

GRANTHAM CAPITAL IMPROVEMENTS PROJECT WORKSHEET

(SUBMIT A SEPARATE FORM FOR ***EACH PROJECT*** FOR ***EACH BUDGET YEAR***
IN WHICH EXPENSES WILL OCCUR)

DEPARTMENT: _____

PROJECT NAME: _____

PRIORITY: _____ **OF** _____ **PROJECTS**

ANTICIPATED LIFETIME IN YEARS: _____

EXPENSES SHOWN FOR BUDGET YEAR: _____

PRIMARY EFFECT OF THE PROJECT (check one):

____ REPLACE OR REPAIR EXISTING
FACILITIES OR EQUIPMENT

____ IMPROVE QUALITY OF EXISTING
FACILITIES OR EQUIPMENT

____ PROVIDE NEW FACILITY OR
SERVICE CAPACITY

____ EXPAND CAPACITY OF EXISTING
FACILITIES OR EQUIPMENT

____ OTHER (SPECIFY BELOW)

PROJECT RATIONALE (check all that apply):

____ REMOVES IMMINENT THREAT TO PUBLIC HEALTH OR
SAFETY

____ RESPONDS TO FEDERAL OR STATE REQUIREMENTS TO
IMPLEMENT

____ REDUCES LONG-TERM OPERATING COSTS

____ ELIGIBLE FOR MATCHING FUNDS AVAILABLE FOR
LIMITED TIME

____ ALLEVIATES SUBSTANDARD CONDITIONS OR
DEFICIENCIES

____ IMPROVES QUALITY OF EXISTING SERVICES

____ PROVIDES INCENTIVE TO ECONOMIC DEVELOPMENT

DETAILED PROJECT DESCRIPTION AND JUSTIFICATION (Be as detailed as possible; add a separate page if necessary):

DEPARTMENT _____

PROJECT NAME _____

COST ESTIMATES (in current dollars)

PLANNING/FEASIBILITY ANALYSIS \$ _____

ARCHITECTURE/ENGINEERING FEES \$ _____

REAL ESTATE ACQUISITION \$ _____

SITE PREPARATION \$ _____

CONSTRUCTION \$ _____

FURNISHINGS & EQUIPMENT \$ _____

VEHICLES & CAPITAL EQUIPMENT \$ _____

OTHER _____ \$ _____

OTHER _____ \$ _____

TOTAL ESTIMATED COST \$ _____

WILL THERE BE AN IMPACT ON OPERATION, MAINTENANCE OR PERSONNEL NEEDS?

(please check all applicable)

ADDITIONAL PERSONNEL _____

REDUCE PERSONNEL _____

INCREASE MTCE. & OPS. _____

DECREASE MTCE. & OPS. _____

ANTICIPATED SOURCE(S) OF FUNDING

GRANT \$ _____

LOAN \$ _____

IMPACT FEE ACCOUNT \$ _____

GENERAL OBLIGATION BOND \$ _____

SPECIAL ASSESSMENT \$ _____

OTHER _____ \$ _____

USER FEES & CHARGES \$ _____

CAPITAL RESERVES \$ _____

CURRENT REVENUE \$ _____

REVENUE BOND \$ _____

TOTAL ALL FUNDING \$ _____

ADDITIONAL COMMENTS OR INFORMATION FOR THE CIP COMMITTEE'S EVALUATION:

WORKSHEET PREPARED BY: _____ DATE: _____

C. I. P. COMMITTEE REVIEW BY: _____ DATE: _____

