

FORM A

CAPITAL PROJECT REQUEST

(Excluding Equipment)

Department & Activity _____ Date Prepared _____
 Contact Person _____ Phone Number _____

1. Project Title	2. Purpose of Project Request Form (Check One) <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input type="checkbox"/> Modify a project already in the adopted program
3. Department Priority	
4. Location	

5. Description

6. Justification & Useful Life

7. Cost & Recommended Sources of Financing		RECOMMENDED SOURCES OF FINANCING
BUDGET FY	TOTAL*	
Program year FY _____	_____	_____
Program year FY _____	_____	_____
Program year FY _____	_____	_____
Program year FY _____	_____	_____
Program year FY _____	_____	_____
Program year FY _____	_____	_____
TOTAL SIX YEARS	_____	_____
After Sixth Year	_____	_____

If adjusted for inflation, indicate adjustment percentage here:
 *Interest cost not included.

8. Net Effects on Operating Costs (+/-)

Direct Costs

personnel:	number	_____
	\$ amount	_____
purchase of service		_____
materials & supplies		_____
equipment purchases		_____
utilities		_____
other		_____
Subtotal	()	_____

Indirect Operating Costs

fringe benefits		_____
general admin. Costs		_____
other		_____
Subtotal	()	_____

Total Operating Cost _____

Debt Service (P&I) _____

Total Operating Cost _____

9. Net Effect on Municipal Income (+/-)

taxes	_____
other income	_____
Subtotal	_____
gain from sale of	_____
replaceable assets	_____
Total	_____

10. Submitting Authority

Submitted by _____	Date _____
Position _____	
Signature _____	

11. Reserved

FORM B**CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL**

Department & Activity _____

Date Prepared _____

Contact Person _____

Phone Number _____

1. Project Title & Reference No. _____

2. Form of Acquisition (check appropriate)

☐ Purchase☐ Rental

3. Number of Units Requested _____

5. Purpose of Expenditure (check appropriate)

☐ Schedule replacement☐ Present equipment obsolete☐ Replace worn-out equipment☐ Reduce personnel time☐ Expanded service☐ New operation☐ Increased safety☐ Improve procedures, records, etc.

4. Cost

Per Unit

Total

Purchase price

or annual rental \$

Plus: Installation

or other costs \$

Less: Trade-in or

other discount \$

Net purchase Cost

or annual rental \$

6. Number of Similar Items in Inventory _____

7. Estimated Use of Requested Item(s)

_____ Months per year

_____ Weeks per year

_____ Days per week

_____ Hours per day

Estimated useful
life in years

8. Replaced item(s)

Item	Make	Age	Maint Costs	Prior Year's	
				Breakdowns	Rental Costs
A.					
B.					
C.					
D.					
E.					

9. Recommended Disposition of Replacement Item(s)

☐ Possible use by other agencies☐ Trade-in☐ Sale

10. Submitting Authority

Submitted by: _____

Date: _____

Position: _____

11. Reserved

FORM C

CAPITAL IMPROVEMENT PROGRAM DETAILED PROJECT DESCRIPTION

(To be filled out by CIP Committee to summarize Project Information)

A. IDENTIFICATION & CODING INFORMATION

1. Date: _____
2. Project Name _____
3. Program _____

4. Department _____

B. EXPENDITURE SCHEDULE (000'S)

Cost Elements	\$ Total	Thru FY	Est. FY	Total 6 Years	Year 1 FY	Year 2 FY	Year 3 FY	Year 4 FY	Year 5 FY	Year 6 FY	Beyond 6 Years
1. Planning Design & Supervision											
2. Land											
3. Site Improvements & Utilities											
4. Construction											
5. Furniture & Equipment											
6. Total											

C. FUNDING SCHEDULES (000'S)

GO Bonds: _____
State Aid: _____
Other: _____
Other: _____

D. DESCRIPTION & JUSTIFICATION

E. ANNUAL OPERATING BUDGET IMPACT (000'S)

Program Costs: Staff _____
Other _____
Facility Costs Maint. _____
Other _____
Debt Service _____
Total Costs _____
Other Revenue _____
or Cost Savings _____

