

# Capital Improvements Project Request

1) Header	Department: _____	Date: _____
	Contact Person, Title: _____	Phone: _____
	Project Name: _____	Priority # _____ of _____
	Budget Year: 2025/2026 Request Amount: _____ Trust Fund # _____	Priority Rank _____

2) Modifies an Existing CIP Project? \_\_\_\_\_ Master Plan Page #: \_\_\_\_\_

**3) Project Description Detail & Justification** (Be as detailed as possible; add a separate page if necessary):

4) Primary Effect of the Project:	Check One	5) Project Justification:	Useful Life in Years:	10	Meets
Replace or repair existing facility or equipment		Removes imminent threat to public health or safety.			
Improve quality of existing facility or equipment		Protects health and safety of employees/community			
Provide new facility or service capacity		Improves the quality of existing service(s)			
Expand capacity of existing facility or equipment		Preserves a previous capital investment made by Town			
Other (specify below):		Reduces future long term operating costs			
		Supports efforts to promote a high quality of life			
		Supports climate change resiliency			
		Eligible for matching funds available for limited time			
		Responds to a federal or state requirement			
		Provides Incentive to economic development			
		Consistent with dept. strategic plan			

6) Cost (Years 2 – 6 use an inflationary factor of 4%)			6A) Anticipated Sources of Funding	
Budget Fiscal Year:	TOTAL <small>(Interest cost not included)</small>	COST ELEMENT	PRINCIPAL	SECONDARY
Year Ending 6/30/2026		Choose an item:	Choose an item:	Choose an item:
Select Fiscal Year Ending:		Choose an item:	Choose an item:	Choose an item:
Select Fiscal Year Ending:		Choose an item:	Choose an item:	Choose an item:
Select Fiscal Year Ending:		Choose an item:	Choose an item:	Choose an item:
Select Fiscal Year Ending:		Choose an item:	Choose an item:	Choose an item:
Select Fiscal Year Ending:		Choose an item:	Choose an item:	Choose an item:
<b>TOTAL SIX YEARS</b>	<b>\$0.00</b>			
After Sixth Year		6B. Source of Cost Estimate:		

**7) Vehicles & Capital Equipment Replacement**

Description of Vehicle/Equipment to be replaced:			
Vehicle/Equipment Model Year:	Vehicle's Current Mileage:	Engine Hours:	Idle Hours:
Was Vehicle/Equipment New or Used:			
Year Vehicle/Equipment was Acquired:	Recommend Vehicle/Eqpt Traded or sold @ Bid?		
Vehicle is at end of Warranty/end of Life:	Anticipated Trade or Bid Value: \$		
Has Vehicle/Eqpt been inspected by mechanic:	Received 3 bids for new Vehicle/Eqpt purchase:		

*This form should be completed for each project whether it is for a new project, project modification, or cancellation of a previously approved project. The form uses drop down boxes, to minimize data entry and maximize space. Use additional sheets as necessary.*

8) Project Name	0	<b>Bids Received for Purchase</b>
Dealer Name: _____ Bid Amount: _____ Bid Attached? _____ If no, date Bid expected: _____		

9) Describe Payment Terms: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Deposit is Due: \_\_\_\_\_  
 Anticipated Lead Time: \_\_\_\_\_ Anticipated Date of Delivery: \_\_\_\_\_

10) If Equipment, Number of units requested:	<b>2</b>	10A) Number of similar units in operation:	<b>5</b>
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<b>11) Net Effects on Operating Expenditures (±)</b>	
<b>Direct Costs:</b>	
Personnel (±) +	Number:
Est Personnel Cost Increase/Decrease:	\$
Vehicles & Capital Equipment:	\$
Planning/Feasibility Analysis:	\$
Architecture/Engineering Fees:	\$
Real Estate Acquisition:	\$
Site Preparation:	\$
Construction:	\$
Materials & Other Supplies:	\$
Furnishings & Equipment Costs	\$
General Admin Costs:	\$
Other	\$
<b>Subtotal Project Costs:</b>	<b>\$ 0.00</b>
Utilities Increase/Decrease (±)	\$
Increase/Decrease Maint & Ops: (±)	\$
<b>Estimated Total Costs:</b>	<b>\$ 0.00</b>

