



**2024-2030 CIP Capital Equipment Request Form**

Project Title:

Project Cost:

Department:

Contact Name:

Date Submitted:

Fulfill Master Plan goal(s):

Growth Related:

Service Related:

Externally Mandated:

Other:

Useful Life:

Total Cost:

[Insert Picture]

Description of Equipment and Vehicles	Year Acquired	Replacement		Current Mileage	Anticipated Budgeting Forecast					
		Cost	Year		FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

<b>Balance in Capital Reserve Fund</b>	\$	<b>Proposed Funding</b>	\$	\$	\$	\$	\$	\$	\$
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Items to be Replaced FY 24/25	Make / Model / Year	Previous Year Repair / Maintenance Cost	Estimated Disposable Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			