



Capital Improvement Project Request Form

For budget beginning Fiscal Year 2024-2025

Requested By _____

Project Name/Designation _____

Priority (Public Agency Use Only): Rank No. _____ of _____ District Zone # _____

1. Project Type

- A. Previously requested project that WAS FUNDED in the current CIP and the project scope/amount HAVE NOT changed from the project descriptions listed [HERE](#)
**If Project Type A, please skip to section 4. Funding*
- B. Previously requested project that WAS FUNDED in the current CIP and the project scope/amount HAVE changed from the project descriptions listed [HERE](#)
- C. Previously requested project that WAS NOT FUNDED in the CIP
- D. New project that was not previously requested

2. Project Description

Project Location (cross streets or address) _____

Approximate Length/Extent _____

Briefly describe the primary reason for the request as well as the project’s physical attributes if known(such as objective/goal, type/size, design size of storm, floodplain involved, etc.).

Attach an exhibit with the proposed project location/alignment and any additional relevant information.

**If Project Type B, specify what aspect of the scope has changed and detail the changes in the attached exhibit.*



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3. Multi-Benefit Checklist

- | | |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Water conservation/recharge (____ ac-ft/yr) | <input type="checkbox"/> Reduce FEMA floodplain (____ acres) |
| <input type="checkbox"/> Reduce street flooding | <input type="checkbox"/> New trails (____ miles) |
| <input type="checkbox"/> Urban water quality improvement (____ offsite acres treated) | <input type="checkbox"/> Control debris/sediment |
| <input type="checkbox"/> Reduce community flooding (____ parcels) | <input type="checkbox"/> Onsite stream/habitat restoration (____ acres) |
| <input type="checkbox"/> New parkland (____ acres) | <input type="checkbox"/> Other partners/grants _____ |

4. Funding

- Who will be the lead agency responsible for pursuing the project (including Design, CEQA, Right of Way Acquisition, Regulatory, Permits, Mitigation, Monitoring, Construction, etc)?
- Who will be the lead agency responsible for operations and maintenance (O&M)?

**If multiple are selected, please explain in section 2. Project Description*

District	City	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	TOTAL COST OF PROJECT			Cost Breakdown (if available)
	Cost Share (% or \$)			
	District	City		
	CEQA/Regulatory Permits			
	Construction			
	Design			
	Mitigation			
	Monitoring			
	R/W Acquisition			
	Total Funds Requested from District			
	Remaining Cost to be Funded by Others			

5. Contact information for this project request:

Name: _____ E-Mail: _____
 Title: _____ Phone: _____

To submit please email form and attachments to RCFC-CIP@rivco.org

FOR OFFICE USE ONLY



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Form Instructions

The goal of this form is to provide the District with adequate information to understand and evaluate each project for consideration in budgeting, and ensure that the scope and objectives are known.

Section	Instructions
Requested By	<ul style="list-style-type: none"> Enter the name of the agency submitting the request. For requests submitted by individuals, enter the name of the individual.
Project Name/ Designation	<ul style="list-style-type: none"> If a name has been established for the project, enter it here. For District Master Drainage Plan (MDP) facilities, enter the MDP and facility name from the MDP. If you don't have a name, enter N/A.
Priority	<ul style="list-style-type: none"> If you are requesting multiple projects, assign each requested project a sequential priority with Rank No. 1 signifying the highest priority.
1. <u>Project Type</u>	<ul style="list-style-type: none"> Select the check the box that best applies to the project being requested.
2. <u>Project Description</u>	<ul style="list-style-type: none"> Describe the reason for the request as well as the physical attributes of the project. Characterize the severity and frequency of the problem that the project will address. Attach an exhibit showing the project location/alignment, and photos of the problem if available. Describe any timing constraints for your request. Such as when you anticipate completion or if there are grant funding constraints.
3. <u>Multi-Benefit Checklist</u>	<ul style="list-style-type: none"> The District desires to pursue projects that achieve multiple benefits. Definitive secondary benefits or uses that will be incorporated into the project should be identified here. Wherever possible, include the requested metrics to help the District understand the scale of the benefits anticipated. If the project will provide water quality treatment for offsite areas, or integrates onsite habitat/stream restoration, identify those in the applicable check boxes. HOWEVER, required project mitigation (i.e., water quality treatment of the project's onsite flows, or offsite mitigation for project impacts on habitat, etc.) should NOT be identified.
4. <u>Funding</u>	<ul style="list-style-type: none"> Lead Agency: Please check in the adjacent boxes who will be in charge of this project. Cost: Enter the project costs with as much detail as known. If not known, leave the field empty. Cost Share: Enter the percentage or dollar value proposed to be covered by the District as well as by other entities. If a third party will be involved, enter their name in the 'other' column as well as their share of the cost.
5. <u>Contact Information</u>	<ul style="list-style-type: none"> Enter the name of the person that can be contacted for more information/details about the project/request.

Please submit the attached form and exhibits to RCFC-CIP@rivco.org. You may also mail your form to the address specified below or provide it in person at the scheduled budget hearing for your project location.

Hearing Info: Hearing schedules and locations can be found at: <https://rcflood.org/cip>

Mailing Info: If mailing your request form, please send it to:

1995 Market Street
 Riverside, CA 92501
 Attn: Design & Construction Division

E-mail Info: If e-mailing your request form, please send it with any exhibits to: RCFC-CIP@rivco.org

Questions? Contact Toni Irvin at tirvin@rivco.org, 951.955.1612