



CAPITAL IMPROVEMENT PROGRAM CONSTITUENT REQUEST

Applicant Contact Information

Name:

Organization (if available):

Address:

City:

State:

Zip Code:

Proposed Project Information

Project Name:

Funding Request – Amount:

Are there outside/supplemental/matching funds available for this project? If so, how much?

Project Address:

Project Description: (abstract only) – please attached full project narrative this this application

How does your project address community and/or general City needs? What is the public benefit?

Community Outreach

*Community outreach is required. It is preferred that you present your project to your Community Council for their endorsement. If your Community Council is not available, alternative public engagement is acceptable. You must provide documentation of the outreach that you do.

List Community Council:

Date presented to Community Council:

Describe the type of other community outreach performed: (please include documentation of any additional outreach).

Applicant Certification

By signing below, I certify that I have read and understand the CIP application instructions and project requirements listed below:

- The capital project must have a cost estimate of between \$50,000 and \$500,000
- The capital project must have a useful life of five or more years
- The capital project must be a Salt Lake City owned asset
- Community outreach or alternative public engagement is required and **MUST** be documented
- I understand that this is an initial request and must be approved and sponsored by an applicable Salt Lake City division

Name of authorized person: _____

Authorized Signature

Please attach all supporting documentation to this application and email to cipinfo@slcgov.com or deliver to the Department of Community and Neighborhoods in room 404 in the City and County building.