

The Corporation of the  
**Municipality of Temagami**

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## Capital Request Evaluation Form

**Department:**

**Head of Department:**

**Item/Request/Project Name:**

**Description:**

| <b>EXPENDITURE</b>        | <b>Year 1<br/>2024</b> | <b>Year 2<br/>2025</b> | <b>Year 3<br/>2026</b> |
|---------------------------|------------------------|------------------------|------------------------|
| Studies, engineering      |                        |                        |                        |
| Construction              |                        |                        |                        |
| Contingency               |                        |                        |                        |
| Asset Purchase            |                        |                        |                        |
|                           |                        |                        |                        |
| <b>FINANCING</b>          | <b>Year 1<br/>2024</b> | <b>Year 2<br/>2025</b> | <b>Year 3<br/>2026</b> |
| Exterior Funding & Grants |                        |                        |                        |
| Fundraising               |                        |                        |                        |
| Rev Fund – Tax Base       |                        |                        |                        |
| User Fee                  |                        |                        |                        |
| Reserves                  |                        |                        |                        |
| Long Term - Debenture     |                        |                        |                        |
| Leasing                   |                        |                        |                        |

**Risks if Not Completed:**

|                                 | High | Medium | Low              |
|---------------------------------|------|--------|------------------|
| Project Priority                |      |        |                  |
| Health & Safety                 |      |        |                  |
| Cost Savings Payback            |      |        |                  |
| Asset Maintenance / Replacement |      |        |                  |
| Service Enhancement             |      |        |                  |
| Growth Related                  |      |        |                  |
|                                 | Yes  | No     | If yes, by when? |
| <b>MANDATED</b>                 |      |        |                  |

**Rationale for Completing:**

**Alignment with Organizational Goals and Strategic Priorities:**

**Long-Term Financial Implications and Maintenance Requirements:**

**Recommendation:**