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

Proposed article wording:

|  |
| --- |
| To see if the town will vote to , or pass any other vote or votes in relation thereto. |

Description: (*Provide a full description of the item or service to be purchased. This will be used for the background information. Use attachments as needed.)*

|  |
| --- |
|  |

***Enter response***

|  |  |
| --- | --- |
| **Is this expected to require other investments? (yes/no)** |  |
| Increased(+) /decreased(-) operational cost (if no, “0”) | $ + / - |
| Increased(+) /decreased(-) equipment or material cost (if no, “0) | $ |

**Why is it essential that the Town approves this article in the coming fiscal year?**

|  |
| --- |
| *Examples/Key Criteria: Public or employee safety, cost avoidance, improved service, maintenance of service, state or federal compliance, ordered action, use of matching funds, continuation funding for previously approved request, etc.* |

**Relative Priority**

Overall priority of this item or project to the Town

|  |  |  |  |
| --- | --- | --- | --- |
| Critical | High | Moderate | Low |
| O | O | O | O |

If you are submitting more than one non-spending special article, how does this rate relative to the others

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

Comments on relative priority:

|  |
| --- |
|  |

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

Final recommendation of Board of Selectmen: O Support O Not Support

Comments on Recommendation:

|  |
| --- |
|  |