



# Capital Improvement Request Form

Date: _____	Department: _____	Department Priority _____ of _____
Project Name: _____	Location: _____	Prepared by: _____
Duration: <input type="checkbox"/> One Year <input type="checkbox"/> On-going <input type="checkbox"/> Multi-Year _____ # of Years		Need: <input type="checkbox"/> Essential <input type="checkbox"/> Important <input type="checkbox"/> Desired
Type of Project: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input type="checkbox"/> On-going	IT Component: <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____	
In Previous Plan: <input type="checkbox"/> No, New Request <input type="checkbox"/> Yes, modified _____	If approved - Estimated Start Date: _____ End Date: _____	

**Engineering/PW Improvements (Infrastructure)\***

Local Streets include taser & miles \_\_\_\_\_

Major Streets  Pavement Repair  Storm Sewer  Sanitary Sewer  Water Main  Parking Lot

Street Lighting  Sidewalks & Bike Trails  Alleys  Bridge (Inspect. & Repair)  Traffic Controls – Intersections

**Equipment (attach replacement schedule, if applicable)**

Vehicle(s)  IT Systems/Equipment (if applicable)  Equipment Number (if applicable) # \_\_\_\_\_

Briefly describe: \_\_\_\_\_

**Buildings & Facilities\***

Roof  Windows  HVAC  Electrical  Restroom  Carpeting, Tiles, W&W Coverings  ADA  Office Remodeling  New Building

Miscellaneous, describe: \_\_\_\_\_

**Cost Estimate derived from:**

Actual Estimate (attach)  Limited Information  Based on Similar Projects  Not Supported

**Estimated Total Project Amount:**

Sources	Year 1	Year 2	Year 3	Year 4	Year 5	Total
General Fund						
Developer Contribution						
Debt Financing						
Special Assessments						
State DOT						
State Grant						
Federal Grant						
TIF						
Other						
Total						

**\* Uses of Funds**

Land/R-O-W Acquisition	
Design	
Bidding	
Construction Management	
Misc. (List details)	
<b>Total Use of Funds</b>	

**CIP Category**

Specify Type/Use	Expenditure	Revenue	Ongoing
Infrastructure (Streets/Sidewalks)	\$	\$	
Utilities (W/S/S)	\$	\$	
Traffic	\$	\$	
Parks	\$	\$	
Property	\$	\$	
Equipment	\$	\$	

**Assumptions used in estimate and fund usage:**

**Project Description/Details: (attach additional sheet if necessary)**

# of Citizens/Businesses Impacted Per Year:  1-49  50-249  250-499  500-999  1000-2499  2500-5000  5001-10,000  10,000 or more

Time Savings (in hours) Per Year:  None  1-99 hours  100-259  260-519  520-1039  1040-2080  2081-4160  4160 or more

# Employees impacted per year:  None  Less than 5  5-24  25-49  50-99  100-250  250-500  501 or more

Cost Savings Per Year:  None  \$1-\$1000  \$1001-5000  \$5001-10,000  \$10,001-25,000  \$25,001-50,000  \$50,000 or more

Does the project address a mandate?  No  Yes, describe:

Does the project reduce Liability?  No  Yes, describe:

Does the project require additional Staff or overtime?  No  Yes, describe:

Does the project generate revenue?  No  Yes, describe:

Support the City's Green Initiative?  No  Yes, describe:

What is the justification or benefit of this project? Which Strategic Goal or Action does the project impact? List goal and describe how:

Is the project related to another capital project?  No  Yes, describe:

How does the project relate to the City's Comprehensive Plan?  No  Yes, describe:

Finance Only: Does the funding level fit within the City's funding and debt policies?  No  Yes

Comments: