NEWMARKET NEW HAMPSHIRE
2024-2030 CIP Improvement Project Request Form
Project Title:
Project Cost:
Department:
Contact Name:
Capital Reserve Fund Balance:

Date Submitted:	
First Year Requested:	
Jseful Life:	
Fulfill Master Plan goal(s):	
Growth Related:	

**Service Related:** 

[Insert Picture]

Contact Name:			Externally Mar	ndated:			
apital Reserve Fur	nd Balance:		Other:				
roject Descr	iption						
						Select All That Apply	Project Benefits
						Bond / Borrowing	Reduces Liability
escribe How	v the Project Alig	ın with the Goals	s and Object	ives of the Mas	ter Plan?	Grants	Health or Safety
	r and i reject rang					Taxes	Reduces Long Term Debt
						Water Fees	Other
						Sewer Fees	
						Impact Fees	
otal Capital	Cost by Fiscal Ye	ear (\$)				Revolving Funds	
FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	Other	
peration Bu	dget Impact by F	iscal Year (\$)				Proposal	Prioritization
peration Bu FY 24/25	dget Impact by F	FY 26/27	FY 27/28	FY 28/29	FY 29/30	Proposal  Requestor Designation	Prioritization  CIP Committee Designation
<u>-</u>			FY 27/28	FY 28/29	FY 29/30	-	
FY 24/25		FY 26/27		FY 28/29	FY 29/30	Requestor Designation	CIP Committee Designation
FY 24/25	FY 25/26	FY 26/27		FY 28/29	FY 29/30 FY 29/30	Requestor Designation  "U" Urgent	CIP Committee Designation  "U" Urgent

	NEWMARKET NEW HAMPSHIRE
DEC. 15. C	NEW HAMPSHIRE

## 2024-2030 CIP Improvement Project Request Form (Cont.)

Project Cost:

Department:

**Contact Name:** 

**Capital Reserve Balance:** 

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Date	OU	wii	me	

First Year Requested:

**Useful Life:** 

Fulfill Master Plan goal(s):

**Growth Related:** 

**Service Related:** 

**Externally Mandated:** 

Other:

## [Insert Picture]

Project Description	(Cont.)
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Select All That Ap	ply	Project Benefits
Bond / Borrowing	F	Reduces Liability
Grants	ŀ	Health or Safety
Taxes	F	Reduces Long Term Debt
Water Fees	(	Other
Sewer Fees		
Impact Fees		
Revolving Funds		
Other		

Describe How the Project Align with the Goals and Objectives of the Master Plan ? (Cont.)