COLLABORATION

SIGN-OFF FORM

Title of Agenda Request Item: **Change Order #1**
Drew Family Resource Center
MVP Contractors
Restroom Renovation
Project No. P.001425

School Board Meeting Date: **February 19, 2014**

[X] 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: An additional financial impact of $_____ will come from the Capital Projects Reserve.**

Department Name	Department Head Name	Department Head Signature
Capital Budget	Omar Shim Director	2.4.2014

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.

EXHIBIT 5