**Insert Community Name**

**Capital Project Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department/Committee: | | Department or Committee Name | | |
| Requested By: | | Requester | | |
| Request Date: | | Request date | | |
| Project Request: | | Item/Project Name | | |
| Asset Category: | | Choose an asset category | | |
| Priority: | | State the priority | | |
|  | | | | |
| Project description:  Enter a description of your request. Attach quotes, pictures, or additional details | | | | |
| Purpose: | | Choose one | | |
| Date needed by: | | Need by date | | |
| Benefit  Describe the benefit of this request to your department or the community | | | | |
| Estimated Project Cost: | | $Enter total project cost. | | |
| Funding Request by Year: | | FY1 $Cost in year 1 FY4 $Cost in year 4  FY2 $Cost in year 2 FY5 $Cost in year 5  FY3 $Cost in year 3 | | |
| Describe any discounts or cost reductions (trade-ins, etc.)  Provide any reductions to the total requested cost | | | | |
| Are there available revenue sources or grants other than Municipal funds?  Identify available revenue sources (excluding tax levy, free cash, and stabilization funds) | | | | |
| Consequence on your department of delaying purchase/project  Describe any operational impact if your request is delayed or denied | | | | |
| Input the estimated dollar impact of this purchase or project on your operating budget by fiscal year for the next 3 fiscal years → Increase = Additional Cost, Decrease = Savings | | | | |
| Personnel Budget | | | Expense Budget | |
| Increase/(Decrease)  $Enter amount  $Enter amount  $Enter amount | Fiscal Year  Enter fiscal year  Enter fiscal year  Enter fiscal year | | Increase/(Decrease)  $Enter amount  $Enter amount  $Enter amount | Fiscal Year  Enter fiscal year  Enter fiscal year  Enter fiscal year |