

CAPITAL IMPROVEMENT PROJECT WORKSHEET Years 2006-2010

Project Title	Department	New Request 9	Revised Request 9		
	Project Schedule			Type of Project (check one)	
	Estimated Start Date (Month/Year)		Replace Current Asset		Mandated
	Est. Date if Completion (Month/Year)		Upgrade Existing Asset		Critical
	Current Condition if Replacement or Upgrade (check one)			Project Life of Existing Asset	
	Excellent		Fair	Original Life in Years	Could be Deferred
	Average		Poor	Current Age in Years	Project Ranking:

Project Description

Project Justification

Project Costs	Prior to 2006	2006	2007	2008	2009	2010	Beyond 2010	Total Proj Cost
Design/Planning								
Land Acquisition								
Construction								
Equipment								
Other								
Total Cost								

Is outside funding anticipated for this project? No Yes If so, how much revenue is anticipated and when?

How is public health and/or safety affected by this project?

What are the environmental and/or social/economic effects of completing or not completing this project?

Who is likely to be affected and how many people will this impact?

What are the implications of deferring or not funding the project?