

CITY OF KEY WEST
FY 16/17 CIP PROJECT DETAIL

Project No: _____
 Project Name: _____
 Location: _____
 Department: _____
 Account No: _____

Date: _____
 Contact: _____
 Project Start: _____
 Project Complete: _____
 Project Estimate: _____
 Project Funding to Date: _____

Project Description/Justification:

Reasons for Funding Modification (if applicable):

Operating Impact:

Related Projects:

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Project Phase Summary

Phase	Committed	FY16/17	FY17/18	FY 18/19	FY 19/20	FY 20/21
Total						

Funding Source Summary

Phase	Funded	FY16/17	FY17/18	FY 18/19	FY 19/20	FY 20/21
Total						