

**Master Facilities Planning & Construction Committee
Capital Project Justification Form**

Department: _____

Project Coordinator: _____

Project Name: _____

Project Location: _____

Funding Source: _____
(Ex. General Fund, Special Revenue, Enterprise, Grants, etc.)

Fund / Cost Center: _____

1. Describe the project or building, addressing as a minimum, the following:
 - State the need,

 - Proposed use,

 - Design and size.

2. How does this relate to the Countywide Strategic Goals?

3. What is your function or service? Are Citizens or community groups involved and if so, in what capacity?

Appendix A

4. What costs are anticipated? Identify funding sources (grants, federal or state funding, bonds, etc.).

5. Are there unique needs or special features? (Special requirements, such as temperature and climate controls, special storage requirements, secured areas, access, 24 hours/day utilization.).

6. Are there specific deadlines for this project that have already been established (i.e. strong Community pressures, emergency community need, grant funding expiration date, etc.)?

7. What is the estimated operating impact of the project (ex. staffing, utilities, furniture, fixtures and equipment)?