

## Essential Property Maintenance Package PRE-APPROVAL OF ELIGIBLE PROJECT APPLICATION

Please include all required signatures and documents with this application form.

| Name of Proprietor  | r:                     |   |                         |                        |           |  |  |
|---|------------------------|---|-------------------------|------------------------|-----------|--|--|
| Proprietor contact number:  |                        |   | Proprietor Email:       |                        |           |  |  |
| School name & MoE No.:  |                        |   | EPMP Funding available: |                        |           |  |  |
| What category is the project?   |                        |   |                         |                        |           |  |  |
| Priority One  | Tick □                 | Priority Two                            | Tick □                  | Priority Three         | Tick □    |  |  |
| Health and Safety   |                        | Essential Infrastru                     | cture                   | Quality Learning Env   | ironments |  |  |
| Provide description   | of project,            | how fits priority cate                  | egory and why t         | op priority:           |           |  |  |
| Age of school: is this applicable to area that is new or rebuilt after 2014?  Yes □ No □            |                        |   |                         |                        |           |  |  |
| School viability: is the school at risk of closing, merging, or relocating within 5 years? Yes No D |                        |   |                         |                        |           |  |  |
| Estimated cost of p   | roject (Exc            | el GST): \$                             |                         |                        |           |  |  |
| Indicate if proprieto   | or funds red           | quired to top up EPN                    | /IP funding? Ye         | s Tick  Amoun          | t: \$     |  |  |
|   |                        |   |                         | e from funding release | ?         |  |  |
| Yes Tick  |                        |   | No                      | Tick □                 |           |  |  |
| Comments if No:   |                        |   |                         |                        |           |  |  |
| Documentation included:   |                        |   |                         |                        |           |  |  |
| Estimate of project   |                        | Include scope and work to be underta    | ken                     | Estimate included      | Tick □    |  |  |
| Estimate of project timeframe   |                        | Include estimate for of work to be unde | rtaken                  | Estimate included      | Tick □    |  |  |
| If end of life replace<br>minor SPG increase<br>provide evidence st<br>SPG (if applicable).         | e please<br>ill within | Indicate still within applicable).      | SPG (if                 | Evidence included      | Tick □    |  |  |



| Declaration:   |   |                  |
|--|---|------------------|
| School Board acceptance of proposed project                      | Signed by Principal and Presiding<br>Member of School Board | Name:<br>Signed: |
| <b>Or</b> attached signed memo                                   |   | olyneu.          |
|  |   | Date:            |
|  |   | Name:            |
|  |   | Signed:          |
|  |   | Date:            |
| Declaration:   |   |                  |
| Overall signoff by Proprietor                                    | Signed by Proprietor or<br>Proprietor's Agent               | Name:            |
| Signed attestation by Proprietor that:                           |   | Signed:          |
| this project is the highest priority as set out in the           |   | Date:            |
| <ul><li>EPMP guidelines</li><li>they commit to meeting</li></ul> | Signed by Proprietor or<br>Proprietor's Agent               | Name:            |
| proposed timeframe<br>(within their control)                     |   | Signed:          |
|  |   | Date:            |

## FOR OFFICIAL USE ONLY: PROJECT ELIGIBILITY APPROVAL

| PROJECT ID:                           | Date received: |     |
|---------------------------------------|----------------|-----|
| Documents                             | Notes          | Y/N |
| Project scope fits priority category? |                |     |
| Estimates received and reviewed?      |                |     |
| Can the project meet timeframe?       |                |     |
| Scan and save documents in school     |                |     |
| file                                  |                |     |
| APPROVAL TO PROCEED TO                | Name:          |     |
| FUNDING RELEASE PROCESS               |                |     |
|                                       | Signed:        |     |
|                                       |                |     |
|                                       |                |     |
|                                       | Date:          |     |