

FORM B
Capital Project Status Form

This form should be completed by the Dept Head in charge of the project at the start of work, at an agreed upon midway point, and at project completion to enable Capital Improvement Review to review progress. Please forward to CIC mail slot.

Department:

Project Tracking Number:

Project Name:

Approved:

Amount Approved:

Actual Amount Used:

Please provide a brief description of the project to date:

Did this project result in a savings? Yes No Please describe:

Submitted By:

Print Name & Title:

Date:

Signature:

Reviewed By:

Capital Improvement Committee:

Town Administrator: