

eCORTS  
Illustrated  
Sample  
Non-State Project

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### Capital Outlay Request

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Project ID 538411  
Project Level Agency

Fiscal Year 2010-2011

**Project**

Title

Location

- Emergency Project
- Current Project Requirements
- Anticipated Program Needs

Priority  
Local/Agency  of

**Applicant**

Department 50 MISC-NONSTAT

Agency

Parish

Senate District

House District

Schedule 50-C01

**Local/Agency**

User

Contact

Phone

Fax

Email

Address

City/State/Zip

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Rank this project in order of importance out of the total number of projects submitted by your Agency. In this case, the project is #2 in importance out of 6 projects submitted by the agency.

**Hint:** Users should compile and rank their projects before entering **-or-** enter all projects and then rank in order to have the correct project total.

Your changes have been saved

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### Capital Outlay Request

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Fiscal Year 2010-2011

#### Cost Estimates

	Local/Agency
Land/Building Acq.	52,000
Planning 10%	60,544
Construction	605,436
Hazardous Materials	0
Subtotal	717,980
Misc./Contingency	60,544
Equipment	117,340
Total	895,864

#### Time Estimates

Planning (months)	4
Construction (months)	6

If planning has begun, when will it be completed? (m/d/yyyy)

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Include land or building acquisition costs where applicable. May be part of 25% Match.

This Number should equal the construction cost total from the bottom of page 11.

This Number should equal the equipment cost total from page 12.

Your changes have been saved

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Project ID 538411  
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### Capital Outlay Request

Fiscal Year 2010-2011

Prior Funding

FPC Project No. Assigned to Prior Funding  Sub-project No.

Authorized Means of Financing	Amount	Year	Act#	Priority	Bond	Credit
General Obligation Bonds	25,000	2008	29	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
General Obligation Bonds	50,000	2009	20	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	0	0		0	<input type="checkbox"/>	<input type="checkbox"/>
	0	0		0	<input type="checkbox"/>	<input type="checkbox"/>
	0	0		0	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>						<b>\$75,000</b>

Proposed New Funding

This project does not require funding in Year 1

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
State Funds	280,000	280,000	36,868	0	0	\$596,868
*Local Funds	110,000	114,000	0	0	0	\$224,000
Federal Funds	0	0	0	0	0	\$0
<b>Total</b>	<b>\$390,000</b>	<b>\$394,000</b>	<b>\$36,868</b>	<b>\$0</b>	<b>\$0</b>	<b>\$820,868</b>

\*Describe specific source of funds

What fiscal year (FY) was the project or program first submitted for consideration?

Check this box only if no funding is required in year 1. Checking this box disables pages 8-16 and **clears all previously entered data** on these pages.

Provide all prior funding received whether bonded or as line of credit.

Indicate only where bond funding or line of credit was received. Funding included in a previous year's HB2 but not awarded a line of credit should **not** be included.

To reference or download Bond Commission documents, go to <http://www.treasury.state.la.us/HomePages/BondCommission.aspx?@Filter=B>

Information also available in ISIS.

The sum of these fields should equal estimate totals on Page 2.

**Hint:** Do not show all funding in Year 1 unless project can be completed in one year.

Include local funding representing the 25% Match.

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### Agency Impact Statement

I hereby certify that this project has been reviewed, approved, and integrated into our department's long range strategic plan and five year budget. The impact of this project's operating budget has been approved.

Name  Title  Date

### Comments

This project will enable the agency to provide necessary ongoing services to the local community in accordance with our charter and strategic plan. Ongoing operational costs have been estimated and budgeted through 2015. (From Page 7) To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. Due to the influx of distressed population from hurricane affected areas there is a need to implement services of this type at this location. The growth in distressed population in the past two years is expected to remain in place or continue to grow. Services are required in accordance with the agency's mission and are not available elsewhere in the area presently. (From Page 10) Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. Restrooms will be retrofitted to meet full ADA compliance. The space will consist of a waiting room to accommodate 20 clients, a reception area suitable for two concurrent employees, 14 treatment rooms, 6 offices, 6 restrooms and a file/recodr keeping area. The existing space is aged and will need to be significantly renovated with electrical, mechanical and finish systems to support the program needs. Costs include all furnishings and equipment necessary to outfit the space.

