



OCD use:
CIP project # _____

2024-2029 CIP PROJECT REQUEST FORM

1. **DEPARTMENT:** _____
2. **DATE REQUEST PREPARED:** _____
3. **ITEM/PROJECT NAME:** _____
4. **REQUEST PREPARED BY:** _____
5. **DEPT PRIORITY: # OF PROJECTS:** _____

6. **ITEM / PROJECT DESCRIPTION** (Provide complete description and attach additional explanatory materials if more than space allows)

7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?** YES NO
(Examples: Milford Master Plan; departmental work program (s); facilities plans; equipment/vehicle replacement plan, etc.)

Plan or document reference (attach supporting materials):

8. **ITEM / PROJECT RATIONALE:** (check all that apply)

- Improves the quality of life for residents.
- Benefits residents and/or businesses or a segment thereof.
- Addresses an emergency or public safety need.
- Increases the delivery of social services.
- Corrects a deficiency in operations, facility, or equipment.
- Provides capacity needed for anticipated or planned growth.
- Other _____

- Results in cost savings.
- Supports job creation and development
- Increases tax base.
- Identified in a long-range plan or program, including the town master plan.
- Non-property tax revenue and fees offset a portion of costs.
- Matching funds are available for a limited time.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE:

(Explain urgency, timing, need, etc. Be brief yet complete and attach additional documentation if more than what space allows)

10. ESTIMATED USEFUL LIFE (Years): _____

11. YEAR REQUIRED: _____

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP'S? YES NO

13. IF YES, WHAT YEAR WAS PROJECT FIRST INCLUDED IN THE CIP? _____

14. COST ESTIMATE: \$ _____

15. CAPITAL COSTS: (If known)

| Dollar Amount (in current \$) | |
|----------------------------------|-------------------------------|
| | Planning/feasibility analysis |
| | Professional services |
| | Real estate acquisition |
| | Site preparation |
| | Construction |
| | Furnishings & equipment |
| | Vehicles & capital equipment |
| | Capital Reserve fund |
| | Other |
| | Total Project Cost |

16. IMPACT ON OPERATING & MAINTENANCE:

- Costs or Personnel Needs
- Add personnel
- Reduce personnel
- Increased O & M costs
- Decreased O & M costs

Explain: _____

Dollar cost of annual impacts if known: (+)\$ _____ or (-)\$ _____

17. SOURCES OF FUNDING:

| Funding Source | Dollar Amount (in current \$) | Describe Source (for grants/loans/special assessments/other) |
|----------------------------|--|---|
| Grant | | |
| Loan | | |
| Donation/Bequest/Private | | |
| User Fees & Charges | | |
| Capital reserve withdrawal | | |
| Impact fee account | | |
| Current revenue | | |
| General obligation bond | | |
| Revenue bond | | |
| Special Assessment | | |
| Other source | | |
| Other source | | |
| Project cost | | |
| Minus revenue | | |
| Total Project cost | | |

18. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2029

(List and provide brief description and attach additional documentation if more than space allows)

CIP CITIZENS' ADVISORY NOTES: