

Legacy Traditional Schools
Facility Modification Request Form

School/Location: _____

Date: _____

**Project Proposal/
Description:**

**Project
Justification:**

Category (check which one applies):

- ☐ Safety/Risk
- ☐ Legal (ADA, OSHA)
- ☐ Need
- ☐ Want

Funding Source: (check which one applies):

- ☐ Donations
- ☐ Fund-Raisers
- ☐ School Generated

Bid/Proposal:

- ☐ Bid/s attached (jobs between \$1 and \$500 require at least 1 bid/proposal; jobs exceeding \$500 require at least 2 bid/proposals)

Approvals:

(All 3 signatures required for approval)

Principal: _____

Date: _____

Facilities or Construction Director: _____

Date: _____

Chief Development Officer: _____

Date: _____