

# Town of South Hadley Capital Project Request

Fiscal Year: \_\_\_\_\_

Request #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_

Funding Source: \_\_\_\_\_

New Request?    Yes            No

Department: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Project Background

## Purpose of Expenditure

Scheduled Replacement: \_\_\_\_\_

Number of Units Requested: \_\_\_\_\_

Present Equipment Obsolete: \_\_\_\_\_

Cost Per Unit: \$ \_\_\_\_\_

Replace Worn Out Equipment: \_\_\_\_\_

Subtotal Cost: \$ \_\_\_\_\_

Reduce Personnel Time: \_\_\_\_\_

Trade In or Discount: \$ \_\_\_\_\_

Expanded Service: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

New Operation: \_\_\_\_\_

Increased Safety: \_\_\_\_\_

Improve Procedures: \_\_\_\_\_

Number of Similar Items in Inventory: \_\_\_\_\_

## Estimate Use of Requested Item(s)

Number of Weeks Per Year: \_\_\_\_\_

Estimated Useful Life (years): \_\_\_\_\_

For Weeks Used, Number of Days Per Week: \_\_\_\_\_

Average Hours Per Day of Use: \_\_\_\_\_

Total Estimated Hours Used Per Year: \_\_\_\_\_

## Replaced Item(s)

Replaced Item Description: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Prior Year Maintenance Cost: \$ \_\_\_\_\_ Prior Year Rental Cost: \$ \_\_\_\_\_

Trade In: \_\_\_\_ Sale: \_\_\_\_ Scrap: \_\_\_\_ Estimated Revenue: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_