

**FORM A**  
**Capital Project Request**

Name of Department:

Date Prepared

Department Contact:

Title of Project:

Priority Rank by Fiscal Year:

Description & Location:

Intent & Purpose:

Useful Life:

Impact on Department if Recommended or Not Recommended:

Provide an Estimated Cost from 3 vendors:  
(How does this compare with like Departments in other cities & towns?)

Available Sources of Funding (Grants, Public Money, Bonding, subject to Town Meeting Approval):

Cost to Maintain:

What are the benefits, what are savings?

Submitting Authority:

Submitted by:

Date: