

eCORTS Illustrated Sample State Project

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Capital Outlay Request

Page 1

Project ID 538165
Project Level Agency

Fiscal Year 2009-2010

Project

Offices for Southern Louisiana Health Center

Title

New Orleans

Location

State IDs

Local/Agency of

Priority

- Emergency Project
- Current Project Requirements
- Anticipated Program Needs

Applicant

Department 01 EXECUTIVE

Agency 100 EXEC OFFICE

Parish ORLEANS

Senate District 1

House District 100

Site Code

Schedule 01-100

Local/Agency

User VFA

Contact Robert Smith

Phone 225-555-2651

Fax 225-350-4070

Email rsmith@yahoo.com

Address 266 Summer Street

City/State/Zip New Orleans LA 70130

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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.

State ID's for State agencies only. Can be found in SLABS and contain six characters beginning with L or S.

Your changes have been saved

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Fiscal Year 2010-2011

Page 2

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)

Include land or building acquisition costs where applicable

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.

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Project ID 538412
Project Level Agency

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"/>
Total						\$75,000

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	375,000	383,868	62,000	0	0	\$820,868
IAT	0	0	0	0	0	\$0
*Reimbursement Bonds	0	0	0	0	0	\$0
*Fees/Self-Gen. Rev.	0	0	0	0	0	\$0
*Revenue Bonds	0	0	0	0	0	\$0
**Statutory Dedications	0	0	0	0	0	\$0
Federal Funds	0	0	0	0	0	\$0
Total	\$375,000	\$383,868	\$62,000	\$0	\$0	\$820,868

*Describe specific source of funds

**Type of Statutory Dedication

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.

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

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Project ID 538165
Project Level Agency

Fiscal Year 2009-2010

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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Demonstration of Need

Title Offices for 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.

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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.

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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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Facility Requirements

Prepared By

Date Prepared (m/d/yyyy)

Space Requirements: New Space Existing Space No Space

Type of Space	Number of Occupants	Type of Occupants	NA/Per	Net Area
Office	6	Employees	110	660
Reception	2	Employees	200	400
Waiting Room	20	Visitors / Clients	30	600
Treatment Room	14	Visitors / Clients & Emplo	80	1,120
Restrooms	6	Visitors / Clients	64	384
Records	1	Students / Assistants	144	144
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0

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

Employees Contract Employees Temporary Employees
Visitors / Clients Students / Assistants Others

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

What will happen with the existing facility (demolition, remodeled, other program, etc) and funding if needed?

Existing parking lot space for building is adequate to accommodate additional parking needs.

Hint: Net areas calculated on this page are used in the construction cost calculations, it is important to show accurate total net area for each space.

For each occupant type, the total in the bottom box should equal the sum of the same type above. For example, there are 22 employees identified which is equal to 6+2+14 (in this case each employee is assigned to a treatment room).

Note that transient and common areas like restrooms and elevator lobbies should not be added to the occupant total since that would result in redundancy. Occupant totals should include people only once.

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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.

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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PAGE 4 Construction Cost (cont.)

PAGE 5 Source of Data 2009 RSMeans Building Construction Cost Data

PAGE 6

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PAGE 8 List special cost affecting factors considered (unfinished warehouse space, extraordinary HVAC, etc.).

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PAGE 10 Cost of Construction Calculation (Provide COSTS/S.F. for Roofing Projects)

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Date Prepared 8/31/2009

Security system required for treatment of emotionally impaired.

Type of Space	Net Area	Cost/S.F.	Area Cost
Office	660	188	124,080
Reception	400	164	65,600
Waiting Room	600	125	75,000
Treatment Room	1,120	188	210,560
Restrooms	384	245	94,080
Records	144	164	23,616
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Burden Area	827	0	0
Total / Average / Total	4,135	143.394	592,936

Additional Line Item Expenses (Parking, Utility Tie-In, Security System, etc.)

Item	Quantity	Unit Cost	Total
Security System	1	12,500	12,500
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Subtotal of Additional Line Item Expenses			12,500
Total Construction Cost			605,436

Provide information on how the costs were estimated. Provide additional information as necessary in the comments box on page 4.

For space related projects, area information is populated automatically from Page 9. Be sure to account for all costs, including demolition, etc.

For projects not related to space, use this section to calculate costs. Can also be used for additional costs in space related projects.

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Equipment Costs

Item	Item Costs
Movable furniture	42,000
Portable defibrillator	340
Computer equipment	48,000
Telecom equipment	27,000
	0
Total Equipment Costs	117,340

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.

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.).

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PAGE 3	Operation Budget(Expenditures)	
PAGE 4	(Should match submittals BR-1 and BR-2 to Office of Planning and Budget)	
PAGE 5	Salaries	1,256,359
PAGE 6	Other Compensation	0
PAGE 7	Related Benefits	0
PAGE 8	Travel	25,426
PAGE 9	Operating Services	835,628
PAGE 10	Supplies	265,408
PAGE 11	Professional Services	0
PAGE 12	Other Services	0
PAGE 13	Debt Services	0
PAGE 14	Interagency Funds	0
PAGE 15	Acquisitions	0
PAGE 16	Major Repairs	356,203
	Unallocated	0
	Total Expenditures	2,739,024
	Total Positions	22
	Operation Budget(Financing)	
	State General Fund(Direct)	1,423,781
	State General Fund by:	
	Interagency Transfer	0
	Fees and Self-Generated Rev.	1,181,164
	Statutory Dedications	134,079
	Interim Emergency Board	0
	Federal Funds	0
	Total Financing	2,739,024
	Balance	
	Excess/Deficiency of Expenditures Over Financing (should = 0)	0

Should show total current operating budget without project. Show operating budget at the level impacted by project. For example, total department budgets are not appropriate for a single location. **Hint:** If the building and program are new, this column should be zero. If a program is being relocated include operating costs at current 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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Fiscal Year 2009-2010

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
Total Means of Financing	18,632,363	18,632,363	20,001,974	21,371,385	21,371,385

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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Fiscal Year 2009-2010

Space Utilization Plan

Schedule No: 01-100
 Department: 01 EXECUTIVE DEPARTMENT
 Agency: 100 EXECUTIVE OFFICE
 Local User Facility: VFA
 Prepared By:
 Project Title: Offices for 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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