

Facility Project Request Form



Department of Facilities Management
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 45 West Gude Drive, Suite 4300 • Rockville, Maryland 20850
 240-314-1000 • Fax 301-279-3003

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

DFM TRACKING #

Work Order #

____/____/____
Date Received

INSTRUCTIONS: Please complete this form and sign electronically. **The completed form should be saved to your desktop (or desktop folder) and then e-mailed to FPR@mcpsmd.org.**

School Name _____ Date ____/____/____

Principal _____ Phone ____-____-____

Principal's designee (primary project contact) _____ Approximate cost of project \$ _____

<p>Funding source:</p> <p><input type="checkbox"/> PTA or private funding (See BOE Policy CNE)</p> <p><input type="checkbox"/> School funds, IAF account (See BOE Policy CNE) <i>Funding Description (school fund raiser, grant, etc.)</i></p> <p>_____</p> <p><input type="checkbox"/> Funding not identified</p> <p><input type="checkbox"/> Other, please identify _____</p>	<p>Type of project:</p> <p><input type="checkbox"/> Playground equipment</p> <p><input type="checkbox"/> Landscaping or courtyard (attach site plan w/project location)</p> <p><input type="checkbox"/> Change of existing space to a new use (location i.e., room number, floor, etc.) _____</p> <p>_____</p> <p><input type="checkbox"/> School sign (attach site plan with sign location)</p> <p><input type="checkbox"/> Other, please identify _____</p>
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Who is being proposed to accomplish the project (check one):

- Outside contractor hired by PTA or _____ (Attach contractor proposal)
- MCPS approved contractor DFM Maintenance or Construction Staff
- Volunteers/community members Other, please describe _____

Please provide a short description of the requested project and/or attach a project description and information. *(Providing a thorough description and associated information reduces the time for the evaluation/approval process.)*

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

Description of attachments _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

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 approval plan.

Internal Office Use Only	
<p>Project Request Decision</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Approved By: _____</p>	<p>Contractor</p> <p><input type="checkbox"/> As listed above <input type="checkbox"/> Other _____</p> <p>Date ____/____/____ Cost _____</p>