Stoddard Capital Facilities Program

Worksheet Part 2; Submittal of new projects

GENERAL INSTRUCTION:
• CIP “capital projects” do not include routine operating and maintenance costs.
• They do include one-time and irregularly recurring purchase of land and equipment with costs in excess of $3,000 with a useful life of at least 3 years.
• They may also include purchase of non-physical assets and services ...[see CIP Handbook Exhibit 2]... that will be paid for over time through bonded debt, capital reserve funds, lease agreements, etc.
• If a project is eligible for any federal or state grants, matching funds, or loans, indicate this on the form.
• Include all projects that you judge will be of benefit to the town in the time frames given in the note at the top of page 2.
• **Base your revised estimate on a population of 1820 people in the year 2026. This is an increase of 800 people over the present population.**
• Use separate worksheets for each project. Attach additional sheets as necessary.

**Please be as specific as possible for all questions**

<table>
<thead>
<tr>
<th>Department:</th>
<th>__________________________</th>
<th>___ of ___ Projects</th>
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</thead>
<tbody>
<tr>
<td>Type of Project:</td>
<td>___ Replace or repair existing facilities or equipment</td>
<td>___ Improve quality of existing facilities or equipment</td>
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<tr>
<td></td>
<td>___ Expand capacity of existing service level/facility</td>
<td>___ Provide new facility or service capacity</td>
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<tr>
<td>Project Description:</td>
<td>__________________________</td>
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<td>Narrative Justification:</td>
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<tr>
<td>Service Area:</td>
<td>___ Municipality</td>
<td>___ School District</td>
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<tr>
<td>(check one)</td>
<td>___ Region</td>
<td>___ Road</td>
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<td></td>
<td>___ Neighborhood</td>
<td>___ Other</td>
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<tr>
<td>Project Rationale:</td>
<td>___ Removes imminent threat to public health or safety.</td>
<td>___ Alleviates substandard conditions or deficiencies.</td>
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<td>(check all that apply)</td>
<td>___ Responds to federal or state requirement to implement.</td>
<td>___ Improves quality of existing services.</td>
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<td>___ Provides added capacity to serve growth.</td>
<td>___ Reduces long-term operating costs.</td>
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<td></td>
<td>___ Eligible for matching funds available for limited time.</td>
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</tbody>
</table>
Anticipated Project Start/Purchase Date:

NOTE: Give the specific year for projects in the 1- to 6-year time frame. Projects in the 7- to 10-year and 11- to 20-year time frames may simply be listed within those time frames if a specific date is not clear.

If a recurring purchase or project, what is the purchase cycle? (e.g., new police cruiser purchased every eight years)

Cost Estimate: ________________________

Capital Costs (itemize as necessary)

$_____________ Planning/Feasibility Analysis
______________ Architecture & Engineering Fees
______________ Real Estate Acquisition
______________ Site Preparation
______________ Construction
______________ Furnishings & Equipment
______________ Vehicles & Capital Equipment
______________ Other _______________________
______________ Other _______________________

=___________ Total Project Cost

Sources of Funding (be as specific as possible)

General Taxation $_____________
Grant* from: ___________ ____________
Loan* from: ___________ ____________
Donation/bequest/private ____________
User fees & charges ____________
Capital reserve withdrawal ____________
Impact fee account ____________
Current revenue ____________
General obligation bond ____________
Revenue bond ____________
Special assessment ____________
Other: ____________ =___________

Total Project Cost $_____________
*If funding will be provided through a grant or loan:

Has the funding already been awarded?  Y  N

List any conditions or restrictions imposed by the grant or loan.
________________________________________________________________________________________
________________________________________________________________________________________

List any other municipalities and organizations associated with the grant or loan.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

**Funding Narrative:** (Please share any other information available regarding this project or purchase.)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

**Please include any other available information about this project:**
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

**Form Prepared By:** ______________________  ______________________  ___________  ____________
Name               Title        Date               Phone