<b>12) Equipment Cost Breakdown:</b>	
Purchase Price	
Plus: Installation	
Less: Trade In/Credit	
<b>Net Cost</b>	<b>\$0.00</b>

<b>13) Estimated Use of Requested Equipment:</b>	
Weeks per year (months if seasonal):	
For the weeks used, estimate:	
Average days per week:	
Average hours per day used:	
Estimated useful life in years:	

<b>14) Net Effect on Municipal Revenue (±) :</b>	
Taxes	
other income	
<b>Subtotal</b>	
Gain from sale of replaced assets	
<b>Total</b>	<b>\$0.00</b>

**15) Additional Comments or Information for the CIP Committee's Evaluation:**

Worksheet Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

<b>16) CIP Committee's Evaluation of Request / Comments and/or Follow-up:</b>				
CIP Ranking:	# Yeas:	# Nays:	Recommended Action:	

C.I.P. Committee Presented By: \_\_\_\_\_ Date: \_\_\_\_\_

1. Header: **Complete section;** Department (use drop-down), Contact/Title, Date, Phone, Project Name, Priority (use drop-down), Budget Year (use drop down), Amount of Request & Trust Fund (use from drop down list).
- 2) Does this project modify an existing C.I.P. Project? (select from drop down), Enter Master Plan Chapter, Section & Page #.
- 3) Project Detail & Justification - Enter Purpose of Project Request - (Be as detailed as possible; add a separate page if necessary)
- 4) **Primary Effect of the Project** (select one from the drop-down menu). If "other" please specify in box below.
- 5) **Justification** for inclusion: Indicate how a project meets the Town's stated goals and criteria for inclusion in the CIP. An "X" should be inserted at each applicable criteria. If it is a road reconstruction. Explain the selection of the time period proposed. Include the life expectancy for the project where XX is located in the title.
- 6) & 6A): Cost and Recommended Sources of Financing: Insert the appropriate fiscal year for the budget (1st Year) and each program year (2nd through 6th), based upon an inflationary factor of four percent (4%). Then, indicate the proposed project expenditures for each fiscal year in the six-year budget and program; and any expenditure beyond the sixth year (After Sixth Year). Next (6A), use the pull down menu and identify the cost element for each year (Engineering, Acquisition etc.). Next, use the pull down menus to select the recommended sources of financing. If more than one source is anticipated list both sources. Finally (6B), indicate the source of a cost estimate.
- 7) Information for Existing Vehicle Being Replaced
- 8) Complete section for Bids received: Dealer Name, Amount, Bid attached (use drop down), If Bid hasn't been received, entered date that it's expected.
- 9) Payment Terms: Please note Payment in full, Initial Deposit, Deposit amount, When it's due, Anticipated lead time & Anticipated Delivery Date.
- 10) and 10A). Number of Units Requested/in Operation: Indicate the total number of units to be purchased, as well as the number of units of similar equipment items in the inventory of the requesting department.
- 11) Net Effects on Municipal Revenue: Indicate the effect of the project on municipal revenue in each category shown in terms of an increase or decrease ( $\pm$ ) over the first year of the project's life. If possible, estimate the amount of change in income in subsequent years if 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.
- 12) Equipment Cost: Provide cost data requested.
- 13) Estimated Use of Requested Item(s): Indicate the number of weeks per year the item is expected to be used and estimate the average usage for the specified period. Also show estimated useful life of the item based on planned usage.
- 14) Net Effects on Municipal Revenue: Indicate the effect of the project on municipal revenue in each category shown in terms of an increase or decrease ( $\pm$ ) over the first year of the project's life. If possible, estimate the amount of change in income in subsequent years if 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.
- 15) **Additional Comments or Information for the CIP Committee's Evaluation.** To include how your department would be affected if this item isn't approved this capital budget year. What alternative do you have planned & what this would cost the Town per year.
- 16) CIP Committee's Evaluation: Complete CIP Ranking (use drop down), Record number of Yeas/Nays. Note Recommend Action (use drop down). Complete Notes should be added for additional information needed from Department Head.

