

Table 17
CAPITAL PROJECT REQUEST FORM

Requesting Department: _____

Fiscal Year: _____

Describe the nature of the project including the building(s) and the office(s) affected by the project:

Will this project involve office space currently used by another department? YES NO
Will this project use resources from another department? YES NO
If the answer to either question is yes, is the department head agreeable? YES NO
(Please have the department head countersign below)

Estimated project cost: \$ _____

Who will provide the labor needed to complete this project?

County Maintenance Crew	_____ %	Project reviewed by Joe Moore?	YES	NO
Inmate Labor Crew	_____ %	Project reviewed by Brett Henry?	YES	NO
Outside Contractor	_____ %			
Other (Describe)	_____ %			

Is this project necessary to protect the health or safety of county employees or the public? YES NO
(If YES, please describe the health or safety issues and how the project will address them.)

Is this project necessary to preserve the integrity of a county building or structure? YES NO
(If YES, please describe how the project will prevent building deterioration.)

What resources can the requesting department offer to assist in completing this project? \$ _____

How much money is requested from the Capital Improvement Fund? \$ _____

Who will serve as the project manager? _____

Contact Person(s)? _____

DEPARTMENT HEAD APPROVAL: _____

COUNTERSIGNED (if another department is involved): _____

Reviewed by Facilities Maintenance: _____

**NOTE: This form is required for all capital improvement projects in excess of \$5,000
Submit Completed Forms to Deputy County Administrator**

Approved by BOC for funding: YES NO BO # _____ Initials _____