

FORM B

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 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">BUDGET FY</th> <th style="width: 15%; text-align: left;">TOTAL*</th> <th style="width: 55%; text-align: left;">RECOMMENDED SOURCES OF FINANCING</th> </tr> </thead> <tbody> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>TOTAL SIX YEARS</td><td>_____</td><td></td></tr> <tr><td>After Sixth Year</td><td>_____</td><td></td></tr> </tbody> </table> <p>If adjusted for inflation, indicate adjustment percentage here : * <u>Interest</u> cost not included.</p>				BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING	Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		TOTAL SIX YEARS	_____		After Sixth Year	_____	
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TOTAL SIX YEARS	_____																													
After Sixth Year	_____																													
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 _____ replaced assets _____ Total _____ 10. Submitting Authority Date _____ Submitted by _____ Signature _____ Position _____ 11. Reserved																												

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.

Instructions for: CAPITAL PROJECT REQUEST (Form B)

Form B 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 the notation (1 of 3) to identify the project as the top priority of three proposed projects.
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 \pm 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 (principal 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 (\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.

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

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

Source: Adapted from a form presented in “**A Capital Improvement Programming Handbook**”, Government Finance Officers Association.

FORM C

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

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

<p>1. Project Title & Reference No.</p> <hr/> <p>2. Form of Acquisition (check appropriate)</p> <p>_____ Purchase _____ Rental</p> <hr/> <p>3. Number of Units Requested</p> <hr/> <p>5. Purpose of Expenditure (check appropriate)</p> <p> <input type="checkbox"/> Schedule replacement <input type="checkbox"/> Present Equipment obsolete <input type="checkbox"/> Replace worn-out equipment <input type="checkbox"/> Reduce personnel time <input type="checkbox"/> Expanded service <input type="checkbox"/> New operation <input type="checkbox"/> Increased safety <input type="checkbox"/> Improve procedures, records, etc. week </p>	<p>4. Cost</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Per Unit</th> <th style="width: 20%; text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>Purchase price</td> <td></td> <td></td> </tr> <tr> <td>or annual rental \$</td> <td></td> <td>\$</td> </tr> <tr> <td>Plus: Installation</td> <td></td> <td></td> </tr> <tr> <td>or other costs \$</td> <td></td> <td>\$</td> </tr> <tr> <td>Less: Trade-in or</td> <td></td> <td></td> </tr> <tr> <td>other discount \$</td> <td></td> <td>\$</td> </tr> <tr> <td>Net purchase Cost</td> <td></td> <td></td> </tr> <tr> <td>or annual rental \$</td> <td></td> <td>\$</td> </tr> </tbody> </table> <hr/> <p>6. Number of Similar Items in Inventory _____</p> <hr/> <p>7. Estimated Use of Requested Item(s)</p> <p>_____ Weeks per year _____ Approx. months (if seasonal)</p> <p>For the weeks used, estimate:</p> <p>_____ Average days per</p> <p>_____ Average hours per day used</p> <p>Estimated useful life in years _____</p>		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 \$		\$
	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 \$		\$																										

8. Replaced item(s)					
Item	Make	Age	Prior Year's		
			Maint. Cost	Breakdowns	Rental Cost
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 _____
(signature)	
Position _____	

11. Reserved

Source: Adapted from a form presented in "*A Capital Improvement Programming Handbook*", Government Finance Officers Association.

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

This form, which is presented as **Form C**, 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 per year the item is expected to be used and the approximate months of the year, 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 request item(s). If there are no items replaced, enter N/A.
9. **Recommended Disposition of Replaced Items:** Self-explanatory.
10. **Submitting Authority:** The agency head or other official representative should review, sign and date each form.
11. **Reserved:** This space is reserved for any notes or comments made by the CIP Committee.

Source: Adapted from a form presented in *“A Capital Improvement Programming Handbook”*, Government Finance Officers Association.