



## 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 :  
(check all that apply)

Emergency

Public safety issue

Court ordered

To maintain service

Asset preservation

Matching funds

Multiple deferrals

Continuation of prior  
funding

Reimbursement

Frequency/Driver:

If applicable, when was this equipment  
last replaced?

#### 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.

<b>Explain Impact on Future Operating Budgets</b>			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:	\$ _____