

# Facility Project Request Form

Department of Facilities Management  
2096 Gaither Road, Suite 200 • Rockville, Maryland 20850  
240-314-1006 (phone); 240-314-1036 (fax)

*For new work, school-based projects, & projects not covered through maintenance work orders  
(including changes and modifications to existing facility)*

**DFM TRACKING #**

School Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal \_\_\_\_\_

Principal's designee,  
primary contact for project \_\_\_\_\_ Phone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

E-mail address \_\_\_\_\_

Approximate cost of project \$ \_\_\_\_\_

Funding source:  PTA or private funding (See BOE Policy CNE)  School funds, IAF account  
 Other, please identify \_\_\_\_\_  Funding not identified

Type of project:  change of existing space to a new use  
 landscaping or courtyard (attach site plan w/project location) Location \_\_\_\_\_  
 school sign (attach site plan w/ sign location) \_\_\_\_\_  
 playground equipment \_\_\_\_\_  
 other, describe \_\_\_\_\_

Please provide a short description of the requested project and/or attached a project description & information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Providing a thorough description and associated information reduces the time for the evaluation/approval process.)*

Please attach additional information that would assist our review of the proposed project. Attachments may include proposals, contractor quotes, site plans, drawings, sketches, markups, addition description, etc.

Description of attachments \_\_\_\_\_

Requests can only be reviewed from September 15 through March 31. Requests received after April 1 will be held until September 15. Please allow 6 weeks for the evaluation process.

Who is being proposed to accomplish the project (check one).

Outside contractor hired by PTA or \_\_\_\_\_ (Attached contractor's proposal)  
 MCPS approved contractor  DFM Maintenance or Construction staff  
 school-based staff, identify \_\_\_\_\_  
 volunteers or community members  other, please describe \_\_\_\_\_

Approved by: \_\_\_\_\_, Principal \_\_\_\_/\_\_\_\_/\_\_\_\_ Date  
*(By signing, the principal is endorsing this project and certifying, that if approved, the project will be implemented in accordance with the final approved plan)*

## DFM use only

Required reviews:  Facility Planner  Construction  Maintenance Depot  SW Safety  SPO  Real Estate  Energy

Review comments \_\_\_\_\_

\_\_\_\_\_

(use attachment if necessary)

Approved as proposed, no changes needed **Policy CNE: Include in report to the BOE?**  Yes  No  
 Approved with modifications  Denied  Resubmit proposal with modifications  Inclusion in future capital project

Additional notation: \_\_\_\_\_ ( see attachment, if checked)

By: \_\_\_\_\_ Director, Department of Facilities Management \_\_\_\_/\_\_\_\_/\_\_\_\_ Date