



2024-2030 CIP Improvement Project Request Form

Project Title:
Project Cost:
Department:
Contact Name:
Capital Reserve Fund Balance:

Date Submitted:
First Year Requested:
Useful Life:
Fulfill Master Plan goal(s):
Growth Related:
Service Related:
Externally Mandated:
Other:

[Insert Picture]

Project Description

[Project Description Content]

Describe How the Project Align with the Goals and Objectives of the Master Plan?

[Alignment Description Content]

Total Capital Cost by Fiscal Year (\$)

FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30

Operation Budget Impact by Fiscal Year (\$)

FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30

Total Estimated Operating Expense by Fiscal Year (\$)

FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30

Select All That Apply

Project Benefits

<input type="checkbox"/>	Bond / Borrowing	<input type="checkbox"/>	Reduces Liability
<input type="checkbox"/>	Grants	<input type="checkbox"/>	Health or Safety
<input type="checkbox"/>	Taxes	<input type="checkbox"/>	Reduces Long Term Debt
<input type="checkbox"/>	Water Fees	<input type="checkbox"/>	Other
<input type="checkbox"/>	Sewer Fees		
<input type="checkbox"/>	Impact Fees		
<input type="checkbox"/>	Revolving Funds		
<input type="checkbox"/>	Other		

Proposal Prioritization

Requestor Designation		CIP Committee Designation	
<input type="checkbox"/>	"U" Urgent	<input type="checkbox"/>	"U" Urgent
<input type="checkbox"/>	"C" Compulsory	<input type="checkbox"/>	"C" Compulsory
<input type="checkbox"/>	"N" Necessary	<input type="checkbox"/>	"N" Necessary
<input type="checkbox"/>	D "Desirable"	<input type="checkbox"/>	D "Desirable"



**2024-2030 CIP Improvement Project Request Form
(Cont.)**

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Fulfill Master Plan goal(s):

Growth Related:
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Externally Mandated:
Other:

[Insert Picture]

Project Description (Cont.)

Select All That Apply		Project Benefits
<input type="checkbox"/>	Bond / Borrowing	Reduces Liability
<input type="checkbox"/>	Grants	Health or Safety
<input type="checkbox"/>	Taxes	Reduces Long Term Debt
<input type="checkbox"/>	Water Fees	Other
<input type="checkbox"/>	Sewer Fees	
<input type="checkbox"/>	Impact Fees	
<input type="checkbox"/>	Revolving Funds	
<input type="checkbox"/>	Other	

Describe How the Project Align with the Goals and Objectives of the Master Plan ? (Cont.)