

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: _____