



Capital Improvement Planning Program

Departmental Capital Expenditure Request Form

Department: _____ Date: _____

Contact: _____ Email: _____ Tele: _____

Purchase/Project Name: _____

Estimated Total Cost: _____ Fiscal Year of expenditure: _____

Source of Estimate: _____

Departmental Ranking: Next FY only No. _____ of _____ capital requests

Priority category:	Criteria :	Emergency	Matching funds
	(check all that apply)	Public safety issue	Multiple deferrals
		Court ordered	Continuation of prior
		To maintain service	funding
		Asset preservation	Reimbursement

Brief Purchase/Project Description (3 to 5 sentences)

The explanation for the request should identify what is being requested and why the purchase is necessary in the requested fiscal year. Explain if the purchase adds a new service or replaces existing equipment. If it replaces existing equipment, is the replacement earlier than originally anticipated? If so, why?

Please identify potential funding source, if known, i.e., Chapter 90, grant, etc.

Explain Impact on Future Operating Budgets			Useful life _____ years
Reduce cost _____	Cost unchanged _____	Increase cost _____	

Attach other data, photographs, quote sheets or information as warranted

TO BE COMPLETED BY CPC

Recommended Funding Source:	General Fund	\$ _____	Rate revenue	\$ _____
	Free Cash	\$ _____	State/Federal	\$ _____
	Stabilization	\$ _____	Chapter 90	\$ _____
	Borrowing	\$ _____	Other:	\$ _____