

**Cleburne Independent School District Request for Facility Improvement**

Date \_\_\_\_\_ Submitted by \_\_\_\_\_

Campus or Facility \_\_\_\_\_

Description of the Project:

\_\_\_\_\_  
 \_\_\_\_\_

Justification:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Impact if Request is Denied:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Project Cost Estimate \$** \_\_\_\_\_ If needed Maintenance will provide cost estimate

**Cost Detail (Attach copies of bids/estimates):**

Can this Request wait until the following Budget Year:    Y        N

Does this request involve Technology:                        Y        N

Is this Request an Emergency:                                    Y        N

Primary Funding Source:

Alternative/Additional Funding Sources: \_\_\_\_\_

Date Reviewed by Cabinet: \_\_\_\_\_

Approved        Denied                        \_\_\_\_\_

Superintendent Signature

Comments: \_\_\_\_\_

Please return a copy to Maintenance Department

Note: Fill out all areas

**Any change, addition or modification of any facility requires the Superintendent approval**