****

 **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**