



Town of Amherst Resident Capital Request

Submitted By: _____

Date Prepared _____

Email Address _____

Telephone _____

1. Project Name: _____

2. Estimated Initial Cost(s): _____

3. This Project Is: (Check One):

- New
- Replacing Something
- An Addition or Alteration of Existing

5. How did you Arrive at Cost Estimate (Check One):

- Cost of comparable facility or equipment
- Rule of thumb indicator or unit cost
- Estimate provided by vendor
- Price from lowest qualified bidder
- Preliminary estimate (best guess)
- Other (Please describe in detail in Section 9)

4. Why is this a Priority?

(Check All That Apply):

- Imminent threat to health and safety of citizens, employees, or property
- Requirement of state/federal law
- Improvement of infrastructure
- Improvement or maintenance of productivity
- Improvement of an overburdened situation
- Newly identified need
- Consistency with long-term planning objectives
(i.e. Master Plan, Disability Access Transition Plan, etc.)
- Just a Really Great Idea

6. What is the Estimated Useful Life In Years

- 3 4 5 6 7 8 9 10 15 20 25 30 indef
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7. What is estimate of timeline?

Task	Start (month/Year)	Finish (month/Year)
Design		
Permitting	_____	_____
Procurement	_____	_____
Constructions/Acquisition	_____	_____
Training	_____	_____
Organization	_____	_____

8. Please Provide Your Best Estimate of Ongoing Costs

Yearly Cost	Year 1	Year 2	Year 3	Year 4	Year 5
Staff Hours in Dollars					
Maintenance					
Energy use					
Insurance Requirements					

9. Project Description & Justification:

Please provide a brief (1-2 paragraph) description of what your proposal involves. Provide as much information, such as the objective of the request, the need and background, as well as the location, size, acreage, floor capacity, etc. Attach additional sheets as necessary.