



OCD use:
CIP project # _____

2024-2029 CIP PROJECT REQUEST FORM

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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)

- | | |
|---|--|
| <input type="checkbox"/> Improves the quality of life for residents. | <input type="checkbox"/> Results in cost savings. |
| <input type="checkbox"/> Benefits residents and/or businesses or a segment thereof. | <input type="checkbox"/> Supports job creation and development |
| <input type="checkbox"/> Addresses an emergency or public safety need. | <input type="checkbox"/> Increases tax base. |
| <input type="checkbox"/> Increases the delivery of social services. | <input type="checkbox"/> Identified in a long-range plan or program, including the town master plan. |
| <input type="checkbox"/> Corrects a deficiency in operations, facility, or equipment. | <input type="checkbox"/> Non-property tax revenue and fees offset a portion of costs. |
| <input type="checkbox"/> Provides capacity needed for anticipated or planned growth. | <input type="checkbox"/> Matching funds are available for a limited time. |
| <input type="checkbox"/> Other _____ | |

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: