

# LA CANADA UNIFIED SCHOOL DISTRICT

☒ PROJECT REQUEST

OR

☐ PROPOSED GIFT TO DISTRICT

School LCHS

Date November 18, 2015

Contact Person Denny Barge

Telephone 818-516-7913

Organization Boosters

e-mail dennybarga@aol.com

- Contact Person - Please complete Section I. Obtain Principal's, Organization President's, PTA Site President, and PTA Council President's signature and forward to the Maintenance Office.
- No project, purchase of equipment or fundraising shall commence until this form has been completed and the project or gift is approved.
- AR 3290.1, Capital Improvement Procedures, if applicable, must be followed.

**I. To be completed by the contact person. Please see reverse side for Glossary of Terms.**

Description of project or equipment. Continue on reverse side if necessary.

Labor for installation of  
baseball field bleachers on the home side. Additionally, all cement, metal rigging, seating, and other materials related to the installation.

Proposed location of project or equipment Baseball field

Cost of project or equipment \$ 39,985.00

Specific Source(s) of Funding: Donation from a private Booster donor.

Please mark yes, no or not applicable (N/A) to the following.

|  | YES      | NO       | N/A      |
|--|----------|----------|----------|
| 1. If a project, does it comply with the District Facilities Master Plan?            | <u>X</u> |          |          |
| 2. If a project, is work to be completed by contractor(s)? <u>TBD</u>                | <u>X</u> |          |          |
| Contractor's Name: _____ Contact #: _____  |          |          |          |
| 3. If a contractor does not complete work, is work to be completed by parents?       |          | <u>X</u> |          |
| 4. If equipment, is it an approved District item?                                    | <u>X</u> |          |          |
| 5. If yes, is installation part of the gift of equipment?                            | <u>X</u> |          |          |
| 6. If installation is not included are you requesting District personnel to install? |          |          | <u>X</u> |
| 7. Will the project/gift need to be maintained or replaced at District expense?      | <u>X</u> |          |          |

**II. To be completed by the Assistant Superintendent of Facilities and Operations**

1. If District personnel to install, estimated cost of installation \$ \_\_\_\_\_
2. Does the project or equipment require Division of State Architect approval? Yes \_\_\_ No X
3. If a project, does it need to comply with AR 3290.1, DISTRICT CAPITAL IMPROVEMENT PROCEDURES? Yes X No \_\_\_
4. Please notify Assistant Superintendent when project is completed so inspection can be done.

Comments by Assistant Superintendent \_\_\_\_\_

Approval: 

School Principal

Date 11.18.15

PTA Council President

Date

Organization President

Date

Assistant Superintendent

Date

Site PTA President

Date

Deputy Superintendent

Date 11/24/15

Superintendent

Date

## **Continuation of Project Description**

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### **Glossary of Terms**

#### Division of the State Architect (DSA)

The DSA provides design and construction oversight for school facilities. Construction, renovation, or addition to any permanent building or structure that involves structural, health or fire/life/safety items must be approved by the DSA.

#### Capital Improvements

Improvements to fixed assets, property or facilities, including buildings and grounds, and/or the purchase and installation of large equipment.

#### Maintenance

Projects which provide for the upkeep of property or equipment, such as painting and plumbing.

#### District Facilities Master Plan

The Board of Education approved plan for facilities improvement in the District.