



FY 2018-2019 CAPITAL IMPROVEMENT PLAN
INDIVIDUAL DESCRIPTION AND JUSTIFICATION FORM

RETURN TO: DEPARTMENT OF PLANNING
WARREN COUNTY

Project Name: _____

Date Prepared: _____ Agency: _____

Agency Contact Person: _____ Phone Number: _____

Location of Project: _____ Magisterial District: _____

Project Description: Give a brief (1-2) paragraph description of the project. Provide basic information such as the location, size, acreage, floor area, capacity, etc.

Schedule: If the project will take several years to complete, outline the schedule here. Be sure to include any work that might have been done in the previous years, including studies or other planning.

Project Justification: Please project the number of persons, dwellings, students, or units to be served or the units of service to be provided by the project.

Please describe the need for the project.

Please describe and justify the proposed location of the project.

Coordination: If the project is dependent upon or is being planned in conjunction with any other project(s), identify it/them and indicate the relationship between the projects.

Project Priority: _____

If previously included in the Capital Improvements Plan, please indicate previous priority and current status of project.

Estimated Cost (in 2017 dollars):

PROPOSED EXPENDITURES

Element	1 st FY 2019	2 nd FY 2020	3 rd FY 2021	4 th FY 2022	5 th FY 2023	Beyond 5 th FY	Total
Planning, Surveying, & Design							
Land Acquisition							
Site Preparation & Improvements							
Construction							
Furniture and Equipment							
Other							
Total							

Basis of Cost Estimates: Check one of the following. If you want to provide more detailed information on the estimate, please do so in the space provided.

- _____ Cost of comparable facility or equipment
- _____ From cost estimate provided by an engineer, architect, or vendor
- _____ From bids received
- _____ “Preliminary” estimate, (e.g. no other basis for estimate)
- _____ Other (please explain)

Source of Funding: Indicate the projected amount for each funding source.

PROPOSED FUNDING SOURCES

Element	1st FY 2019	2nd FY 2020	3rd FY 2021	4th FY 2022	5th FY 2023	Beyond 5th FY	Total
General Fund							
Other Fund							
State Grants							
Bonds and Debts							
Other Fundraising							
Total							

Please describe the funding (type of grant, etc.):

Impact on Operating Budget: Indicate the impact of the project on the departments operating budget.

IMPACT ON OPERATIONS

Element	Agency Budget Prior to Project	Project Impact	Agency Budget First Year After Project
Personnel Expenses			
Fringe Benefits			
Contract Services			
Materials and Supplies			
Leases & Rentals			
Other Operations			
Subtotal			
Offsetting Revenue			
Net Cost			