CITY OF KEY WEST FY 16/17 CIP PROJECT DETAIL

Project No:	ct No: Date						
Project Name:	_	Contact:					
Location:	Project Start:						
Department:	Project Complete:						
Account No:	Project Estimate:						
					Project Fu	nding to Date:	
Project Descrip	tion/Justificati	on:					
							
Reasons for Funding Modification (if applicable):							
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Operating Impact: Related Projects:							
Project Phase Summary							
Phase	Committed	FY16/17	FY17/18	FY 18/19	FY 19/20	FY 20/21	ו
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Total							
			Funding So	urce Summary		II.	<u> </u>
Phase	Funded	FY16/17	FY17/18	FY 18/19	FY 19/20	FY 20/21	T
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