



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

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	<input type="checkbox"/>	
Network (cabling/wall boxes)	<input type="checkbox"/>	
HVAC	<input type="checkbox"/>	
Plumbing	<input type="checkbox"/>	
Security	<input type="checkbox"/>	
Carpentry	<input type="checkbox"/>	
Structural (wall, roof, floor)	<input type="checkbox"/>	
Landscape	<input type="checkbox"/>	
Painting	<input type="checkbox"/>	
Audio/Visual Installations (including white boards, projectors)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

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
Total Estimated Cost of Project	0.00	Leave cost as zero if empty

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

Jack McAskill, 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:

Jack McAskill

(Signature)

Date