

2005 Capital Improvement Plan – Project Application

Project Title: _____ Program Area: _____

Prepared By: _____ Date Prepared: _____

CIP ID #: _____ To Be Assigned _____

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

Planning Context: Is the project part of an adopted Program, Policy or Master Plan?

Yes (Please Identify): _____

No

List the objective(s) of the adopted program or policy, and how this project meets these objectives:

CIP Evaluation Criteria: Provide a brief description of how the project meets as many of the criteria listed on the Needs Assessment Form as may be applicable:

Schedule: Estimated project beginning and ending dates. If project will take several years to complete, please fill out Form 2. If applicable, be sure to include any work done in prior years, including studies or other planning:

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

Prior Approval: Is the project in the 2004 or prior years budget? Has this project been approved by any Board, Commission or City Council?

Yes (Please check appropriate box(es) below)

No

City Council

Planning Commission

2004 Budget

Prior Year Budget: _____

Project Priority: Low, Medium, High

_____ Priority within program area

Total Estimated Cost: In 2004 dollars (Amount shown here should agree with total on Form 2)

\$ _____

What do you envision the revenue source(s) to be?

Basis of Cost Estimate: Please check one of the following

Cost of comparable facility / equipment

Rule of thumb indicator / unit costs

Cost estimate from engineer / architect / vendor

Preliminary estimate

Ballpark “guesstimate”

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Equipment: _____ Date Prepared: _____

Department: _____

Form of Acquisition: Please check one of the following

Purchase Rental / Lease

Number of Units Requested: _____

Estimated Service Life (Years): _____

<u>Cost:</u>	<u>Per Unit (\$):</u>	<u>Total Cost (\$):</u>
Purchase Price or Annual Rent / Lease	_____	_____
Plus: Installation or Related Charges	_____	_____
Less: Trade-in, Salvage Value, Discount	_____	_____
Net Purchase Cost / Annual Rent	_____	_____

Purpose of Expenditure: Please check appropriate box(es):

- | | |
|---|---|
| <input type="checkbox"/> Scheduled Replacement | <input type="checkbox"/> Present Equipment Obsolete |
| <input type="checkbox"/> Replace Worn-Out Equipment | <input type="checkbox"/> Reduce Personnel Time |
| <input type="checkbox"/> Expanded Service Life | <input type="checkbox"/> New Operation |
| <input type="checkbox"/> Increased Safety | <input type="checkbox"/> Improved Procedures, Records, ect... |
| <input type="checkbox"/> Other: _____ | |

Replaced Item(s): Attach Separate Sheet if Necessary

<i>Item</i>	<i>Make</i>	<i>Age</i>	<i>Prior Year's Maintenance</i>	<i>Prior Year's Rental Cost</i>
			\$	\$
			\$	\$
			\$	\$

