

## FACILITY IMPROVEMENT PROJECT REQUEST FORM

Complete this form and attach additional pages if necessary. Once signed by a Principal or Director, submit to: [FIP@4j.lane.edu](mailto:FIP@4j.lane.edu). To ensure receipt, please submit directly from your email, not the scanner.

Date: \_\_\_\_\_ School/Building name: \_\_\_\_\_

Project Contact(s):

Name	Daytime phone	Email address

Overall project description and location on property (attach drawings, if available):

Target Completion Date (Please explain): \_\_\_\_\_

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 If you have an estimated cost for the project please list it here, otherwise see below: \$ \_\_\_\_\_

Do you need an estimate?  Yes  No

Is a budget in place for this project?  Yes  No

If "yes," how much are you funding and from what source? \_\_\_\_\_

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**SIGNATURE**

**Principal / Director:** Please check the boxes next to each statement and sign verifying agreement with and acknowledgement of the following responsibilities.

**Principal / Director:**

I approve of the proposed work.

I understand that work shall not proceed prior to Facilities review and approval.

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

**This area for Facilities Dept. Use Only**

Reviewed / Approved by Department Director: \_\_\_\_\_

Additional information needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initially approved \_\_\_\_\_ Denied \_\_\_\_\_ Title IX review \_\_\_\_\_

Initial & date                      Initial & date                      Initial & date

The District reserves the right to cancel, suspend or modify the project if it is in the best interest of the District.