

CAPITAL PROJECT WORKSHEET AND SUBMISSION FORM

Department:

Department Priority: _____ of _____ Projects

Type of Project: (check one)

Primary effect of project is to:

- _____ Replace or repair existing facilities or equipment.
- _____ Improve quality of existing facilities or equipment.
- _____ Expand capacity of existing services level/facility.
- _____ Provide new facility or service capacity.

Service Area of Project: (check at least one)

- _____ Region _____ Municipality _____ School District _____ Central Business District
- _____ Neighborhood _____ Street _____ Other Area

Project Description:

Rationale for Project: (check those that apply; elaborate below)

- _____ Removes imminent threat to public health or safety
- _____ Alleviates substandard conditions or deficiencies
- _____ Responds to federal or state requirement to implement
- _____ Improves the quality of existing services
- _____ Provides added capacity to serve growth
- _____ Reduces long-term operating costs
- _____ Provides incentive to economic development
- _____ Eligible for matching funds available for limited time

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Cost Estimate: (Itemize as necessary)

Capital Costs

Dollar Amount (in current \$)

\$_____ Planning/feasibility analysis

\$_____ Professional services

\$_____ Real estate acquisition

\$_____ Site preparation

\$_____ Construction

\$_____ Furnishings & equipment

\$_____ Vehicles & capital equipment

\$_____ Capital Reserve Fund

\$_____ Other _____

\$_____ **Total Project Cost**

Impact on Operating & Maintenance

Costs or Personnel Needs

____ Add personnel

____ Increased O & M costs

____ Reduce personnel

____ Decreased O & M costs

Dollar Cost of Impacts If Known:

+ \$ _____ annually

(-) \$ _____ annually

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Project Timing:

Projected year for expenditure(s): _____

If the project is planned in phases:

Year: _____ Amount: _____

Year: _____ Amount: _____

Year: _____ Amount: _____

Year: _____ Amount: _____

Sources of Funding:

Grant from: _____ (Show type)

Loan from: _____ (Show type)

Donation/bequest/private: \$

User fees & charges: \$

Capital reserve withdrawal: \$

Impact fee account: \$

Current revenue: \$

General obligation bond: \$

Revenue bond: \$

Special assessment: \$

Total Project Cost: \$

Minus Revenue: \$

Project Cost: \$

Form Prepared By: _____

(Signature) _____

(Title) _____

(Department/Agency) _____

(Date Prepared) _____