TOWN OF ERVING



Capital Improvement Planning Program

Departmental Capital Expenditure Request Form

Estimated Total Cost: Fiscal Year of expenditure: Departmental Ranking: Next FY only No of capital requests Priority category:	
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Departmental Ranking: Next FY only No of capital requests Priority category: Criteria: Emergency Multiple Frequency/Driver: Court ordered Continu fi applicable, when was this equipment Court ordered Funding last replaced? Asset preservation Reimbur 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 yer Explain if the purchase adds a new service or replaces existing equipment. If it replaces existing equipment, is the replacement earlie originally anticipated? If so, why? Please identify potential funding source, if known, i.e., Chapter 90, grant, etc. Explain Impact on Future Operating Budgets Reduce cost Useful life y	
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Attach other data, photographs, quote sheets or information as warranted	ears
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TO BE COMPLETED BY CPC	
Recommended Funding Source: General Fund \$ Rate revenue \$ Free Cash \$ State/Federal \$ Chapter 90 \$ Borrowing \$ Other: \$	