

Town of Bristol
Capital Improvements Program
Project Request Form

Projects considered by the CIP will cost \$10,000 or more and have a useful life of three years or more
Name of Bristol Citizen: or

1. Department: _____ **Date:** _____

Name of submitter – May be same or different from name listed above:

Submitted by: _____

So CIP may reply and/or ask further questions of submitter/s:

Phone: _____ **Fax:** _____ **Email:** _____

2. Capital Item Description: _____

3. Explain the Need: _____

4. Priority (check one): **Urgent** **Necessary** **Desirable** **Deferrable**
Submitter's estimate 2012 2013-2015 2016-2018 2019-2021

5. Need by Year 20 **Estimated Life Expectancy** _____
Fill in specific year wanted

6. Cost Summary:	\$ Amount	
a. Equipment	_____	*Note: if cost info help is required: check here: _____
b. Planning/Engineering/Legal	_____	
c. Construction	_____	
d. Other _____	_____	
	Total: \$	_____

7. Source of Cost Estimates: _____

8. Recommended Method(s) of Financing:	\$ Amount
a. Appropriation:	_____
b. Lease Purchase	_____
c. Capital Reserve Fund	_____
d. Bond/Note (type)	_____
e. Grant/s	_____
f. Other	_____