

Town of Berlin
CAPITAL IMPROVEMENT REQUEST FORM
Project Detail Sheet
FY2025

Department: _____
Project Title: _____
Prepared By: _____
Phone No: _____
Email _____

Date Prepared: _____

Requested Project Year : **FY25** _____ **FY26** _____ **FY27** _____ **FY28** _____ **FY29** _____

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

TOTAL PROJECT REQUEST \$ _____

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

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+ _____

This form must be completed in its entirety

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.

Project Cost Summary, Recommended Financing Sources & Operating Budget Impact

Enter costs over all applicable years in whole dollar estimates

Project Cost Element(s)	FY25	FY26	FY27	FY28	FY29	Total
Equipment & Furnishings						0
Design/Engineering/Permitting						0
Construction						0
Site Acquisition						0
Site Improvements						0
Feasibility Study						0
Other (specify) _____						0
TOTALS	0	0	0	0	0	0

Proposed Funding Source(s)

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
TOTALS	0	0	0	0	0	0

Expected Impacts on Operating Budgets

Full/Part-time Salaries & Wages						0
Temp or Seasonal Wages						0

This form must be completed in its entirety

Fringe Benefits
Annual Maintenance/Contract
Debt Service
Insurance
Supplies/Materials
Utility/Energy Costs

TOTALS

					0
					0
					0
					0
					0
					0
					0
0	0	0	0	0	0