



# RIALTO UNIFIED SCHOOL DISTRICT

625 W. Rialto Avenue • Rialto, CA 92376 •

Office (909) 820-7863 • Fax (909) 874-9104



## PROJECT REQUEST FORM

SITE / SCHOOL SITE	DATE OF REQUEST
SITE ADMINISTRATOR / PROGRAM AGENT	CONTACT PHONE NO.

### SECTION I: PROJECT DETAILS *(To be completed by site/school)*

PROJECT TITLE / NAME		
DESCRIBE THE PROPOSED PROJECT OR IMPROVEMENT		
ATTACHMENTS: <input type="checkbox"/> SITE MAP/PLANS <input type="checkbox"/> PHOTOS <input type="checkbox"/> VENDOR CATALOG SHEETS <input type="checkbox"/> DETAILED WRITTEN DESCRIPTION <input type="checkbox"/> OTHER		
How is the area currently being used?		
Do improvements include new furniture or equipment or modifications to existing furniture?		
Will any for the following be needed: electrical, data, alarms, cameras, HVAC?		
Will the project include changing ceilings, doors, floors or walls?		
Who will the improvements benefit?		
Will there be any maintenance cost associated with the improvement?		
Who will be responsible for maintaining or upkeep?		
REASON FOR PROJECT		
<input type="checkbox"/> ADA ACCOMMODATION <input type="checkbox"/> CORRECTION TO SAFETY DEFICIENCY <input type="checkbox"/> SITE IMPROVEMENT <input type="checkbox"/> OTHER (DESCRIBE)		
<input type="checkbox"/> CHANGE IN SPACE TYPE <input type="checkbox"/> CHANGE IN SPACE USE <input type="checkbox"/> RECONFIGURE EXISTING SPACE <input type="checkbox"/> NO IMPACT ON SPACE		
INDICATE ANY SCHEDULING CONCERNS		
DESIRED COMPLETION DATE	WORK ORDER NUMBER	REQUISITION NUMBER

### SECTION II: PROJECT SCOPE APPROVAL *(To be completed before an estimate is obtained)*

#### SITE / SERVICE AREA AGENT

SIGNATURE	PRINTED NAME
TITLE	DATE

**DISTRICT / SUPPORT PROVIDER**

SIGNATURE	PRINTED NAME
TITLE	DATE

**BUSINESS SERVICES**

SIGNATURE	PRINTED NAME
TITLE	DATE

**M & O AGENT**

SIGNATURE	PRINTED NAME
TITLE	DATE

**FACILITIES PLANNING (if needed)**

SIGNATURE	PRINTED NAME
TITLE	DATE

**SECTION III: ESTIMATE DETAILS** *(To be completed by M&O)*

ESTIMATE AMOUNT	M & O SUPERVISOR / FOREMAN
SOURCE OF ESTIMATE (VENDOR / CONTRACTOR)	
NOTES	

**SECTION IV: NOTICE TO PROCEED WITH PROJECT**

FUNDING SOURCE(S) FOR PROJECT	ARE FUNDS AVAILABLE NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE FUNDS AVAILABLE NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE FUNDS AVAILABLE NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
FUNDING ACCOUNT NO.	BUDGET LIMIT

**SECTION V: CONDITIONS**

**CONDITIONS OF APPROVAL OR REASON(S) FOR DENIAL:**

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