



TOWN OF
NEWMARKET
NEW HAMPSHIRE

2024-2030 CIP Project Request Form

Project Title :

Project Type :

Project Cost :

Department :

Contact Name :

Date Submitted :

First Year Funded Requested [Y / N] :

Useful Life [Years] :

Master Plan [Y / N] :

Growth Related [Y / N] :

Service Related [Y / N] :

Externally Mandated [Y / N] :

Other [Y / N] :

[Insert Picture]

2024 - 2030 Source of Funding

Project Description

How Does the Project Achieve the Goals of the Town's Master Plan?

Total Capital Cost by Fiscal Year (\$)

FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30

Operation Budget Impact by Fiscal Year (\$)

FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30

Total Estimated Operating Expense by Fiscal Year (\$)

FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30

Select All That Apply Project Benefits

<input type="checkbox"/>	Bond / Borrowing	<input type="checkbox"/>	Reduces Liability
<input type="checkbox"/>	Grants	<input type="checkbox"/>	Health or Safety
<input type="checkbox"/>	Taxes	<input type="checkbox"/>	Reduces Long Term Debt
<input type="checkbox"/>	Water Fees	<input type="checkbox"/>	Other
<input type="checkbox"/>	Sewer Fees		
<input type="checkbox"/>	Impact Fees		
<input type="checkbox"/>	Revolving Funds		
<input type="checkbox"/>	Other		

Annual Operation Impact (\$)

FY23	
Salaries & Wages:	
Employees Benefits:	
Expenses:	
Other:	
Total:	
Est. Project Cost:	

Estimated Fiscal Capital Cost (\$)

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2024-2030 CIP Project Request Form [Supplement]

Project Title:

Project Type:

Project Cost:

Department:

Contact Name:

Date Submitted:

First Year Funded Requested [Y / N]:

Useful Life [Years]:

Master Plan [Y / N]:

Growth Related [Y / N]:

Service Related [Y / N]:

Externally Mandated [Y / N]:

Other [Y / N]

[Insert Picture]

Project Description Narrative [Cont.]

Master Plan Narrative [Cont.]