

**2005 Capital Improvement Plan – Project Application**

Project Title: \_\_\_\_\_ Program Area: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

CIP ID #: \_\_\_\_\_ To Be Assigned \_\_\_\_\_

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

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**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:

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**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:

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**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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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	_____	\$0.00
Plus: Installation or Related Charges	_____	\$0.00
Less: Trade-in, Salvage Value, Discount	_____	\$0.00
Net Purchase Cost / Annual Rent	\$0.00	\$0.00

**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>
			\$	\$
			\$	\$
			\$	\$



*CITY OF ROCHESTER HILLS - 2004 CAPITAL IMPROVEMENT PLAN*

**CAPITAL IMPROVEMENT PLAN POLICY**

As used in the City of Rochester Hills' Capital Improvements Program, a capital improvement project is defined as a major, nonrecurring expenditure that includes one or more of the following:

1. Any construction of a new facility (e.g., a public building, water lines, sanitary sewer lines, storm sewers, roads, pathways, recreational facilities) or an addition to, or extension of, such a facility.
2. A nonrecurring rehabilitation of all or a part of a building, its grounds, or a facility, or of equipment, provided that the cost is \$25,000 or more and the improvement will have a useful life of three years or more.
3. Purchase of major equipment (i.e., items with a cost individually or in total of \$25,000 or more).
4. Purchase of major replacement equipment to support Internal Service Programs (Management Information Systems, Facilities, and Fleet Equipment Funds) utilized by internal city departments will ordinarily receive priority.
5. Any planning, feasibility, engineering or design study related to an individual capital improvement project or to a program that is implemented through individual capital improvement projects.
6. Any professional services costing \$50,000 or greater that is not part of an individual capital improvement project or a program that is implemented through individual capital improvement projects.
7. Any acquisition of land for a public purpose that is not part of an individual capital improvement project or a program that is implemented through individual capital improvement projects.

*(Adopted March 10, 1997 by the CIP Policy Team)*

*(Revised January 3, 2002 by the CIP Policy Team)*