

School / Site:

Project Description:

Project Number:	SPR
-----------------	-----

TWIN RIVERS UNIFIED SCHOOL DISTRICT **FACILITIES AND MAINTENANCE** Submit minimum 30 days prior to the beginning of the design process. SPECIAL PROJECT APPROVAL REQUEST Date: (Include copy of school/site plan indicating exact location where proposed project is to be completed.) Desired Project Start Date (s): Project Completion Date:

Work to be performed by: Parents Staff Students Facilities Maintenance Employees Others General Contractor (Contractor Info. and DIR# will need to be provided projects over \$1000) General Contractor/Site Project Coordinator Information If unknown please leave blank Contractor Name: Site Coordinator Name: **Contractor Phone Number:** Site Coordinator Phone Number: Contractor Email: Site Coordinator Email: Contractor License # Department of Industrial Relations # (DIR #) - Required Estimated Cost of Project: Funding: (Include budget source) Budget Code #: Notice to Principals for Garden Projects Only:

By approving the development of a school garden on District property, you are taking responsibility for the maintenance,

harvesting and, if necessary, removal of the specified garden. General Services understands the educational value and supports garden installation, however due to limited maintenance budgets, Principal participation is vital. Approval of this garden makes the onsite principal the responsible party for maintenance and general upkeep of the garden, which includes appointing others to be accountable. If the garden is not maintained and requires removal, the school site will be charged a square foot removal fee, which will include dumping fees.

School / Site Approval:				
	Signature of Principal/Site Administrator		Date	

Next steps: While your project is being review by the school principal complete the items listed below. Develop a project scope of work, list of materials to be used and a detailed schedule, etc.

TWIN RIVERS UNIFIED SCHOOL DISTRICT



Project Number:	SPR
-----------------	-----

FACILITIES AND MAINTENANCE Submit minimum 30 days prior to the beginning of the design process SPECIAL PROJECT APPROVAL REQUEST

SPECIAL PROJECT APPROVAL REQUEST						
No work should be completed until scope, ma	aterials and sched	lul	e is approved.			
		_				
Project scope attached			For Gardens: Provide list of plants that will be used			
Materials list attached			Site map with proposed project identified			
Project schedule attached			Mural waiver			
1 Milest week woods to be consulated by Di-	tuist staff wais a to		:			
What work needs to be completed by Dis	strict stair prior to p	oro	ject?			
2. What assurances does the District have that this project will meet required district standards of workmanship, materials and safety?						
2 141						
3. What impact will this project have on bar	gaining unit work?					
4. What is the plan for post-project evaluati	ion and how will di	stri				
The state plant of post project evaluation	ion and now will all		or personner se involved.			
5. Who will be responsible for future repair	s and maintenance	ne	eded?			
District Use Only						
Review of project (Sign & Date):	District 0.	,,,	omy			
Asbestos / Risk Management	Carpentry Lead		Electrical Lead			
Electronics Lead	Glazing Lead		HVAC Supervisor			
Energy Manager	Plumbing Lead		Facilities manager			
M & O Manager	Risk Management		Other			
Executive Director General Services Final Review & Approval	Director Maintenance	2	Director Facilities			
Reviewer(s) Comments and Questions: (Example: EL - Utility check completed) Attach another page if necessary.						
□ Approved □ Denied						