



COLQUITT COUNTY SCHOOLS

School Building/Grounds

Modification/Enhancement Application

APPLICANT SCHOOL: _____ PRINCIPAL NAME: _____

APPLICATION DATE: _____ PRINCIPAL SIGNATURE: _____

DETAILS

DESCRIPTION: Please provide a description of work involved in the modification or enhancement of school building or grounds. Include the names of individuals or groups assisting in project.

FUNDING SOURCE: _____ START DATE: _____ END DATE: _____

ESTIMATED COST OF PROJECT: _____

APPROVAL SIGNATURES *(if applicable)*

FACILITY OPERATIONS DIRECTOR

SIGNATURE: _____

Proposal Approved Signed: _____ Date: _____

Proposal Denied Signed: _____ Date: _____

REASON: _____
