Project	#			
	(fo	or office	use	only)

## **Facilities Modification Request**

# **Bangor Township Schools**

### **ONE PROJECT PER FORM**

Request must be submitted <u>60 days</u> prior to the proposed start date of the project.

Proposed Start Date:	Proposed Completion Date:		
<ul> <li>Building and Site will not process your Facilities Modappropriate administrator's signature for facilities, a</li> <li>Forward the completed Facilities Modification Requ</li> </ul>	· -		
Part 1. School Information			
School or Facility:			
Principal's (Administrator's) signature: (Required)	Date:		
School Contact Person:			
Part 2. Parent/Group/Non-Profit Agency Volunteer Informa	tion (if any)		
Name of Parent/Group Volunteer:			
Contact:			
Phone: Fax:	Email:		
<ul> <li>A copy of the site plan/floor plan is required for each please contact Kurt Pake @ 684.8121 ext. 1204 or pa</li> <li>Will this facility modification affect student capacity?</li> </ul>			

Project	#		
	(fe	or office use or	nlv)

# **Facilities Modification Request**

# **Bangor Township Schools**

Part 3. Project Description and Ration	ale for Request	
Brief description of Project.	_ Interior Modifications	Exterior Modifications
Please check only one box. <b>One projec</b>	t per form.	
(If your project involves placing any ty manufacturer's specifications on that (		ne school campus, please attach a detailed description of
Facilities Modification Request will no required before final approval.	ot be processed without a	an approved funding source(s). Verification of funds is
Part 4. Summary of Cost and Funding	Sources(s)	
Funding source(s) / Budget code:		
Any Additional Comments:		
Does this request involve a grant?requirements for compliance.	YesN	No If yes, briefly describe critical dates and