

Infrastructure Investments Data Collection Tool

Program Name: _____

Date Information:

Single or Start Date (mm/dd/yyyy): ___ / ___ / ____ End Date (mm/dd/yyyy): ___ / ___ / ____

Directions: Please mark (X) each investment type that applies.

(optional) Activity Location Name: _____

Type of Investment (Activity Category)

Facilities/capital improvement

- Improving safety/age appropriateness of facilities
- Becoming compliant with Americans with Disabilities Act (ADA)
- Building new facilities
- Expanding facilities
- Other facilities/capital improvements

Purchasing equipment or materials to enhance service quality (total cost over \$5,000)

- Van(s)
- Books and educational materials
- Computers and office equipment
- Play equipment
- Furniture
- Other equipment or materials

- Other infrastructure investment**