CAPITAL IMPROVEMENT PROGRAM

City of Missoula CIP Project Request Form FY 2012-2016

Program Category:	Project Title:		10 Project #	11 Project #	12 Project #

Description and justification of project and funding sources:

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:

Funding Source	Accounting Code	FY12	FY13	FY14	FY15	FY16	Funded in Prior Years
		-	-	-	-	-	-

EXPENSE

How is this project going to be spent:

Budgeted Funds	Accounting Code	FY12	FY13	FY14	FY15	FY16	Spent in Prior Years
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:

Expense Object	Accounting Code	FY12	FY13	FY14	FY15	FY16	Spent in Prior Years
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
			4/6/2011 15:30		-

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Project Rating

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

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0		

Qualitative Analysis	Yes	No	Comments
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.			

Quantitative Analysis	Raw Score Range	Comments	Weight	Total Score
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	-
			Total Score	-

12 Project #	Project Title:

Date	Author	Notes

Date	Author	Notes

Date	Author	Notes