

COLLABORATION

SIGN-OFF FORM

Title of Agenda Request Item:

Agreement for Professional Services
Jacobs Project Management Co.
Facilities Needs Assessment - Project Number P.001595

School Board Meeting Date:

1-14-14

- All projects have been appropriated in the Adopted District Educational Facilities Plan (September 10, 2013) and in the District's Capital Budget.
- The following project(s) have not been appropriated in the Adopted District Educational Facilities Plan (September 10, 2013) and in the District's Capital Budget.

Comments: The Financial Impact is \$1,269,783. The source of these funds is already identified in the Adopted District Educational Facilities Plan, Page 65 - Facilities/Capital Salaries & Program Management Fees.

Department Name

Capital Budget

Department Head Name

Omar Shim
Director

Department Head Signature



1. P. Shim

Note: By signing this collaboration the Capital Budget Department is acknowledging that the budget impact as stated is correct. Other aspects of the agenda item are the responsibility of the department submitting the item.

CONTACT: Mickey Aviles