

1.0 - Project Approval

District: Oceanside Unified School District Initial Date: _____

Site: _____

Project Title: _____ Project Keycode: _____

1. Briefly Describe the project

2. Briefly Describe the Proposed Project's Intent and Scope. (College or Architect to fill in data)

3. Delivery Method. (College or Architect to fill in data)

4. Schedule. (College or Architect to fill in data)

Budget Summary (see attached detailed budget estimate and Cash Flow report)

a. Estimated Project Cost:	_____ \$ _____	Fund	_____ % or \$
		Fund	_____ % or \$
b. Cash Flow Available: (Yes/No)	_____	Fund	_____ % or \$

District Approvals:

Director Facilities, Maintenance and Operations: _____ Date: _____

Director of Fiscal Services: _____ Date: _____

Deputy Superintendent of Administrative Services: _____ Date: _____

Bond Program Approvals: (if needed)

Project Manager: _____ Date: _____

Finance Manager: _____ Date: _____

Program Manager: _____ Date: _____

Return:

Oceanside Unified School District
Proposition H Program Management
2111 Mission Ave.
Oceanside, CA 92058
Attn: Program Manager