



**Town of Henniker, NH
Capital Improvement Program (CIP) Committee
2022– 2027
Project, Vehicle, and Equipment Request Form**

Department: _____ **Priority** ___ **of** _____

Project Title: _____

Est. Total Cost: _____ Est. Useful Life: _____ Previously Submitted ___ Yes ___ No

Type of Project: (check one)

Primary effect of project is to:

- Replace/repair existing facility/equipment
- Improve quality of existing facility/equipment
- Expand capacity of existing service level/facility
- Provide new facility/service capacity

Service Area of Project: (check at least one)	Region	Town	School District	RV	CV	Neighborhood	Street
Other – Please specify _____							
Project Description:							
Rationale for Project: (check those that apply- elaborate below)		Reduce long term operating costs Reflects Master Plan	Health or Safety Expand Public Demand	Continuation of Existing Project Reduces Liability			
Narrative Justification:							

COST ESTIMATE:	2022	2023	2024	2025	2026	2027	TOTAL
Capital Cost:							
Planning/Design/Engineering							
Land/Site Improvements							
Construction							
Equipment Cost							
Other Cost							
TOTAL CAPITAL COST							
Operating Budget Impact:							
Salaries/Wages							
Fringe Benefits							
Contracted Services							
Expenses							
Other Cost							
TOTAL OPERATING COST							

PROPOSED SOURCES OF FUNDING	2022	2023	2024	2025	2026	2027	TOTAL
General Fund (tax rate)							
Sewer Fund							
Capital Reserve Fund							
Revolving Fund							
Bond							
Grants							
Other							
TOTAL SOURCES OF FUNDING							

Form Prepared by:

Signature

Title

Date