F. MAP Reference Code:

FORM D

CAPITAL IMPROVEMENT RATING SHEET

(To be filled out by CIP Committee)

Project Name _____

Estimated Cost _____

Department _____

Major Considerations

Scoring Range

A. Priority Classification

- | | |
|------------------------|----|
| 1. Mandatory | 10 |
| 2. Maintenance | 7 |
| 3. Improved Efficiency | 5 |
| 4. New Service | 2 |

B. Risk to Public Safety

- | | |
|--------------|----|
| 1. Very High | 10 |
| 2. High | 7 |
| 3. Medium | 5 |
| 4. Low | 2 |

C. Project's Expected Useful Life (Four years or less score zero)

- | | |
|---------------------|----|
| 1. 20 or more years | 10 |
| 2. 10 - 19 years | 5 |
| 3. 5 - 9 years | 2 |

D. Effect on Operating & Maintenance Costs

- | | |
|----------------------|----|
| 1. Reduce Cost | 10 |
| 2. Cost Unchanged | 5 |
| 3. Decrease Revenues | 2 |

E. Effect on Town's Revenue (tax base)

- | | |
|-----------------------|----|
| 1. Increase Revenues | 10 |
| 2. Revenues Unchanged | 5 |
| 3. Decrease Revenues | 2 |

F. Availability of State / Federal Grant Moneys (If no, score zero)

- | | |
|--------|---|
| 1. Yes | 5 |
|--------|---|

TOTAL SCORE: _____

Instructions for: CAPITAL PROJECT REQUEST (Form A)

Form A requests the basic information required for each department project request. It should be completed for each project whether it is for a new project, project modification, or cancellation of a previously approved project.

1. **Project Title:** Insert title of proposed project.
2. **Purpose of Project request form:** Indicate whether the project is a new project, a modification or cancellation.
3. **Department Priority:** Consider all projects being proposed by your department in the same program year. Assign a weight of 100 to the top priority project for each year. Rate all other projects proposed for the same year relative to the top priority project. For example, if projects A (100), B(95) and C (60) were proposed for a program year, the weight of "100" would be placed in Item 3 for project A. Also, in parentheses include a notation (1 to 3) to identify the project's location on the list of priorities.
4. **Location:** Designate the location or boundary limits of the proposed project. If a site is required but has not been selected, this should be indicated; or, if a site is tentative, provide as much accuracy as possible. If not applicable, enter "N/A".
5. **Description:** Explain the nature of the project and indicate whether the project is to replace existing facilities, equipment or land, or is an addition involving an increase in service delivery.

Describe the expected relationships of this project to existing or planned facilities and services, both public and private. Also, summarize the probable impact of the project on the environment or the municipality, if applicable.

The description of land acquisition and construction projects should include dimensions, overall characteristics, unusual conditions, and any other pertinent information.

Include references to any supporting studies or other relevant background information regarding this project.

Attach additional sheets as necessary.

6. **Justification and Useful Life:** Indicate the need for the project and what it is expected to accomplish and its anticipated useful life. Describe its relationship to local, regional, state and federal policies and plans, as well as the requesting department's multi-year plans and program. Explain the priority assigned to this project, and the selection of the time period proposed.

Include any other pertinent information and references to surveys or studies regarding the justification for the project not mentioned in Item 5 above.

7. **Cost and Recommended Sources of Financing:** Insert the appropriate fiscal year for the budget (1st Year) and each program year (2nd through 6th). Then, indicate the proposed project expenditures for each fiscal year in the six-year budget and program; and any expenditures beyond the sixth year (after Sixth Year). If adjustments are made due to inflation, indicate the rate used for this adjustment.

