



RECEIVED – 00/00/21 – xxx

Intentionally left blank for Official Use Only

SHOPS: 00/00/21
DUE: 00/00/21

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
FACILITIES AND MAINTENANCE**

SPECIAL PROJECT APPROVAL REQUEST

School / Site: _____	Date: _____
Project Description: _____ _____ _____	
<i>(Include copy of school/site plan indicating exact location where proposed project is to be completed)</i>	
Desired Project Start Date(s): <u> ASAP </u> Project Completion Date: _____	
Work to be performed by:	
<input type="checkbox"/> Parents <input type="checkbox"/> Staff <input type="checkbox"/> Students <input type="checkbox"/> Facilities Maintenance Employees <input type="checkbox"/> Others <input type="checkbox"/> General Contractor <i>(Contractor Information and DIR # will need to be provided for projects over \$1,000.00)</i>	

Site Administrator/General Contractor/Project Coordinator Information	
Name:	XXXXX ■ XXX
Phone Number:	(916) XXX ■ (916)
Email:	XXX ■ XXX
Contractor License No.:	_____
Department of Industrial Relations Number (DIR):	_____
Estimated Cost of Project:	_____
Funding (Including Budget Source and/or Budget Codes):	_____
Budget Number:	_____

Notice to Principals for Garden Projects Only:

By approving the development of a school garden on District property, you are taking responsibility for the maintenance, harvesting and, if necessary, removal of the specified garden. Facilities Support Services understands the educational value and supports garden installation, however due to limited maintenance budgets, Principal participation is vital. Approval of this garden makes the onsite principal the responsible party for maintenance and general upkeep of the garden, which includes appointing others to be accountable. If the garden is not maintained and requires removal, the school site will be charged a square foot removal fee, which will include dumping fees.

GENERAL INFORMATION: SPR Application submitted to the Facilities Support Services are normally reviewed within 30 working days from receipt of (all requirements submitted) applicable application.

School / Site Approval: _____
Signature of Principal / Site Administrator
Date

Next steps: Complete special project request form and submit all appropriate paperwork listed below as well as Principal/Site Administrator’s signature of approval to Facilities Support Services for processing.

No work shall commence until project scope, materials list, project schedule, site map, etc. are approved by Facilities Support Services.

- | | |
|--|--|
| <input type="checkbox"/> Project Scope Attached | <input type="checkbox"/> For Gardens: Provide List of Plants That Will Be Used |
| <input type="checkbox"/> Materials List Attached | <input type="checkbox"/> Site Map with Proposed Project Identified |
| <input type="checkbox"/> Project Schedule Attached | <input type="checkbox"/> Mural Waiver |

1. What work needs to be completed by District staff prior to project?

2. What assurance does the District have that this project will meet required district standards of workmanship, materials and safety?

3. What impact will this project have on bargaining unit work?

4. What is the plan for post-project evaluation and how will district personnel be involved?

5. Who will be responsible for future repairs and maintenance needed?

District Use Only

Review of Project (Sign & Date):

Carpentry Supervisor:	DATE:
COMMENTS	
<i>REVIEWER'S SIGNATURE:</i>	

Electrical Supervisor:	DATE:
COMMENTS	
<i>REVIEWER'S SIGNATURE:</i>	

Electronics/Locksmith Supervisor:	DATE:
COMMENTS	
<i>REVIEWER'S SIGNATURE:</i>	

District Use Only

Review of Project (Sign & Date) (Continuation):

Glazing/Floor/Tile Supervisor:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

HVAC Supervisor:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

Labor/Gardener Supervisor:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

District Use Only

Review of Project (Sign & Date) (Continuation):

Paint Supervisor:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

Plumbing Supervisor:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

Project Green Specialist:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

District Use Only

Review of Project (Sign & Date) (Continuation):

Construction Manager:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

Facilities Maintenance Manager:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

Operations Manager:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

District Use Only

Review of Project (Sign & Date) (Continuation):

SEIU Steward:	DATE:
COMMENTS	
REVIEWER'S SIGNATURE:	

Director (Final Review & Approval):	DATE:
COMMENTS	
MANAGEMENT SIGNATURE:	

SPECIAL INSTRUCTIONS

Work Order – Mural(s):

Reviewer(s) Comments and Questions: *(Example: EL - Utility check completed)*

Please submit a Work Order (*application of anti-graffiti clear coating*) after work is completed and Paint Shop will come apply anti-graffiti clear coating.

Please make sure to check with Paint Shop to know what anti-graffiti coating to purchase.

PLEASE REFER TO ADDITIONAL INFORMATION BELOW

