CA-105 v3 (1/17)

Department Department Department Department Priority of Project Name: Location: Prepared by:	WEST ALLIS	Capital	Improv	eme	nt	Requ	est l	Form	CA-105 V3 (1/1	
Duration: One Year On-going Multi-Year # of Years Need: Essential Important Desired Type of Project: New Replacement Repair On-going If Component: No Yea, describe: In Previous Plan: No, New Request Yes, modified # If approved - Estimated Start Date: End Date. ## End Date End Date End Date ## End Date	Date:		Department:	Department:			Department Priority of			
Type of Project:	Project Name:		Location:				Prepared by:			
In Previous Plan: No, New Request Ves, modified	Duration: O	ne Year □ On-going □	Multi-Year							
In Previous Plan: No, New Request Ves, modified	Type of Project:	☐ New ☐ Replacen	nent □ Repair □ 0	On-aoina		IT Component:	П № П Үе	· ·		
Local Streets include taser & miles Sommary Sewer Water Main Parking Lot Indigor Streets Pavement Repair Storm Sewer Sanitary Sewer Water Main Parking Lot Street Lighting Sidewalks & Bike Trails Alley Bridge (inspect & Repair) Traffic Controls - Intersections Equipment (attach replacement schedule, if applicable) Equipment Number (if applicable) Wehicle(s) IT Systems/Equipment (if applicable) Equipment Number (if applicable) Wehicle(s) IT Systems/Equipment (if applicable) Equipment Number (if applicable) Wehicle(s) IT Systems/Equipment (if applicable) Equipment Number (if applicable) Wehicle(s) IT Systems/Equipment (if applicable) Equipment Number (if applicable) Wehicle(s) IT Systems/Equipment (if applicable) Equipment Number (if applicable) Wehicle(s) IT Systems/Equipment (if applicable) Equipment Number (if applicable) Wehicle(s) IT Systems/Equipment (if applicable) Wew Building New Building Ne					<u> </u>			ıto:		
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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) Equipment Number (if applicable) # Briefly describe: Briefly desc	_									
Equipment (attach replacement schedule, if applicable) Equipment Number (if applicable) #										
Vehicle(s) IT Systems/Equipment (if applicable) Equipment Number (if applicable) # Briefly describe: Buildings & Facilities* Root Windows HVAC Electrical Restroom Carpeting, Tiles, W&W Coverings ADA Office Remodeling New Building Miscellaneous, describe: Western Weste	☐ Street Lighting ☐ Side	walks & Bike Trails	Alleys 🗌 Bridge	(Inspect. & R	Repair)	☐ Traffic Cont	rols – Interse	ections		
Briefly describe: Buildings & Facilities* Got Windows HVAC Electrical Restroom Carpeting, Tiles, W&W Coverings ADA Office Remodeling New Building Miscellaneous, describe:	. ,	•								
Roof Windows HVAC Electrical Restroom Carpeting, Tiles, W&W Coverings ADA Office Remodeling New Building Miscellaneous, describe:		ns/Equipment (if applicab	le)	Number (if a	pplicat	ole) #				
Roof Windows HVAC Electrical Restroom Carpeting, Tiles, W&W Coverings ADA Office Remodelling New Building Miscellaneous, describe:	-									
Miscellaneous, describe:										
Actual Estimate (attach) Limited Information Based on Similar Projects Not Supported	Roof Windows H	VAC ☐ Electrical ☐ Re	stroom Carpetin	g, Tiles, W&\	W Cov	erings	Office Re	modeling New Bu	uilding	
Actual Estimate (attach) Limited Information Based on Similar Projects Not Supported	Miscellaneous, describe	:								
Sources Year 1 Year 2 Year 3 Year 4 Year 5 Total	Cost Estimate derive	d from:								
Sources Year 1 Year 2 Year 3 Year 4 Year 5 Total	☐ Actual Estimate (attach)	☐ Limited Information ☐	Based on Similar	Projects 🗌 N	Not Su	oported				
General Fund	Estimated Total Proje	ect Amount:				1				
Developer Contribution Debt Financing Debt Financin	Sources	Year 1	Year 2	Yea	ar 3	Yea	r 4	Year 5	Total	
Debt Financing Special Assessments State DOT State DOT State Grant State G										
Special Assessments	· · · · · · · · · · · · · · · · · · ·									
State DOT										
State Grant	•									
Federal Grant ITIF Image: Construction Management I										
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Traffic \$ \$ \$ Parks \$ \$	`									
Parks \$ \$, ,			<u> </u>						
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Property \$ \$				<u> </u>			1			
Equipment \$ \$	· ·						†			

Project Name:	# 18	CIP Priority:	of					
Assumptions used in estimate and fund usage:								
Project Description/Details: (attach additional sheet if r	necessary)							
# of Citizens/Businesses Impacted Per Year: ☐ 1-49 ☐ 50-249 ☐ 25	60-499 🗌 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	1-4160 ☐ 4160 or more					
# Employees impacted per year: None Less than 5 5-24 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, d	escribe:							
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	d describe how:					
Is the project related to another capital project? ☐ No ☐ Yes, describ	e:							
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 d	ebt policies? No	☐ Yes						
Comments:								