

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> <small>(please Print)</small>								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<small>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</small>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i> (if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor						Council District		
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:						Date:		
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:						Engineering Estimate:		
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor						Council District		
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:						Date:		
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:						Engineering Estimate:		
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:						Engineering Estimate:		
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:						Engineering Estimate:		
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:						Engineering Estimate:		
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor						Council District		
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:						Date:		
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:						Engineering Estimate:		
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:						Date:		
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:						Engineering Estimate:		
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor						Council District		
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:						Date:		
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:						Engineering Estimate:		
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services

CITY OF LA CROSSE, WISCONSIN

2016-2020 Capital Improvement Program Project Application

FOR FINANCE USE ONLY Capital Improvement 2016-2020 Date Received by Finance:								
New ()			To Be Deleted ()			To Be Revised ()		
Department/Organization								
Requestor					Council District			
Telephone Number:				Email Address:				
Print Name of Submitter and Initial:					Date:			
<i>Project Summary</i> (please Print)								
Project Name:								
Major CIP Project Category (see Director directives):					Department Priority Ranking: High Med Low			
Project Summary:								
Companion Projects:					Engineering Estimate:			
Signed off by board/commission/other regulatory agency/department and Date:								
Does project require City to advance fund?			Amount?			Cost Share?		
Future Annual Operating Cost (Responsible Department(s)):								
Number of Persons or Area Served:								
Estimated Life of Project:								
<i>Project Cost Detail</i>								
<i>(if more than one source of funds, show separate Funding Source and amounts-see instructions for funding sources) *</i>								
Category	2016	2017	2018	2019	2020	Future Year(s)	TOTAL	Funding Source(s) *
Design							\$	
Right of Way/ Land Acquisition							\$	
Construction							\$	
Equipment							\$	
Assessable							\$	
Other_____							\$	
TOTAL							\$	

Capital Project Prioritization Matrix Results _____
(i.e. AI, AII, BII, CIII, DII, etc)

Project Prioritization Matrix

To be filled out by requestor and submitted with the Project Application Form (not submitted separately). Please select one column and one row to determine your project's priority and record the outcome at the bottom of the Project Application. (i.e. AI, AII, BII, CIII, DII, etc)

CRITERIA		Priority		
		HIGH	MEDIUM	LOW
Health/Safety/Welfare	A	I	I	II
Maintenance/Replacement	B	I	II	II
Continuation of Existing Program	C	II	II	III
New Program	D	II	III	III

HIGH

- Project is mandated by local, State or Federal regulations
- Project is a high priority of the Common Council, based on the most current Comprehensive Plan or other subsidiary plans
- Project prevents irreparable damage to existing facilities
- Project leverages local funding with other non-local funding sources
- Project finishes a partially completed project

MEDIUM

- Project maintains existing service level
- Project results in increased efficiency
- Project reduces operational costs
- Project significantly reduces losses in revenue or provides for significant increased revenues

Low

- Project provides an expanded level of service or new public facility
- Project is deferrable

Four project criteria are then evaluated to help separate projects with greater "need," like Health and Safety issues as compared to new projects that might be more "desired" than "needed." The four project criteria are summarized as follows:

A. HEALTH/SAFETY

- Capital projects that protect the health and safety of the City, its residents, visitors and employees

B. MAINTENANCE/REPLACEMENT

- Capital projects that provide for the maintenance of existing systems and equipment

C. CONTINUATION OF EXISTING PROGRAMS

- Capital projects which enhance the existing systems and programs allowing continuation/expansion of services

D. NEW PROGRAM

- Capital projects that allow new programs and services