

APPENDIX A: PROJECT APPLICATION FORM SAMPLE

SECTION 1-A

Project title: _____ Department: _____

Prepared by: _____ Date prepared: _____

CIP ID#: _____ Anticipated start date: _____

SECTION 1-B

Project description: Provide a brief (1-2) paragraph description of the project

SECTION 1-C

Planning context: Is the project part of an adopted program, policy or plan?

No

Yes (must identify: _____)

MUST LIST the adopted program or policy, and how this project directly or indirectly meets these objectives:

SECTION 1-D

Planning context: Is the community legally obligated to perform this service?

No

Yes

Please describe the community's legal obligation:

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SECTION 1-E

Planning timeline: Estimated project beginning and ending dates. Be sure to include any work being done in prior years, including studies or other planning.

SECTION 1-F

Coordination: Please identify if this project is dependent upon one or more other CIP projects and please describe what the relationship is.

SECTION 1-G

Project priority: *Low, medium, high*

Priority within department _____ Priority communitywide _____

SECTION 2-A

Prior approval: Is this project included in the 2020 adopted or prior year's budget?
Has this project been approved by any board, commission or governing body?

Yes (Please check appropriate box (es) below)

Governing body

Planning commission

2013 budget

Prior year budget: _____

No

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SECTION 2-B

Total estimated cost (in 2020 dollars): \$ _____

List all funding options available for this project:

Recommended funding option(s) to be used? (i.e., operating revenues, fund balance, bond issue etc.)

SECTION 2-C

Basis of cost estimate:

Please check one of the following:

- Cost of comparable facility/equipment
- Cost estimate from engineer/architect
- Rule of thumb indicator/unit cost
- Preliminary estimate
- Ball park "guesstimate"

SECTION 3-A

Equipment: _____ Date prepared: _____

Department: _____

SECTION 3-B

Form of acquisition:

Please check one of the following:

- Purchase
- Rental/lease

Number of units requested: _____

Estimated service life (years): _____

APPENDIX B: SCORE SHEET SAMPLE

2020-2025 CAPITAL IMPROVEMENT NEEDS ASSESSMENT FORM				
Project name:	Project #			
Department:	Total score:			
RATER NAME:	Score Range	Rater Score	Weight	Total Points
CONTRIBUTES TO HEALTH, SAFETY AND WELFARE				
Eliminates a known hazard (accident history)	5		5	
Eliminates a potential hazard	4			
Materially contributes	3			
Minimally contributes	1			
No Impact	0			
PROJECT NEEDED TO COMPLY WITH LOCAL, STATE OR FEDERAL LAW				
Yes	5		5	
No	0			
PROJECT CONFORMS TO ADOPTED PROGRAM, POLICY OR PLAN				
Project is consistent with adopted city council policy or plan	5		4	
Project is consistent with administrative policy	3			
No policy/plan in place	0			
PROJECT REMEDIATES AN EXISTING OR PROJECTED DEFICIENCY				
Completely remedy problem	5		3	
Partially remedy problem	3			
No	0			
WILL PROJECT UPGRADE FACILITIES				
Rehabilitates/upgrades existing facility	5		3	
Replaces existing facility	3			
New facility	1			
CONTRIBUTES TO LONG-TERM NEEDS OF COMMUNITY				
More than 30 years	5		2	
21 - 30 years	4			
11 - 20 years	3			
4 - 10 years	2			
3 years or less	1			
SERVICE AREA OF PROJECT				
Regional	5		2	
City-wide	4			
Several neighborhoods	3			
One neighborhood or less	1			
DEPARTMENT PRIORITY				
High	5		2	
Medium	3			
Low	1			
PROJECT DELIVERS LEVEL OF SERVICE DESIRED BY COMMUNITY				
High	5		2	
Medium	3			
Low	1			