

Town of Hopkinton Fiscal Year 2024 Capital Request

Requesting Official: _____

Item Description: _____

Capability to be replaced or new risk/opportunity to be addressed:

Cost:

FY 2024 capital amount requested	
Amount/duration of future FY follow-on costs:	

Benefit:

(What) Describe how the request sustained existing service or meets a new risk/opportunity:	
(Why) Describe link to Town Vision or Strategic Goals:	
(Who) Describe the Town organizational element or community stakeholders (number and identity) who will benefit:	
(How Much Benefit) Provide a metric or criteria that will be used to assess post-spend benefit:	
(How Long) Describe the expected service life:	

(Attach brochures, links, or additional descriptive information. Large capital request will require more detailed cost benefit analysis)

