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:	One-Year On-Going					
Estimated End:	Multi-Year # of years:					
Fiscal						

		FISCAI		
Cost Estimate Derived From:	Actual Estimate	Limited Information	Based on Similar Projects	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			No	Points	Comments
1	Does the project preserve or improve public health, safety and welfare or is this project a federal or state mandate?				
2	Does this project promote recreational and/or aesthetic improvements?				

Project Criteria		Yes	No	Points	Comments
3	Is funding currently available?				
4	Does this project support economic development and/or tourism?				
5	Does the project improve service delivery or reduce maintenance costs?				
6	Does this project align with the Comprehensive Plan Goals?				
7	Does this project promote "sustainability" taking environmental impact into consideration?				

Total

*cannot exceed 100 points