Baltimore City Department of Recreation & Parks

Capital Development & Planning

Capital Improvement Project REQUEST FORM

Requester's Name:

Email Address:

Phone Number:

Park/ Building Name:

Park/ Building Address:

Project Scope of Work/ Description:

Evaluation Criteria (YES/NO/Not Sure; If YES, include description)

A. **Necessary to protect public health and safety:**

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation.

B. City funding will leverage other fund sources or complete a partially funded project:

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation.

C. Capital investment will result in operating savings:

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation.

D. Fulfills a state or federal mandate:

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation.

E. Necessary to implement a priority housing or economic development project:

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation.

F. Promotes private-public partnerships:

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation.

H. Promotes equity:

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation.

G. Implements the City's Comprehensive Master Plan, Sustainability Plan, area master plans and/or agency/institution's master plan (Equity Assessment Program, Community Development Framework, INSPIRE, CHOICE, 1% For Art, Disaster Preparedness & Resiliency, Greenway Trail Network, etc.):

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation.

H. Agency has prioritized the project:

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation.

J. Situation critical; A lack of investment now will result in exponentially higher costs later or the loss of an asset:

Yes ☐ No ☐ Not Sure ☐

If yes, please provide an explanation:

Additional Justification: