CITY OF MARICOPA
PROUD HISTORY • PROSPEROUS FUTURE

City of Maricopa
Council Project Request Form

July 21, 2015

Background
Council Projects and Project List

- On occasion Council Members make requests of staff to conduct events, projects or research

- Requests are listed on the Council Request Report and staff is assigned

- Council Members may view the latest Council Request Report to track progress

Council Project Request Form

- Fully documenting the nature of the request allows staff to analyze the impact of an individual request, focusing on staff hours required and any cost

- Allows Council Members to understand the full impact of their requests and possibly make adjustments

- Creates a threshold at which a project transcends an individual project and should be brought before Council for consideration and direction

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The Form: The Request

Council Project Request Form V4		
Project Name:		Date Of Request:
Councilmember Name:	Director Assigned:	Secondary Staff Assigned:
Description Of Project Request: (Attachment OK)		
Description of Key Components or Activities of Project Request: (Attachment OK)		

The Form: Estimated Cost

	Estimated Project Cost		
	Materials, Services, and Staff Time Required (Attachment OK)	Unit /Hour	Subtotal
1)			$
2)			$
3)			$
4)			$
5)			$
	Subtotal of Project Costs:	$	
Additional Project Cost Notes: (Attachment OK)			
	Total Estimated Project Cost to be Budgeted:	$	

The Form: Approval Criteria

Approvals		
Staff Impact	☐ Minimal Staff Impact (Less than 10 hours) (No Council Approval Required) ☐ Significant Staff Impact (More than 10 hours) (Council Approval Required)	
Project Impact	☐ Individual Focused Project Impact (No Council Approval Required) ☐ Broad Policy or Organization Impact on City (Council Approval Required)	
Funding Type	☐ Cost paid via Individual Discretionary Budget (No Council Approval Required) ☐ Cost paid via General or Council Discretionary Budget (Council Approval Required) ☐ Cost paid via Other or Combined Budget Source (Council Approval Required)	
Funding Source: (Attach. OK)	# # #	$ $ $
Council Action Required: YES____ NO____ Council Action Date: ____ / ____ / ____	Budget Verified By: Signature _____	
Status :	Council Member _____	City Manager _____

Criteria to Determine Referral to Council

1. Significant Staff Impact (over 10 hours)?

2. Broad Policy or Organizational Impact on City?

3. Requires funds over and above individual discretionary funds?

A "yes" to any one of these questions will trigger the need for Council approval

Conclusion

Staff believes this Council Project Request Form strikes a fair balance between requests by individual Council Members and the need to maintain staff focus on Council priorities.

- Questions and Possible Direction?