

This form must be completed in its entirety

**Town of Berlin  
CAPITAL IMPROVEMENT REQUEST FORM  
Project Detail Sheet  
FY2021**

Department: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Prepared By: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Capital Expenditure  
 Extraordinary Expense

Requested Project Year :      FY21 \_\_\_\_\_      FY22 \_\_\_\_\_      FY23 \_\_\_\_\_      FY24 \_\_\_\_\_      FY25 \_\_\_\_\_

**Purpose of Project Request (check one)**

- New
- Addition/Alteration
- Upgrade/Expansion
- Repair/Reconstruction
- Replacement - *Identify item being replaced , physical disposition of replaced item & residual value thru resale or trade in:*

**Was this project request submitted last year?**

- Yes
- No
- Requested prior to last year - *Indicate year(s)* \_\_\_\_\_

**Department Priority Ranking (check one)**

- Very High
- High
- Medium
- Low

**Department Priority Classification (Check all that apply)**

- Risks to public safety or health
- Deterioration of Town Facilities
- Education, historic, cultural or community value
- Coordination with other capital requests
- Requirement of state or federal law or regulation
- Improvement of operating efficiency
- Systematic Replacement
- Equitable provision of service and facilities
- Protection and conservation of resources

**TOTAL PROJECT REQUEST      \$      \_\_\_\_\_**

**Basis of Cost Estimate (Check one & Attach Justification)**

- Cost estimate from vendor, engineer or architect
- Cost from lowest qualified bidder
- Cost of comparable equipment or facility
- Rule of thumb indicator or unit cost
- Preliminary Cost Estimate (best guess)

**Estimated Useful Life in Years (Check one)**

5 \_\_\_\_\_      10 \_\_\_\_\_      15 \_\_\_\_\_      20+ \_\_\_\_\_

**Project Description & Justification**

*Provide a 1 to 2 paragraph description of the capital request. Include information such as the objective of the request, the capital need and background, the size, location, acreage, unit capacity, etc. Attach additional information sheets, specifications and photos to support the request.*

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**Department:** \_\_\_\_\_  
**Project Title:** \_\_\_\_\_

**Date Prepared:** \_\_\_\_\_

**Project Cost Summary, Recommended Financing Sources & Operating Budget Impact**

*Enter costs over all applicable years in whole dollar estimates*

<b>Project Cost Element(s)</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>	<b>Total</b>
Equipment & Furnishings						0
Design/Engineering/Permitting						0
Construction						0
Site Acquisition						0
Site Improvements						0
Feasibility Study						0
Other (specify) _____						0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Proposed Funding Source(s)</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>	<b>Total</b>
Taxation/Cap. Outlay Expenditure Excl.						0
State/Federal Grants						0
Stabilization Fund						0
Community Preservation Funding						0
Free Cash						0
Bond Authorization						0
Mitigation Funding						0
Other (specify) _____						0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Expected Impacts on Operating Budgets</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>	<b>Total</b>
Full/Part-time Salaries & Wages						0
Temp or Seasonal Wages						0
Fringe Benefits						0
Annual Maintenance/Contract						0
Debt Service						0
Insurance						0
Supplies/Materials						0
Utility/Energy Costs						0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>