Policy CNE) □ School funds, IAF account
□ Other, please identify __________________________ □ Funding not identified

Type of project: □ change of existing space to a new use
□ landscaping or courtyard (attach site plan w/project location) Location __________________________
□ school sign (attach site plan w/ sign location) __________________________
□ playground equipment __________________________
□ other, describe __________________________

Please provide a short description of the requested project and/or attached a project description & information:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

( Providing a thorough description and associated information reduces the time for the evaluation/approval process.)

Please attach additional information that would assist our review of the proposed project. Attachments may include proposals, contractor quotes, site plans, drawings, sketches, markups, addition description, etc.

Description of attachments

Requests can only be reviewed from September 15 through March 31. Requests received after April 1 will be held until September 15. Please allow 6 weeks for the evaluation process.

Who is being proposed to accomplish the project (check one).
□ Outside contractor hired by PTA or __________________________ (Attached contractor’s proposal)
□ MCPS approved contractor □ DFM Maintenance or Construction staff
□ school-based staff, identify __________________________
□ volunteers or community members □ other, please describe __________________________

Approved by: ___________________________________________ Principal _____/_____/____ Date
(By signing, the principal is endorsing this project and certifying, that if approved, the project will be implemented in accordance with the final approved plan)

DFM use only

Required reviews: □ Facility Planner □ Construction □ Maintenance Depot □ SW Safety □ SPO □ Real Estate □ Energy
Review comments ___________________________________________
________________________________________________________________________

( use attachment if necessary)

□ Approved as proposed, no changes needed Policy CNE: Include in report to the BOE? □ Yes □ No
□ Approved with modifications □ Denied □ Resubmit proposal with modifications □ Inclusion in future capital project
Additional notation: ___________________________________________ ( □ see attachment, if checked)
By: _____________________________ Director, Department of Facilities Management _____/_____/____ Date