

## Capital Improvement Rating Sheet – Draft

Department: \_\_\_\_\_ Total Score \_\_\_\_\_  
 Project / Program: \_\_\_\_\_ CIP # \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_ Estim 6 yr Total \_\_\_\_\_  
 Scored By \_\_\_\_\_ Date Scored \_\_\_\_\_

### Proposed Weights

	Score Range	Special Projects	Public Bldgs	Parks & Rec	Weighted Score
<b>Health &amp; Public Safety</b>		5%	20%	10%	_____
Negative Effect	1				
No effect	3				
Some Positive Effect	7				
Large Positive Effect	10				
<b>Regulatory Compliance</b>		10%	10%	10%	_____
No regulatory need	1				
Some Long Term Regulatory Need	5				
Immediate Regulatory Need	10				
<b>Impact on Operational Budget</b>		20%	25%	20%	_____
Negative Effect	1				
No effect	3				
Some Positive Effect	7				
Large Positive Effect	10				
<b>Compliance with Comprehensive Plans</b>		20%	5%	20%	_____
Non-Compliant	1				
Not Applicable	5				
Compliant	10				
<b>Infrastructure</b>		10%	25%	20%	_____
Low Level of Need	1				
Moderate Level of Need	3				
High Level of Need	7				
Existing Facility Not Functional	10				
<b>Economic Development</b>		20%	5%	10%	_____
Will Not Aid Economic Development	1				
Some Positive Effect	5				
Large Positive Effect	10				
<b>Special Considerations</b>		15%	10%	10%	_____
Low priority	1				
Moderate Priority	5				
High Priority	10				
<b>Total Score</b>					_____

Comments \_\_\_\_\_  
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