

Santa Fe County Capital Need Request Form

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Required Information:				•		
Project Name:						
Project Location:						
Requestor Name:			Phon	e Number:		
Address:			Emai	l Address:		
Project Type: (Road, Water, Parketc)			Com	mission Distr	ict:	
Project Benefits: (Describe need for project, p	ublic benefits	, urgent issues)			
Project Scope: (Size and type of project, locati	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	oossible (not r	equired)			
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 Year 1 Year 2 Year 3 Year 4 Year 5				5 year Average	
Operation & Maintenance / Staffing Need	\$	\$	\$	\$	\$	\$
Signature:				Date:		

Form CNR Revised 6/17/2015