

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)*

DFM TRACKING #

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