

**COLUMBIA COUNTY PROJECT REQUEST FORM**

<p><b>Department:</b> _____</p> <p><b>Submitted by:</b> _____</p> <p><b>Date:</b> _____</p> <p><b>Director Signature</b> _____</p>	<p><b>Type of Project:</b></p> <p style="padding-left: 20px;"><b>Capital Project *</b></p> <p style="padding-left: 20px;"><b>Non-Capital Project</b></p> <p><b>Project Duration:</b></p> <p><b>START:</b> _____ <b>END:</b> _____</p> <p><b>Note: If the project includes new personnel, attach a completed Personnel Request Form.</b></p>
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**Project Name:** \_\_\_\_\_

**General Description of Project:** (Use Additional Sheets As Necessary)

**Need/Justification for Project:**(Use Additional Sheets As Necessary)

**Relationship to Adopted Budget, Plans or Policy:** (Use Additional Sheets As Necessary)

<p><b>PROJECT COSTS:</b></p> <p>1. Planning/Design/Engineering _____</p> <p>2. Legal\Grant Administration _____</p> <p>3. Property Acquisition _____</p> <p>4. Construction _____</p> <p>5. Equipment/Furniture _____</p> <p align="right"><b>TOTAL</b> _____</p>	<p><b>OPERATION/MAINTENANCE(OM) IMPACT</b></p> <p>Personnel _____</p> <p>Contractual _____</p> <p>Materials/Supplies _____</p> <p>Equipment _____</p> <p>Utilities _____</p> <p>OM Savings - ( _____ )</p> <p align="right"><b>TOTAL</b> _____</p>
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<b>EXPENDITURE SCHEDULE:</b>	USE OF FUNDS (Reference Cost Item #)	SOURCE OF FUNDS					
		County		Grant		Other	
		Fund	\$	Grantor	\$	Source	\$
FY_____ \$ _____	_____	_____	_____	_____	_____	_____	_____
FY_____ \$ _____	_____	_____	_____	_____	_____	_____	_____
FY_____ \$ _____	_____	_____	_____	_____	_____	_____	_____
FY_____ \$ _____	1 Year OM	_____	_____	_____	_____	_____	_____

**ADMINISTRATIVE REVIEW:**

**Finance Review:**  
Date: \_\_\_\_\_ Finance Director Signature \_\_\_\_\_ Comments(Page 2)

**Legal Review:**  
Date: \_\_\_\_\_ County Counsel Signature \_\_\_\_\_ Comments(Page 2 )

**HR Review**  
Date: \_\_\_\_\_ HR Director Signature \_\_\_\_\_ Comments(Page 2)

**IT Review**  
Date: \_\_\_\_\_ IT Director Signature \_\_\_\_\_ Comments(Page 2)

**General Services Review:**  
Date: \_\_\_\_\_ General Ser. Director Signature \_\_\_\_\_ Comments(Page 2)

**ADMINISTRATIVE COMMENTS**

**FINANCE REVIEW:**

Date: \_\_\_\_\_ By:

**GENERAL SERVICES REVIEW:**

Date: \_\_\_\_\_ By:

**IT REVIEW:**

Date: \_\_\_\_\_ By:

**HR REVIEW:**

Date: \_\_\_\_\_ By:

**LEGAL REVIEW:**

Date: \_\_\_\_\_ By: