BIBB COUNTY SCHOOL DISTRICT
STRENGTH OF CHARACTER AND COLLEGE OR CAREER READY

FACILITY MODIFICATION REQUEST

<table>
<tr><td>RETURN COMPLETED FORM TO:
Bibb County School District Maintenance Department</td></tr>
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Failure to provide any of the information outlined above may result in rejection of the proposal and/or deferment of an acceptance decision until all information is received. For additional information or questions, contact Maintenance Department at: (478) 779-3543.

<u>**Summary of request:**</u> Provide a detailed description of facility modification project

_____

_____

_____

_____

1. Contact Information of Requesting Organization

   Name of school: _____

   Modification area: _____

   Name of applicant: _____

   Applicant telephone: _____

   Applicant email: _____

   Principal approval: _____

2. Funding Source

   a. Estimated cost of project: _____

   b. Proposed source of funding: _____

3. Anticipated Dates for the Project:

   a. Initial start date _____

   b. Completion date _____

4. Type of Modification (*please indicate the number requested*)

- a. _____ Interior Painting
- b. _____ Exterior Painting
- c. _____ Interior decorations (walls, doors or ceilings)
- d. _____ Vinyl wall coverings (letters or murals)
- e. _____ Painted murals
- f. _____ Historical Artifacts significant to the community
- g. _____ Landscapes / Garden Areas
- h. _____ Amenities (bollards, plaques, etc.)
- i. _____ Original Art
- j. _____ Playground Equipment (*please specify*): _____
- k. _____ Tree (*please specify species):*_____
- l. _____ Other (*please describe*): _____

5. If historical artifact, art or plaque is requested in this project, please complete the following:

- a. Description / photo of proposed artifact or art (*including artist or historical significance*)

  _____

  _____

- b. Description of plaque *(including wording, size and material)*

  _____

  _____

6. Project Budget

- a. Project total cost (attach budget if applicable):

- b. Ongoing/Annual cost to maintain modification:

  - i. Will electricity be required:
  - ii. Will additional lighting be required:
  - iii. Will irrigation be required:
  - iv. Other:
  - v. Total Estimated Annual Budget:

Maintenance Director's Decisions

☐ Approved as is
☐ Approved with conditions
☐ Not Approved

Authorizing Signature:_____
Date: _____
Comments: _____
_____
_____