**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 |
| BenefitDescribe 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 4FY2 $Cost in year 2 FY5 $Cost in year 5FY3 $Cost in year 3 |
| Describe any discounts or cost reductions (trade-ins, etc.)Provide any reductions to the total requested cost |
| Are there available revenue sources or grants other than Municipal funds?Identify available revenue sources (excluding tax levy, free cash, and stabilization funds) |
| Consequence on your department of delaying purchase/projectDescribe any operational impact if your request is delayed or denied |
| Input the estimated dollar impact of this purchase or project on your operating budget by fiscal year for the next 3 fiscal years → Increase = Additional Cost, Decrease = Savings |
| Personnel Budget | Expense Budget |
| Increase/(Decrease)$Enter amount$Enter amount$Enter amount | Fiscal YearEnter fiscal year Enter fiscal year Enter fiscal year  | Increase/(Decrease)$Enter amount$Enter amount$Enter amount | Fiscal YearEnter fiscal yearEnter fiscal year Enter fiscal year  |