

SITE FUNDED PROJECT FORM

School/Facility: \_\_\_\_\_

Location Code: \_\_\_\_\_ School Phone #: \_\_\_\_\_

Assigned PMA: \_\_\_\_\_

WO#: \_\_\_\_\_ Region: \_\_\_\_\_

Investigation Fee Paid: YES  NO  WAIVED

Funding Source: \_\_\_\_\_  
(e.g., Grant, Donation, SSD, etc.)

Description: \_\_\_\_\_

Scope Verification (Scope Description): \_\_\_\_\_

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

**School Administrator please carefully read the Scope Verification above and sign below.**

\_\_\_\_\_  
School Administrator Name – PRINT

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator Name – SIGNATURE

\_\_\_\_\_  
Date

Work will be completed during: Regular Hours  Evening  Weekend

Person providing access for the contractor:

\_\_\_\_\_  
Name/Position

\_\_\_\_\_  
Contact Phone #

CCF-414 Approved

Summary of Project

Construction Management



Site: \_\_\_\_\_ WO #: \_\_\_\_\_ Date: \_\_\_\_\_

Project: \_\_\_\_\_

Original Proposal		
	<b>Total</b>	_____
Additional approval needed (Site Requested)		
Charges		
Project Management Fee		
Inspection Fee		
	<b>Total</b>	_____
Final Proposal		
	<b>Grand Total</b>	_____

### Scope of Work/Craft Breakdown

Date: \_\_\_\_\_

Site: \_\_\_\_\_

Location #: \_\_\_\_\_

Region: \_\_\_\_\_

PMA: \_\_\_\_\_

Cell #: \_\_\_\_\_

WO #: \_\_\_\_\_

Scope of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Craft Code	Man Hour		Cost per Man Hour	=	Labor Cost	Material Cost	Sum Cost
_____	_____	X	_____	=	_____	_____	_____
_____	_____	X	_____	=	_____	_____	_____
_____	_____	X	_____	=	_____	_____	_____
_____	_____	X	_____	=	_____	_____	_____
_____	_____	X	_____	=	_____	_____	_____
_____	_____	X	_____	=	_____	_____	_____
_____	_____	X	_____	=	_____	_____	_____
_____	_____	X	_____	=	_____	_____	_____
					<b>Total Labor</b>	<b>Total Material</b>	<b>Total Cost</b>
					_____	_____	_____

School Name: \_\_\_\_\_ WO #: \_\_\_\_\_

Estimated Cost	Fund	G/L Account	Cost Center Internal Order Grant	Functional area* <small>Required only when referencing a Grant, internal order or salary-related Cost Centers or G/L Accounts.</small>	Actual Cost <small>(For In-house projects only)</small>
Funding Source: <input checked="" type="checkbox"/> Site Funded      Grants (Date of Exp).      Capital Funds			Project to be completed by: Donated labor & materials      Contractor      In-house construction		
Contact person for budget inquiries:			Phone #:	Ext:	
<b>C. Principal/Department Head Concurrence</b>					
This request is: (✓ one) <input type="checkbox"/> Standard <input type="checkbox"/> Non-standard – CCSD Maintained <input type="checkbox"/> Non-standard – Site Maintained					
NON-STANDARD requests require additional approvals and may extend the timeline and if not granted will result in the project denial.					
<small>Prior to the start of a project, the following departments will be required to give written consent from an approved department head. This is not final approval of project</small>					
Additional Approvals: <small>(✓ all that apply)</small>		Building Department	Instruction Unit	Purchasing	
		Risk Management	Technology	Title IX	
<b>Disclaimer on Public Works:</b> <i>A public school building is classified under Nevada Revised Statutes (NRS) as an asset owned by a public body and identified as property of the Clark County School District. Therefore, the work involved on or within any school building is defined as public work pursuant to the provisions outlined under these statutes.</i>					
I, _____, am in agreement with the project as described above and certify that all required documentation has been submitted to proceed with the approval process. I understand my responsibility to comply with all of the requirements as outlined in this document and all attached documents related to this project.					
I understand that if this is a <i>Non-standard – Site Maintained</i> installation, it will be the sole responsibility of the site to maintain, operate or remove if for any reason any part of the installation or its components breaks down, malfunctions due to normal wear and tear, is misused or is no longer needed. These conditions will extend beyond the current administration / department supervisor.					
Principal/Department Head Signature: _____				Date: _____	

Project Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval certifies that the building, "as is" can support the item and/or project. If request is denied, please provide an explanation.

Facilities Authorization: \_\_\_\_\_ Date: \_\_\_\_\_



1180 Military Tribute Place, Henderson, NV 89074  
Phone: (702) 799-8710

# Notice of Completion

## Construction Management



Subject:

School:

W/O#:

Principal:

This begins the one-year warranty from the contractor.

I hereby verify that the work put in place associated with WO# \_\_\_\_\_ has been completed to my satisfaction. The work order can now be closed.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCSD Construction Management

\_\_\_\_\_  
Date

CC: Warranty  
File