



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	2017	2018	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: