

Project Name: _____

Department:		MP Project #:	
Category:			
Total Project Cost:		Status	

Ranking Criteria Met		Project Type
<input type="checkbox"/> Council Goals	<input type="checkbox"/> Regulatory Requirement	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Master Plan	<input type="checkbox"/> Outside Funding/Partnership	<input type="checkbox"/> Replacement
<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Upgrade Serviceability	<input type="checkbox"/> New/Expansion

Priority	<input type="checkbox"/> High	<input type="checkbox"/> Medium-High	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium-Low	<input type="checkbox"/> Low
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Project Description:	
Ongoing Maintenance & Estimated Annual Cost:	
Council Goals:	