

Title 34, Part III

NEW PROJECT REQUEST
CAPITAL OUTLAY REQUEST FOR FY 1996-97
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PROJECT

Title Description
Programs Served Site Location

DEMONSTRATION OF NEED

Purpose or Objectives of Proposed Project (Check as many as apply)	
<input type="checkbox"/> Expand Existing Program	<input type="checkbox"/> Changes in Population Served
<input type="checkbox"/> Relocate Existing Program	<input type="checkbox"/> To Address Code Violations, Court Orders, Accreditation
<input type="checkbox"/> Add New Program	<input type="checkbox"/> To Address Actual or Threatened Prop. Damage
<input type="checkbox"/> Changes in Existing Program	<input type="checkbox"/> Changes in Accepted Standards/Guidelines
<input type="checkbox"/> Changes in Mission, Goals, Objectives	<input type="checkbox"/> Other
Describe	
Program Service Description	
Number of Employees Present _____	Citizens Served _____
Future _____	Daily Users _____
Describe strategic long range plan for program (5 Yr?)	
APPLICABLE GUIDELINES/STANDARDS	
List publications, regulatory agencies guidelines for the program.	
Minimum or mandatory requirements of above listed for program.	
What alternatives were considered?	
<input type="checkbox"/> Maintaining Status Quo	<input type="checkbox"/> Lease Space
<input type="checkbox"/> Use Existing Space	<input type="checkbox"/> Renovation of Existing Space
<input type="checkbox"/> New Space	<input type="checkbox"/> Expansions of Similar Program Elsewhere
How use best option determined (Studies, Etc.)?	
Were any feasibility studies or needs assessment reports prepared? <input type="checkbox"/>	
If so, please name contact person. _____ Phone _____	
List socioeconomic and environmental affects of project.	
Identify and describe other similar facilities in your area and evaluate their capabilities to meet needs.	

GOVERNMENT CONTRACTS, PROCUREMENT AND PROPERTY CONTROL

**PROJECT RECAP SHEET
CAPITAL OUTLAY REQUEST FOR FY 1996-97
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PROJECT	REQUEST NUMBER
Title _____	
Department Priority Number ___ of ___	Location _____
A. Emergency Project { }	Parish _____
B. Current Project Requirements { }	Senate District _____
C. Anticipated Program Needs { }	House District _____

APPLICANT	
Schedule No. _____	Site Code _____
Department / Umbrella User _____	State ID _____
Agency / Management Board _____	Dept. Contact _____ Phone _____
Local User Facility _____	Local Contact _____ Phone _____

FINANCIAL

Total Project Cost Estimate	Local User Estimate:	Agency Estimate	Department Estimate	F. P. & C Estimate
Land / Building Acquisition _____	_____	_____	_____	_____
Planning Costs (10%) _____	_____	_____	_____	_____
Construction Costs _____	_____	_____	_____	_____
Hazardous Materials Abatement _____	_____	_____	_____	_____
Subtotal				
Misc./Contingency Costs (10%) _____	_____	_____	_____	_____
Equipment Costs _____	_____	_____	_____	_____
Total	0	0	0	0
Time Needed: Planning				
Construction				

If planning has begun, when will it be complete?

PRIOR FUNDING:

Authorized Source	Amount	Year	Act Number	Priority Level	Were Bonds Sold or Lines of Credit Granted?
_____	_____	_____	_____	_____	Bonds () Credit ()
Total (A)	0				

Proposed New Funding:

Proposed New Funding:	First Year	Years 2-5	Source of Funding
State Funds _____	_____	_____	Cash () Rev.Bonds ()
Gen.Obl. Bonds _____	_____	_____	
Reimb. Bonds _____	_____	_____	
Self-Gen. Funds _____	_____	_____	
Federal Funds _____	_____	_____	
Other _____	_____	_____	
Total	(B) 0	(C) 0	

Total Project Funding (A=B=C) _____ (Should Equal Total Project Cost Estimate)

Annual Operation & Maintenance Cost Increase (Decrease) _____ 0

AGENCY IMPACT STATEMENT

I hereby certify that this project/program has been reviewed, approved and integrated into our department's long range strategic plan and five year budget. The impact of this project/program's operating budget on our budget has been approved by
 Name: _____
 Title: _____ Date: ____/____/____

DOA REVIEW

Review Architect/Engineer :	Review Date: ____/____/____
FPC Director :	Review Date: ____/____/____
Review Budget Analyst :	Review Date: ____/____/____
OPB Director :	Review Date: ____/____/____

DOA COMMENTS

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ARCHITECTURAL PROGRAM

Preparer Type of Space	#	Occupants	Date Prepared ____/____/____ Net Area / Person	Net Area Required
Net Area Required				0

Net Area _____ X Burden Factor _____ = Total Gross Area Required _____

Totals

_____ Employees	_____ Temporary Employees
_____ Visitors / Clients	_____ Student / Assistant
_____ Contract Employees	_____ Other

Additional program requirements (Parking, Utilities Tie-In, Location, Shipping & Receiving, Public Access, Site Amenities, etc.) Describe below.

