

[PLEASE PRINT ON CITY, TOWN, OR DISTRICT LETTERHEAD]

Date

\_\_\_\_\_, MSBA Project Coordinator  
Massachusetts School Building Authority  
10 Post Office Square, Suite S400  
Boston, Massachusetts 02109

Dear \_\_\_\_\_:

In accordance with 963 CMR 2.00, attached for your review and approval is the membership of the School Building Committee for the [XXX School] located in the [Town of XXX/City of XXX/XXX Regional School District]. The Committee was formed in accordance with the provisions of all applicable statutes, local charters, by-laws and agreements of the [Town of XXX/City of XXX/XXX Regional School District]. Committee Members include the following:

(Please provide name, **title**, address and phone number of each member, **and indicate who the Chair of the School Building Committee is**. Also, please indicate whether the member has **voting power**. Some categories may have more than one name. All members must be included)

Designation	Name and <b>Title</b>	Address	Email Address and Phone Number	<b>Voting Member?</b>
SBC member who is MCPPO certified*				
Local Chief Executive Officer				
Administrator or Manager**				
School Committee Member (minimum of one)				
Superintendent of Schools				
Local Official responsible for Building Maintenance				
Representative of Office authorized by law to construct school buildings				
School Principal				
Member knowledgeable in				

educational mission and function of facility				
Local budget official or member of local finance Committee				
Members of community with architecture, engineering and/or construction experience				
Other: Please provide brief background info/expertise				

Listed below is the past performance of the school building committee, the building committee (temporary or permanent), or any other committee responsible for oversight, management, or administration of the construction of public buildings and its individual members:

After approval of this committee by the Authority, the [City/Town/Regional District] will notify the Authority in writing within 20 calendar days of any changes to the membership or the duties of said committee.

Sincerely,

Authorized Signature for City, Town or Regional District

Approved by MSBA

Date

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\* Please attach the certification from the Office of the Inspector General demonstrating completion of the MCPPO Program.  
 \*\* “Administrator or Manager” refers to a Town Administrator, Town Manager, or to an equivalent position.