




# Capital Improvement Project Request Form

For budget beginning Fiscal Year 2025-2026

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

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

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

District	City	

3.				
TOTAL COST OF PROJECT				
	Cost Share (\$) ?			Cost Breakdown
	District	City		
Design (WC12)				
Construction (WC19)				
R/W Acquisition (WC18)				
CEQA/Reg. Permits (WC30)				
Mitigation (WC30)				
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](mailto:RCFC-CIP@rivco.org)

**FOR DISTRICT USE ONLY**

District Project #:

(WC 17) Construction Inspection: Y / N

(WC 31) MSHCP Fee ? : Y / N

Cost Share<sup>2</sup>: Y / N



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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
<b>Requested By</b>	<ul style="list-style-type: none"><li>Enter the name of the agency submitting the request. For requests submitted by individuals, enter the name of the individual.</li></ul>
<b>Project Name/ Designation</b>	<ul style="list-style-type: none"><li>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.</li></ul>
<b>Priority</b>	<ul style="list-style-type: none"><li>If you are requesting multiple projects, assign each requested project a sequential priority with Rank No. 1 signifying the highest priority.</li></ul>
<b><u>1. Project Type</u></b>	<ul style="list-style-type: none"><li>Select the check the box that best applies to the project being requested.</li></ul>
<b><u>2. Project Description</u></b>	<ul style="list-style-type: none"><li>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.</li><li>Describe any timing constraints for your request. Such as when you anticipate completion or if there are grant funding constraints.</li></ul>
<b><u>3. Multi-Benefit Checklist</u></b>	<ul style="list-style-type: none"><li>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.</li><li>Wherever possible, include the requested metrics to help the District understand the scale of the benefits anticipated.</li><li>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.</li></ul>
<b><u>4. Funding</u></b>	<ul style="list-style-type: none"><li>Lead Agency: Please check in the adjacent boxes who will be in charge of this project.</li><li>Cost Share: Enter the 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.</li><li>Total Cost of Project and Cost Breakdown will auto-calculate based on Cost Share dollar values entered.</li></ul>
<b><u>5. Contact Information</u></b>	<ul style="list-style-type: none"><li>Enter the name of the person that can be contacted for more information/details about the project/request.</li></ul>

Please submit the attached form and exhibits to [RCFC-CIP@rivco.org](mailto: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: CIP Administration

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

Questions? Contact Toni Irvin at [tirvin@rivco.org](mailto:tirvin@rivco.org), 951.955.1612