

CAPITAL FACILITIES PLAN

**Figure 16-1
Capital Project Request**

Div. and Activity: _____ Date Prepared: _____																																			
Submitted by: _____ Phone Number: _____																																			
1. Project Title and Reference No.	2. Purpose: New _____ Modify _____ Delete _____ Other _____																																		
3. Division Priority	5. Relation to Other Projects and Comprehensive Plan:																																		
4. Location																																			
6. Description:																																			
7. Justification and Alternatives Considered:																																			
8. Cost by Year	9. Proposed Method of Financing																																		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Year:</th> <th style="text-align: left;">Total*</th> </tr> </thead> <tbody> <tr> <td>Budget Fiscal Year: F.Y. _____</td> <td>\$ _____</td> </tr> <tr> <td>Program Year F.Y. _____</td> <td>_____</td> </tr> <tr> <td>Program Year F.Y. _____</td> <td>_____</td> </tr> <tr> <td>Program Year F.Y. _____</td> <td>_____</td> </tr> <tr> <td>Program Year F.Y. _____</td> <td>_____</td> </tr> <tr> <td>Program Year F.Y. _____</td> <td>_____</td> </tr> <tr> <td>Total Six Years _____</td> <td>_____</td> </tr> <tr> <td>After Sixth Year _____</td> <td>_____</td> </tr> </tbody> </table> <p style="text-align: right; font-size: small;">* Interest cost Not Included</p>	Year:	Total*	Budget Fiscal Year: F.Y. _____	\$ _____	Program Year F.Y. _____	_____	Program Year F.Y. _____	_____	Program Year F.Y. _____	_____	Program Year F.Y. _____	_____	Program Year F.Y. _____	_____	Total Six Years _____	_____	After Sixth Year _____	_____	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Current Revenue</td><td>_____</td></tr> <tr><td>General Obligation Bonds</td><td>_____</td></tr> <tr><td>Revenue Bonds</td><td>_____</td></tr> <tr><td>Reserve Fund</td><td>_____</td></tr> <tr><td>Special Assessment</td><td>_____</td></tr> <tr><td>State Aid</td><td>_____</td></tr> <tr><td>Federal Aid</td><td>_____</td></tr> <tr><td>Other</td><td>_____</td></tr> </tbody> </table> <p>Fund: General _____ Enterprise _____ Other _____</p>	Current Revenue	_____	General Obligation Bonds	_____	Revenue Bonds	_____	Reserve Fund	_____	Special Assessment	_____	State Aid	_____	Federal Aid	_____	Other	_____
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Other	_____																																		
10. Total Estimated Capital Costs	11. Net Effects on Municipal Revenue (+ or -)																																		
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12. Future Estimated Recurring Costs	13. Current Status																																		
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14. Priority (Reserved)																																			
15. Comments																																			