

Return completed form as needed to:  
**Office of Educational Facilities**  
 325 West Gaines Street, Room 1054  
 Tallahassee, Florida 32399-0400  
 (850) 245-0494  
 Fax (850) 245-9236 or (850) 245-9304

FLORIDA DEPARTMENT OF EDUCATION  
 Office of Educational Facilities

OEF USE ONLY

**PROJECT IMPLEMENTATION  
 INFORMATION**

OEFIS # \_\_\_\_\_

INSTRUCTIONS: Submit one copy of the completed form for each project over \$300,000 when information is available prior to construction. Complete each item, if applicable. Reproduce this form in sufficient quantity for your use.

RE: \_\_\_\_\_ ( School District  Florida College)  
 \_\_\_\_\_ ( School Name  Campus)  
 \_\_\_\_\_ Name of Project

1. Brief description of proposed work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Budget: \$ \_\_\_\_\_ 3. Student Stations (Additional): \_\_\_\_\_ 4. Square Feet: \_\_\_\_\_

As Applicable:

5. Architect:	_____	_____	_____
	Firm Name (Type or Print)	License #	Expiration Date
	_____	_____	_____
	Name of Architect (Type or Print)	License #	Expiration Date
6a. Engineer:	_____	_____	_____
	Firm Name (Type or Print)	License #	Expiration Date
6b. Engineer:	_____	_____	_____
	Firm Name (Type or Print)	License #	Expiration Date
6c. Engineer:	_____	_____	_____
	Firm Name (Type or Print)	License #	Expiration Date

<b>Mechanical Engineer</b>	<b>Electrical Engineer</b>	<b>Civil Engineer</b>	<b>Structural Engineer</b>
_____	_____	_____	_____
Name	Name	Name	Name
_____	_____	_____	_____
License #	License #	License #	License #
_____	_____	_____	_____
Expiration Date	Expiration Date	Expiration Date	Expiration Date

As Applicable:

7. Construction Management: \_\_\_\_\_ 8. Program Management: \_\_\_\_\_  
 9. Design/Build Firm: \_\_\_\_\_ 10. Other (specify): \_\_\_\_\_

11. Plan Review Entity:  Department of Education

<b>Architect</b>	<b>Mechanical Engineer</b>	<b>Electrical Engineer</b>	<b>Civil/Structural Engineer</b>
_____	_____	_____	_____
Name	Name	Name	Name
_____	_____	_____	_____
License #	License #	License #	License #
_____	_____	_____	_____
Expiration Date	Expiration Date	Expiration Date	Expiration Date

12. Building Official: \_\_\_\_\_  
 Name (Type or Print) \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Building Official License Number \_\_\_\_\_

