

Santa Fe County Capital Need Request Form

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Required Information:						
Project Name:						
Project Location:						
Requestor Name:			Phone	Number:		
Address:			Email	Address:		
Project Type: (Road, Water, Parketc)			Comn	nission Distri	ct:	
Project Benefits: (Describe need for project, p	ublic benefits,	urgent issues)				
Project Scope: (Size and type of project, location	on)					
Estimated Project Cost	Project Cost per Year					Total
·	Year 1	Year 2	Year 3	Year 4	Year 5	
Design / Planning	\$	\$	\$	\$	\$	\$
Construction	\$	\$	\$	\$	\$	\$
Land Purchase	\$	\$	\$	\$	\$	\$
Total Project Cost						\$
Additional Information : Please complete th	is section if p	· · · · · · · · · · · · · · · · · · ·			T	
When can construction start? (6mo, 1 year, etc.)		Does the County own land or right of way for the Project?				
Is this project within Sustainable Development Area 1, 2 or 3 if known? (Please refer to SDA Map)	Will requested funds be used with other funding? If so, source?					
Is project described in a planning document? (such as a community plan) If so, which one?						
Fiscal Impact	Operational Cost per Year				1	5 year
i iseai iiipaet	Year 1	Year 2	Year 3	Year 4	Year 5	Average
Operation & Maintenance / Staffing Need	\$	\$	\$	\$	\$	\$
Signature:				Date:		

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