



Connecticut School Buildings and Grounds Association

SUPPORT-TEAM/INTERIM DIRECTOR REQUEST FORM

Name _____ Title: _____

School System/District: _____

Address: _____

Phone: _____ Email: _____

General reason for requesting a SUPPORT-TEAM/INTERIM DIRECTOR

Please summarize the problem in one or two sentences

How is the facilities department staffed?

During the past two years, have there been any significant changes to the Facilities Department?

What are your expectations of the SUPPORT-TEAM project?

Prior to the SUPPORT-TEAM commencing the project, the CSBGA must receive the following:

- Completed request form
- Signed SUPPORT-TEAM Assistance Indemnification Clause
- An organizational chart (if required)
- Job descriptions (if required)

Other information may be requested by the team prior to or upon the first visit.

Please send the materials to:

CSBGA, One Regency Drive, PO Box 438, Bloomfield, CT 06002; lstevens@ssmgt.com or Fax 860-286-0787

Signature: _____

Date: _____