

Capital Improvement Donation Small Scale/Low Risk Project Pre-Construction Check List

FORM 3A OF 4

Funders are not required to turn over funds to GCS for projects designated Small Scale/Low Risk. The Funder will designate a representative to act on its behalf to manage and direct, with oversight from GCS Staff, all phases of the capital improvement.

Please provide the following:

Funder Representative Name: _____

Funder Representative Address: _____

Funder Representative E-mail: _____

Funder Representative Phone: _____

	Yes	No	Comments
Superintendent and/or his/her designee have verified all funds are raised by the funder and are secured in an account designated for Capital Improvement.	<input type="checkbox"/>	<input type="checkbox"/>	
Project plan indicating project area, material storage area, safety plan, project schedule, scheduled utility interruptions, etc. (Attach to this document)	<input type="checkbox"/>	<input type="checkbox"/>	
List of contractor(s)/vendor(s)/firm(s) and their employee(s) who will be involved with the project, including trade/professional license number and emergency contact information. (Attach to this document)	<input type="checkbox"/>	<input type="checkbox"/>	
Written agreement between funder and contractor(s)/vendor(s)/firm(s). (Attach to this document)	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of Insurance (Builder's Risk, All Risk, General Liability, Professional Liability, etc.) for all contractor(s)/vendor(s)/firm(s). (Attach to this document)	<input type="checkbox"/>	<input type="checkbox"/>	



Project Name/ID _____

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Performance and Payment Bonds (Attach to this document)	<input type="checkbox"/>	<input type="checkbox"/>	
Building Permit (Attach to this document)	<input type="checkbox"/>	<input type="checkbox"/>	

Funder Representative: _____
(Print Name)

(Signature) (Date)

Principal: _____
(Print Name)

(Signature) (Date)

Superintendent or Designee: _____
(Print Name)

(Signature) (Date)