## Town of Tuftonboro Capital Improvements Program CIP Request Form Worksheet

A Capital Project is defined as an activity with a cost of \$10,000 or more and with a useful life of two years or more.

Department: Contact Name: Phone: Email:		Project Title: Estimated Total Cost: Estimated Useful Life (years): Estimated Non-Tax Funding:						
□No Capital Project plans at this time		Previously Presented?	Previously Presented?  Yes  No					
Type of Project: (check	x one)							
□Building Renovation □New Equipment	□Building Addition/New Construction		□Property/Rights Acquisition	□Vehicle				
□Equipment Replacement	Equipment Lease	□Road Improvements	□Professional Consultation	□Other				

## Reason/s for Request: (check all that apply and explain below )

□Safeguards public health or safety □Responds to Federal or State requirements □Provides added capacity to serve growth □Provides incentive to economic development □Continues existing project □Alleviates substandard conditions or deficiencies □Improves quality of existing services/infrastructure □Reduces long- term operating costs □Responds to public demand □Reflects Master Plan

Project Description and Justification: (Please include how this project ties in with the Master Plan)

Year that you wo	uld prefer the pr	oject to be scl	neduled:					
<b>Project Priority:</b> (	check one)							
□1 Cannot be delayed	for health, safety, or .	ADA compliance						
□2 Needed within 1-4 years								
□3 Needed within 5 ye □4 Needed within 5-10	ears to maintain basic ) years to improve qu	quality/level of se ality/ level of servi	rvice/infrastructure ice/infrastructure	•				
□5 Can hold for 10+ y	ears, but supports cor	nmunity developn	nent goals					
□6 Needs more researc	ch, planning, and coor	dination						
<b>Proposed Funding</b> □General Fund (current			al Reserve Fund		□Lease/	Purchase	ΠU	ser Fees
□Bond Issue	□Bank Fin	1	□Grant/s	□Donat	ions	□Other (sp	ecify)	
Projected Expend	itures by Year:							
20 20	20 2	0 20	20	20	20	20	20	