FORM A
CAPITAL PROJECT REQUEST
Excluding Equipment

Department & Acitivity _Recreation____ Date Prepared _6/10/15_____

Contact Person __Donna Kuethe_____ Phone Number___476-8868_

1. Project Title Bathrooms at Recreation Area

3. Department Priority 2

2. Purpose of Project Request Form (Check One)

X Add a new item to the program

☐ Delete an item in a year already a part the program

☐ Modify a project already in the adopted program

5. Description This is a revision to replace the form for bathrooms dated 4/15

5.a. Decribe Alternatives Considered: see attached

6. Justification & Useful Life see attached

7. Cost & Recommended Sources of Financing

BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING
Program year FY 2017	TBD	Taxation
Program year FY 2019	28,000,00	Taxation
Program year FY 2020	28,000.00	Taxation
Program year FY 2021	18,000.00	Taxation
Program year FY		
Program year FY		
TOTAL SIX YEARS		
After Sixth Year		

If adjusted for inflation, indicate adjustment percentage here: _____

*Interest cost not included.

8. Net Effects on Operating Costs (+/-)

Direct Costs

personnel: number _____

$ amount _____

purchase of service _____

materials & supplies _____

equipment purchases _____

utilities _____

other _____

Subtotal ( ) _____

Indirect Operating Costs

fringe benefits _____

general admin. Costs _____

other _____

Subtotal ( ) _____

Total Operating Cost _____

Debt Service (P&I) _____

Total Operating Cost _____

9. Net Effect on Municipal Income (+/-)

taxes see attached

other income _____

Subtotal _____

gain from sale of replaceable assets _____

Total _____

10. Submitting Authority

_____

Submitted by Date

__Donna J. Kuethe___ ____6/11/2015____

Position

___Recreation Director_____

Signature *Donna J. Kuethe*

11. Reserved