



PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

Facilities Project Approval

Name of person submitting this form:		Melanie Browleit	
Today's Date:	5/14/19	Project Number: <small>(assigned by M&O)</small>	E 47
I. PROPOSED PROJECT			
Site (School):	Vista Grande Elementary		
Room:	Outdoor eating area	Building Name:	
Name of Project:	Bottle Cap Mural Board		
Description of Project (please be detailed and attach additional documents if necessary):	Student- made bottle cap mural board needs to be mounted and hung. (See attached photo.)		
Project Deadline: (please allow up to 8 weeks for review /approval depending on the	Flexible		
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:	School beautification
Please describe any District equipment or assistance you will	Mounting of mural
Please tell us anything else we should know about this project:	Project was part of Green Week and was made out of recycled materials.

IV. PRE-PROJECT ASSESSMENT NEEDS (COMPLETED BY DISTRICT)

Check the following items that are needed:	<input type="checkbox"/> Site Walk	_____	Date completed
	<input type="checkbox"/> Estimate/Quote	_____	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 type="checkbox"/> PTA Fund	<input type="checkbox"/> Parent/Community <input type="checkbox"/> Other, please explain: _____	
Estimated Cost:	0		
Payment Category:	<input 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:				
Contact Person:	Taylor Holloway			
Contact Phone #'s:	Primary#: 310-377-6066 <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Mobile		Alternate # : 310-377-6066 <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Mobile	
Email:	hollowayt@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 type="checkbox"/> No <input type="checkbox"/> Unknown
Is there maintenance included with purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Purchase Order Number used for Purchase	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Where mounting is required.
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Wall
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Mounting of mural
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>	<p>Photo attached.</p> <div data-bbox="735 1388 829 1476"></div>
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XI. APPROVAL OF PRINCIPAL

<input checked="checked" type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> APPROVED WITH EXCEPTIONS		
Signature does not guarantee approval of the project		
DocuSigned by:  <small>62FCE148A3CB4AF...</small>		5/14/2019
School Administrator (signature)		Date

XII. DISTRICT DEPARTMENT APPROVAL

Maintenance and Operations	Approved:	DocuSigned by: <i>Terry Kamikayashi</i> 119888888F3F442...	5/14/2019
Accounting	Approved:	DocuSigned by: <i>Eva Chang</i> 6C888E04147746A...	5/14/2019
Technology	Approved:	DocuSigned by: <i>Trent Bahadursingh</i> E9B0BD1F6883494...	5/15/2019
Purchasing	Approved:	DocuSigned by: <i>Brenna Terrones</i> 277A8CA57DFC46B...	5/15/2019
M&O Comments:	Maintenance will install by work order already submitted. No cost associated just review of design		
Accounting Comments:			
Technology Comments:			
Purchasing Comments:			

XIII. FINAL APPROVAL BY BUSINESS SERVICES

<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> APPROVED WITH EXCEPTIONS		
Associate Superintendent, Business Services		Date
Printed Name:		
Comments:		

