



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

310-450-8338 Ext 70-203

pri@smmusd.org

PROJECT REQUEST FORM

This form is to be used by School Sites, PTAs, and Facility Permit users when requesting to make a temporary or permanent physical change to a District Facility. This includes, but is not limited to, Adding/Removing Equipment, Structural or Site Alteration or Facility/Grounds Enhancement. This aids the affected sites and departments in supporting positive changes.

INSTRUCTIONS:

- Please complete this form and return it to the Maintenance & Operations Office by email. Save it to your computer and send it as an attachment to pri@smmusd.org
- Forms not filled out completely will be returned for required information which could cause delay of your project. We cannot process incomplete forms.
- Maintenance will process the form and get needed department approvals. Please allow up to 4 weeks for review depending on complexity of project.
- Any project scope that could be effected by any future or current BB project will be reviewed and evaluated by the BB Construction Team.
- Once submitted, please contact the Facilities Management Office to follow up on the progress of this request.

TO BE COMPLETED BY APPLICANT		TO BE ASSIGNED BY M & O	
Today's Date:		Project Number:	
I. PROPOSED PROJECT			
Site (School):			
Room:		Building Name:	
Name of Project:			
Description of Project (please be detailed and attach additional documents if necessary):			
Project Deadline:			
Please enter any IMPORTANT DATES and DEADLINES and any other information you have about the timeline for this project:			
Is the improvement Temporary or Permanent:		<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent If Temporary, what is the duration? Explain:	

Reason or need for Project:		
Please describe any District equipment or assistance you will need:		
Please tell us anything else we should know about this project:		
III. FUNDING FOR PROJECT		
Funding Source:		
Type of Funding:	<input type="checkbox"/> Purchased <input type="checkbox"/> Physical Gift <input type="checkbox"/> In Kind Donation <input type="checkbox"/> Other, please explain:	
Estimated Cost:		
District Account Code:		
IV. CONTACT INFORMATION – GROUP SPONSORING PROJECT		
Organization Applying:		
Contact Person:		
Contact Phone #'s:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate # : <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Email:		
V. TECHNOLOGY EQUIPMENT UPGRADES		
Is there power on the wall unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a data unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an existing whiteboard being moved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patch and Repair Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Wall painted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ceiling mounted equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Drop Ceiling <input type="checkbox"/> Hard Ceiling	Power line <input type="checkbox"/> Yes <input type="checkbox"/> No Data line <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there warranty on equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there maintenance included in purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purchase Order Number used for Purchase		

VI. PROJECT REVIEW – BUILDING

To the best of your knowledge, check all that apply to the project.

	Yes	No	If yes, explain
1. Disturbance of existing building material.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Addition/Deletion/Modifications to door.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Addition/ Deletion/Modifications to window.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Connections to ceilings, walls, beams, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Disturbance to paint	<input type="checkbox"/>	<input type="checkbox"/>	
6. Mechanical, Electrical and Plumbing changes	<input type="checkbox"/>	<input type="checkbox"/>	
7. Creation/elimination of walls	<input type="checkbox"/>	<input type="checkbox"/>	
8. Changes to ventilation systems	<input type="checkbox"/>	<input type="checkbox"/>	
9. Modifications to Technology	<input type="checkbox"/>	<input type="checkbox"/>	If yes, fill out Section V.

VII. PROJECT REVIEW – SITE

	Yes	No	If yes, explain
1. Addition/removal of trees	<input type="checkbox"/>	<input type="checkbox"/>	
2. Changes to exterior wall elements	<input type="checkbox"/>	<input type="checkbox"/>	
3. Changes to security fencing and gates	<input type="checkbox"/>	<input type="checkbox"/>	
4. Modifications to irrigation system	<input type="checkbox"/>	<input type="checkbox"/>	
5. Alterations to outdoor lighting	<input type="checkbox"/>	<input type="checkbox"/>	
6. Additions/alterations to existing pavements, sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	
7. Changes to or new playground equipment.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Changes to any site furniture.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Changes to accessibility	<input type="checkbox"/>	<input type="checkbox"/>	
10. Any other changes not listed above	<input type="checkbox"/>	<input type="checkbox"/>	

APPROVAL VIII. SCHOOL OR SITE ADMINISTRATOR	
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> APPROVED WITH EXCEPTIONS </div> <p style="text-align: center; margin-top: 5px;">Signature does not guarantee approval of the project</p>	
School Administrator (signature) _____	Date _____
Print Name: _____	
Comments: _____	
APPROVAL IX. DISTRICT DEPARTMENTS (determined by Director of Facilities Management)	
<input type="checkbox"/> Educational Services/Equity Fund	Approved: _____
Comments: _____	
<input type="checkbox"/> Facilities Management	Approved: _____
Comments: _____	
<input type="checkbox"/> Food & Nutrition Services	Approved: _____
Comments: _____	
<input type="checkbox"/> Human Resources	Approved: _____
Comments: _____	
<input type="checkbox"/> Information Services	Approved: _____
Comments: _____	
<input type="checkbox"/> Purchasing	Approved: _____
Comments: _____	
<input type="checkbox"/> Safety & Risk Management	Approved: _____
Comments: _____	
<input type="checkbox"/> Facility Use Department	Approved: _____
Comments: _____	
<input type="checkbox"/> Transportation	Approved: _____
Comments: _____	
<input type="checkbox"/> Fiscal Services	Approved: _____
Comments: _____	

<input type="checkbox"/> Facility Improvement Office Review Required	Approved: _____
Comments:	
FINAL APPROVAL XI. ASSISTANT SUPERINTENDENT OF BUSINESS AND FISCAL SERVICES	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> APPROVED WITH EXCEPTIONS <p style="text-align: center;">Signature indicates approval of the project.</p>	
_____ Chief Operations Officer (signature)	_____ Date
Printed Name: _____	
Comments: _____	