<u>Directions:</u> Please complete all questions below and submit to Mike Thompson and Wayne Trawick for approval.			
Submitted by:	Darrell Russell		
Date Submitted:	4/25/2022		
Is this project listed on the capital projects plan in the approved budget?		-	No
What amount is approved in the plan for this project?		-	NA
In what year is this project shown to begin in the plan?		-	NA
Description of the project and why the project needs to be completed at this time.			
The creation of this road will help with the South Baldwin Medical Centers expansion and the flow of traffic			
Can your job be performed without the completion of this project? Please explain below.			
NA NA			
Will not completing this project cause a public safety issue? Please explain below.			
Do you expect to come in, at, or under budget on this project? Please explain below.			
Is there a grant associated with this project? No If so please list below the grant amount and the match required by the City.			
Approval by City Administrator			
Signature and Date			
Approval by Council President			
Signature and Date			

*****THIS COMPLETED FORM MUST BE ATTACHED TO THE AGENDA ITEM IN LEGISTAR******

If you need an account number/project number in order to complete your Agenda Item, forward this signed form to Miranda Bell (mbell@cityoffoley.org) and to Sue Steigerwald (ssteigerwald@cityoffoley.org)

Capital Project Worksheet