

FOR DEPARTMENT USE ONLY

CHE _____
 JBRC _____
 SFAA _____
 JBRC Staff _____
 ADMIN Staff _____
 A-1 Form Mailed _____
 SPIRS Date _____
 Summary _____

(For Department Use Only)

SUMMARY NUMBER

FORM NUMBER

PERMANENT IMPROVEMENT PROJECT REQUEST

1. AGENCY

Code _____ Name _____

Contact Person _____ Phone _____

2. PROJECT

Project # _____ Name _____

Facility # _____ Facility Name _____

| | |
|---------------------------|-------|
| County Code | _____ |
| New/Revised Budget | _____ |

| | |
|----------------------|-------|
| Project Type | _____ |
| Facility Type | _____ |

3. CPIP PROJECT APPROVAL FOR CURRENT FISCAL YEAR

CCIP priority number _____ of _____ for FY _____.

4. PROJECT ACTION PROPOSED (Indicate all requested actions by checking the appropriate boxes.)

| | | | | | |
|---------------------------------|--------------------------|-------------------------------|--------------------------|----------------------------|--------------------------|
| Establish Project | <input type="checkbox"/> | Decrease Budget | <input type="checkbox"/> | Close Project | <input type="checkbox"/> |
| Establish Project - CPIP | <input type="checkbox"/> | Change Source of Funds | <input type="checkbox"/> | Change Project Name | <input type="checkbox"/> |
| Increase Budget | <input type="checkbox"/> | Revise Scope | <input type="checkbox"/> | Cancel Project | <input type="checkbox"/> |

5. PROJECT DESCRIPTION AND JUSTIFICATION

(Explain and justify the project or revision, including what it is, why it is needed, and any alternatives considered. Attach supporting documentation/maps to fully convey the need for the request.)

6. OPERATING COSTS IMPLICATIONS

Attach Form A-49 if any additional operating costs or savings will result from this request. This includes costs to be absorbed with current funding.

7. ESTIMATED PROJECT SCHEDULE AND EXPENDITURES

Estimated Start Date: _____ Estimated Completion Date: _____
 Estimated Expenditures: Thru Current FY: \$ _____ After Current FY: \$ _____

8. ESTIMATES OF NEW/REVISED PROJECT COSTS

| | |
|------------------|--|
| PROJECT # | |
|------------------|--|

1. _____ Land Purchase ---->
2. _____ Building Purchase ---->
3. _____ Professional Services Fees
4. _____ Equipment and/or Materials ---->
5. _____ Site Development
6. _____ New Construction ---->
7. _____ Renovations - Building Interior ---->
8. _____ Renovations - Utilities
9. _____ Roofing - Roof Age
10. _____ Renovations - Building Exterior
11. _____ Other Permanent Improvements
12. _____ Landscaping
13. _____ Builders Risk Insurance
14. _____ Other Capital Outlay
15. _____ Labor Costs
16. _____ Bond Issue Costs
17. _____ Other:
18. _____ Contingency

Land: _____ Acres
 Floor Space: _____ Gross Square Feet
 Information Technology \$ _____
 Floor Space: _____ Gross Square Feet
 Floor Space: _____ Gross Square Feet

| ENVIRONMENTAL HAZARDS | |
|--|----------|
| Identify all types of significant environmental hazards (including asbestos, PCB's, etc..) present in the project and the financial impact they will have on the project. Type: _____ | |
| <u>Cost Breakdown</u> | |
| Design Services | \$ _____ |
| Monitoring | \$ _____ |
| Abate/Remed | \$ _____ |
| Total Costs | \$ _____ |

\$ _____ TOTAL PROJECT BUDGET

9. PROPOSED SOURCE OF FUNDING

| Source | Previously Approved Amount | Increase/Decrease | Original/Revised Budget | Transfer to/from Proj. # | Rev Object Code | Treasurer's ID Number | Rev Sub Fund | Exp Sub Fund |
|--------------------------|----------------------------|-------------------|-------------------------|--------------------------|-----------------|-----------------------|--------------|--------------|
| (0) CIB, Group | | | | | 8115 | | 3043 | 3043 |
| (1) Dept. CIB, Group | | | | | 8115 | | 3143 | 3143 |
| (2) Institution Bonds | | | | | | | | 3235 |
| (3) Revenue Bonds | | | | | | | | 3393 |
| (4) Excess Debt Service | | | | | | | | 3497 |
| (5) Capital Reserve Fund | | | | | 8895 | | 3603 | 3603 |
| (6) Appropriated State | | | | | 8895 | 68800100 | 1001 | 3600 |
| (7) Federal | | | | | | 78800100 | | 5787 |
| (8) Athletic | | | | | | 88800100 | | 3807 |
| (9) Other (Specify) | | | | | | 98800100 | | 3907 |
| TOTAL BUDGET | \$ _____ | \$ _____ | \$ _____ | | | | | |

10. SUBMITTED BY:

_____ Signature of Authorized Official and Title

_____ Date

11. APPROVED BY:

(For Department Use Only)

_____ Authorized Signature and Title

_____ Date