

**The Corporation of the
Municipality of Temagami**

7 Lakeshore Drive
P.O. Box 220
Temagami, Ontario
P0H 2H0

E-MAIL: communicate@temagami.ca
WEBSITE: www.temagami.ca

PHONE: (705) 569-3421
FAX: (705) 569-2834



Capital Request Evaluation Form

Department:

Head of Department:

Item/Request/Project Name:

Description:

EXPENDITURE	Year 1 2024	Year 2 2025	Year 3 2026
Studies, engineering			
Construction			
Contingency			
Asset Purchase			
FINANCING	Year 1 2024	Year 2 2025	Year 3 2026
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?
MANDATED			

Rationale for Completing:

Alignment with Organizational Goals and Strategic Priorities:

Long-Term Financial Implications and Maintenance Requirements:

Recommendation: