

**Office of the Bronx Borough President  
Fiscal Year 2018 Capital Request Form for Education Projects**

**School Name:**

**Address:**

**Principal Name and Telephone Number:**

**Project Title:**

**Amount Requested:** *(Please confirm with either SCA or DOE)*

**Project Description:** *(include approximate square footage of area that will be impacted by the project and whether the project includes any changes in existing utilities/IT cabling, etc...)*

**Has this estimate been reviewed and approved by the School Construction Authority or DOE Division of Capital & Reimbursable Finance? Name of contact that confirmed the estimate.**

Yes       No      **Name:** \_\_\_\_\_

\*If no, please contact the School Construction Authority; Bryan McGinn at (718) 472-8370 or bmcginn@nycsca.org or DOE Division of Capital & Reimbursable Finance; Graham Gordon at (718) 935-4450 or ggordon@schools.nyc.gov to confirm your estimate. ***This is a MUST.***

**Has your school been funded by the Office of the Bronx Borough President in the last three fiscal years?**

Yes       No

If so, please identify project and fiscal year \_\_\_\_\_