

SAN MARINO UNIFIED SCHOOL DISTRICT

CAPITAL PROJECT REQUEST FORM

Project Name: _____ **Location:** _____

Requester's Name Requester's Title Date

School Phone/ Ext Email

Principal Print Name Principal Signature

PROJECT DESCRIPTION: (Describe the Project/Scope of work/Timeline – add additional pages if necessary)

PROJECT JUSTIFICATION/NEED: (Describe the scope of the project and the timeline – add additional pages if necessary)

Estimated Total Project Cost _____ (Please attach a detailed listing of costs.)

Attached Estimates/Quotes: Yes No Attached Drawings/Renderings: Yes No

DSA Approval Required: Yes No Architect/Engineer Required: Yes No

Construction Management: Yes No

Funding Source(s) _____

Please submit this form to Assistant Superintendent, Business Services
For questions about the Capital Planning process contact Julie Boucher at 626-299-7000, ext. 390

Director of Maintenance & Operations Date

Assistant Superintendent, Business Services Date

Superintendent Date

Board Approval Date