

**CAPITAL IMPROVEMENT PROGRAM**  
**City of Missoula CIP Project Request Form FY 2009-2013**

Program Category:	Project Title:				07 Project #	08 Project #	09 Project #	
Description and justification of project and funding sources:								
SAMPLE FORM								
Is this equipment prioritized on an equipment replacement schedule?				Yes	No	NA		
Are there any site requirements:								
REVENUE	How is this project going to be funded:							Funded in Prior Years
	Funding Source	Accounting Code	FY 09	FY 10	FY 11	FY 12	FY 13	
		-	-	-	-	-	-	
EXPENSE	How is this project going to be spent:							Spent in Prior Years
	Budgeted Funds	Accounting Code	FY 09	FY 10	FY 11	FY 12	FY 13	
A. Land Cost B. Construction Cost C. Contingencies (10% of B) D. Design & Engineering (15% of B) E. Percent for Art (1% of B) F. Equipment Costs G. Other								
		-	-	-	-	-	-	
OPERATING BUDGET COSTS	Does this project have any additional impact on the operating budget:							Spent in Prior Years
	Expense Object	Accounting Code	FY 09	FY 10	FY 11	FY 12	FY 13	
Personnel Supplies Purchased Services Fixed Charges Capital Outlay Debt Service								
		-	-	-	-	-	-	
Description of additional operating budget impact:								
Responsible Person:	Responsible Department:	Date Submitted to Finance			Today's Date and Time		Preparer's Initials	
							Total Score	

# CAPITAL IMPROVEMENT PROGRAM

## Project Rating

(See C.I.P. Instructions For Explanation of Criteria)

<b>Program Category:</b>	<b>Project Title:</b>				<b>09 Project #</b>	
0						
<b>Qualitative Analysis</b>		<b>Yes</b>	<b>No</b>	<b>Comments</b>		
1. Is the project necessary to meet federal, state, or local legal requirements? This criterion includes projects mandated by Court Order to meet requirements of law or other requirements. Of special concern is that the project be accessible to the handicapped.						
2. Is the project necessary to fulfill a contractual requirement? This criterion includes Federal or State grants which require local participation. Indicate the Grant name and number in the comment column.						
3. Is this project urgently required? Will delay result in curtailment of an essential service? This statement should be checked "Yes" only if an emergency is clearly indicated; otherwise, answer "No". If "Yes", be sure to give full justification.						
4. Does the project provide for and/or improve public health and/or public safety? This criterion should be answered "No" unless public health and/or safety can be shown to be an urgent or critical factor.						
<b>Quantitative Analysis</b>		<b>Raw Score Range</b>	<b>Comments</b>		<b>Weight</b>	<b>Total Score</b>
5. Does the project result in maximum benefit to the community from the investment dollar?		(0-3)			5	-
6. Does the project require speedy implementation in order to assure its maximum effectiveness?		(0-3)			4	-
7. Does the project conserve energy, cultural or natural resources, or reduce pollution?		(0-3)			3	-
8. Does the project improve or expand upon essential City services where such services are recognized and accepted as being necessary and effective?		(0-2)			4	-
9. Does the project specifically relate to the City's strategic planning priorities or other plans?		(0-3)			4	-
<b>Total Score</b>						-