

**JACKSON COUNTY
CAPITAL IMPROVEMENTS PROGRAM**
Project Summary & Evaluation Information

CIP-1

1. Project Number:	2. Project Title:
3. Department:	4. Department Priority:
5. Project Description:	
6. Project Definition and Justification	
<p>A. Define Problem:</p> <p>B. List and discuss all possible alternatives:</p> <p>C. Recommendation:</p>	
7. Timeframe	
<p>a) Year the project is requested to begin (default year for new projects is FY2015):</p> <p>b) If project is requested to be moved up, please justify why the timeframe needs to change under the Timing/Linkages section of Evaluation Criteria (Question 12)</p>	
8. Stage of Project:	
<p>a) Current Stage of Project _____</p> <p>b) Date Begun _____</p> <p>c) % Completion _____%</p> <p>d) Estimated Date of Completion _____</p>	
9. Relation of Other Projects:	
10. Description of Land Needs:	11. Planning/Professional Design Work
<p>a) Number of Acres _____</p> <p>b) Type and Location of Site _____</p>	<p>a) Services Needed _____</p> <p>b) Services Already Received _____</p>
12. Evaluation Criteria:	
<u>Functional Area Ranking</u>	
<p>A. What is the functional area priority/ranking for project?</p> <p>B. Number ranking _____ of _____ Projects</p>	

**JACKSON COUNTY
CAPITAL IMPROVEMENTS PROGRAM
Increased Operational Cost Worksheet**

CIP-2

1. Project Type:

- New
 Existing

The purpose of this form is to offer a mechanism for listing projected increases in operational costs due to the completion of a project or capital purchase. These figures are required in order to better estimate the operating impact your proposed CIP item may have on the operating budget. Your detailed information will help the County Commissioners and the County Manager's office in making important decisions regarding CIP request.

2. Project Title:

3. Will the Project Result in Increased Operational Costs?

- Yes
 No

The following are "typical" areas that departments may find increased operational costs when obtaining new equipment and/or constructing a new facility. However, if the following do not address your increased costs, please feel free to use the space marked "other" at the end of this worksheet to list your increased costs:

4. MANPOWER - Will you need to hire new employees in your department due to the proposed project?

- Yes
 No

Number of positions to be added _____

Description of Increases	Amount

Other Personnel Related Increases (Please describe "other" below):

TOTAL MANPOWER INCREASES:	

5. SUPPLY/EQUIPMENT/UTILITIES COST – Will there be an increase in materials or supplies due to the proposed project/purchase? This area includes such items as new furniture, office equipment, telephone systems, office supplies, paper products, and utilities (electricity, phone, etc.).

Yes
 No

Description of Increase	Amount
TOTAL SUPPLY/EQUIPMENT/UTILITIES COSTS:	

6. CONTRACTURAL COSTS – Will there be new services that are contracted out to support the requested project. For example, the construction of a new facility could require the purchase of a new telephone system or computer equipment might require a maintenance contract. In addition, construction of a facility, such as a County park, might require the contraction out of grounds keeping. Finally, the entire operation of the facility could be contracted out...

Yes
 No

Description of Increase	Amount
TOTAL CONTRACTURAL COSTS:	

7. OTHER INCREASES – Please list any increases not covered in items 1 – 4.

Description of Increase	Amount
TOTAL OTHER COSTS:	

GRAND TOTAL (ADD ALL CATEGORIES)	
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Evaluation and Prioritization of Capital Projects

CIP-3

1. Functional area ranking	
What is the functional area priority/ranking for the project?	Number ranking ____ of _____ project
2. Safety	
A. Does the project eliminate an immediate safety hazard (an imminent, obviously hazardous situation; not only a remote possibility) for county citizens or employees?	Yes ___ No ___
B. Identify and describe the nature of the hazard:	
C. Is this project absolutely necessary for eliminating the hazard?	Yes ___ No ___
D. Do serious alternatives besides the project exist to correct the safety hazard?	Yes ___ No ___
E. If so, explain alternative:	
3. Mandate	
A. Does the project enable the county to provide a new or existing state or federal mandate (an item imposed on the county by federal or state government)?	Yes ___ No ___
B. If so, please cite and describe the mandate:	
C. Can the mandate be carried out without the project?	Yes ___ No ___
D. If yes, what are the alternatives for fulfilling the mandate?	
4. Timing/linkages	
A. When does the project need to be completed?	(month/year)
B. Why does the project need to be completed in this time frame?	
C. Is this project related to a completed project or previously approved program or related to another priority project(s)?	Yes ___ No ___
D. If yes, which project(s) and how is this project related?	
E. When will the project be ready to start and proceed to completion in a timely manner?	Fiscal year ____ Why?
F. Are elements of the project complete?	
i. Land/right-of-way acquisition	Yes ___ No ___
ii. Design	Yes ___ No ___
G. Are regulatory approvals needed?	Yes ___ No ___
H. Is the time frame critical due to a special circumstance?	Yes ___ No ___
5. Economic impact	
A. Does the project contribute to the tax base and economic development or generate additional tourism/consumer spending in a way that ensures environmental protection?	Yes ___ No ___
B. Estimated private investment:	\$
C. Number of new jobs	
D. Annual additional tourism/consumer expenditures:	\$
E. Estimated annual property tax revenue from project:	\$

