

**BUDGET PROCESS
FACILITY MODIFICATION REQUEST FORM**

PLEASE FILL OUT THIS SECTION AND SUBMIT WITH BUDGET WORKSHEET:

Date of Request:

Cabinet Action:

Campus/Facility:

Contact Person:

Phone:

Brief Description/Reason for the facility modification and how it aligns with curriculum: (attach photos, drawings, or other detailed written descriptive information) **(Facility Modification - addition or deletion of any item to the facility such as walls, doors, windows, playground equipment, portable buildings, etc.)**

-- -- -- -- --
<<This section to be completed by Facilities Management only>>

Funding & Facilities Section

Total Project Cost

\$

FM Project Manager:

Annual Upkeep Cost

Will this modification require annual upkeep costs? YES NO

\$

Notes:

Cabinet Action Codes

- D Denied
- DD Denied District Initiative
- EP Endorsed If Funding Available
- E Endorsed