



OCD use:  
CIP project # \_\_\_\_\_

# 2023-2028 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)

- |   |  |
|---|--|
| <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
	<b>Total Project Cost</b>

**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:**

<b>Funding Source</b>	<b>Dollar Amount (in current \$)</b>	<b>Describe Source (for grants/loans/special assessments/other)</b>
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		
<b>Total Project cost</b>		

**18. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2028**

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

CIP CITIZENS' ADVISORY NOTES: