

Capital Improvements Plan Submission Form

Department: _____ **Project Submission #:** ____ of ____

Project Name: _____ **Target Completion Date:** _____

Priority: (check one)

____ Urgent ____ Necessary ____ Desirable ____ Deferrable
____ Conceptual - Needs More Research

Primary Effect of Project:

____ Repair, improve or replace existing facilities or equipment
____ Expand capacity of existing services level / facility
____ Provide new facility or service capability

Service Area of Project:

____ Town ____ Region ____ School District
____ Street ____ Bridge ____ Village (Water) District
____ Other _____

Rationale for Project: (check all that apply; elaborate on next page)

____ Removes imminent threat to public health or safety
____ Responds to Federal or State requirement to implementation
____ Provides added capacity to serve growth
____ Provides incentive to economic development
____ Alleviated substandard conditions or deficiencies
____ Improves the quality of existing services
____ Reduced long-term operating costs
____ Eligible for matching funds available for limited time

Project Description

Use the space below to describe the capital item or project in detail. Attach additional sheets, if needed.

Sheet # ____ of ____

Cost Estimates

Project Costs:

\$_____ Planning / feasibility analysis
\$_____ Professional services
\$_____ Real estate acquisition
\$_____ Site preparation
\$_____ Construction
\$_____ Furnishings & equipment
\$_____ Vehicles & capital equipment
\$_____ Other _____
\$_____ Other _____
\$_____ Other _____
\$_____ Other _____

\$_____ **Total Project Cost**

Impact on Operating & Maintenance Costs, including Personnel: (check all that apply)

_____ Add personnel
_____ Reduce personnel
_____ Increased Operating & Maintenance costs
_____ Decreased Operating & Maintenance costs

Cost of Impacts if Known:

Increase by: \$_____
Decrease by: \$_____

Proposed Sources of Funding

Grant from (show type): _____

Loan from (show type): _____

Donation / Bequest / Private: _____

User Fees & Charges: _____

New or Existing CRF / ETF ?: _____

Fund Name: _____

Impact Fee Account: _____

General Obligation Bond: _____

(Municipal bond)

Revenue Bond: _____

(Project income repays debt obligation)

Special Assessment: _____

(Taxes levied solely on beneficiaries)

Taxes: _____

Total Project Cost: _____

Minus Revenue: _____

Project Cost: _____

Form Submitted By

Name: _____ **Date:** _____

Signature: _____

Title: _____

Email Address: _____

Telephone: _____