



Lake Washington School District

Community Projects Proposal

School: _____ **Date:** _____

Project Representative: _____

E-mail: _____ **Phone:** _____

Type of Project:

- | | |
|------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Playground structures & equipment | <input type="checkbox"/> Art murals/banners |
| <input type="checkbox"/> Landscaping/grounds clean-up | <input type="checkbox"/> Reader board sign |
| <input type="checkbox"/> Interior/exterior painting | <input type="checkbox"/> Scoreboard(s) |
| <input type="checkbox"/> Memorial structure/garden | <input type="checkbox"/> Irrigation systems |
| <input type="checkbox"/> Picnic tables/benches | <input type="checkbox"/> Cabinetry/carpentry |
| <input type="checkbox"/> Athletic equipment/structures | <input type="checkbox"/> Lighting & electrical |
| <input type="checkbox"/> Athletic fields | <input type="checkbox"/> Other |

Project Description:

Attach documentation such as drawings/designs, site plans, materials/supplies, photos, etc.

Estimated Cost: _____ **Schedule/Completion Date:** _____

Funding: (mark all that apply) PTSA LWSD Building ASB

Workforce: Professional Volunteer (must complete Hold Harmless Agreement)

APPROVAL BY SITE ADMINISTRATOR (PRINCIPAL) REQUIRED

Signature _____ **Date:** _____

Submit proposal to LWSD Support Services, Community Projects, Attn. Sheri Sanders, ssanders@lwsd.org, 425-882-8174.

Project is not approved until proposal has been reviewed and accepted by all parties; Conditions of Approval will be provided to Project Representative and Site Administrator.

LWSD Support Services Use Only (Initial & Date)		
SSC Project Manager _____	SSC Maint. Supervisor _____	SSC Manager/Planner _____