



OFFICE OF THE COMPTROLLER COMMONWEALTH OF MASSACHUSETTS

Request for Setting Up Capital Programs

Date: _____

Office of the Comptroller
One Ashburton Place, 9th Floor
Boston, Massachusetts 02108

Fax: 617-727-2163

Capital Program Request

Fiscal Year _____

Department _____

Major Program Table

Please list the Major Program this program is reported under.

Major Program (6 chars. or less) _____

Major Program Name _____

Short Name (max 15 char) _____

Major Program Category _____

Program PeriodTable Set-Up

OSC recommends using Program Period= EPP - Extended Program Period

Department _____

Major Program _____

Effective From

Effective To*

Program Period _____

Program Period Name _____

Short Name (15 chars. o r less) _____

ANF Plan ID (4 char.) _____

Program Table Set-Up

Program Class _____

Department _____

Effective From

Effective To*

Program Code (10 char. or less) _____

Program Name _____

Program Short Name _____

Program Description _____

Capital Asset Information

Will this Program result in Commonwealth-owned Asset? Yes No

If Yes, Will Expenditures be tracked at Program Level or Program-Phase Level

*If end dates coincide with the last day of a fiscal year (i.e. 6/30), the end dates should extend through the AP Period to capture late payments. E.G. An end date of 6/30/xxxx should be changed to 9/30/xxxx.

GIS Data	Agencies should enter either an address or GIS coordinates for the project. If the project is statewide please indicate below.		
Address #	_____	X Coordinate	_____
Street	_____	Y Coordinate	_____
City	_____	Statewide (Y/N)	_____
Zip	_____		

OPTIONAL FIELDS:

Phase	
Department	_____
Phase (6 char. or less)	_____
Phase Name	_____
Phase Short Name	_____

Program Phase	
Department	_____
Phase	_____
Program	_____

Activity	
Fiscal Year	_____
Department	_____
Activity (4 char. or less)	_____
Activity Name	_____
Activity Short Name	_____

Comments:

SIGNATURE: _____
Department Head or Authorize Signatory