



# Commonwealth of Massachusetts

## CAPITAL PROGRAM SETUP

Department	Fiscal Year	Date Submitted
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<b>Major Program Table</b>	
Please list the Major Program this program is reported under.	
Major Program Maximum of six characters	Major Program Name
Program Short Name Maximum of fifteen characters	Major Program Category

<b>Program Period Table Setup</b>		
Office of the Comptroller recommends using Program Period= EPP - Extended Program Period.		
Department	Major Program	
Program Period Name	Program Period	Duration Date effective from and to*
Program Short Name Maximum of fifteen characters	A&F Plan ID Four Characters	

<b>Program Table Setup</b>	
Department	Program Class
Program Code Maximum of ten characters	Duration Date effective from and to*
Program Name	Program Short Name
Program Description	

\*If end dates coincide with the last day of a fiscal year (i.e. 6/30), the end dates should extend through the AP Period to capture late payments. E.G. An end date of 6/30/xxxx should be changed to 9/30/xxxx.

<b>Capital Asset Information</b>		
Will this Program result in Commonwealth-owned Asset?	Yes	No
If Yes, Will Expenditures be tracked at		
Program Level	Program-Phase Level	



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GIS Data				
Agencies should enter either an address or GIS coordinates for the project. If the project is statewide please indicate below.				
Address		City	State	Zip Code
X Coordinate	Y Coordinate	Statewide		Yes No

Phase		
Optional		
Department	Phase Maximum of six characters	
Phase Name	Phase Short Name	
Program Phase		
Optional		
Department	Phase	Program
Activity		
Optional		
Department	Fiscal Year	
Activity Maximum of four characters	Activity Name	Activity Short Name
Comments		

Signature		
Department Head or Authorized Signatory	Printed Name	Date