



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) | |
| Total Use of Funds | |

CIP Category

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

Project Name: _____ # 18-_____ CIP Priority: _____ of _____

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: