

2014 - 2018 Capital Budget Request Form

Department Agency Number	6850	Contact Name							
Department Name	& Termite Cont	Contact Number							
Date		Contact E-Mail							
Request #	Department Ranking	Prioirty Criteria Ranking	Project Name	Project Amount	2014	2015	2016	2017	2018
1	1	51	Warehouse	\$ 10,000.00					
2	2	0	Biolab roof repair	60-65K					
3	3	0	Mosquito Control airplane	\$800,000 to \$900,000					
4	0	0	0	\$ -					
5	0	0	0	\$ -					
6	0	0	0	\$ -					
7	0	0	0	\$ -					
8	0	0	0	\$ -					
9	0	0	0	\$ -					
10	0	0	0	\$ -					
TOTAL				\$ 10,000.00	0	0	0	0	0

Department Head
Signature

_____ Printed Name

Date

Capital Budget Request Form			
Agency Number	6850	Department Name	Mosquit & Termite Control Board
Project Name	Warehouse	Department Priority Ranking	1
Project Type	new or renovation	Is a Land acquisition needed? (Y/N)	Maybe
Project Address	no address yet	Council District	D
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The building PWs for Mosquito & Termite Control were consolidated and a new administration building with laboratories, offices, and a training room was constructed in 2011. The PW states that NOMTCb must purchase/build a warehouse to fulfill the requirements of the project. NOMTCB has been trying to find a property for the last two years. FEMA nad GOSEP are pressuring the city to relocate.		
Five Year Summary	NOMTCB must relocate from the Levee Board's property on the Lakefront Airport. We can not repair or rebuild in the V-Zone. We are looking for a property to purchase or obtain in order have a warehouse for field operations. We need a location that is near the airport and administration building. This will be a long term site.		
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)	yes	Please provide estimate of increase or decrease operating costs.	utilities only
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 10,000.00	Proposed Funding Source	
Does this project fall in line with the current Zoning requirements	if in the Harbor Circle area -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?	We need a location to run the field component of mosquito and rodent control	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	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	6850	Department Name	Mosquito & Termite Control Board
Project Name	Warehouse	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	
TOTAL Ranking	17	51	

Capital Budget Request Form			
Agency Number	6850	Department Name	Mosquito and Termite Control Board
Project Name	Biolab roof repair	Department Priority Ranking	2
Project Type	repair	Is a Land acquisition needed? (Y/N)	no
Project Address	1300 B Gentilly Road	Council District	E
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The roof of the biolab building was damaged by Katrina and needs to be repaired. The building has severe leaks.		
Five Year Summary	This is a long-term Mosquito Control building which is currently in use. We have no plans to move from the building.		
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.)	60-65K	Proposed Funding Source	A PW exists for repair of the roof
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?	repair a city building	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	no	If no please discuss required improvements and estimated costs	no

Capital Budget Request Priority Rating Form

Agency Number	6850	Department Name	Mosquito and Termite Control Board
Project Name	Biolab roof repair	Department Priority Ranking	2
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	6850	Department Name	Mosquito and Termite Control Board
Project Name	Mosquito Control airplane	Department Priority Ranking	3
Project Type	replacement of the mosquito control airplane	Is a Land acquisition needed? (Y/N)	no
Project Address	N/A	Council District	D
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Mosquito Control airplane will need to be replaced in the near future due to serious corrosion and age of the airplane.		
Five Year Summary	The Mosquito Control airplane is the most important tool the city owns for mosquito abatement.		
Has an Architect or Engineer prepared drawings for this project?	N/A	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, it will actually decrease since we are spending so much money on repairs and parts.	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$800,000 to \$900,000	Proposed Funding Source	
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Mosquito control is part of the city services. The plane has also been used by the Fire Dept. for marsh fire surveillance.		
What Benefit(s) will be provided to Public from this project?	We will be able to conduct effective mosquito control and protect the public from West Nile virus and other arboviruses and improve the quality of life of residents and visitors.	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2015
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	no	If no please discuss required improvements and estimated costs	none

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	6850	Department Name	Mosquito and Termite Control Board
Project Name	Mosquito Control airplane	Department Priority Ranking	3
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	Blank	Department Name	Blank
Project Name		Department Priority Ranking	
Project Type		Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		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)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
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, 2017,or 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	0	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	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	Blank	Department Name	Blank
Project Name		Department Priority Ranking	
Project Type	Blank	Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		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)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
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, 2017,or 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	0	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	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	Blank	Department Name	Blank
Project Name		Department Priority Ranking	
Project Type		Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		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)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
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, 2017,or 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	

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Agency Number	Blank	Department Name	Blank
Project Name	0	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	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	Blank	Department Name	Blank
Project Name		Department Priority Ranking	
Project Type		Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		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)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
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, 2017,or 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	0	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	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	Blank	Department Name	Blank
Project Name		Department Priority Ranking	
Project Type	Blank	Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		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)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
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, 2017,or 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	0	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	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	200	Department Name	City Council
Project Name		Department Priority Ranking	
Project Type	Blank	Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		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)		Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
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, 2017,or 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	0	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	
TOTAL Ranking	17	51	

Capital Budget Request Form

Agency Number	200	Department Name	City Council
Project Name		Department Priority Ranking	
Project Type	Blank	Is a Land acquisition needed? (Y/N)	
Project Address		Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		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)		Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)		Proposed Funding Source	
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, 2017,or 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

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	0	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	
TOTAL Ranking	17	51	