

Katy Independent School District "Building Modification"

Request for Approval of Equipment Purchase or Facility
Modification/Enhancement/Addition

Exhibit B

This form must be completed prior to any purchase or initiation of a facility modification/enhancement/addition. A complete summary of funding sources/plans and project description must be submitted with this request. Upon Principal's signature, all forms are to be submitted directly to the Executive Director of Maintenance and Operations.

Approval is requested for the following (Check all that apply): <input type="checkbox"/> Purchase of Equipment <input type="checkbox"/> Enhancement of Facility/Grounds <input type="checkbox"/> Modification of Facility/Grounds <input type="checkbox"/> Addition to Facility/Grounds		Date of Request: <input style="width: 100%;" type="text"/>
Facility: <input style="width: 100%;" type="text"/>		Location at Facility: <input style="width: 100%;" type="text"/>
Name of Organization/Support Group Proposing the Request: <input style="width: 100%;" type="text"/>		
Name of Organization's Contact Person: <input style="width: 100%;" type="text"/>	Phone Numbers: <input style="width: 100%;" type="text"/>	
E-Mail Addresses: <input style="width: 100%;" type="text"/>		
Campus Contact Person: <input style="width: 100%;" type="text"/>	Phone Numbers: <input style="width: 100%;" type="text"/>	
E-Mail Addresses: <input style="width: 100%;" type="text"/>		
Description of equipment to be purchased or facility modification/enhancement/addition. <i>All equipment purchases need prior approval through the Purchasing Department.</i> (Attach detailed plans including any sketches, architectural/engineering designs (include name and phone of architect), map of location, etc.) <input style="width: 100%; height: 50px;" type="text"/>		
Who will install the equipment or implement the modification/enhancement/addition? (Check all that apply) <input type="checkbox"/> Katy ISD Maintenance Department <input type="checkbox"/> District approved vendor for product <input style="width: 100%;" type="text"/> <input type="checkbox"/> District approved contracted service provider <input style="width: 100%;" type="text"/> <input type="checkbox"/> Other: <input style="width: 100%;" type="text"/> <i>*To identify district approved service providers, contact the District Purchasing Department for assistance.</i>		
Vendor/Service Provider's name, Address, if applicable: <input style="width: 100%;" type="text"/>		
Phone Number: <input style="width: 100%;" type="text"/>		E-Mail Address: <input style="width: 100%;" type="text"/>
Will the equipment or modification/enhancement/addition require coordination with any Katy ISD departments for services? (Check all that apply) <input type="checkbox"/> Electrical wiring/outlet or additional circuit <input type="checkbox"/> Technology/Phone line <input type="checkbox"/> Water source <input type="checkbox"/> Location of existing electrical lines/pipe/cable/etc. <input type="checkbox"/> Mounting/Attachment to an existing structure <input type="checkbox"/> Landscaping <input type="checkbox"/> Architect or engineer plans <input type="checkbox"/> Other: <input style="width: 100%;" type="text"/>		
Funding Source for this Project:: <input style="width: 100%;" type="text"/>	Estimated Total Cost of Project: <input style="width: 100%;" type="text"/>	
Alternate Funding Source for this Project: <input style="width: 100%;" type="text"/>	District Budget Code: <input style="width: 100%;" type="text"/>	
Signature of Principal Submitting Request: <input style="width: 100%; height: 30px;" type="text"/>		
Date: <input style="width: 100%;" type="text"/>		

Maintenance and Operations Department Recommendation

Recommendation:

- Approved as submitted
 Approved with the following stipulation(s) - see comments
 Denied - see comments
 Not applicable

Estimated Project Cost to this Dept.:
Estimated Annual Cost of Upkeep to this Dept.:
Other Signatures Required

- Facilities/Construction
 Emergency Management
 Info. & Technology
 Athletics
 Purchasing
 Area Superintendent
 Legal Review
 Chief Operations Officer

Exec. Director of M&O Signature:**Date:**

Facilities/Construction Recommendation

Recommendation:

- Approved as submitted
 Approved with the following stipulation(s) - see comments
 Denied - see comments
 Not applicable

Estimated Project Cost to this Dept.:
Estimated Annual Cost of Upkeep to this Dept.:
Project Manager, District Architect/Planner's Signature:**Date:**

Emergency Management Coordinator Recommendation

Recommendation:

- Approved as submitted
 Approved with the following stipulation(s) - see comments
 Denied - see comments
 Not applicable

Estimated Project Cost to this Dept.:
Estimated Annual Cost of Upkeep to this Dept.:
Emergency Mgmt. Coordinator Signature:**Date:**

Information Technology Department Recommendation

Recommendation:

- Approved as submitted
 Approved with the following stipulation(s) - see comments
 Denied - see comments
 Not applicable

Estimated Project Cost to this Dept.:
Estimated Annual Cost of Upkeep to this Dept.:
Chief Information Officer Signature:**Date:**

Athletic Department Recommendation**Recommendation:**

- Approved as submitted Approved with the following stipulation(s) - see comments
 Denied - see comments Not applicable

Estimated Project Cost to this Dept.:
Estimated Annual Cost of Upkeep to this Dept.:
Director of Athletics Signature:

Date:

Purchasing Department Recommendation**Recommendation:**

- Approved as submitted Approved with the following stipulation(s) - see comments
 Denied - see comments Not applicable

Director of Purchasing Signature:

Date:

Area Superintendent Recommendation**Recommendation:**

- Approved as submitted Approved with the following stipulation(s) - see comments
 Denied - see comments Not applicable

Area Superintendent Signature:

Date:

Legal Review for Compliance (Laws/Policies)**Recommendation:**

- Approved as submitted Approved with the following stipulation(s) - see comments
 Denied - see comments Not applicable

Assistant Superintendent for Governance, Legal Affairs & Special Programs:

Date:

Chief Operations Officer Approval**Recommendation:**

- Approved as submitted Approved with the following stipulation(s) - see comments
 Denied - see comments Not applicable

Chief Operations Officer Signature:

Date:

