**Town of Tuftonboro Capital Improvements Program**  
**CIP Request Form Worksheet**

A Capital Project is defined as an activity with a cost of $10,000 or more and with a useful life of two years or more.

Department:     Project Title:
Contact Name:     Estimated Total Cost:
Phone:      Estimated Useful Life (years):
Email:      Estimated Non-Tax Funding:

☐ No Capital Project plans at this time  Previously Presented? ☐ Yes ☐ No

**Type of Project: (check one)**

☐ Building Renovation    ☐ Building Addition/New Construction    ☐ Property/Rights Acquisition    ☐ Vehicle
☐ New Equipment
☐ Equipment Replacement    ☐ Equipment Lease    ☐ Road Improvements    ☐ Professional Consultation    ☐ Other

**Reason/s for Request: (check all that apply and explain below)**  
☐ Safeguards public health or safety   ☐ Alleviates substandard conditions or deficiencies
☐ Responds to Federal or State requirements   ☐ Improves quality of existing services/infrastructure
☐ Provides added capacity to serve growth   ☐ Reduces long-term operating costs
☐ Provides incentive to economic development   ☐ Responds to public demand
☐ Continues existing project   ☐ Reflects Master Plan

**Project Description and Justification: (Please include how this project ties in with the Master Plan)**

**Year that you would prefer the project to be scheduled:** ________

**Project Priority: (check one)**

☐ 1 Cannot be delayed for health, safety, or ADA compliance
☐ 2 Needed within 1-4 years
☐ 3 Needed within 5 years to maintain basic quality/level of service/infrastructure
☐ 4 Needed within 5-10 years to improve quality/level of service/infrastructure
☐ 5 Can hold for 10+ years, but supports community development goals
☐ 6 Needs more research, planning, and coordination

**Proposed Funding: (check all that apply)**

☐ General Fund (current property taxes)    ☐ Capital Reserve Fund    ☐ Lease/Purchase    ☐ User Fees
☐ Bond Issue    ☐ Bank Financing    ☐ Grants    ☐ Donations    ☐ Other (specify)________________

**Projected Expenditures by Year:**

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