Provide any necessary comments in the space provided. Note that if more space is required from fields on other pages, supplemental comments can be entered here. (See example from pages 7 and 10.)

This field is the best place to describe the project in depth and justify the need. Please provide as much detail as possible. A quality submission will show a significant amount of narrative and commentary in this box.

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Fiscal Year 2010-2011

#### Demonstration of Need

**Title** Offices for the Southern Louisiana Health Center

**Description** Renovate existing 11,500 square foot second floor space, currently used for record storage and partially vacant, to treatment facility for emotionally disturbed persons.

**Location** New Orleans Present Empl. 0

**Project Type** Health Infrastructure Future Empl. 8

**Facility Type** Health/Medical Citizens Served 200

**Program/Service Desc.** Treatment Daily Users 40

**Describe the long range strategic plan (5-yr) for the program**  
To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. (See additional comments on page 4.)

#### Purpose (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Expand Existing Pgm        | <input checked="" type="checkbox"/> Changes in Mission    | <input type="checkbox"/> Address Actual          |
| <input type="checkbox"/> Relocate Existing Pgm      | <input type="checkbox"/> Changes in Existing              | <input type="checkbox"/> Changes in Standards    |
| <input checked="" type="checkbox"/> Add New Pgm     | <input checked="" type="checkbox"/> Changes in Population | <input type="checkbox"/> Promote Economic Dev    |
| <input type="checkbox"/> Attract Business           | <input checked="" type="checkbox"/> Generate Employment   | <input type="checkbox"/> Address Code Violations |
| <input type="checkbox"/> Other <input type="text"/> |   |  |

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Provide a brief description of how this project supports your agency's long range strategic plans.

Note that additional space is available for use on Page 4.

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#### Applicable Guidelines / Standards

Publications, regulatory agencies guidelines for the program

Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare/Medicaid Services

Minimum or mandatory requirements for above-listed program

To allow program to continue to be in compliance with the rules, regulations and standards set forth by the above agencies and to continue to receive reimbursement for the services provided.

What alternatives were considered? (check all that apply)

- Maintaining Status Quo
- New Space
- Renovations of Existing Space
- Use Existing Space
- Less Space
- Expansion of Similar Program Elsewhere

How was the best option determined (Studies, Etc.)?

Program requires additional space to expand. Contracted feasibility study by independant source as part of previously funded phase.

Were feasibility studies or needs assessment reports prepared other than this application?  Yes

Preparer's Name  Phone

List socioeconomic and environmental effects of the project

Identify and describe other similar facilities in your area and evaluate their capabilities to meet needs

Existing facilities on floors 1, 3 and 4 currently support program. Rental space evaluated but lacking in service area. Undeveloped floor available in bldg.

Request Endorsed By: Senator  Rep.

Endorser's Name:

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Enter specific requirements related to this project. Do not include general requirements for all projects such as ADA or fire codes.

Select all alternatives that were considered, whether in a formal study or as part of project development.

If formal study not completed, describe the decision process in this box. **Input is limited in this box, continue on Page 4 if necessary.**



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#### Renovation / Addition

Describe the condition of the building and previous renovations

The building was constructed in 1982 and consists of four stories above ground. Renovations have been performed on the 1st, 3rd and 4th floors in 1999, 2002 and 2004 respectively. The roof is from 2001, condition is good overall.

Describe the extent of the proposed renovation / addition

Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. (See additional comments on page 4.)

Describe the location of occupants during renovation and required funding

Existing record storage will remain in place.

What amount of the construction budget addresses modifications required to meet the "Americans with Disabilities Act Accessibility Guidelines (ADAAG)"?

\$55,000

#### Hazardous Materials

What hazardous materials are addressed in the construction budget?

Underground Storage Tanks       PCB's       Lead Paint       Asbestos      Other

Enter the date if site has been surveyed for underground storage tanks.

Provide contact information if the facility's asbestos management plan was consulted for abatement requirements

Contact Name

Phone

#### Roof

What is the current age, condition, and type of the existing roof and anticipated date of replacements?

