

CAPITAL PROJECT REQUEST FORM

Citrus County Schools

School /Cost Center _____ **Date of Request** _____

Principal/Administrator _____

Signature of Principal/Administrator _____ **Date of Signature** _____

Project Funded by: (Must be indicated)

Facility Unfunded Other _____

Ranked Priority: (check one)

- Highest Priority (supersedes all previous requests)
- High Priority (not our highest priority)
- Medium Priority (needed; not critical)
- Low Priority (not essential, but desired)

Facility Need: (Provide a brief description of the project; include a sketch or drawing and provide clear details.)

Basis for Need: (Why is this project needed? How will it impact your site? What programs will be affected?)

Please check each of the following factors that justify this request:

- | | |
|--|--|
| <input type="checkbox"/> Health/Safety | <input type="checkbox"/> Land/Space Considerations |
| <input type="checkbox"/> Condition of Facility | <input type="checkbox"/> Unique Community Considerations |
| <input type="checkbox"/> Instructional Needs | <input type="checkbox"/> Urgency |
| <input type="checkbox"/> Student Capacity | |

**If applicable, indicate the approximate number of students impacted by this facility need: _____

Please send this form to: **Director of Planning and Growth Management
Student Services Center**

Reviewing Department: Planning & Growth Management	
Reviewed By:	Comments:
Reviewing Department: Technology Resource Center	
Reviewed By:	Comments:
Reviewing Department: Facilities & Construction	
Reviewed By:	FISH Update Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Plant Survey Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:
Reviewing Department: Health & Safety	
Reviewed By:	Comments:
Reviewing Department: Maintenance	
Reviewed By:	Comments:
Reviewing Department: Assistant Superintendent of Business & Support Services	
Reviewed By:	Comments:
Reviewing Department: Other	
Reviewed By:	Comments: