



**Facilities Improvement Project Application Form
Eugene School District 4J**

Date _____ Proposed Project _____

Project Site _____

Individual or Group proposing Project _____

Detailed Description of Proposed Project:

Intended Benefits of Project:

Identification of Lead Volunteer (person responsible for the completion of the Project):

Name _____ Phone _____

Address _____

Identification of Responsible Licensed Contractor (required for building permit):

Name _____ Phone _____

Address _____

Approximate Number of Volunteers _____ Will any of the help be paid for their work? Yes No

Proposed Project Start Date _____ Completion Date _____

Equipment to be used:

Identify any assistance required from the District Facilities Management staff:

Approval by Site Administrator:

Name _____ Date _____