



FY 2025 Capital Request Form Town of Sherborn

Instructions

Please use this form to submit each capital budget request for consideration in the budget planning process. Refer to the guidance memorandum for definitions, deadlines, and other details

Department / Board Information

Department / Board Name	Date
Contact Name	email
Telephone	

Project / Purchase Request Information

Project Name			
Estimated Total Cost		Source of Estimate	
Project Priority		New or Replacement (Describe equipment to be replaced)	
This Request is Necessary to Address: (highlight all that apply)	Current Threat to Health and Safety	Meet Legal/Regulatory Requirements	Matching Funds Available
	Improve to Avoid Costly Repair	Improve Productivity or Service	Continuation of Prior Funding
	Replace to Maintain Service Levels	Address Overburdened Situation	
Brief Purchase / Project Description, Justification, Benefits to Level of Service, and Dept. Capacity to Complete Project			
Please Identify Potential Funding Sources if Known			
Explain Anticipated Impact on Future Operating Budgets	Reduce Cost	Cost Unchanged	Increase Cost
			Useful Life

Note: Attach any other data, photographs, reports, proposals, quotes, or information as warranted. For projects with impacts to operating budget attached supplemental information detailing cost savings/increase.

To Be Completed by TA/Finance Director

Funding Source	General Fund	\$	Free Cash	\$	Stabilization	\$
	Borrowing	\$	State/Federal	\$	Grant	\$