

**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: \$**

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Form Prepared By: \_\_\_\_\_

(Signature) \_\_\_\_\_

(Title) \_\_\_\_\_

(Department/Agency) \_\_\_\_\_

(Date Prepared) \_\_\_\_\_