

**Town of Bellingham
Capital Improvement Program Request Form**

1. Department _____ 2. Sub-Dept _____ 3. Date _____

4. Contact Person _____ 5. Phone _____

6. Program Title _____ 7. Fiscal Year Requested _____

8. Description and Justification for Program/Project:

9. Costs: _____ Expenditure Schedule _____

	fiscal year					
	<u>\$total</u>	<u>yr1</u>	<u>yr2</u>	<u>yr3</u>	<u>yr4</u>	<u>yr5</u>
Planning / Design						
Land Acquisition						
Site Improvements						
Construction						
Other						
Totals						

10. Available Aid or Grants(specify):

11. Comments:

12. Submitted By _____ Title _____ Date _____

Date Reviewed by: C.F.O. _____ Cap. Improvement Comm. _____