**For office use only**

Learning Centre:

Reference number:

Form.FAC.009A (V5.8)

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| **Section A: Details for Request – For schools or tenants to complete. Fax, or scan and email completed form to your Facility Team Leader (FTL).****Before completing this form, please review:**[GU.FAC.009 Requesting Work for School-Funded Projects](http://zwebppfprd/uploads/files/live/35/1926.pdf) or [GU.FAC.045 Tenant Work Requests](http://zwebppfprd/uploads/files/live/35/1860.pdf) |
| School name:   | Contact person: |
| Tenant name: | Contact phone number: |
| Address:  | Contact e-mail address: |
| Contact fax number: |
| **Detailed description/issue** |
| **Room #(s)/Location:**  |  |
| **Does this project involve work that is required to meet compliance regulations?** [ ]  YES [ ]  NO**If yes, please explain:**  |
| **Project Description** – Provide as much detail as possible on the scope of work for this request including photos/drawings of proposed work.  |
| **Approximate amount of funds available1:** | **Funding source(s):**  |
| [ ] Under $5000[ ] $5000 - $10,000[ ] $10,000 - $25,000 | [ ] $25,000 - $50,000[ ] Over $50,000[ ] Other:   | [ ] School/Department budget [ ] School council[ ] School Fundraising[ ] Grant(s):  | [ ] Tenant budget [ ] City of Toronto funding[ ] SISC[ ] Other:  |
| Principal/Manager name: | Date: |
| Principal/Manager signature: |  |
| \*Tenant signing officer name: | Date: |
| \*Tenant signing officer signature: | \*For tenant requests only |
| **For secure access systems requests:** |  |
| Caring and Safe School Advisor name: | Date: |
| Caring and Safe School Advisor signature:**Qualifies for shared funding:** [ ]  YES [ ]  NO  |  |
| **See page 2 for administration details.** |

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| **Section B: Review of the Request – For Central Staff****use only**. **FTL will**: * **Scan and email TENANT and Toronto Lands Corporation (TLC) requests to** **info.tlc@tdsb.on.ca**
* **Scan and email SCHOOL/DEPARTMENT requests to the Customer Service Assistant at** **customerservicemailbox@tdsb.on.ca**
 |
| **School/Tenant Name:**  | **Reference Number:** |
| **Contact Name:** |  |
| **For all requests:** |  |
| FTL name: | Date: |
| FTL signature:  |  |
| **Notification# (if applicable):** | **Should the project undergo a Viability Review2** [ ]  YES [ ]  NO |
|  |
| **FTL or TLC Comments:** e.g., any history on the project/issue, any related current or previous SAP notifications  |
| **For tenant requests:** |  |
| TLC name: | Date: |
| TLC signature: |  |

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| **Section C: Review of Costs** **– For Facility Services use only.**  |
| Construction estimate: $ | Funding source: |
| Facilities contact: | Date: |
| Work Order Number:  | Network Number: |
| **Note:** Estimate to be attached. |  |

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| **Section D: Payment Details – For School/Tenant and Department use only.** **To be completed after the project is approved.**  |
| I agree to the transfer of $ to Construction. |
| Funding source:  |
| Cost centre number: | G/L number: |
| Principal/Tenant’s name: | Date: |
| Principal/Tenant’s signature: |  |
| **Please retain a copy for follow up.** |