

Capital Improvement Plan Project Request Form

Project Title: _____

Prepared By: _____

Date Prepared: _____

Project Leader/Department: _____

Comprehensive Plan Goal: _____

Project Description

Schedule	Estimated Duration
Estimated Start: _____ Estimated End: _____	<input type="checkbox"/> One-Year <input type="checkbox"/> On-Going <input type="checkbox"/> Multi-Year # of years: _____

Fiscal
Cost Estimate Derived From: <input type="checkbox"/> Actual Estimate <input type="checkbox"/> Limited Information <input type="checkbox"/> Based on Similar Projects <input type="checkbox"/> Not Supported

Total Project Cost						
Sources	Year 1	Year 2	Year 3	Year 4	Year 5	Total

Operating Costs						
The estimated annual cost of operating and maintaining the capital asset.						

Sustainability

Describe how the capital project contributes to the sustainability goals of the City.

Methods for Measuring Outcomes and Performance

Project Criteria		Yes	No	Comments
1	Does the project preserve or improve public health, safety and welfare?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is this project a federal or state mandate?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does this project promote recreational and/or aesthetic improvements?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is funding currently available?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Does this project support economic development?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Does the project improve service delivery or reduce maintenance costs?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Does this project align with the Comprehensive Plan Goals?	<input type="checkbox"/>	<input type="checkbox"/>	
8	Does this project promote "sustainability" taking environmental impact into consideration?	<input type="checkbox"/>	<input type="checkbox"/>	