

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Long Term Infrastructure Development Plan	Department Priority Ranking	1
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	To build a brand new, state of the art airport terminal on the North side of current Airport property. The project consists of a passenger terminal with two (2) concourses, consolidated security screening checkpoint, an in-line baggage screening system and a total of 30 aircraft gates. The project will also include an adjacent parking structure, a central utility plant and associated airside and landside roadways and related site work.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	Yes	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	Operating Cost are expected to decrease
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 559,066,319.00	Proposed Funding Source	Revenue Bonds, Federal Grants, State & Local Airport funds, TSA funds, & Passenger Facility Charges
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	A world class Airport	For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.	
		2017	\$ 370,406,308.00
		2018	\$ 184,217,958.00
		2019	\$ 4,442,053.00
		2020	\$ -
		2021	\$ -
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Long Term Infrastructure Development Plan	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Storm water Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation E & S	Department Priority Ranking	1
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Taxiway E and S will be milled and overlaid, plus concrete slab removal and replacement to maintain airfield safety in compliance with FAA requirements.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 10,790,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds, & Passenger Facility Charges
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.	
		2017	\$ 430,000.00
		2018	\$ 4,580,000.00
		2019	\$ 5,780,000.00
		2020	\$ -
		2021	\$ -
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation E & S	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Storm water Management	1	3	
TOTAL Ranking	10	30	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation																														
Project Name	Airfield Rehabilitation Program RW 2-20	Department Priority Ranking	1																														
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No																														
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?																															
Project Address	Louis Armstrong New Orleans International Airport	Council District																															
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project will improve integrity of pavement and allow the Airport to maintain compliance with FAA requirements.																																
Five Year Summary																																	
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status																															
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.																															
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 2,100,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds, & Passenger Facility Charges																														
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change																															
Please discuss how the project conforms to objectives and recommendations of the Master Plan:																																	
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.																																	
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below. <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 20%;">2017</td> <td style="width: 10%;">\$</td> <td style="width: 20%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 20%; text-align: right;">210,000.00</td> </tr> <tr> <td>2018</td> <td>\$</td> <td></td> <td></td> <td></td> <td style="text-align: right;">1,890,000.00</td> </tr> <tr> <td>2019</td> <td>\$</td> <td></td> <td></td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td>2020</td> <td>\$</td> <td></td> <td></td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td>2021</td> <td>\$</td> <td></td> <td></td> <td></td> <td style="text-align: right;">-</td> </tr> </table>		2017	\$				210,000.00	2018	\$				1,890,000.00	2019	\$				-	2020	\$				-	2021	\$				-
2017	\$				210,000.00																												
2018	\$				1,890,000.00																												
2019	\$				-																												
2020	\$				-																												
2021	\$				-																												
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required Improvements and estimated costs																															

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program RW 2-20	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Storm water Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program RW 11-29	Department Priority Ranking	1
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project will improve integrity of pavement and allow the Airport to maintain compliance with FAA requirements.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 1,230,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds, & Passenger Facility Charges
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.	
		2017	\$ -
		2018	\$ -
		2019	\$ -
		2020	\$ 123,000.00
		2021	\$ 1,107,000.00
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program RW 11-29	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to adopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Energy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Storm water Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Airport Layout Plan Update	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project will develop and updated Airport layout Plan to include the north side terminal.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 1,000,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds, & Passenger Facility Charges
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	A world class Airport	For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.	
		2017	\$ -
		2018	\$ -
		2019	\$ -
		2020	\$ 1,000,000.00
		2021	\$ -
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Airport Layout Plan Update	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	