

San Diego Unified School District

Proposition Z
Charter School Facility Committee

FUNDING REQUEST URGENT NEED PROJECT

School Name _____ School Code _____

Address _____

Contact Name _____ Phone _____ E-mail _____

PROJECT DETAIL:

Type of Project: _____

Project Cost: Estimate _____ Actual _____

Will any of this work require DSA approval? Yes No

Statement of Condition: _____

HEALTH AND SAFETY DOCUMENTATION ATTACHED:

Photo(s) Complaint Work Order Inspection report Other (*Please Explain*)

CERTIFICATION

I certify, as the authorized representative of this charter school, that the information reported on this application is true and correct and that:

- I am designated as an authorized representative by the governing board of the charter school; and,
- The work requested is required to mitigate conditions that pose a threat to the health and safety of students and staff; and,
- All work will be done in accordance with applicable State laws, regulations, and the San Diego Unified School District’s Proposition Z bond program.

Name of Representative

Title

Signature of Representative

Date

Phone

E-mail Address