6. Efficiencies	
A. Will the project save the county future operation costs?	Yes ___ No ___
B. If yes, how?	
C. Amount of projected savings on an annual basis:	\$ _____
D. Compare project costs with operating savings; will the project eventually pay for itself?	Yes ___ No ___
E. If yes, how long will the project take to pay for itself?	_____ (years)
F. Will the project save the county future capital costs?	Yes ___ No ___
G. If yes, how will the project save future capital costs?	
H. Amount of projected capital savings:	\$ _____
7. Maintain current service levels	
A. Is the project necessary to maintain current service levels?	Yes ___ No ___
B. If yes, why?	
C. What are the immediate consequences of rejecting the project?	
D. What are the long-term consequences of rejecting the project?	
E. Does the project protect investment in existing assets or infrastructure?	Yes ___ No ___
F. If yes, how?	
8. Improve access	
A. Does the project improve access to county services and information?	Yes ___ No ___
B. Who will benefit from improved access (such as other departments, certain members of the public, commissioners, the press, etc.)?	
C. Describe how they will benefit.	
9. Service improvement	
A. Does the project improve the quality of service provided?	Yes ___ No ___
B. Which of the following services does the project improve?	<input type="checkbox"/> Public Safety <input type="checkbox"/> Public Health <input type="checkbox"/> Quality of life <input type="checkbox"/> Internal services <input type="checkbox"/> Other (specify)
C. Describe how the project will improve the quality of the identified service.	
10. Service additions	
A. Does the project increase the quantity of service provided?	Yes ___ No ___
B. Which of the following services does the project increase?	<input type="checkbox"/> Public Safety <input type="checkbox"/> Public Health <input type="checkbox"/> Quality of life <input type="checkbox"/> Internal services <input type="checkbox"/> Other (specify)
C. Describe how the project will increase the quantity of the identified service provided	

11. Operating budget impact	
A. Additional operating revenue generated (on an annual basis):	\$
B. Source of revenue:	
C. Additional operating expense (on an annual basis)	\$
D. Increased/(decreased) operating expenses (subtract A from C):	
12. Consistency with long-range plans/community support and impact	
A. Does the project help meet the priorities established by the Strategic Plan/Land Use Development Plan/Water Master Plan or other long-range plan adopted by the board of commissioners?	Yes ___ No ___
B. If yes, which plan?	
C. If yes, identify the priorities:	
D. How does the project further these priorities?	
E. Can the priorities be reached without the project?	Yes ___ No ___
F. Degree of citizen/community support:	___ High ___ Medium ___ Low ___ Unknown
G. How was support determined?	
H. Extent of service area?	___ Countywide ___ Intercounty/regional ___ Section(s) of county
I. Does the project serve a special need of a segment of the community?	Yes ___ No ___
J. If yes, how?	
13. Financing	
A. What does the project cost?	\$
B. Besides county general fund revenues, what funding sources are available to fund this project?	
i. Source:	
ii. Amount:	\$
C. What is the likelihood that the county will receive revenues from this funding source?	
D. Can fees be charged or other revenues (besides taxes) raised to cover the cost of the project?	Yes ___ No ___
E. If yes, which fees/revenues?	
F. How much in additional revenues will the fee increase generate?	\$
G. What portion of the project cost can these fees/revenues cover?	

Rating criteria	Definition/explanation	Maximum Points	Percentage weighting
Functional area priority	Priority of project among requests in functional area: 5 for top-ranked project to 0 for any project ranked sixth or below in priority.	5	4.0
Safety	Extent to which project eliminates, prevents, or reduces an immediate hazard to safety.	14	11.0
Mandates	Extent to which project helps county meet existing or new mandates	13	10.0
Timing/linkages	Extent to which project is timely, a continuation of a project currently under way, related to other high-priority projects, etc.	12	9.0
Economic impact	Extent to which project enhances economic development in county, while it protects the environment or directly or indirectly adds to the tax base.	11	8.0
Efficiencies	Extent to which project contributes to savings in county operating or capital spending.	10	8.0
Maintaining current level of service	Extent to which project is necessary for county to continue to provide one or more services at current standards.	9	7.0
Improving access	Extent to which project improves citizen access to current services	8	6.0
Service improvement	Extent to which project improves the quality of existing services.	7	5.0
Service addition	Extent to which project increases the quantity of existing services.	3	2.0
Operating budget impact	Projects that decrease future operating expenses receive a positive score, ranging from 0-15. Projects that have no effect on operating expenses receive a score anywhere from 0 to -15.	0 - 15 Or 0 to -15	11.0
Community support and county long-term plans	Extent to which project has broad and/or strong support from the community and is consistent with the county strategic plan or other long-term plans.	10	8.0
Financing	Extent to which project can be financed with nongeneral fund revenue sources	15	11.0
Maximum points, all categories		132	100.00