|  |  |  |  |
| --- | --- | --- | --- |
| 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 $######, 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)** | Not that we’re aware of |
| Please specify grant program/source of funds |  |
| Value of the offset | $ |
| Probability of availability | % |

|  |  |
| --- | --- |
| **Will this be a lease or a recurring expense? (yes/no)** | No |
| If yes, over how many years: |  |
| What annual cost (If payments vary attach payment plan): | $ |

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

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

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

|  |
| --- |
|  |

**Relative Priority**

Your view of the overall priority of this item or project to the Town

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

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

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

Comments on relative priority:

|  |
| --- |
|  |

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

Final recommendation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_: O Support O Not Support

Comments on Recommendation:

|  |
| --- |
|  |