

**Roseville Joint Union High School District**  
**Buildings and Grounds Modifications Approval Form 7111.1A**  
(Staff Rule 7111.1)

**I. Project Request**

School Site: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

1. Describe your project/What you want/Expected timeline for completion: \_\_\_\_\_

\_\_\_\_\_

2. Purpose of project: \_\_\_\_\_

3. What is your funding source? \_\_\_\_\_

4. How much funding do you have? \$ \_\_\_\_\_

5. Your estimate of total cost? \$ \_\_\_\_\_

6. Who will do the work? \_\_\_\_\_

7. A detailed diagram of proposed project with dimensions and illustration **must be attached**. Requests without diagram will be returned to requestor.

Program Director/Head Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Booster Club President/Other: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required)*

**Principal:** \_\_\_\_\_ Date: \_\_\_\_\_

This project shall not proceed until all parties have reviewed and signed-off in Section II. This form shall be signed by Site Requestor and Site Principal, then sent to Director of MOT for his review and that of the Director of Facilities. Form will be returned to the requestor with approval or denial.

**II. Project Request Review**

- Board approval applicable. Board date: \_\_\_\_\_
- Approved to proceed as proposed (however, any future project changes or modifications **must be** re-approved by Dir. of MOT and/or Dir. of Fac.)
- Approved to proceed with Notes/Changes/Exception(s). See Section IV.
- Returned for Diagram.
- Project denied. Reason: \_\_\_\_\_

*(Required)*

**Director of MOT:** \_\_\_\_\_ Date: \_\_\_\_\_

*(Required)*

**Director of Facilities:** \_\_\_\_\_ Date: \_\_\_\_\_

**III. The Project Checklist below is a general guide to help identify factors that may or may not apply to the project.** Additional factors may apply. The checklist is to be completed by the Requestor and/or Director of MOT and/or Director of Facilities.

		Potential Cost
1.	<input type="checkbox"/> Site visit and consultation to clarify project scope	
2.	<input type="checkbox"/> Board approval	
3.	<input type="checkbox"/> Title IX compliance	
4.	<input type="checkbox"/> Architectural Design and Engineering.....	\$ _____
5.	<input type="checkbox"/> Asbestos/Lead.....	\$ _____
6.	<input type="checkbox"/> Haz Mat Removal.....	\$ _____
7.	<input type="checkbox"/> Demolition Disposal.....	\$ _____
8.	<input type="checkbox"/> ADA accessibility.....	\$ _____
9.	<input type="checkbox"/> Division of State Architect compliance.....	\$ _____
10.	<input type="checkbox"/> Lighting.....	\$ _____
11.	<input type="checkbox"/> Electrical Power.....	\$ _____
12.	<input type="checkbox"/> Plumbing.....	\$ _____
13.	<input type="checkbox"/> Flooring.....	\$ _____
14.	<input type="checkbox"/> Furniture.....	\$ _____
15.	<input type="checkbox"/> Fire Alarm.....	\$ _____
16.	<input type="checkbox"/> Painting/wall cover.....	\$ _____
17.	<input type="checkbox"/> Windows covering.....	\$ _____
18.	<input type="checkbox"/> Surplus materials.....	\$ _____
19.	<input type="checkbox"/> Inspection.....	\$ _____
20.	<input type="checkbox"/> Ventilation.....	\$ _____
21.	<input type="checkbox"/> Landscaping.....	\$ _____
22.	<input type="checkbox"/> Health Code compliance regulations	
23.	<input type="checkbox"/> Other code compliance issues	
24.	<input type="checkbox"/> Data/Tech	
25.	<input type="checkbox"/> Other: _____	\$ _____
26.	<input type="checkbox"/> Other: _____	\$ _____
27.	<input type="checkbox"/> Other: _____	\$ _____

**Estimated Total Project Cost:** \$ \_\_\_\_\_

**IV. Additional comments or concerns:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_