Age of Roof (yrs)       Condition

Replacement Date       Type

Describe roof penetrations, equipment, etc.

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Provide a description of the project scope including the general layout, systems involved and equipment / furnishings necessary.

Note that additional space is available for use on Page 4.



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### Equipment Costs

Item	Item Costs
Moveable furniture	42,000
Portable difibrillator	340
Computer equipment	48,000
Telecom equipment	27,000
	0
<b>Total Equipment Costs</b>	<b>117,340</b>

Provide estimates of moveable equipment here.

**Hint:** For projects involving new space, be sure to include furniture and other equipment based on the use of the space (computers and office equipment for office space, kitchen equipment for cafeteria, etc.).

Check this box if this program is for renovation or relocation of an existing program and the use of existing equipment discontinued.

If so, explain.

If this project is a current year request, attach an itemized breakdown with unit costs and an estimated useful life of the equipment with final submission to Facility Planning.

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PAGE 3			
PAGE 4	<b>Operation Budget(Expenditures)</b>		
PAGE 5	(Should match submittals	Existing Operating	
PAGE 6	BR-1 and BR-2 to Office	Budget Current	
PAGE 7	of Planning and Budget)	Year Budgeted	
PAGE 8		Annual Projected	
PAGE 9		Increase (Decrease)	
PAGE 10		After Project Completion	
PAGE 7	Salaries	7,125,418	1,256,359
PAGE 8	Other Compensation	546,230	0
PAGE 9	Related Benefits	0	0
PAGE 10	Travel	185,025	25,426
PAGE 11	Operating Services	2,542,365	835,628
PAGE 12	Supplies	965,201	265,408
PAGE 13	Professional Services	262,304	0
PAGE 14	Other Services	63,459	0
PAGE 15	Debt Services	1,256,998	0
PAGE 16	Interagency Funds	3,650,953	0
	Acquisitions	877,965	0
	Major Repairs	1,156,445	356,203
	Unallocated	0	0
	<b>Total Expenditures</b>	<b>18,632,363</b>	<b>2,739,024</b>
	<b>Total Positions</b>	<b>114</b>	<b>22</b>
	<b>Operation Budget(Financing)</b>		
	State General Fund(Direct)	9,685,354	1,423,781
	State General Fund by:		
	Interagency Transfer	0	0
	Fees and Self-Generated Rev.	8,034,936	1,181,164
	Statutory Dedications	912,073	134,079
	Interim Emergency Board	0	0
	Federal Funds	0	0
	<b>Total Financing</b>	<b>18,632,363</b>	<b>2,739,024</b>
	<b>Balance</b>		
	Excess/Deficiency of Expenditures Over Financing (should = 0)	0	0

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Should show total current operating budget **before** project. Show operating budget at the level impacted by project. For example, total department budgets are not appropriate for a single location.

Should show changes in the operating budget line items as a result of requested project completion

Should show distribution of existing operating budget funding sources

Should show changes in operating budget funding as result of requested project completion.

Total Expenditures and Total Financing to be the same. Balance is automatically calculated by the system and should be equal to 0.

The impact of a project on operating costs is an important contributor to feasibility and prioritization. In order for a project to be "feasible" it is necessary for ongoing operations costs to be identified and budgeted.

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## Capital Outlay Request

Project ID 538165  
Project Level Agency

**Fiscal Year 2009-2010**

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### Operating Budget (Summary)

	Year 1	Year 2	Year 3	Year 4	Year 5
State Gen. Fund (Direct)	9,685,354	9,685,354	10,397,345	11,109,135	11,109,135
Interagency Transfer	0	0	0	0	0
Fees/Self-Gen. Revenue	8,034,936	8,034,936	8,625,517	9,216,099	9,216,099
Statutory Dedications	912,073	912,073	979,112	1,046,151	1,046,151
Interim Emergency Board	0	0	0	0	0
Federal Funds	0	0	0	0	0
<b>Total Means of Financing</b>	<b>18,632,363</b>	<b>18,632,363</b>	<b>20,001,974</b>	<b>21,371,385</b>	<b>21,371,385</b>

### Comments

Operating increase due to expansion of staff to occupy renovated space, additional cleaning, maintenance and repair for space and supplies associated. Distribution of financing sources for the increase assumed to match distribution of existing funding. Increase assumed to start at project completion, midway through year 3 and continue in full in years 4 and 5. No inflationary increases shown in budget, actual budgets may increase slightly due to inflation

Show projections of operating funding 5 years beyond start of project with new budget required as a result of project. Operating funds increases may not be required until later years.