What is the length of time needed for planning ?
 Construction ?

NEW CONSTRUCTION

What will happen to existing facility? (Demolition, Renovation, Expansion of other programs)

How funded?

Has site been surveyed for underground storage tanks? ()
 When ?

RENOVATION /ADDITION

Describe history and condition of building, extent and date of previous major renovations.

Describe the extent of the proposed renovation /addition.

Where will the occupants be housed during construction ?

How funded ?

What portion of the const. Budget addresses modifications required to meet The Americans with Disabilities Act Guidelines (ADAG) ?

What hazardous materials are addressed in the construction budget?
 () Underground Storage Tanks () PCB's () Asbestos
 () Lead Paint () Other

Has the facility's asbestos management plan been consulted for abatement requirements? ()
 Contact person

What is the current age, condition and type of the existing roof and estimated date of replacement?

Describe roof penetrations, equipment, etc.

For roofing projects, what is current condition of rooftop equipment & estimated date of replacement?

GOVERNMENT CONTRACTS, PROCUREMENT AND PROPERTY CONTROL

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CONSTRUCTION COSTS

Source of Data _____

Date Prepared ____/____/____

List special cost affecting factors considered (Unfinished Warehouse Space, Extraordinary HVAC, etc.)

COST OF CONSTRUCTION CALCULATION; (Provided Roof S.F. if Roofing Project)

Type of Space	Total Gross Area	Cost /S.F.	Total Cost
Subtotal/Average	0	0.00	0

ADDITIONAL LINE ITEM EXPENSES (Parking, Utility Tie-In, Security System, etc.)

Item	Unit Cost	Total Cost
Subtotal		0
Total Construction Cost		0

EQUIPMENT COSTS

Source of Data _____	Date Prepared ____/____/____
SUMMARY OF EQUIPMENT AND ESTIMATED COSTS:	
	0
	0
	0
	0
	0
Total	0
If this project is a current year request, attach an itemized breakdown with unit costs, estimated useful life of the equipment.	
If this project is for renovation or relocation for an existing program, will existing equipment continue to be used ? ()	
If not, why?	

PROPOSED PROJECT FUNDING

	96-97	97-98	98-99	99-00	00-01	Total
G. O. Bonds	_____	_____	_____	_____	_____	_____
State Funds	_____	_____	_____	_____	_____	_____
Reimb. Bonds	_____	_____	_____	_____	_____	_____
Self-Gen Revenue	_____	_____	_____	_____	_____	_____
Federal Funds	_____	_____	_____	_____	_____	_____
Local & Other Funds	_____	_____	_____	_____	_____	_____
Total	0	0	0	0	0	0

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PROGRAM OPERATING 7 MAINTENANCE COSTS

BUDGET REQUEST SUMMARY

(Should match submittals BR-1 and BR-2 to
 Office of Planning & Budget)

	Current Year Budgeted	Annual Projected Increase (Decrease) After Project Completion
Expenditures:		
Salaries	_____	_____
Other Compensation	_____	_____
Related Benefits	_____	_____
Travel	_____	_____
Operating Services	_____	_____
Supplies	_____	_____
Professional Services	_____	_____
Other Charges	_____	_____
Debt Services	_____	_____
Interagency Funds	_____	_____
Acquisitions	_____	_____
Major Repairs	_____	_____
Unallotted	_____	_____
Total Expenditures	0	0
Means of Financing:		
State General Fund (Direct)	_____	_____
State Gen. Fund By::		
Interagency Transfers	_____	_____
Fees & Self-Gen. Revenues	_____	_____
Statutory Dedications	_____	_____
Interim Emergency Board	_____	_____
Federal Funds	_____	_____
Total Means of Financing	0	0
Excess or (Deficiency) of Expenditures over Financing	<u>0</u> (Should Equal 0)	<u>0</u> (Should Equal 0)

	96-97	97-98	98-99	99-00	00-01
Total Expenditures	0	0	0	0	0
Means of Financing:					
State Gen. Fund (Direct)	_____	_____	_____	_____	_____
State Gen. Fund By:					
Interagency Transfers	_____	_____	_____	_____	_____
Fees & Self-Gen. Revenues	_____	_____	_____	_____	_____
Statutory Dedications	_____	_____	_____	_____	_____
Interim Emergency Board	_____	_____	_____	_____	_____
Federal Funds	_____	_____	_____	_____	_____
Total Means of Financing	0	0	0	0	0

MAILING ADDRESSES

Applicant (Local User) Mailing Address

Facility Physical Address