A <u>Community Self-Help Project</u> is any project to improve our school buildings or grounds, which is initiated and implemented by anyone, or any group, other than staff from Everett Public Schools - Maintenance & Operations Department. All school and community Self-Help Projects require prior approval by the Maintenance & Operations Department to ensure that each project is appropriate for our buildings and grounds, complements programs taught in our schools, and is completed to district standards.

DATE:				
NAME OF SCH	OOL/SITE LOCATION:			
NAME OF PRO	JECT:			
DATE(S) OF PR	OJECT:	HOURS OF EVENT:		
SCHEDULE/CO	MPLETION DATE:			
PROJECT REPR	ESENTATIVE:			
PHONE NUMB	ER:	EMAIL ADDRESS:		
BUILDING ADN	MINISTRATOR'S NAME:			
A: TYPE OF PROJEC	T & TIMELINE			
Art Displa	Art Display		ds Cleanup/Weeding	
Athletic E	Athletic Equipment/Structures *		Pressure washing sidewalks	
Benches/	Benches/Picnic Tables		Reader Board Sign/Scoreboard(s) *	
Cabinetry	Cabinetry/Carpentry		Memorial Structure/Garden/Plants/Tree	
Lighting/	Lighting/Electrical/Sound System		Playground Equipment (Must be professionally installed.)	
Painting	(such as playground maps)	Other:	*Permits Required	
Simple timeli	ne for completing the pro	ject; include phases, if ap	plicable:	
B: PROJECT FUNDI	NG DETAILS			
If applicable,	tell us what grants you are/	will be applying for:		
Funding: (Circ	le below; all that apply)	YOUR OVERALL BUDGE	ET:	
PTA/PTSA	ASB	ESD Building	Other	
C: PROJECT PARTIC	CIPANTS			
WHO IS PART	ICIPATING IN PROJECT: (Ple	ease describe below.)	Number of Persons Participating:	
Voluntee	rs:			
	volunteers must complete	a Hold Harmless agreemen	t.	
Students				
HPS Emp Organiza				
Contracto				
All profes	sionals must be hired throu	gh Maint & Ops Departmer	nt; funds deposited with EPS	

D: PROJECT DESCRIPTION					
Description of what your proposed project	includes and where it will be located:				
Attach drawings, pictures, and/or site a	and building plans as applicable to this application.				
E: PROJECT NEEDS					
Grounds Beautification/Landscaping	Projects				
We would like to have the following,	·				
Buckets	Bark (Not Always Available)				
Paper Yard Waste Bags	Other:				
	We would like to borrow tools from the TOOL LIBRARY: **				
Shovels	Rakes				
Wheelbarrows	Other:				
	ED BY SELF-HELP PROJECT STAFF**				
	edeater, chainsaw, mower, etc.); PESTICIDES OF ANY KIND; RS; TRIMMING OF BUSHES OR TREES				
Painting Projects					
It is best that each school purchases th	neir own set of stencils for playground painting				
We would like to have the following,	if available:				
Paint	Rollers and Paint Pans				
Brushes	Painter's Tape				
Drop Cloths	Other:				
*All paint colors & paint type requires prior approval.					

Please have the site administrator and the sponsoring project representative sign below indicating their endorsement of the proposed project, and their understanding and agreement to the statements below:

- 1. We are responsible for obtaining all necessary funding and support to complete the project.
- 2. We will make reasonable efforts to adhere to our projected schedule.
- 3. We will comply with specified maintenance responsibilities.
- 4. Completing this application is not assurance we will receive approval.
- 5. We will not begin the project until we receive written approval to proceed.
- 6. We will obtain any and all permits as required.

Your application MUST be received AND APPROVED three-weeks prior to your projected start date.

Project sponsors may need to provide a Certificate of Insurance naming Everett Public Schools as additional insured. Contractors MUST provide a Certificate of Insurance. SIGNATURE OF SITE ADMINISTRATOR DATE SIGNATURE OF PROJECT SPONSOR DATE RETURN COMPLETED AND SIGNED PROPOSAL TO EPS MAINT & OPS DEPARTMENT 2222 EVERETT AVE., EVERETT WA 98201 ATTN: MAINTENANCE & OPERATIONS DEPT Email To: LSutton@everettsd.org FOR EPS SELF-HELP PROJECT COORDINATOR USE ONLY: Date Application Received: Application complete? Y Ν If no, need to send: Certificate of Insurance needed? Υ Ν - Playground Checklist Certificate of Insurance received? Y - Hold Harmless Form Date of expiration: Items for FSD to provide: Application approved by Maintenance Supervisor: **SIGNATURE:** DATE: Notification of approval sent to project group: DATE: **METHOD:** BY: **SELF-HELP PROJECT COMPLETED ON:**

EVERETT	PUBLIC SCHOOLS (EPS) - MAINT and OPS DEPT.
	2015-2016 Main Application