

DODGE CITY USD 443
CAPITAL OUTLAY REQUEST

2016-2017 SCHOOL YEAR

Due Friday October 15, 2015

School _____

1. Location of request: _____ (specific location in the school and/or building)

2. List specific equipment or project being requested. _____

Please attach any additional information to outline the scope of project so that the capital out lay committee can understand what your needs are.

3. If project is approved, what dates are project areas available? _____

4. Will any other modifications need to take place due to this project? _____ Yes _____ No

Roofing carpentry windows electricity ventilation doors
Plumbing classroom furnishings need assistance, request Maintenance Personnel

5. Estimated Cost: \$ _____ Source of Estimated Cost: _____

6. How will this project or requested equipment improve your working or learning environments? _____

7. Does this request fit either building goals or district goals: Yes _____ No _____

If so, tell which goals and the relationship: _____

8. Have your requests been considered by the Curriculum Council or Technology Committee?

_____ Yes _____ No

9. Has this request been submitted previously as a Capital Outlay Request? _____ Yes _____ No

10. Additional information _____

11. Does the requester fell that this is a life safety issue _____ Yes _____ No

Date: _____

Signature: _____

Principal/Program Manager

Send to: Chris Meyer

Fax: 620-227-1761

Email: meyer.chris@usd443.org

By: 5:00pm, Friday October 15, 2015