



## Facility Modification Form

Please complete this form before you perform or purchase any services, equipment for installation, or facilities alterations. This includes purchases from all district/school budgets, Booster Club, PTA or ASB and donations.

Please submit this form electronically to: **Sheilah Wood, Finance Director:** [woods@wvsd208.org](mailto:woods@wvsd208.org)

Please also submit a hardcopy with signatures and any supplemental documents.

### Section 1: Background and Scope of Work

Contact Person:	Phone:	Date:
School/Program/Dept.:	Work Order Number:	
Principal/Director:		
Project Name:		
Project Description: (Describe work that needs to be done, including location. If equipment is being replaced, including number of new computers, please explain.)		
Project Rationale: (Explain why it is important to do this work)		

Work Categories	Yes	Briefly describe the work needed to accomplish this project
Electrical		
Network (cabling/wall boxes)		
HVAC		
Plumbing		
Security		
Carpentry		
Structural (wall, roof, floor)		
Landscape		
Painting		
Audio/Visual Installations (including white boards, projectors)		
Other		

## Section 2: Project Cost Information

### Estimated Costs

Please list approximate costs for the work or items needed for this project. If you don't know the cost, leave cost as zero. Please identify whose budget is being used (building, maintenance, grant, ASB, PTA, etc.). Please attempt to identify all items required for the project, including furniture.

IMPORTANT: Donated equipment must include the cost of installation by the manufacturer of the equipment.

Item	Cost	Budget Source
<b>Total Estimated Cost of Project</b>	<b>0.00</b>	<b>Leave cost as zero if empty</b>

**Facilities Estimate:** \_\_\_\_\_

### Price Quotes:

Do you have price quotes for any of the items listed above? If so, please list these below. Please separate the installation costs.

Quote Description	Costs – Other than Installation	Installation Cost
Quote Number (if any) Vendor Name: Vendor Phone Number: Description:		
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**Scale Drawing:**

**Part 3: Building Approval Signatures – Required for Submittal**

This sheet should be printed and signed.

**Building Principal or Administrator**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

I approve this project as outlined above, for my school/facility. If I want any conditions placed on this work, or if I have additional comments, I have included these below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part 4: District Approval Signatures – Required After Submittal**

**Sheila Wood, Finance Director** (required for projects over \$2,500.00)

I approve this project, as outlined above. If I want any conditions placed on this work, or if I have additional comments, I have included these below.

Comments/Conditions:

\_\_\_\_\_  
Sheila Wood

(Signature)

\_\_\_\_\_  
Date

**Jeremy Cox, Technology Director** (required for projects related to Information Technology)

I approve this project, as outlined above. If I want any conditions placed on this work, or if I have additional comments, I have included these below.

Comments/Conditions:

\_\_\_\_\_  
Jeremy Cox

(Signature)

\_\_\_\_\_  
Date

**Tim Critchlow, Facilities Director**

I approve this project, as outlined above. If I want any conditions placed on this work, or if I have additional comments, I have included these below.

Comments/Conditions:

\_\_\_\_\_  
Tim Critchlow

(Signature)

\_\_\_\_\_  
Date