REQUEST TO PROCEED WITH CAPITAL PROJECT

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Project or Scheme Title	Estates EV Van					Financial Ye	ar:	2024/2025
Assistant Director	Jason Birch							
Project Manager	Jason Birch							
Description of Scheme	The existing van is in a poor state and is reaching the end of its economic life. The van is also in a poor cosmetic state and has failed its MOT in previous years, requiring work to get through the MOT. The proposal is to replace it with a Maxus E Deliver 3 L1 Electric.							
Please confirm you have consulted with your Executive Director and Cabinet Portfolio Holder and have their support to commence this scheme	This has been discussed internally and there is support from the Finance Portfolio holder.							
Confirm the cost of the scheme is still within the original estimated budget allocated to the scheme. Is this supported by a quote or tender?	Prices have been sourced from Crown Commercial services and reported on 8 September 2025.							
If the costs are above the original estimated budget, please provide an explanation why the costs have increased and how it is proposed that this additional cost is met.								
Please update the following tables for	or any change	es to the bud	net profile and	cost.				
Total Capital Cost of Scheme (please do not include ongoing maintenance costs)	Year 1 Qtr1	Year 1 Qtr2	Year 1 Qtr3	Year 1 Qtr4	Year 2 Total £	Year 3 Total £	Year 4 Total £	Year 5 Total £
Phased as follows:			£24,900.00					
Description of capital costs:								
Annual Revenue Cost of Scheme	Year 1 Qtr1	Year 1 Qtr2 £	Year 1 Qtr3	Year 1 Qtr4	Year 2 Total £	Year 3 Total £	Year 4 Total £	Year 5 Total £
Phased as follows:								
Description of revenue costs:	Funding for the EV point at Kings Court and thereon electric running costs.							
Notes for Project Managers								
1. This form will be used to request a the cost being within the Capital Pro		_	• •	•				-
2. If your acheme is approved to proprogramme (as determined by Cabin	•	vill be added	to tier 1 (major	projects) o	r tier 2 (opera	ational project	s) of the cap	ital
3. Please note that you may be requi	red to comple	ete a post-coi	mpletion proje	ct evaluation	n form.			
Reviewed by:					(Ass	istant Director)		
Date:								