

Detailed Capital Budget Request Form

This form should be submitted during the annual budget process, and may be submitted out of the standard budget cycle for critical needs addressing public safety, operational efficiencies, or cost savings.

The following details each section of the form, each of which is required before consideration for funding:

Capital Form Instructions by Section

1. **Project Details:** Provide a general overview of the project including the name of the requestor, originating department, location, timeline, and life expectancy. All fields are required.
2. **Project Description/Justification:** Describe in detail the need and justification of the requested project. Address how this request will benefit the objectives of the Office/Department and attach any backup material that may be helpful in completing the cost/benefit analysis.
3. **Project Cost Estimate:** Cost estimates and actual quotes should be provided, along with requests for architectural studies or related planning expenses that will be required. Facilities Management will assist departments in estimating the costs associated with facility modifications.
4. **Annual Operating Cost Impact:** The estimated impact on operating expenses should be carefully considered. If any annual costs (or savings) will result from the requested item, provide an estimate of this cost.
5. **Authorization:** At least one signature is required for consideration.
 - a. If the request involves modifications to a County-owned facility, acknowledgement from a representative of the Facilities (Capital Division) Department is required.
 - b. If the request involves technology or software, acknowledgement from a representative of the Information Technology Department is required.

Capital project funds may only be used for purchases approved by Commissioners Court. If the capital project funds are proceeds from a debt issuance, they may only be used in accordance with applicable bond covenants, Official Statements, and Commissioners Court minutes. When a capital project is completed an Office or Department cannot automatically transfer appropriated funds left over to another project or purchase without Commissioners Court approval.



Detailed Capital Budget Request Form

(To be completed for all individual expenditures/projects > \$5,000)

1. Project Details

Budget Out of Cycle Date Submitted: _____

Project Name: _____ Life (years): _____

Project Originator (Name): _____ Phone: _____

Department: _____ Location: _____

Desired Project Timing: Start Date: _____ Completion Date: _____

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary. If more space is needed, continue on page 4.

3. Project Cost Estimate Attach detailed breakdown of costs.

Included in Fiscal Year Budget: **YES** **NO**

Project Cost Estimate:

Design: \$

Engineering: \$

Land Acquisition: \$

Construction: \$

Furniture: \$

Technology: \$

Equipment: \$

Vehicle: \$

Contingency: \$

Maintenance: \$

Timing of Project Cost

FY		Amount \$	
FY		Amount \$	
FY		Amount \$	
FY		Amount \$	
FY		Total \$	

4. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

	Annual Increase In Operating Costs	Annual Operating Savings
Utilities:		
Maintenance:		
Supplies:		
Personnel:		
Other:		
Total:		

*Approval of this form does not indicate approval of increases to any unit's operating budget. Any increase in operating budget must be approved through the normal budgeting process.

5. Authorization

	Signature	Printed Name	Date
Department Head	_____	_____	_____
Technology	_____	_____	_____
Facilities	_____	_____	_____
Budget	_____	_____	_____
	_____	_____	_____

Additional Project Description/Justification Continued from Page 2. For information exceeding this page, please submit an attachment along with this form.