

**Community Priority Request (CPR) Form
2011-2012**

Contact

Name:
Address:
Telephone:
Email Address:

Description of Project (Attach Additional Sheet(s) if needed)

Cost of Project (if known)

Location of Project

Community:

Street address, parcel numbers or closest intersection (if possible):

Coordination with City Departments

Did you work with the appropriate City Department in preparing your request? Which one?

How does the requested project relate to existing neighborhood plans?

To be completed by City Staff:

Date Received:	Reviewing Department Assigned:
Agency Contact Staff member: Contact Staff Member Title: Contact Staff Member Telephone: Date Reviewed:	

Request Funding Status

Is this Request an existing approved project or ongoing service provided by the City:
Yes: _____ **No:** _____

If yes, identify amount included in Department budget request for this activity

Total Amount : \$	Budget Type (circle one only)	Operating Capital	Consolidated Plan
Personnel Costs: \$	Fund #	Line Item #	
Non-Personnel Costs: \$	Fund #	Line Item #	

If no, is this request recommended for funding in the Department's Budget Request?: **Yes** **No**
Budget Year Recommended for funding : **2003** **2004**

If yes, identify amount included in Department budget request for this Project Recommendation

Total Amount : \$	Budget Type (check one only)	Operating Capital	Consolidated Plan
Personnel Costs : \$	Fund #	Line Item #	
Non-Personnel Costs : \$	Fund #	Line Item #	

City Department Comments
How does the requested project relate to existing neighborhoods plans?

Other Comments about this Project Recommendation including Potential Challenges or Benefits:

****DEADLINE:** CPR forms must be submitted to Margaret Wuerstle, Chief Planning, Department of City Planning and Buildings, Two Centennial Plaza, 805 Central Avenue, Suite 700, Cincinnati, Ohio 45202 by **no later than 4:00 P.M. on Friday, April 2, 2010.** Applications not received by the submission deadline will not be considered.