Capital Project Sales Tax Commission Project Recommendation

Suggested Priority (1, 2 or 3)   ______

Project Title: 
________________________________________________________________________

Recommending Commission Member(s):  ______________________________________

Statutory Category/Classification:

   _____ Highways, roads, streets, bridges, and public parking garages and related facilities [SC Code Section 4-10-330 (A)(1)(a)]

   _____ Courthouses, administration buildings, civic centers, hospitals, emergency medical facilities, police stations, fire stations, jails, correctional facilities, detention facilities, libraries, coliseums, educational facilities under the direction of an area commission for technical education, or any combination of these projects  [SC Code Section 4-10-330 (A)(1)(b)]

   _____ Cultural, recreational, or historic facilities, or any combination of these facilities  [SC Code Section 4-10-330 (A)(1)(c)]

   _____ Water, sewer, or water and sewer projects  [SC Code Section 4-10-330 (A)(1)(d)]

   _____ Flood control projects and storm water management facilities  [SC Code Section 4-10-330 (A)(1)(e)]

   _____ Beach access and beach renourishment  [SC Code Section 4-10-330 (A)(1)(f)]

   _____ Dredging, dewatering, and constructing spoil sites, disposing of spoil materials, and other matters directly related to the act of dredging  [SC Code Section 4-10-330 (A)(1)(g)]

Project Description and Vision (continue on back):
________________________________________________________________________
________________________________________________________________________

Capital Project Cost Estimate (include all project costs, e.g., land acquisition, architectural & engineering, building, infrastructure, machinery, equipment & furnishings, other improvements, etc.)  $____________________

*Please provide a detailed breakdown of projected costs as an attachment to this form:

Projected Annual O&M Costs:  $____________________

*Please provide a detailed breakdown of projected costs as an attachment to this form:

Funding Source for Annual O&M Costs:  ______________________________________