| Forsyth County Schools<br>School Initiated Project Re | quest Submittal      |                         |
|-------------------------------------------------------|----------------------|-------------------------|
| School:                                               | Project T            | itle:                   |
| Submitted by:                                         |                      | Date:                   |
| Project Description (attach                           | plans or drawings)   |                         |
|                                                       |                      |                         |
|                                                       |                      |                         |
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| Rationale for Project Reque                           | est                  |                         |
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|                                                       |                      |                         |
|                                                       |                      |                         |
|                                                       |                      |                         |
| Cost Analysis (attach Proje                           | ct Budget Worksheet) |                         |
| Cost Estimate                                         | Funding Source       | Authorized Account User |
|                                                       |                      |                         |
| (attach written proposals)                            |                      | Print Name              |
| Principal or School Admin                             | istrator:            |                         |
| Timespar of School Autiliii                           | Signature            | Date                    |

| 3. Does the Project affect Instructional Area or Programs? |                                                          | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------|----------------------------------------------------------|------------|-----------|
| Approv                                                     | ed on:by:                                                |            | ·         |
|                                                            | Assoc. Superintendent of Academics &                     | Accour     | ntability |
| 4.                                                         | Does the modification affect Athletic Venue or Programs? | Yes        | <u>No</u> |
| 5.                                                         | Required School Approval Letters attached?               |            |           |