CAPITAL PROJECT REQUEST FORM
Citrus County Schools

School
/Cost Center _____   Date of
Request _____

Principal/Administrator _____

Signature of
Principal/Administrator _____   Date of
Signature _____

Project Funded by:

☐ Facility (School)   ☐ Unfunded   ☐ Other _____

Ranked Priority: *(check one)*

☐ Highest Priority (supersedes all previous requests)
☐ High Priority (not our highest priority)
☐ Medium Priority (needed; not critical)
☐ Low Priority (not essential, but desired)

Facility Need: *(Provide a brief description of the project; include a sketch or drawing and provide clear details.)*

Basis for Need: *(Why is this project needed? How will it impact your site? What programs will be affected?)*

Please check each of the following factors that justify this request:

☐ Health/Safety   ☐ Land/Space Considerations
☐ Condition of Facility   ☐ Unique Community Considerations
☐ Instructional Needs   ☐ Urgency
☐ Student Capacity

**If applicable, indicate the approximate number of students impacted by this facility need: _____

Please send this form to: **Director of Planning and Growth Management
Student Services Center**

Reviewing Department:	**Planning & Growth Management**				
Reviewed By:	Comments:				

Reviewing Department:	**Technology Resource Center**				
Reviewed By:	Comments:				

Reviewing Department:	**Facilities & Construction**				
Reviewed By:	FISH Update Required: ☐ Yes ☐ No	Plant Survey Required: ☐ Yes ☐ No			
	Comments:				

Reviewing Department:	**Health & Safety**				
Reviewed By:	Comments:				

Reviewing Department:	**Maintenance**				
Reviewed By:	Comments:				

Reviewing Department:	**Assistant Superintendent of Business & Support Services**				
Reviewed By:	Comments:				

Reviewing Department:	**Other**				
Reviewed By:	Comments:				