COLLABORATION

SIGN-OFF FORM

LIVS Associates, LLC

Item #/Title of Agenda Request Item: JJ-1./Professional Services Agreement

submitting the item.

| | | | race Middle School, West ry School–Weston–P.001 rations | | |
|-----------------------|--|--|---|-------------------|--|
| School Board Meeting: | | 09/04/2019 | 09/04/2019 | | |
| The fin | ancial impact of this iten | n is <u>\$610,000</u> | | | |
| () | This project has not been appropriated in the Adopted District Educational Facilities Plan (September 5, 2018). These funds in the amount of \$ will come from the Capital Projects Reserve. | | | | |
| () | This project has been appropriated in the Adopted District Educational Facilities Plan (September 5, 2018). There is no impact to the project budget. | | | | |
| (X) | These projects have been appropriated in the Adopted District Educational Facilities Plan (September 5, 2018). There is no current impact to the project budget. There is a potential future impact to the project budget based on the additional scope approved in this item. | | | | |
| () | This project has been appropriated in the Adopted District Educational Facilities Plan (September 5, 2018). There is an additional impact to the project budget. These funds in the amount of \$will come from the Capital Projects Reserve. | | | | |
| () | Comments: | | | | |
| Depart | ment Name | Department Head | Department Head | | |
| Capital Budget Omar | | Omar Shim, Director | Signature | 8/20/20/9 Date | |
| | N TO DOT NOT | ation the Capital Budget Depa ther aspects of the agenda iter | | | |