List any recommendations for sources of financing including independent, joint or non-local financing sources. Such sources may include federal, state and regional authorities, the county, adjacent municipalities, civic organizations and private business. If the project's recommended source of financing involves special conditions or requirements, they should be indicated.

8. **Net Effects on Operating Costs:** Indicate the effect of the project on the operating expenditures for each category shown. Estimate the budgetary impact of each change, in dollars, if possible, otherwise indicate the change with a +/- in the project's first year. Changes in operating costs in subsequent years should also be noted if different from first-year changes.

For personnel, show the estimated increase or decrease in the number of employees, and in salary or wage expenses. For purchase of services, show costs related to services received from suppliers, such as contract labor. Identify any entries for "other". Debt service costs may be computed later by the CIP Committee as an annual debt service cost (principle and interest) over the project's life.

9. **Net Effects on Municipal Income:** Indicate the effect of the project on municipal income in each category shown in terms of an increase or decrease (+/-) over the first year of the project's life. If possible, estimate the amount of change in income in subsequent years is substantially different from the first year. Income changes might be due to removal of property from tax rolls; a change in its assessed valuation; a change in fees or rents collected; or other causes.

10. **Submitting Authority:** The department head or other official representative should review, sign and date each **Form A**.

11. **Reserved:** This space is reserved for any notes or comments made by the CIP Committee.

**Instructions for: CAPITAL PROJECT REQUEST FOR
EQUIPMENT PURCHASE OR MAJOR RENTAL (Form B)**

This form, which is presented as **Form B**, should be included if the capital project is an independent equipment purchase or major rental.

1. **Project Title:** Insert title of proposed project.
2. **Form of Acquisition:** Check appropriate category.
3. **Number of Units Requested:** Indicate the total number of units to be rented or purchased.
4. **Cost:** Provide cost data requested.
5. **Purpose of Expenditure:** Check the appropriate reasons for this expenditure.
6. **Number of Similar Items in Inventory:** Indicate and list the number of similar equipment items in the inventory of the requesting department.
7. **Estimated Use of Requested Item(s):** Indicate the number of weeks and/or months per year the item is expected to be used, if seasonal, and estimate the average usage (in days per week and in hours per day) for the specified period. Also show estimated useful life of the item based on planned usage.
8. **Replaced Items:** Provide the information indicated for any municipally owned or rented item(s) that will be replaced by the requested item(s). If there are no items replace, enter N/A.
9. **Recommended Disposition of Replaced Items:** Check the recommended disposition of the item(s) being replaced.
10. **Submitting Authority:** The agency head or other official representative must review, sign and date each form.
11. **Reserved.** This space is reserved for any notes or comments made by the CIP Committee.

Instructions for: CAPITAL IMPROVEMENT RATING SHEET (Form D)

This rating sheet has six major considerations that will be used for the purpose of ranking projects on the town's CIP program.

Every project will receive a point score in each of the six major considerations. The points will be totaled and used to establish a priority ranking on the CIP program.

- A. **Priority Classification:** The rater must determine which priority classification a project fits under.
1. **Mandatory:** Project mandated by law or other mandate.
 2. **Maintenance:** Refers to a continuation of public services, the conservation of endangered resources, or the finishing of partially completed projects.
 3. **Improved Efficiency:** Refers to the replacement of obsolete facilities or the improvement of community facilities.
 4. **New Service:** Refers to the expansion of the public facilities service area of the town, or the provision of new public services.
- B. **Risk to Public Safety:** To protect against a clear and immediate risk to public safety or public health and or meet a code violation.
- C. **Project's Expected Useful Life:** Rate the project based on its projected useful life.
- D. **Effect on Operating and Maintenance Costs:** Rate the project based on improvements in operational and maintenance costs that will occur as a result of the project.
- E. **Effect on Town's Revenue Capital (Capital Project Requests Only):** Impact the project will have on the Town's revenues.
- F. **Availability of State / Federal Grant Moneys:** Yes or no question based on the availability of the project to be eligible for State or Federal grant money.

Total Score: Total the scores for A – F.