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| --- | --- | --- |
| Project Name: |  | Department: |
|  | | |

**Rating Key:** *1 = missing all or most of the criteria*

*2 = the project meets the criteria but has at least one significant deficiency*

*3 = the project meets the criteria with only minor deficiencies*

*4 = the project fully meets the criteria*

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| **Evaluation Question** | | **Rating** | **Explanation** |
| **Priority** | Advances key department goals and performance standards as defined through Madison Measures |  |  |
| The project addresses/meets a specific ***community need***, ***problem, or condition.*** |  |  |
| The project reflects the demands of its customers. |  |  |
| The project is in response to a State or Federal mandate |  |  |
| The City has a formal commitment to carry out this project in years 2016-2018 of the CIP |  |  |
|
|  | *Subtotal for the section* |  | |
| **Capacity** | The project can be realized within the requested budget and schedule |  |  |
| The project has a minimal impact on the operating budget |  |  |
| The project replaces an asset that has exceeded its useful life expectancy |  |  |
| The deferral of this project will have disproportionate adverse impact on low income communities or communities of color |  |  |
| The Department has the internal capacity to complete the project within the planned timeframe |  |  |
|  | | |
|  | *Subtotal for the section* |  | |
| **GENERAL COMMENTS** | | | |
|  | | | |