



# New Facilities/Grounds Project Request Form

Business Services Division

**TO BE COMPLETED BY SITE IN FULL PRIOR TO SUBMISSION**

School Site: _____	Date: _____
Project Name: _____	Installation Location: _____ <i>Attach site plan and/or note room plan for specific installation area</i>
Requestor Name: _____	Additional Documents: _____ <i>Funding letter, drawings, plans, N/A, etc.</i>
Description of Proposed Work: _____ <i>If work impacts the buildings and facilities, provide sketches, detail and specifications for the proposed work.</i>	
Vendor performing work: _____	
Contractor License #: (required) _____	*Department of Industrial Relations (DIR) Registration #: _____
<small>*Required for work over \$1,000. Must attach insurance certificate naming District as additional insured with proper endorsement. Vendor must carry General Liability, Workers Compensation, and Automobile insurances.</small>	
Budget: \$ _____	Est. Project Cost: \$ _____ <small>Labor &amp; material payment bond required for work \$25K and above</small>
Fund Source: _____ <small>Requires proof of funds: ASB Minutes, PTA Letter of Commitment, etc.</small>	Fund Code: _____ <small>Full 31-digit Escape code - numbers only</small>
Use of Public Agency Grants? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, grant application must have CBO or Executive Director of FM&amp;O approval.</small>	Proposed Schedule: _____
Principal: _____  Signature: _____	Instructional Director: _____  Signature: _____

**TO BE COMPLETED BY FACILITIES**

<b>APPROVED</b> <input type="checkbox"/> <span style="float: right;"><b>REJECTED</b> <input type="checkbox"/></span>					
Comments: _____					
CVUSD Risk Manager Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prevailing Wages Apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Division of State Architect	Yes	No	<input type="checkbox"/> Fire Department Review	Yes	No
<input type="checkbox"/> City of Thousand Oaks	Yes	No	<input type="checkbox"/> Health Department	Yes	No
<input type="checkbox"/> County of Ventura	Yes	No	<input type="checkbox"/> Title IX Concern	Yes	No
<input type="checkbox"/> Grant Application Approval	Yes	No	<input type="checkbox"/> Donation Letter in File	Yes	No
<input type="checkbox"/> Construction Procurement Method:	Yes	No	<input type="checkbox"/> Construction Oversight by:	Yes	No
Department Approvals:					
<input type="checkbox"/> P&F: _____	Signature: _____		<input type="checkbox"/> Tech: _____	Signature: _____	
<input type="checkbox"/> M&O: _____	Signature: _____		<input type="checkbox"/> Grounds: _____	Signature: _____	
Completion Date: _____	Signature: _____				