

**PROPOSED CAPITAL PROJECTS 2021/22 AND BEYOND**

**A. SUMMARY PROJECT DETAILS**

Project Title	
Project Summary (include an overview of the proposal including the main purposes and benefits of the project and how expected outcomes will be measured and evaluated)	
Expected Start Date	
Expected Completion Date	
Responsible Service Manager	
Responsible Project Manager	
Directorate	
Portfolio	

Approval by Director:

Date:

**NB: Forms will be rejected and returned unless fully completed and appropriately authorised  
Please return completed and authorised forms to the Finance Team, 3<sup>rd</sup> Floor. Areas marked in grey are for Finance use only.**

**B. CONTRIBUTION TO CORPORATE STRATEGIC OBJECTIVES AND COMMITMENTS****B1. Please insert the Corporate Plan commitments to which this project will contribute.**

*A copy of the Corporate Plan can be accessed at*

[http://www.gravesham.gov.uk/data/assets/pdf\\_file/0007/207466/GBC-Corporate-Plan-2015-19.pdf](http://www.gravesham.gov.uk/data/assets/pdf_file/0007/207466/GBC-Corporate-Plan-2015-19.pdf)

No.	Corporate Plan commitments	Score 1 met (1), 2(4) 3+= (7)
1		
2		
3		
4		
5		
Total Score:		

**B2. Please insert the Capital Strategy priority to which this project will contribute.**

*A copy of the Capital Strategy can be obtained from the Finance Team*

No.	Capital Strategy Priority	Score 1 met (1), 2+(4)
1		
2		
3		
Total Score:		

Total Section Score:

**C. RISK MANAGEMENT AND SERVICE CONTINUITY**

<b>Is the capital project urgently required.</b>			
Yes / No			
<b>If yes, explain the urgency and any references to statutory obligations:</b>			
No		Response and Score Criteria	Score
C1	Within what timescales is the project required to be delivered	1 year (5) 2 years (3) 3 years+ (1)	
C2	Is the project critical to avoid or minimise disruption to future service provision	Yes (4) No (0)	
C3	Is the project critical to furtherance of partnership or joint working	Yes (2) No (0)	
C4	Is the project critical to avoid health & safety issues for Council clients or staff	Yes (4) No (0)	
C5	Will this project increase the public perception of the Council or is the asset considered to be an important Local Asset (e.g. Heritage Asset)	Yes (2) No (0)	
Total Section Score:			

**D. FUNDING RESOURCE REQUIREMENTS**

No		Response and Score Criteria	Score
D1	Is the proposed project required to be approved to secure external grant funding	Grant funding: 75%+ (3) 50%-75% (2) <50% (1)	
D2	Is the project fully funded from revenue or reserve contributions	Yes (3) No (0)	
D3	Is the project required to secure ongoing revenue savings, a return and/or to generate a capital receipt	Yes (3) No (0)	
D4	Will the project generate an ongoing revenue commitment	<£10k pa (-1) £10k-£20k (-3) £20k+ (-5)	
Total Section Score:			

Scores Carried Forward	
Section B	
Section C	
Section D	
Total Score	

**D. FUNDING RESOURCE REQUIREMENTS**

CP1 Form

	Previous Years Allocation	2021/22	2022/23	2023/24	2024/25	Total	Comments
	£	£	£	£	£	£	
<b>CAPITAL COSTS</b>							
Cost of works (building and other)							
Furniture & Equipment							
Fees							
Other (please state)							
<b>TOTAL SCHEME COSTS</b>							
<b>CAPITAL FUNDING</b>							
Capital Receipts							
Government Grant							
Other External Funding (please state)							
Supported Borrowing							
Unsupported Borrowing							
Other Funding							
<b>TOTAL FUNDING</b>							(Must equal Total Scheme Costs otherwise form will be rejected)
<b>REVENUE IMPLICATIONS (excluding Capital Charges)</b>							
Staff Costs							
Non Staff Costs (please state)							
Income (show as negative)							Please specify income type ie rent, fees etc
<b>Total Expenditure</b>							

**E. RISK REGISTER**

Please identify any relevant risks associated with the proposed capital scheme, probability, and the level of impact they could have on the scheme if not managed and the mitigating action you propose in order to minimise or reduce the risk.

Please add or delete rows depending on the number of risks identified.

If the scheme is added to the capital programme the risk register should be reviewed on a quarterly basis and updated as necessary.

Key Theme	Risk	Impact	Probability	Mitigating Action	Comments

**F. VALUE FOR MONEY**

Please describe how the project is providing value for money

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**G. OPTION APPRAISAL**

Please state the implications if the project proceeds with a reduced rate of investment or if it does not proceed.

Scheme proceeds at a reduced level	
Scheme does not proceed	

**H. EQUALITY IMPACT ASSESSMENT**

Has due consideration for equality strands been given and are there any adverse impacts that need to be highlighted (please detail)

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***For Finance Use Only***

**I. TAX/VAT**

Are there any resulting Tax/VAT implications, if so details here

**J. OTHER IMPACTS**

Are there any other issues which need to be taken into account

**K. ECONOMIC GROWTH**

Are there any other economic growth considerations which need to be taken into account (impact on council tax and business rates, number of jobs created, links to regional, local or national growth strategies)

**FINAL PROJECT EVALUATION**

<b>Financial Considerations</b>		<b>Score</b>
1	Does the project meet the criteria for capitalisation?	YES/NO
2	Are the tax implications for the council fully understood? (see I above)	YES/NO
3	Are the financial plans clear and fully costed?	YES/NO
4	Are the financial plans robust, viable and (where appropriate) sustainable? (i.e. sensitivity analysis where appropriate)	YES/NO
5	Does the project secure other benefits to the council (see K above)	YES/NO
All Yes (PASS), All No (FAIL)		PASS/PARTIAL?FAIL

		<b>Score</b>
<b>No.</b>	<b>Capital Strategy Priority</b>	
1	Score Carried Forward - Section B	
2	Score Carried Forward - Section C	
3	Score Carried Forward - Section D	
Total Score:		

**Presented to MT on:** .....

**Decision taken:** .....