****

**Form B**

**FY 2025**

**Capital Improvement Committee**

**Capital Project Request**

***Department & Activity:***        ***Date Prepared:***

***Contact Person:***        ***Phone Number:***

***Project Title:***

***Form of Acquisition (check one):***

Purchase:       Lease/Purchase:       Number of Units:

***Cost: Per Unit Total Units***

Purchase Price $      $

Installation or Other Costs $      $

**Sub Total** $      $

Less trade-in or Other Discount $      $

Net purchase Cost $      $

***Purpose of Expenditure (check appropriate reasons)***

() Scheduled replacement () Present equipment obsolete

() Replace worn out equipment () Reduce personnel time

() Expanded service () New operation

() Increased safety () Improve procedures, records, etc***.***

***Number of similar items in inventory:***

***Estimated use of requested Items:***

Weeks Per Year:       Months Per Year, if Seasonal:

***For Weeks Used, Estimate:***

Average Number of Hours Per Day:       Average Number of Days Per Week:

Please Complete chart if this is replacing a capital item

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***#*** | ***Replaced Item*** | ***Make*** | ***Age*** | ***Prior Year Maintenance Cost*** | ***Prior Year Breakdowns*** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

***Recommended Disposition of Replaced Item:*** Use by Others     Trade in     Sale

Preparer:        Date:       Department:

**Rev 1.0 1/17/24**