

HILLSBOROUGH COUNTY BOCC - CAPITAL FUNDING REQUEST INFORMATION FORM - OUTSIDE AGENCY

1. AGENCY NAME: _____ 3. DATE _____

2. AGENCY ADDRESS: _____

4. PROJECT TITLE: _____

5. PROJECT ADDRESS: _____

6. PROJECT DESCRIPTION: _____

7. PROJECT BENEFIT: _____

8. HOW WAS PROJECT COST DETERMINED: _____

9. WHY ARE COUNTY FUNDS NECESSARY AND HOW WILL THEY BE SPENT: _____

10. PROJECT COST:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>TOTAL</u>
Planning							\$0
Design							\$0
Construction							\$0
Total Project Cost							\$0

11. SOURCES OF FUNDS

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>TOTAL</u>
Hillsborough County							\$0
Other							\$0
Other							\$0
Total Sources							\$0

12. ESTIMATED CONSTRUCTION START DATE: _____ ESTIMATED CONSTRUCTION COMPLETION DATE: _____

13. ESTIMATED ANNUAL OPERATING AND/OR MAINTENANCE COST AT COMPLETION:

<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>

14. HOW WAS THE ANNUAL OPERATING AND/OR MAINTENANCE COST DETERMINED: _____

15. REQUESTING AGENCY APPROVAL

Agency Head or Chief Financial Officer: (Print) _____

Agency Head or Chief Financial Officer Signature: _____

INSTRUCTIONS FOR COMPLETING

CAPITAL PROJECT INITIATION REQUEST FORM FOR OUTSIDE AGENCIES

FORM BLOCK NUMBER	INSTRUCTIONS
1. AGENCY NAME:	Enter the name of the requesting agency.
2. AGENCY ADDRESS:	Enter the address of the requesting agency.
3. DATE	Enter the date when form was completed.
4. PROJECT TITLE:	Enter the name of the project or facility to be built, renovated, or repaired.
5. PROJECT ADDRESS	Enter the address of the project.
6. PROJECT DESCRIPTION:	Enter a complete project description and clearly define the scope of the project. Please avoid acronyms and abbreviations. Please attach additional pages if more space is needed.
7. PROJECT BENEFIT:	Discuss the benefits that the completed project will provide to the citizens of Hillsborough County. Include type of activities that will enhance the quality of life for our citizens. An indication of whether the project will help the Board meet its Strategic Plan objectives, and if so, which objective.
8. HOW WAS PROJECT COST DETERMINED.	Explain the basis used in developing the capital cost estimate, including the source of any reference data or unit cost factors used.
9. WHY ARE COUNTY FUNDS NECESSARY AND HOW WILL THEY BE SPENT:	Discuss why the funds are necessary and how they will be spent.
10. PROJECT COST:	The estimated timing, by year, of project costs.
11. SOURCES OF FUNDS:	Indicate the sources of funds. This section should include funds requested or already received from Hillsborough County as well as other entities. Indicate the years when funds will be needed
12. ESTIMATED CONSTRUCTION START AND COMPLETION DATES:	Enter the dates (in MM/DD/YY format) when project construction is expected to start and to be completed.
13. ESTIMATED ANNUAL OPERATING AND/OR MAINTENANCE COST AT COMPLETION:	Enter estimated annual operating and/or maintenance costs by year.
14. HOW WAS THE ANNUAL OPERATING AND/OR MAINTENANCE COST DETERMINED:	Explain the basis used in developing the operating cost estimate, including the source of any reference data or unit cost factors used.
15. REQUESTING AGENCY APPROVAL	Form to be signed by the Agency Head or Chief Financial Officer.