

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
		Est. Date if Completion (Month/Year)		Upgrade Existing Asset
		Current Condition if Replacement or Upgrade (check one)		Project Life of Existing Asset
		Excellent	Fair	Original Life in Years
		Average	Poor	Current Age in Years

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?			