



**American Rescue Plan Capital Project Request Form  
Town of Boonsboro**

<b>PROJECT INFORMATION</b>		
<b>Project Name:</b> (Please limit to 40 characters)		
<b>Project Address or Location:</b>		
<b>Advisory Commission or Private Party Submitting Proposal:</b>		
<b>Town Department or Program Affected:</b>		
<b>Project Leader:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Requested start date:</b>	<b>Requested completion date:</b>  <b>Number of Weeks:</b>	Does Target Completion Date fall within established scheduling guidelines for SLFRF Funding  <b>Yes      No</b>
<b>Project Schedule:</b> Describe the project timeline. Discuss implications of schedule/supply delays. Detail options that exist to bridge the time between need and completion. Discuss how you will accomplish this schedule.		

**PROJECT TYPE (please select one classification from below)**

- Feasibility/Planning/Engineering
- Renovation
- New Construction
- Infrastructure Repair/Replacement
- Interior/Exterior Upgrade (e.g., landscaping, furniture, etc.)
- Equipment/Systems Purchase
- Revenue Replacement

**Project Description:** Describe the scope, location, beneficiaries, and any other relevant information.

**PROJECT JUSTIFICATION**

**Which of the project evaluation criteria does this project support?** (Please explain)

**Please describe the project's benefits to the Boonsboro Community.**

**Consequences of not funding:** What negative impacts will occur if this project is not funded?

**What other alternatives to this project have been considered?**

**Please describe the project's funding plan:** Is the project cost leveraged with grant funds? What other project funding sources are available?

**PROJECT COST ESTIMATE (please attach a detailed estimate of costs)**

**Total Project Cost:** \_\_\_\_\_

**Timing of Project Costs**

<b>Fiscal Year</b>	<b>Amount \$</b>
<b>FY22</b>	
<b>FY23</b>	
<b>FY24</b>	
<b>FY25</b>	
<b>FY26</b>	
<b>FY27</b>	