

CAPITAL BUDGET FY2015 – FY2019

CAPITAL EXPENDITURE/ITEM REQUEST FORM

Department:

Division:

Fiscal Year:

Priority #:

PLEASE PREPARE AND SUBMIT TWO (2) COPIES TO THE TOWN ADMINISTRATOR'S OFFICE

1. Item/Expenditure:
2. Location:
3. Description of Project/Equipment/Item/Expenditure:
4. Need for Project/Equipment/Item Expenditure:
5. Estimated Start/Purchase Date:
6. Estimated Completion/Receipt Date:
7. Cost:
DESIGN of Plan
LAND ACQUISITION
CONSTRUCTION
INSPECTION
EQUIPMENT
TOTAL
8. How will expenditure be funded?
Town Funds State Funds Federal Funds
9. Please identify specific funds (Grants, Taxation, Rates, etc.)
10. Will the expenditure produce new revenue? Yes No
11. If yes, please identify how and how much revenue:
12. What will be the additional annual operating cost?
1st yr: 2nd yr: 3rd yr: 4th & future yr:
Why:
13. Will this expenditure remove property from the tax list? Yes No
If yes, please provide cost/benefit analysis
14. Please be sure to provide backup information.
Backup information attached or will submit by

Submitted by:

Title:

CAPITAL BUDGET FY2015 – FY2019
REQUEST SUMMARY SHEET BY PRIORITY
(See Page 2 of summary sheet for priorities 5-8 for each year)

Department:

Division:

FY2015 Priority #	Item/Expenditure/Project Title	Cost
1		
2		
3		
4		

FY2016 Priority #	Item/Expenditure/Project Title	Cost
1		
2		
3		
4		

FY2017 Priority #	Item/Expenditure/Project Title	Cost
1		
2		
3		
4		

FY2018 Priority #	Item/Expenditure/Project Title	Cost
1		
2		
3		
4		

FY2019 Priority #	Item/Expenditure/Project Title	Cost
1		
2		
3		
4		

**CAPITAL BUDGET FY2015 – FY2019
REQUEST SUMMARY SHEET BY PRIORITY**

Department:

Division:

FY2015 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		

FY2016 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		

FY2017 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		

FY2018 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		

FY2019 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		