

Baltimore City Department of Recreation & Parks Capital Development & Planning Capital Improvement Project 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 proj-						
ect:							
Yes	No	Not Sure					
If yes	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	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.	Promote	s equity:	
Yes		No	Not Sure
If yes	s, please p	rovide an e	explanation.
G.	Impleme	ents the City	y's Comprehensive Master Plan, Sustainability Plan, area master plans
and/	or agency	//institutior	a's master plan (Equity Assessment Program, Community Develop-
men	t Framewo	ork, INSPIRE	E, CHOICE, 1% For Art, Disaster Preparedness & Resiliency, Greenway
Trail	Network,	etc.):	
Yes		No	Not Sure
If yes	s, please p	provide an e	explanation.
H.	Agency l	nas prioritiz	ed the project:
Yes		No	Not Sure
If yes	s, please p	provide an e	explanation.
J.	Situation	n critical; A l	ack of investment now will result in exponentially higher costs later
or th	e loss of a	n asset:	
Yes		No	Not Sure
If yes	s, please p	rovide an e	explanation:
Addi	tional Just	ification:	