Program Impact Form
for Maintenance & Technology
2019-2020

This form is to be completed for any of the following:

- **Change in facility or space use** (Examples: Converting faculty lounge into a classroom, computer lab to a classroom, small group instruction to an office)
- **Change to interior/exterior of building** (Examples: Installation of marquee in front of school, mural painting, landscaping of courtyards, PTA wants to install a wetland for the students, PTA donates money to install a playground, etc.)
- **Change to athletic fields or stadium** (Examples: Construction of press box, installation of dug outs, donation of new goals, etc.)
- **Purchasing of LCD projectors or interactive boards** (Example: PTA wants to purchase interactive board for several classrooms at a school)
- **Moving furniture or equipment to the warehouse** (Example: Computer desks have been removed and are no longer needed)

Before implementing or purchasing any of the above or requesting any other change affecting facilities or building technology, please fill out this Program Impact Form and email to facilities@qacps.org. The Operations staff will review the program or request, sign the form, and indicate who else must complete the form.

It is the responsibility of the originator of the form to submit it to the individuals whose signatures are required and have them approve and sign in the space indicated. Additional information may be requested prior to the approval being given.

After all of the signatures have been obtained, the Chief Operating Officer will sign off giving final approval. The form will then be returned to the originator. At this point, the program or purchase can be implemented. A copy of the completed Program Impact Form for Maintenance & Technology must be attached to any purchase order related to this program.
Please describe, in detail, the proposed change to facility/addition to facility/purchase of interactive boards or LCD projectors/move to the warehouse:-

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Facility/School
Affected:______________________________________________________________________

Person Making Request
Print Name:______________________________________________________________________

Project Budget / Funding
Source:_________________________________________________________________________

Reviewed by Chief Operating Officer

(Signature)__________________________________________Date______________________

Signatures Required: (As determined by the Operations staff)

_______ Facilities Planner

_______ Maintenance Foreman

_______ Supervisor of Technology

_______ Deputy Superintendent

_______ Principal

_______ Supervisor
Program Impact Form for Maintenance & Technology – Page 3

**Facility Planner:**
- Change in space utilization
- ADA Requirement
- Building Permit Required
- Meets QACPS Specifications
- Meets building capacity
- Furniture
- Desks
- Chairs
- Portables
- Affects fire/security alarms
- Change in Phone Location
- Requires custodian
- Meets Fire Marshal Standards
- Program budget covers all above requirements

Other Comments:
______________________________________________________________________________
______________________________________________________________________________

______ Approved    ______ Not Approved (Provide Reason)_____________________________

Facility Planner’s Signature_____________________________ Date:_____________________

**Maintenance Foreman:**
- Electrical
- HVAC
- Plumbing
- Carpentry
- Locksmith
- Data Drops
- Lighting
- Move Data Drops
- Installation of LCD or Interactive Boards
- Program budget covers all above requirements

Other Comments:
______________________________________________________________________________
______________________________________________________________________________

______ Approved    ______ Not Approved (Provide Reason)_____________________________

Maintenance Foreman’s Signature: ___________________________ Date:________________

**Supervisor of Technology:**
- Software and/or software required.
- Describe
- Compatible with existing system and infrastructure
- Hardware meets standards of Technology Department
- Program budget covers all above requirements

Other Comments
______________________________________________________________________________
______________________________________________________________________________

______ Approved    ______ Not approved (Provide Reason) ______________________________

Supervisor of Technology’s Signature: ___________________________ Date:_______________
Deputy Superintendent:
Comments:________________________________________________________

________________________________________________________

_____ Approved _____ Not Approved (Provide Reason)_____________________

Deputy Superintendent’s Signature_________________________ Date:__________

Principal:
Comments:________________________________________________________

________________________________________________________

_____ Approved _____ Not Approved (Provide Reason)_____________________

Principal’s Signature: ______________________________ Date: ________________

Supervisor:
Comments:________________________________________________________

________________________________________________________

_____ Approved _____ Not Approved (Provide Reason)_____________________

Supervisor’s Signature_________________________ Date:______________