**For office use only**

Learning Centre:

Reference number:

Form.FAC.009A (V6.5)

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| **Section A: Details for Request – For schools or tenants to complete. Email the completed form to your Facility Team Leader (FTL). This form is valid for one year.**  This form is for School-Funded projects and Tenant Work Requests. 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 | |
| **Secure Access Systems Requests:** | | | |  | |
| Caring and Safe Schools Advisor name: | | | | Date: | |
| Caring and Safe Schools 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**:   * **Email TENANT and Toronto Lands Corporation (TLC) requests to** [**info.tlc@tdsb.on.ca**](mailto:info.tlc@tdsb.on.ca) * **Email SCHOOL/DEPARTMENT requests to the Customer Service Assistant at** [**customerservicemailbox@tdsb.on.ca**](mailto: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.** | |