Use this text box to explain the reasons for operating budget increases (or decreases) and any assumptions used in the calculations

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**Capital Outlay Request**

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**Certification Questionnaire**

1) What was your budget for capital improvements for the last 3 years?

Current Year  Last Year  2 Years Ago

2) What was your undesignated/unreserved general fund balance for the last 3 years?

Current Year  Last Year  2 Years Ago

3) What was your designated/reserved general fund balance for the last 3 years?

Current Year  Last Year  2 Years Ago

4) What is your ad valorem tax capacity?

Millage Authorized  Millage Levied  (mills)

When did you last have an election to renew or increase millage?

Did the electors approve or reject the millage renewal or increase?  approve  reject

How much was requested?  (mills)

5) What is your local sales tax?

Percent Authorized  Percent Levied

When did you last have an election to renew or increase the percent?

Did the electors approve or reject the percent renewal or increase?  approve  reject

How much was requested?  (percentage)

6) Have you had an election to obtain voter approval for a bond issue for this or other projects?  yes  no

Did the electors approve or reject the issue?  approve  reject

Do you plan to have an election to obtain voter approval for a bond issue for this or other projects?  yes  no

7) Is this project, for which you are requesting state funding, the type for which revenue will be generated?  yes  no  
(i.e. parking fees, water, sewer or other utility fees, etc.)  
If so, please describe the source and projected amount of the revenue.

Source 1 <input type="text"/>	Amount <input type="text" value="0"/>
Source 2 <input type="text"/>	Amount <input type="text" value="0"/>
Source 3 <input type="text"/>	Amount <input type="text" value="0"/>

8) How much do you receive from the Parish Transportation Fund?

Current Year

Last Year

2 Years Ago

9) Have you been approved for or received funding from any other state program for this project?  yes  no

Source 1 Agency/Program <input type="text"/>	Source 2 Agency/Program <input type="text"/>
Current Year <input type="text" value="0"/>	Current Year <input type="text" value="0"/>
Last Year <input type="text" value="0"/>	Last Year <input type="text" value="0"/>
2 Years Ago <input type="text" value="0"/>	2 Years Ago <input type="text" value="0"/>
Status <input type="text"/>	Status <input type="text"/>

This information should be filled in as accurately as possible to best inform the project feasibility review.

12) If not a local government entity, describe the legal status of your entity.

The above information is certified by:

Name:

Title:

Contact Person:

Date:

Phone Number:

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## Capital Outlay Request

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Project Level Agency

Fiscal Year 2010-2011

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### Space Utilization Plan

Schedule No: 50-C01  
 Department: 50 MISCELLANEOUS NON-STATE  
 Agency: C01 LA LCL GVT FAC COMM DEV AUTH  
 Local User Facility: VFA  
 Prepared By:   
 Project Title: Offices for the Southern Louisiana Health Center

Detail plan here:

Program currently housed in 1st, 3rd and 4th floors of existing building. Program requires additional space to expand. Currently vacant space on second floor of building to be fit out to accommodate additional area needed. Support and administrative space provided on the existing floors can support most of the expanded program, as a result the focus of the renovation will be on direct service space. See distribution of space on page 9. The ratio of direct service space to administrative space in the existing occupied area is 60% to 40%. With the addition of the newly renovated space, the ratio changes to 75% direct service to 25% administrative and support overall, which is consistent with agency guidelines and industry standards. When completed the net area per service provider will be 120 square feet, which is 10% below industry recommendations, but within acceptable tolerances to operate.

This page is available only if new space is identified on Page 9. Use this box to describe how the space is to be used and reference applicable metrics.

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