

School District 300
Supplemental Funding Request Form

This request is for:	Capital Equipment <input type="checkbox"/>	Building/Grounds Modifications or Improvements <input type="checkbox"/>
Submitter's Name:		
Submitter's Phone Number:		
School:		
Date Submitted:		
Project Title:		
Project Start Date:		
Project End Date:		
Funding Source:		
Estimated Cost: (including materials and labor):		
Manufacturer/Vendor Name		
Contact Name:		
Contact Phone Number:		

Project Description: (Attach additional information including drawings, material list, specifications, quotes, etc.)

Please send completed form with any supporting documentation to the Tanya Schneck, Building & Grounds

For Administration Use Only

Analysis

- | | | | | | |
|----|---|-----|--------------------------|----|--------------------------|
| 1. | Does the capital equipment item provide a learning opportunity that other district students are not privy to receiving? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Does the capital equipment item commit the district to a future financial obligation? Note: There is no commitment by the district to replace the item at the end of its useful life. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. | Does the capital equipment item require periodic maintenance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Does the capital equipment item benefit anyone in the school other than the students or staff? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Does the capital equipment item require support from our computer network? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. | Does the capital equipment item supplant an item on the district replacement schedule? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Cost Estimate of District Funds to Complete Project

Materials	\$	For:
Labor	\$	For:
Initial Project Cost	\$	For:
Ongoing Maintenance	\$	For:

Is the manufacturer/supplier/contractor approved? Yes No
Is a City Permit Required? Yes No

Reviewed

Director of Operations / Technology	Date:
Chief Financial Officer	Date:
Date Approved:	Date Denied:
	Reason:

Return completed form to the CFO when all approvals are complete.

Final Approval

Final Approval: Send copy of this form to school administrator Date: _____

Final Inspection: _____
Inspected by
Date

Comments/Conditions: