

PINELLAS COUNTY SCHOOLS
FOOD AND NUTRITION PROJECT IDENTIFICATION SHEET
(One Project per Sheet)

School Name: _____ Date: _____ Cost Center: _____

School Contact Person: _____

Phone #: _____ Requested by: _____

1. Description of Equipment or desired work needed – List all types (be specific) _____

Requested Completion Date: _____ /Summer Project _____

2. List school activity that would interfere with project: (R-Club, Breakfast, Continuous Feeding, Late Lunch Service) _____

3. Additional Comments: _____

TO BE COMPLETED BY THE FOOD SERVICE OFFICE

A. General Scope/Description: _____

B. Special Conditions in Kitchen (example: Power, Plumbing, Drainage, etc...): _____

C. Maintenance Recommendations & Impact: _____

D. Drawing will be required? Yes _____ No _____

Professional design anticipated? Yes _____ No _____ Budget Estimate: _____

F&N Director

F&N Coordinator of Facilities & Equipment

Date: _____ Hold _____ Year Anticipated _____