|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | Submitted by: |  |
|  |  |  |  |
| Item/Project Cost: |  | Date Prepared: |  |
|  |  |  |  |
| Item/Project Title: |  |

**Proposed Article Wording**:

|  |
| --- |
| To see if the town will vote to raise and appropriate, transfer from available funds, borrow, or otherwise provide the sum of $XX,XXX or any other amount for the purpose of , or pass any vote or votes in relation thereto. |

**Detailed Description for Background Materials**: (*Provide a full description of the item or service. Use attachments as needed.)*

|  |
| --- |
|  |

 ***Enter response***

|  |  |
| --- | --- |
| **Have you received an estimate as a basis for cost? (yes/no)** |  |
| * *If yes, please attach estimate*
 |  |

|  |  |
| --- | --- |
| **Are grant or other funds available to offset cost? (yes/no)** |  |
| Please specify grant program/source of funds  |  |
| Value of the offset  | $ |
| Probability of availability  | % |

|  |  |
| --- | --- |
| **Is there a lease option for this expense? (yes/no)** |  |
| If yes, what is max years:  |  |
| Is payment schedule known (yes/no; attach plan):  |  |

|  |  |
| --- | --- |
| **Will this item or project replace old equipment? (yes/no)** |  |
| If replacement, estimate surplus value:  | $ |

|  |  |
| --- | --- |
| **Will it create other ongoing costs or savings? (yes/no)** |  |
| Operational cost impacts (if no, “0”) | $ + / - |
| Equipment or material cost impacts (if no, “0)  | $ +/- |

**Why is it essential that the Town makes this purchase in the coming fiscal year?**

|  |
| --- |
|   |

**Relative Priority**

Your assessment of the how important this is to the Town at the present time.

|  |  |  |
| --- | --- | --- |
| Critical Importance | Highly Important | Moderately Important |
| O | O | O |

If you are submitting more than one project, how does this rate relative to the others you are submitting?

|  |  |  |  |
| --- | --- | --- | --- |
| First | Second | Third | Fourth or Lower |
| O | O | O | O |

Comments on relative priority:

|  |
| --- |
|  |

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Final recommendation of Capital Improvements Committee: O Support O Not Support

Comments on Recommendation:

|  |
| --- |
|  |