



Washoe County FY 2025 Capital Improvement Plan Project Submittal Form

Date Received: _____

Projects over \$100,000

Planning Horizon: FY 2025-2029

Project Title:

1. **Submitted by** (department, division, contact person, and phone #):

Approved by (department head):

2. **Of the projects submitted by the department what is the priority of this project. (i.e. 1, 2, 3, 4, 5, etc.):**

3. **Project Location** (if applicable):

4. **Project Type (Choose all that apply):**

Core/Critical Projects

- Major Health/Safety Hazard Mitigation
- Legally Mandated
- Completes a Current Project
- Infrastructure Preservation
- Extends/replaces obsolete operating platform necessary for business

Benefit to Community/Staff

- Leverage grants or other revenue >2:1 match
- Will sustain an important function limiting impacts to services
- Necessary to meet demands of new growth
- Creates operational efficiencies
- Economic Development benefit
- Strategic Plan Project
- Positive Fiscal Impact with savings or revenue having a 6-10 yr payback

Quality of Life

- Project benefits are regional with linkages to other jurisdictions
- Creates or expands learning opportunities
- Creates experiences that benefit the health of the community
- Enhances opportunities for regional growth/development



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5. Specify which program(s) this project will support (if applicable):

6. Specify which Board of County Commissioners Strategic Objective the project supports:(Select all that apply)
 - 1) Fiscal Sustainability
 - 2) Economic Impacts
 - 3) Vulnerable Populations
 - 4) Innovative Services

7. Project Scope/Description (e.g. project size, amenities, preferred location, etc.):

8. **Project Justification. Include: the project purpose** (i.e. problem or opportunity you are addressing such as a federal, state or local mandate), **benefits expected** (e.g. improve timeliness or quality of services, reduce costs, generate additional revenue, safety issues, etc.), **statistics available on constituency served, service demand, workload, etc., other alternatives considered. Also include whether this project was recommended in a Master Plan, Strategic Plan, or other document.**

Please select one (1) type of Project Justification this project most closely aligns with:

- 1) Remedies a Health/Safety Hazard
- 2) Legally mandated
- 3) Completion of already approved project or interdependent with a CIP project
- 4) Generates operational savings
- 5) Leverages grant monies
- 6) Required maintenance
- 7) Supports growth
- 8) Supports existing service levels
- 9) Improves productivity



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9. **Preliminary Cost Estimates for the Project - Please include a quote when applicable.**
 (For new building(s) or remodeling project(s), please meet with Capital Projects for cost estimates prior to submitting.)

Phase	Cost
Planning/design/engineering	\$
Permits/water/electric/gas	\$
Land acquisition, right-of-way	\$
Construction	\$
Furnishing/fixtures/equipment	\$
Technology-Hardware	\$
Technology-Software (Licensing or Subscription)	\$
Professional / Consulting Services	\$
Other	\$
Contingency	\$
Total Cost	\$

10. **REQUIRED - 5 Year Operations and Maintenance Impact - Identify any additional ongoing or one-time expenses and/or reductions for 5 years (Enter 0.00 as applicable):**

Direct Costs/(Savings)	FY25	FY26	FY27	FY28	FY29	TOTAL
FTE (Number of FTEs)						
Salary						
Benefits						
Service and Supplies						
Other						
Total Cost – Direct to Department						

Supporting Departments Indirect Costs/(Savings)	FY25	FY26	FY27	FY28	FY29	TOTAL
FTE (Support Staff)						
Tech Hardware/Equipment						
Tech Software/Maint/Sub						
County Overhead - 12%						
Total Cost – Indirect / Supporting Departments						

11. **Proposed Funding Sources: For both for the initial capital project and, if applicable, increased operational costs** (e.g. General Fund, grants, utility user fees, parks construction tax, special assessment district, cost reductions in other budgeted areas, etc.):

12. **Timeframe** – indicate the specific fiscal year the project is **required** to be completed, if applicable, and why. Otherwise, the project will be scheduled as funding allows.