



SCHOOL ENHANCEMENT / RENOVATION APPLICATION

Date of application _____

All information associated with this application must be received by the first day of the month prior to the next regularly scheduled Board of Education Work Session.

Applicant school _____ Principal (Print name) _____

Principal Signature _____

Description of project including scope of work, funding source, approximate project start and finish dates, names of individuals or groups assisting in project completion, (please attach a separate sheet for additional comments):

Plans, drawings, specifications, photos, etc submitted with this application () yes () no

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Document transmitted to Teaching and Learning () yes () no Teaching and Learning has reviewed (Initials) _____

Comments _____

Document transmitted to ITS () yes () no ITS has reviewed (Initials) _____

Comments _____

Document transmitted to Business Services () yes () no Business Services has reviewed (Initials) _____

Comments _____

+++++Facilities and Operations Department Use Only+++++

Received by: (print name and sign) _____ Project Manager: (Initials) _____

Assistant Superintendent for System Operations: (Initials) _____ Director of Maintenance: (Initials) _____

