

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
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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		