

2014 - 2018 Capital Budget Request Form

Department Agency Number	Contact Name	892	Patricia Henry, Deputy Director or Deandra Grant-Watson, Chief Accountant						
Department Name	French Market	Contact Number	(504) 522-2621						
Date	5/24/2013	Contact E-Mail	pHenry@frenchmarket.org or dWatson@frenchmarket.org						
Request #	Department Ranking	Priority Criteria Ranking	Project Name	Project Amount	2014	2015	2016	2017	2018
1	5	60	Annual Allowance for Beautification	\$ 522,000.00	90000	108000	108000	108000	108000
2	8	51	Vehicle Replacement Program	\$ 50,000.00				25000	25000
3	6	20	Painting French Market Buildings	\$ 300,000.00	100000	50000	50000	50000	50000
4	4	51	Public Restroom Renovations	\$ 200,000.00		50000	50000	50000	50000
5	3	54	HVAC Upgrades	\$ 300,000.00	150000	150000	0	0	0
6	9	39	Equipment - Security/Maintenance	\$ 50,000.00	50000	0	0	0	0
7	10	57	Trash Receptacle Replacement	\$ 50,000.00				25000	25000
8	11	39	Technology Upgrades	\$ 180,000.00	50000	15000	15000	50000	50000
9	1	54	Major Electrical Repair/Modernization	\$ 360,000.00	160000	200000	0	0	0
10	2	54	Major Building Repairs	\$ 882,933.00	282933	200000	200000	100000	100000
11	7	63	Flagstone Repairs	\$ 40,000.00		20000	20000		
				\$ 2,934,933.00	\$ 882,933.00	\$ 793,000.00	\$ 443,000.00	\$ 408,000.00	\$ 408,000.00

Department Head Signature 

Date 24-May-13

Printed Name Ann D. Duplessis, Interim Executive Director

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Annual Allowance for Beautification	Department Priority Ranking	5
Project Type	C	Is a Land acquisition needed? (Y/N)	No
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project include new public art and landscaping various green spaces throughout French Market property.		
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.)	\$ 522,000.00	Proposed Funding Source	Self generated funds.
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:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2014-2018
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	

Agency Number		Department Name	#N/A
Project Name	Annual Allowance for Beautification	Department Priority Ranking	5
Categories			
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	3	9	
Operating Budget	1	3	
Life Expectancy of Project	0	0	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	3	9	
Special Need	0	0	
Energy Consumption	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
TOTAL Ranking	20	60	

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Vehicle Replacement Program	Department Priority Ranking	8
Project Type	D	Is a Land acquisition needed? (Y/N)	No
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Vehicles are scheduled for replacement every five years.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	Not applicable	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.	If yes please provide estimate of Increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$50,000	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	Not applicable	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	None	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2017-2018
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Not applicable	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	Blank	Department Name	Blank
Project Name	Vehicle Replacement Program	Department Priority Ranking	8
Categories	Rating		
Public Health and Safety	0	0	
External Requirements	3	9	
Protection of Capital Stock	0	0	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project	0	0	
Relation to adopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	3	9	
Special Need	0	0	
Energy Consumption	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Painting French Market Buildings	Department Priority Ranking	6
Project Type	C	Is a Land acquisition needed? (Y/N)	no
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Painting of all French Market Buildings		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$300,000	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	not applicable	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2014-2017
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	not applicable	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	Blank	Department Name	Blank
Project Name	Painting French Market Buildings	Department Priority Ranking	6
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	1	3	
Life Expectancy of Project	0	0	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	2	6	
Availability of Financing	3	9	
Special Need	0	0	
Energy Consumption	2	6	
Timeliness/ External	0	0	
Public Support	1	3	
TOTAL Ranking	20	20	

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Public Restroom Renovations	Department Priority Ranking	4
Project Type	B	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Washington Artillery Park restroom upgrades		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 200,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015-2018
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	Blank	Department Name	Blank
Project Name	Public Restroom Renovations	Department Priority Ranking	4
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	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	HVAC Upgrades	Department Priority Ranking	3
Project Type	B	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	HVAC Upgrades		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 300,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2014,2015,2016, or 2017	2014-2015
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	Blank	Department Name	Blank
Project Name	HVAC Upgrades	Department Priority Ranking	3

Categories	Rating	Score
Public Health and Safety	0	0
External Requirements	0	0
Protection of Capital Stock	0	0
Economic Development	0	0
Operating Budget	2	6
Life Expectancy of Project	1	3
Percent of Population Served by Project	3	9
Relation to adopted Plans	0	0
Intensity of Use	3	9
Scheduling	2	6
Benefit/ Cost	1	3
Potential for Duplication	1	3
Availability of Financing	3	9
Special Need	0	0
Energy Consumption	2	6
Timeliness/ External	0	0
Public Support	0	0
TOTAL Ranking	18	54

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Equipment - Security/Maintenance	Department Priority Ranking	9
Project Type	D	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Purchase pool pump for fountain and floor scrubber		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	Not applicable	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	If yes please provide estimate of Increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 50,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2014
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	Blank	Department Name	Blank
Project Name	Equipment - Security/Maintenance	Department Priority Ranking	9

Categories	Rating	Score
Public Health and Safety	0	0
External Requirements	0	0
Protection of Capital Stock	1	3
Economic Development	0	0
Operating Budget	2	6
Life Expectancy of Project	0	0
Percent of Population Served by Project	3	9
Relation to adopted Plans	0	0
Intensity of Use	3	9
Scheduling	1	3
Benefit/ Cost	1	3
Potential for Duplication	0	0
Availability of Financing	0	0
Special Need	0	0
Energy Consumption	2	6
Timeliness/ External	0	0
Public Support	0	0
TOTAL Ranking	13	39

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Trash Receptacle Replacement	Department Priority Ranking	10
Project Type	D	Is a Land acquisition needed? (Y/N)	no
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Periodic replacement of trash receptacles throughout the market.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	not applicable	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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (Include Design, Construction, Testing, Contingency, etc.)	\$ 50,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2017-2018
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	Blank	Department Name	Blank
Project Name	Trash Receptacle Replacement	Department Priority Ranking	10
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	3	9	
Special Need	0	0	
Energy Consumption	2	6	
Timeliness/ External	0	0	
Public Support	1	3	
TOTAL Ranking	19	57	

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Technology Upgrades	Department Priority Ranking	11
Project Type	D	Is a Land acquisition needed? (Y/N)	no
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Computer Equipment and Software Upgrade		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	not applicable	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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 180,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2017-2018
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	Blank	Department Name	Blank
Project Name	Technology Upgrades	Department Priority Ranking	11
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	0	0	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project	0	0	
Relation to adopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Energy Consumption	2	6	
Timeliness/ External	0	0	
Public Support	1	3	
TOTAL Ranking	13	39	

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Major Electrical Repair/Modernization	Department Priority Ranking	1
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Upgrades and repairs to electrical systems.		
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.)	\$ 360,000.00	Proposed Funding Source	360000
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2014-2018
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	Blank	Department Name	Blank
Project Name	Major Electrical Repair/Modernization	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	2	6	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Energy Consumption	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
TOTAL Ranking	18	54	

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Major Building Repairs	Department Priority Ranking	2
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Major Building repairs and renovations		
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.)	\$ 900,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2014-2018
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

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Major Building Repairs	Department Priority Ranking	2
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	3	9	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	3	9	
Special Need	0	0	
Energy Consumption	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
TOTAL Ranking	21	63	

Capital Budget Request Form

Agency Number	892	Department Name	French Market
Project Name	Flagstone Repairs	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Repair damaged flagstone throughout the market		
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.)	\$ 40,000.00	Proposed Funding Source	Self generated funds
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:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2014,2016&2017
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	Blank	Department Name	Blank
Project Name	Flagstone Repairs	Department Priority Ranking	7

Categories	Rating	Score
Public Health and Safety	2	6
External Requirements	0	0
Protection of Capital Stock	1	3
Economic Development	0	0
Operating Budget	2	6
Life Expectancy of Project	0	0
Percent of Population Served by Project	3	9
Relation to adopted Plans	0	0
Intensity of Use	3	9
Scheduling	3	9
Benefit/ Cost	1	3
Potential for Duplication	0	0
Availability of Financing	1	3
Special Need	0	0
Energy Consumption	2	6
Timeliness/ External	0	0
Public Support	0	0
TOTAL Ranking	18	54