# Capital Budget and Five-Year Plan Form

**Community of**

**Capital Budget and Five-Year Capital Plan**

| **Capital Project** | **Year 1**  **20**  **/** | **Year 2**  **20**  **/** | **Year 3**  **20**  **/** | **Year 4**  **20**  **/** | **Year 5**  **20**  **/** | **Total Project Cost** | **Funding Source** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **$** |  |
|  |  |  |  |  |  | **$** |  |
|  |  |  |  |  |  | **$** |  |
|  |  |  |  |  |  | **$** |  |
|  |  |  |  |  |  | **$** |  |
| **Year Total** | **$** | **$** | **$** | **$** | **$** | **$** |  |

**Capital Project Details**

Complete one form for each project identified in Year 1 and Year 2 of the five-year plan that requires department funding. Refer to Appendix NACCM-Aa: Capital Budget and Five-Year Plan Guide, and Appendix NACCM-Ab: Capital Budget and Five-Year Plan Sample to assist with completing this form.

**Project Name***:*

**Project Description**:

**Status of Project**:

**Estimated Capital Costs**: $

**Source of Estimated Costs**:

**Estimated Capital Funding**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | | **Amount** | **Funding Status** |
| **Funder** | **Program/Source** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Estimated Annual Operating and Maintenance (O&M) Costs**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Actual O&M Costs**  **20**  **/** | **Actual O&M Costs**  **20**  **/** | **Source of Funds to Cover Previous O&M** | **Estimated Ongoing O&M Costs** | **Source of Funds to Cover Ongoing O&M** |
| **Existing Asset** |  |  |  |  |  |
| **New Asset** | n/a | n/a | n/a |  | n/a |

**Estimated Revenue**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Annual Revenue** | **How is the revenue generated?** | **Estimated Revenue** | **How will the revenue be generated?** |
| **Existing Asset** |  |  |  |  |
| **New Asset** | n/a | n/a |  |  |

**Project Justification**: