Belmont Capital Funding Request Budget Year 2022 CIP 2023-2028

Office Use	
CIP Project ID :	
MP Cite:	
Rec'd Date:	

Department:	Contact	Person:	Tele:
Submission Date:	Department l	Priority of	(current budget year)
Project Name:		Anticipated	Start/Purchase Date:
Project Need/ Deficiency:			
Project Description:			
	Check All That Apply	☐ Improve quality of ☐ Expand capacity	of existing facilities or equipment of existing facilities or equipment of existing service level/facility lity or service capacity
Project Rationale/ Justification:			
	Check All That Apply	 □ Alleviates substar □ Responds to feder □ Improves the qua □ Provides added ca □ Provides incentiv 	m operating costs nt threat to public health or safety ndard conditions or deficiencies ral or state requirements to implement lity of existing services apacity to serve growth e to economic development ning funds available for a limited time
Is Project Currently	asly requested: ☐ Yes ☐ No in CIP? ☐ Yes ☐ No	If Yes - Ho	en? ow does this request change the CI

2020	(Cont)	Department:	
4UZU 1	Cont.	Debarment.	

Project ID:

PROJECT ESTIMATES

COS	\$ \$ \$ \$ \$ \$	2021	Proposec 2022	d Year(s) 2023	/Amounts	
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