

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 2024</b>	<b>Year 2 2025</b>	<b>Year 3 2026</b>
Studies, engineering			
Construction			
Contingency			
Asset Purchase			
<b>FINANCING</b>	<b>Year 1 2024</b>	<b>Year 2 2025</b>	<b>Year 3 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:**