

Town of Longmeadow Capital Project Request Form B

Department _____
Contact Person _____

Date prepared _____
Phone Number _____

Project Title: _____

Description: _____

Situation (How did this project need come about): _____

What alternatives were considered and why were they rejected? _____

Can other departments in Longmeadow also use this capital item? _____

Risk of not doing this project: _____

Financial Information:

Amount being requested: _____

Basis for Cost Estimate

firm outstation (please attach) Contractor estimate Dept Estimate
 Other (please list)

Expected Life of item or project: _____

Will the Capital purchase replace something that currently provides the function or will it provide a new function? New Replacement

If replacement please state the age (year of purchase), residual value, and other pertinent information about the item being replaced (mileage for vehicles, version for software, etc).

Impact on Operating Cost of the Department (Increase) (Decrease)
Details: _____

Five Year Related Capital Need

Budget Year	20__	20__	20__	20__	20__
Capital Need					

Submitted by _____ Date _____

Title: _____