



PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

Facilities Project Approval

| | | | |
|--|---|---|------|
| Name of person submitting this form: | | Jeanne Hanaoka | |
| Today's Date: | 4/16/19 | Project Number: <small>(assigned by M&O)</small> | E 33 |
| I. PROPOSED PROJECT | | | |
| Site (School): | Silver Spur Elementary | | |
| Room: | 12 classrooms | Building Name: | |
| Name of Project: | Roller Shades | | |
| Description of Project (please be detailed and attach additional documents if necessary): | Roller shades will be installed in 12 classrooms. PTA will pay and Estimate is attached. | | |
| Project Deadline: (please allow up to 8 weeks for review /approval depending on the | Before the start of the 2019-2020 school year. | | |
| Is the improvement Temporary or Permanent: | <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Permanent If Temporary, what is the duration? Explain: N/A | | |

| | |
|-----------------------------------|-------------------------------------|
| II. CATEGORY OF PROJECT | |
| Facilities/Maintenance/Operations | <input checked="" type="checkbox"/> |
| Technology | <input type="checkbox"/> |

| | |
|---|-----------------------|
| III. TO BE COMPLETED BY REQUESTOR | |
| Reason or need for Project: | Classroom safety |
| Please describe any District equipment or assistance you will | No assistance needed. |
| Please tell us anything else we should know about this project: | N/A |

| IV. PRE-PROJECT ASSESSMENT NEEDS (COMPLETED BY DISTRICT) | |
|--|---|
| Check the following items that are needed: | <input type="checkbox"/> Site Walk _____ Date completed _____ <input checked="" type="checkbox"/> Estimate/Quote Received 4/15/19 _____ Date completed _____ <input type="checkbox"/> DSA Approval _____ Date completed _____ |

| V. FUNDING FOR PROJECT | |
|------------------------|--|
| Funding Source: | |
| Type of Funding: | <input type="checkbox"/> Purchased <input type="checkbox"/> Physical Gift <input type="checkbox"/> Booster Club <input checked="" type="checkbox"/> PTA Fund <input type="checkbox"/> Parent/Community <input checked="" type="checkbox"/> Other, please explain: Funds raised from the Fun Run. _____ _____ |
| Estimated Cost: | \$7,500.00 |
| Payment Category: | <input checked="" type="checkbox"/> Direct Pay: to be paid by a non-district account holder only. NO money transacted through the District. <input type="checkbox"/> District account: A District account is being used to facilitate payment. |
| District Account Code: | |

| VI. CONTACT INFORMATION – GROUP SPONSORING PROJECT | | | |
|--|---|--|---|
| Organization Applying: | Silver Spur Elementary | | |
| Contact Person: | Marta Jevenois-Richardson | | |
| Contact Phone #'s: | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Primary#: 310.378.5011 ext 200 <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Mobile </td> <td style="width: 50%; border: none;"> Alternate # : 310.378.5011 ext 200 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile </td> </tr> </table> | Primary#: 310.378.5011 ext 200 <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Mobile | Alternate # : 310.378.5011 ext 200 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile |
| Primary#: 310.378.5011 ext 200 <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Mobile | Alternate # : 310.378.5011 ext 200 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile | | |
| Email: | jvenoism@pvpusd.net | | |

| VII. TECHNOLOGY UPGRADES | |
|---|---|
| Is there an electrical outlet on the wall unit? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is there a network port on the wall unit? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is there an existing whiteboard being moved? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Patch and Repair Needed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Wall painted?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Ceiling mounted equipment? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Drop Ceiling <input type="checkbox"/> Hard Ceiling | Add an electrical outlet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Add a data port? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is there a warranty on equipment? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| Is there maintenance included with purchase? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| Purchase Order Number used for Purchase | Direct Pay |

| VIII. PROJECT REVIEW – BUILDING | | | |
|---|--------------------------|-------------------------------------|------------------------------|
| To the best of your knowledge, check all that apply to the project. | | | |
| | Yes | No | If yes, explain |
| 1. Disturbance of existing building materials. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2. Addition/Deletion/Modifications to Door/Doors. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. Addition/ Deletion/Modifications to Window/Windows | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. Connections to ceilings, walls, beams, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5. Disturbance to paint | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6. Mechanical, Electrical and Plumbing changes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7. Creation/elimination of walls | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8. Changes to ventilation systems | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9. Modifications to Technology | <input type="checkbox"/> | <input checked="" type="checkbox"/> | If yes, fill out Section VI. |

| IX. PROJECT REVIEW – SITE | | | |
|---|--------------------------|-------------------------------------|-----------------|
| | Yes | No | If yes, explain |
| 1. Addition/removal of trees | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2. Changes to exterior wall elements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. Changes to security fencing and gates | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. Modifications to irrigation system | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5. Alterations to outdoor lighting | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6. Additions/alterations to existing pavements, sidewalks etc | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7. Changes to or new playground equipment. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8. Changes to any site furniture. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9. Changes to accessibility | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10. Any other changes not listed above | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

| X. ADDITIONAL DOCUMENTS (PLANS, INSURANCE, PROPOSALS, QUOTES, ETC.) | |
|---|---|
| <p>Please list any documents you are attaching:</p> |  |

| XI. APPROVAL OF PRINCIPAL | | |
|--|--|-----------|
| <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> APPROVED WITH EXCEPTIONS | | |
| Signature does not guarantee approval of the project | | |
| DocuSigned by:  | | 4/17/2019 |
| School Administrator (signature) | | Date |

| XII. DISTRICT DEPARTMENT APPROVAL | |
|-----------------------------------|--|
| Maintenance and Operations | Approved: <small>DocuSigned by:</small> <i>Terry Kamibayashi</i> 4/17/2019 |
| Accounting | Approved: <small>DocuSigned by:</small> <i>Eva Chang</i> 4/17/2019 |
| Technology | Approved: <small>DocuSigned by:</small> <i>Trent Bahadursingh</i> 5/21/2019 |
| Purchasing | Approved: <small>DocuSigned by:</small> <i>Brenna Terrores</i> 5/21/2019 |
| M&O Comments: | I walked with Contractor to verify classrooms and locations in classrooms |
| Accounting Comments: | |
| Technology Comments: | |
| Purchasing Comments: | |

| XIII. FINAL APPROVAL BY BUSINESS SERVICES | |
|--|-----------|
| <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> APPROVED WITH EXCEPTIONS | |
| <small>DocuSigned by:</small> <i>Keith Butler</i> | 5/21/2019 |
| <small>D126746B0F32405...</small> Associate Superintendent, Business Services | Date |
| Printed Name: | |
| Comments: | |

B&B Window Coverings

575 Mary Ann Dr
 Redondo Beach, CA 90278
 310-376-3555

| | |
|---------------------|----------|
| Date | 04/15/19 |
| Estimate No. | 884 |

Estimate

| |
|---|
| Job Site |
| Silverspur Elementary School 5500 Ironwood St Rancho Palos Verdes, CA 90275 |

| Description | Quantity | Total |
|---|----------|-------------------------|
| Roller Shades – Beige with Metal Chain | 51 | 6,760.00 |
| CA Sales Tax | | 642.20 |
| Total | | 7,402.20 |
| <p>For this quote we were able to get wholesale pricing (50 or more shades) which runs about 25% less than normal retail. If we do less shades we will need to requote and the price will reflect this. Price is Installed.</p> <p>*This quote does not include Room #16*</p> | | |
| Signature: | | Total \$7,402.20 |