
LAMAR CONSOLIDATED ISD

Building Modification Request Form

For Approval of Major Equipment Purchase or Facility Modification/Enhancement/Additions

This form must be completed and approved **PRIOR** to any purchase or initiation of a facility modification, enhancement, or addition. A complete summary of funding sources/plans and project description must be submitted with this request. Upon Administrator's signature, all forms are to be submitted directly to the Support Services Dept, Attn: Chief Operations Officer

Date of Request: _____ **Date of Requested Completion:** _____

Approval is requested for the following (Check all that apply):

- Purchase of Major Capital Equipment (Over \$5,000 per unit and affixed to building)
- Enhancement of Facility/Grounds
- Modification of Facility/Grounds
- Addition to Facility/Grounds

Facility:

Location at Facility:

Name of Organization/Group Proposing the Request:

Name of Organization's Contact Person:

Phone Number:

Email Address:

Campus Contact Person:

Phone Number:

Email Address:

Description of equipment to be purchased or facility modification/enhancement/addition. All major equipment purchases need prior approval through the appropriate Executive Director/Administrator as outlined above. Attach detailed plans including any sketches, architectural/engineering designs. Include name and phone number of architect, map of location, etc.

Who will install the equipment or implement the modification/enhancement/addition? Check all that apply.

- Lamar CISD
- District approved vendor for product _____
- District approved contracted service provider _____
**To identify district approved service providers contact LCISD Purchasing Dept for assistance*
- Other _____

Vendor/Service Provider Information:

Phone Number:

Email Address:

Will the equipment for the modification/enhancement/addition require coordination with any Lamar CISD departments for services? Check all that apply

- Electrical wiring/outlet or additional circuit
- Technology/Phone Line/Data Drop
- Location of existing electrical lines/pipe/cable/etc.
- Architect or engineer plans
- Mounting/Attachment to an existing structure
- Landscaping
- Water Source
- Other

Estimated Project Cost to this Dept: _____

Estimated Annual Upkeep Cost to this Dept: _____

Funding Source for this Project:

Estimated Total Cost of Project:

Alternate Funding Source for this Project:

Budget Code:

Signature of Director or above Submitting Request:

Date:

Area Superintendent or Chief

Approved

Denied

Area Superintendent/Chief Signature:

Date:

After the Area Superintendent or Chief has either approved or denied and has signed and dated the request form, please forward it to the Support Services Department, Brazos Crossing Ste 218 for processing.

Support Services

Other Signatures Required:

M&O

BPO

Technology

Athletics/CTE/Fine Arts

Purchasing

Budget Review

Legal Review

Chief Operations Officer

Support Services Signature:

Date:

Maintenance & Operations

Recommendations:

- Approved as submitted
- Approved with the following stipulations
- Denied-see comments
- Not applicable

Cost Revisions, if necessary:

Estimated Project Cost to this Dept.: _____

Estimated Annual Cost of Upkeep to this Dept.: _____

Director of Maintenance & Operations Signature:

Date:

Comments:

Bond Program Office

Recommendations:

- Approved as submitted
- Approved with the following stipulations
- Denied-see comments
- Not applicable

Cost Revisions, if necessary:

Estimated Project Cost to this Dept.: _____

Estimated Annual Cost of Upkeep to this Dept.: _____

BPO Exe. Director/Proj. Mgr/Architect/Planner Signature:

Date:

Comments:

Technology Services

Recommendations:

- Approved as submitted
- Approved with the following stipulations
- Denied-see comments
- Not applicable

Cost Revisions, if necessary:

Estimated Project Cost to this Dept.: _____

Estimated Annual Cost of Upkeep to this Dept.: _____

Executive Director of Technology Services Signature:

Date:

Comments:

Athletics/CTE/Fine Arts

Recommendations:

- Approved as submitted
- Approved with the following stipulations
- Denied-see comments
- Not applicable

Cost Revisions, if necessary:

Estimated Project Cost to this Dept.: _____

Estimated Annual Cost of Upkeep to this Dept.: _____

Director of Athletics/CTE/Fine Arts Signature:

Date:

Comments:

Purchasing

Recommendations:

- Approved as submitted Approved with the following stipulations
 Denied-see comments Not applicable

Cost Revisions, if necessary:

Estimated Project Cost to this Dept.: _____

Estimated Annual Cost of Upkeep to this Dept.: _____

Purchasing & Material Manager's Signature:

Date:

Comments:

Budget Review

Recommendations:

- Approved as submitted Approved with the following stipulations
 Denied-see comments Not applicable

Cost Revisions, if necessary:

Estimated Project Cost to this Dept.: _____

Estimated Annual Cost of Upkeep to this Dept.: _____

Chief Financial Officer's Signature:

Date:

Comments:

Legal Review (Board Policy/Admin. Regulations)

Recommendations:

- Approved as submitted Approved with the following stipulations
 Denied-see comments Not applicable

Cost Revisions, if necessary:

Estimated Project Cost to this Dept.: _____

Estimated Annual Cost of Upkeep to this Dept.: _____

Chief Financial Officer's Signature:

Date:

Comments:

Chief Operations Officer

Recommendations:

- Approved as submitted Approved with the following stipulations
 Denied-see comments Not applicable

Cost Revisions, if necessary:

Estimated Project Cost to this Dept.: _____

Estimated Annual Cost of Upkeep to this Dept.: _____

Chief Operations Officer's Signature:

Date:

Comments: