2014 - 2018 Capital Budget Request Form												
Department												
Agency Number	580	Contact Name		Victor Richards								
Department												
Name	NORD	Contact Number					658-3015					
Date		Contact E-Mail				vn	richard@nola.gov					
	Department	Priority Criteria										
Request #	Ranking	Ranking	Project Name		Project Amount		2014		2015	2016	2017	2018
1	11	132	City Wide Skate Park	\$	500,000.00	\$	250,000.00	\$	250,000.00			
2	5	147	Digby Playground	\$	400,000.00	\$	400,000.00		·			
3	6	147	A. L. Davis Playground	\$	500,000.00	\$	500,000.00					
4	12	150	McDonough Playground	\$	1,125,000.00	\$	1,125,000.00					
5	3	156	Kerry Curley Playground	\$	850,000.00	\$	850,000.00					
6	14	96	Pradat Pool & Playground	\$	3,250,000.00					\$ 1,625,000.00	\$ 1,625,000.00	
7	10	96	George W. Carver Playground	\$	650,000.00	\$	225,000.00		225,000.00			
8	20	96	Gatto Playspot	\$	200,000.00			\$	200,000.00			
9	9	96	Conrad Playground	\$	400,000.00	\$	400,000.00					
10	19	132	Milne Indoor Pool	\$	5,200,000.00			\$		\$ 4,680,000.00		
11	21	96	St. James Playspot	\$	225,000.00			\$	225,000.00			
12	8	96	Bodenger Playground	\$	1,250,000.00	\$	1,250,000.00					
			Annunication					١.				
13	1	156	Center/Playground	\$	912,500.00			\$				
14	13	96	Werner Playground	\$	350,000.00			\$	350,000.00			
			City Wide Playground					١.				
15	15	96	Equipment Replacement	\$	1,575,000.00	\$	393,750.00	\$	393,750.00	\$ 393,750.00	\$ 393,750.00	
			Donsereaux/Harrison					١.				
16	16	96	Playground	\$	400,000.00			\$	200,000.00	\$ 200,000.00		
17	17	96	Samuel Square	\$	250,000.00	\$	125,000.00	\$	125,000.00			
18	18 2	96 156	West Bank Indoor Pool	\$	5,200,000.00	ć	800.000.00	\$	5,200,000.00			
19	2	156	Bunny Friend	\$	800,000.00	\$	800,000.00	┢				
20	23	96	Skelly Rupp Baseball Diamond	\$	1,500,000.00	\$	1,500,000.00					
21	7	96	Taylor Playground	\$	333,333.00	\$	250,000.00					
22	22	96	Citywide Dog Parks	\$	5,700,000.00	\$	1,900,000.00	\$	1,900,000.00	\$ 1,900,000.00		
23	4	153	Joe W. Brown Park		\$1,715,000.00	\$	1,715,000.00					
TOTAL				\$	31,570,833.00	\$	11,683,750.00	\$	10,501,250.00	\$ 8,798,750.00	\$ 2,018,750.00	\$ -
Department Head Sig	nature			Prin	ited Name							
Date		<u> </u>						H				
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	Capital Budget Request Form						
Agency Number	580	Department Name	NORD				
Project Name	City Wide Skate Park	Department Priority Ranking	11				
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No				
Project Address	1500 Lafreniere St.	Council District	D				
Detailed Summary: Include Scope of	Capital improvements to the ongoing do-it-you	urself construction of a skate park under t	the interstate at Paris and St. Bernard Avenues by				
work, parking requirements,	Transitional Spaces. Also, Red Bull has donate	d design servies and fabricated skate piec	es from Spohn Rance. The capital funds will be used				
landscaping, etc.			parking for approxmately ten cars, sidewalk access				
Five Year Summary	Code related and user enhancemen	ts to existing public skate park under the	interstatre at Paris and St. Bernard Avenues.				
Has an Architect or Engineer prepared drawings for this project?	Yes	If Yes please explain how this was funded and current status	Transitional Spaces, a grassroots group formed to build this skatepark, and a non-profit are working with a landscape architect to develp a master plan. Red Bull donation of \$150,000 included design work and skate pieces fabricated by Spohn Ranch.				
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.	\$ 100,000.00				
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 500,000.00	Proposed Funding Source	Red Bull donation:\$150,000 obligated; \$100,.000 anticipated; capital budget:\$250,000 requested; \$6,000 survey already completed NORDC funds; undetermined amount of do-it-yourself labor and materials.				
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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. This will provide recreational opportunities appropriate to the demographics to the						
What Benefit(s) will be provided to Public from this project?	Our ability to provide expediant services.	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 Prioirty Rating Form						
Agency Number	580	Department Name	NORD			
Project Name	City Wide Skate Park	Department Priority Ranking	11			
Categories	Rating		Score			
Public Health and Safety	4		12			
External Requirements	2		6			
Protection of Capital Stock	2		6			
Economic Development	1		3			
Operating Budget	3		9			
Life Expectancy of Project	3		9			
Percent of Population Served by Project	2		6			
Relation to dopted Plans	4		12			
Intensity of Use	4		12			
Scheduling	4		12			
Benefit/ Cost	2		6			
Potential for Duplication	1		3			
Availability of Financing	2		6			
Special Need	3		9			
Entergy Consumptiom	2	·	6			
Timeliness/ External	1		3			
Public Support	4		12			
TOTAL Ranking	44	_	132			

	Capital Budget Request Form						
Agency Number	580	Department Name	NORD				
Project Name	Digby Playground	Department Priority Ranking	5				
Project Type	Renovation	Is a Land acquisition needed? (Y/N)	No				
Project Address	6600 Virgillan Street & S. Laverne	Council District	D				
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Remove/replace permimeter fencing, backspowater fountain, replace concession window, fa		und shelter house; inspect/repair plumbing, replace				
Five Year Summary	Renovation of existing	ng facilities at Digby Playground to improv	ve safety and user experience.				
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.)	\$ 400,000.00	Proposed Funding Source	Bond Money				
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:	or and our need for adequate facilities to serve the general public and population of the surrounding community. This will provide recreational opportunities appropriate to the demographics to the surrounding neighborhoods						
What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development.	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 Prioirty Rating Form						
Agency Number	580	Department Name	NORD			
Project Name	Digby Playground	Department Priority Ranking	5			
Categories	Rating		Score			
Public Health and Safety	4		12			
External Requirements	3		9			
Protection of Capital Stock	4		12			
Economic Development	1		3			
Operating Budget	3		9			
Life Expectancy of Project	3		9			
Percent of Population Served by Project	4		12			
Relation to dopted Plans	2		6			
Intensity of Use	4		12			
Scheduling	3		9			
Benefit/ Cost	2		6			
Potential for Duplication	3		9			
Availability of Financing	2		6			
Special Need	3		9			
Entergy Consumptiom	3		9			
Timeliness/ External	1		3			
Public Support	4		12			
TOTAL Ranking	49		147			

Capital Budget Request Form						
Agency Number	580	Department Name	NORD			
Project Name	A. L. Davis Playground	Department Priority Ranking	6			
Project Type	Renovations: Building Improvement	Is a Land acquisition needed? (Y/N)	No			
Project Address	2600 La Salle St.	Council District	В			
Detailed Summary: Include Scope of work,	Remove/replace existing tennis court slab, poles, nets	and striping; remove/replace existing roof on shelter house,	repair underground plumbing in concession stand (possible			
parking requirements, landscaping, etc.		place water fountain, regrade field, remove/replace seating a				
Five Year Summary	Renovation o	of existing facilities at A L Davis Playground to improve safety a	and user experience.			
Has an Architect or Engineer prepared drawings	No	If Yes please explain how this was funded and current				
for this project?	NO .	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.)	\$ 500,000.00	Proposed Funding Source	Bond 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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. This will provide recreational opportunities appropriate to the demographics to the surrounding neighborhoods.					
What Benefit(s) will be provided to Public from this project?	Community development, friendships, family unity and exercise	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 Prioirty Rating Form					
Agency Number	580	Department Name	NORD		
Project Name	A. L. Davis Playground	Department Priority Ranking	6		
Categories	Rating	Sco	ore		
Public Health and Safety	4	1	2		
External Requirements	3		9		
Protection of Capital Stock	4	1	2		
Economic Development	1		3		
Operating Budget	3	9			
Life Expectancy of Project	3	9			
Percent of Population Served by Projects	4	4 12			
Relation to dopted Plans	2	2			
Intensity of Use	4	4 12			
Scheduling	3	9			
Benefit/ Cost	2		6		
Potential for Duplication	3		9		
Availability of Financing	2	6			
Special Need	3	9			
Entergy Consumptiom	3	9			
Timeliness/ External	1	3			
Public Support	4	12			
TOTAL Ranking	49	14	47		

Capital Budget Request Form						
Agency Number	580		NORD			
Project Name	McDonough Playground	Department Priority Ranking	12			
Project Type	Renovations: Building Improvements	Is a Land acquisition needed? (Y/N)	No			
Project Address	Teche Street & Lawrence Street	Council District	С			
Detailed Summary: Include Scope of	Renovations to concession building/shelter ho	use: inspect/repair plumbing lines, repair	r/replace water fountain, replace toilets, seats, sinks,			
work, parking requirements, landscaping, etc.	fixtures, & partitions; install cabinets and cour replace/repair basketball pavilion, standards, I		ipment storage area, office space, ac units; e backstops, bleachers & regrade field; replace play			
Five Year Summary	Renovation of existing for	acilities at McDonough Playground to imp	prove safety and user experience.			
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.)	\$ 1,125,000.00	Proposed Funding Source	Bond 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:	This project will aid our need for adequate fac provide recreational opportunities appropriate		oulation of the surrounding community.This will g neighborhoods.			
What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development.	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				

Agency Number	580	Department Name NORD	
Project Name	McDonough Playground	Department Priority Ranking	12
Categories	Rating	Score	
Public Health and Safety	4	12	
External Requirements	3	9	
Protection of Capital Stock	4	12	
Economic Development	1	3	
Operating Budget	3	9	
Life Expectancy of Project	4	12	
cent of Population Served by Project	4	12	
Relation to dopted Plans	2	6	
Intensity of Use	4	12	
Scheduling	3	9	
Benefit/ Cost	2	6	
Potential for Duplication	3	9	
Availability of Financing	2	6	
Special Need	3	9	
Entergy Consumptiom	3	9	
Timeliness/ External	1	3	
Public Support	4	12	
TOTAL Ranking	50	150	

	Capital Budget Request Form					
Agency Number	580	-	NORD			
Project Name	Kerry Curley Playground	Department Priority Ranking	3			
Project Type	Renovations: Building Improvements	Is a Land acquisition needed? (Y/N)	No			
Project Address	4851 Camelot Street	Council District	E			
Detailed Summary: Include Scope of	Renovations to concession building/shelter ho	use: remove/replace roof, inspect suppo	rting beams for damage remove/replace as required,			
work, parking requirements, landscaping, etc.			e water fountain, replace toilets, seats, sinks, fixtures, pment storage area, office, ac units; replace basketball			
Five Year Summary	Renovation of existing fa	acilities at Kerry Curley Playground to imp	prove safety and user experience.			
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	If yes please provide estimate of increase in operating costs.	\$ 50,000.00			
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 850,000.00	Proposed Funding Source	Bond Money			
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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. Children and youth in the upper 9th ward will be given the opportunity to recreate, as this facility is currently in the post-Katrina					
What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development.	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 Req	uest Prioirty Rating Form	
Agency Number	580	Department Name	NORD
Project Name	Kerry Curley Playground	Department Priority Ranking	3
Categories	Rating		Score
Public Health and Safety	4		12
External Requirements	3		9
Protection of Capital Stock	4		12
Economic Development	3		9
Operating Budget	3		9
Life Expectancy of Project	3		9
Percent of Population Served by Project	2		6
Relation to dopted Plans	3		9
Intensity of Use	4		12
Scheduling	4		12
Benefit/ Cost	3		9
Potential for Duplication	2		6
Availability of Financing	3		9
Special Need	3		9
Entergy Consumptiom	2		6
Timeliness/ External	2	· · · · · · · · · · · · · · · · · · ·	6
Public Support	4		12
TOTAL Ranking	52		156

Capital Budget Request Form						
Agency Number	580	-	NORD			
Project Name	Pradat Pool & Playground	Department Priority Ranking	14			
Project Type	Renovations: Building Improvements	Is a Land acquisition needed? (Y/N)	No			
Project Address	7200 Dreux Avenue & Pecan	Council District	D			
Detailed Summary: Include Scope of	Renovations to concession building/shelter ho	use/bath house: remove/replace roof, in	spect supporting beams for damage remove/replace			
work, parking requirements, landscaping, etc.	as required, remove/replace ceilings, walls (dr fountain, replace toilets, seats, sinks, fixtures,		l; inspect/repair plumbing lines, replace water nd counter tops in concession area; Build equipment			
Five Year Summary	Renovation of existing facilities at Prada	at Pool & Playground to improve safety, u	user experience, and re-engage aquatic program.			
Has an Architect or Engineer prepared drawings for this project?	Unknown	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	If yes please provide estimate of increase in operating costs.	\$ 100,000.00			
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 3,250,000.00	Proposed Funding Source	Bond 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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. This will provide recreational opportunities appropriate to the demographics to the surrounding neighborhoods.					
What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development.	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	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 Prioirty Rating Form			
Agency Number	580	Department Name	NORD
Project Name	Pradat Pool & Playground	Department Priority Ranking	14
Categories	Rating		Score
Public Health and Safety	3		9
External Requirements	2		6
Protection of Capital Stock	3		9
Economic Development	0		0
Operating Budget	2		6
Life Expectancy of Project	2		6
Percent of Population Served by Project	3		9
Relation to dopted Plans	1		3
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	1		3
Potential for Duplication	2		6
Availability of Financing	1		3
Special Need	2		6
Entergy Consumptiom	2		6
Timeliness/ External	0	·	0
Public Support	3		9
TOTAL Ranking	32		96

Capital Budget Request Form					
Agency Number					
Project Name	George W. Carver Playground	Department Priority Ranking	10		
Project Type	Renovations: Building Improvements	Is a Land acquisition needed? (Y/N)	No		
Project Address	7400 Prytania Street & Lowerline	Council District	A		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	field, replace perimeter fencing; repair facility	plumbing, water fountain, ac unit, and re			
Five Year Summary	Renovation of existing facil	lities to improve safety and user experien	ce at George W. Carver Playground.		
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.)	\$ 600,000.00	Proposed Funding Source	\$150,000.00 Bond Money and remaining balance State Capital Outlay		
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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. This will provide recreational opportunities appropriate to the demographics to the surrounding neighborhoods.				
What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development.	For what year are you requesting the Project? 2013,2014,2015,2016, 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 Prioirty Rating Form			
Agency Number	580	Department Name	NORD
Project Name	George W. Carver Playground	Department Priority Ranking	10
Categories	Rating		Score
Public Health and Safety	3		9
External Requirements	2		6
Protection of Capital Stock	3		9
Economic Development	0		0
Operating Budget	2		6
Life Expectancy of Project	2		6
Percent of Population Served by Project	3		9
Relation to dopted Plans	1		3
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	1		3
Potential for Duplication	2		6
Availability of Financing	1		3
Special Need	2		6
Entergy Consumptiom	2	·	6
Timeliness/ External	0		0
Public Support	3	·	9
TOTAL Ranking	32	_	96

Capital Budget Request Form					
Agency Number					
Project Name	Gatto Playspot	Department Priority Ranking	20		
Project Type	Repairs: major Repair Project outside of Property Management Budget	Is a Land acquisition needed? (Y/N)	No 20		
Project Address	1929 Wildair Drive & Windsor	Council District	D		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Renovate basketball court, install slab, standa equipment.	, , ,	, 6. , 5.		
Five Year Summary	Improve pu	blic safety and recreation activies availab	le at Gatto Playspot.		
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.)	\$ 200,000.00	Proposed Funding Source	Grant and Bond 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:	This project will increase community development and friendships as well as enjoyable exercise for all participants. This will provide recreational opportunities appropriate to the demographics to the surrounding neighborhoods.				
What Benefit(s) will be provided to Public from this project?	Community development, friendships, family unity and exercise	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	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 Prioirty Rating Form			
Agency Number	580	Department Name	NORD
Project Name	Gatto Playspot	Department Priority Ranking	20
Categories	Rating		Score
Public Health and Safety	3		9
External Requirements	2		6
Protection of Capital Stock	3		9
Economic Development	0		0
Operating Budget	2		6
Life Expectancy of Project	2		6
Percent of Population Served by Project	3		9
Relation to dopted Plans	1		3
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	1		3
Potential for Duplication	2		6
Availability of Financing	1		3
Special Need	2		6
Entergy Consumptiom	2		6
Timeliness/ External	0		0
Public Support	3		9
TOTAL Ranking	32		96

Capital Budget Request Form			
Agency Number	580	Department Name	NORD
Project Name	Conrad Playground	Department Priority Ranking	9
Project Type	Renovations: Building Improvement	Is a Land acquisition needed? (Y/N)	No
Project Address	3600 Hamilton Street & Olive	Council District	A
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	facility fencing, backspots, bleachers,	dugouts, add dugout covering; repair/rep	
Five Year Summary	Renovation of existing	g facilities at Conrad Playground to improv	ve safety and user experience.
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.)	\$ 400,000.00	Proposed Funding Source	FEMA 14042.40, Bond 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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community.		
What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development.	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 Prioirty Rating Form			
Agency Number	580	Department Name	NORD
Project Name	Conrad Playground	Department Priority Ranking	9
Categories	Rating		Score
Public Health and Safety	3		9
External Requirements	2		6
Protection of Capital Stock	3		9
Economic Development	0		0
Operating Budget	2		6
Life Expectancy of Project	2		6
Percent of Population Served by			
Projects	3		9
Relation to dopted Plans	1		3
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	1		3
Potential for Duplication	2		6
Availability of Financing	1		3
Special Need	2		6
Entergy Consumptiom	2		6
Timeliness/ External	0		0
Public Support	3		9
TOTAL Ranking	32		96

Capital Budget Request Form			
Agency Number	580	Department Name	NORD
Project Name	Milne Indoor Pool	Department Priority Ranking	19
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No
Project Address		Council District	D
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Construction of a new natatorium to serve th	ne Gentilly community.	
Five Year Summary	Provide	e year round aquatic programs at Milne Indo	or Pool.
Has an Architect or Engineer prepared drawings for this project?	Unknown	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.	150000
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 5,200,000.00	Proposed Funding Source	Bond Funds/State Capital Outlay
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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. This will also enable NORDC to deliver multi-use indoor/outdoor recreation centers and pools within 5 miles of every resident.		
What Benefit(s) will be provided to Public from this project?	Community development, friendships, family unity and exercise and healthy life styles.	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015, 2016
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	UNKNOWN	If no please discuss required improvements and estimated costs	

Capital Budget Request Prioirty Rating Form			
Agency Number	580	Department Name	NORD
Project Name	Milne Indoor Pool	Department Priority Ranking	19
Categories	Rating	Sc	core
Public Health and Safety	3		9
External Requirements	2		6
Protection of Capital Stock	1		3
Economic Development	4		12
Operating Budget	2		6
Life Expectancy of Project	4		12
Percent of Population Served by Projects	2		6
Relation to dopted Plans	3		9
Intensity of Use	4		12
Scheduling	3		9
Benefit/ Cost	2		6
Potential for Duplication	1		3
Availability of Financing	2		6
Special Need	3		9
Entergy Consumptiom	2		6
Timeliness/ External	4		12
Public Support	2		6
TOTAL Ranking	44		132

	Capital Budge	t Request Form	
Agency Number	580	Department Name	NORD
Project Name	St. James Playspot	Department Priority Ranking	21
r roject realite	Renovations: Building	Is a Land acquisition needed?	
Project Type	Improvement	(Y/N)	No
Project Address	2400 Filmore & St. Roch Streets	Council District	D
Detailed Summary: Include			
Scope of work, parking	Renovate tennis courts; remove/re	place poles, nets & stripping; replac	e water fountain, seating area
requirements, landscaping,	and landscaping		
etc.			
Five Year Summary	Renovation of existing facilities	es at St James Playspot to improve sa	afety and user experience.
Has an Architect or Engineer		If Yes please explain how this was	
prepared drawings for this	No	funded and current status	
project?		Tunded 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.)	\$ 225,000.00	Proposed Funding Source	Bond 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:		lequate facilities to serve the genera provide recreational opportunities ap	
What Benefit(s) will be provided to Public from this project?	Community development, friendships, family unity and exercise	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?	Yes	If no please discuss required improvements and estimated costs	
	Capital Budget Reque	st Prioirty Rating Form	
Agency Number	580	Department Name	NORD
			-
Project Name	St. James Playspot	Department Priority Ranking	21
Categories	Rating	Scor	e
Public Health and Safety	3	9	
External Requirements	2	6	
Protection of Capital Stock	3	9	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	2	6	
ent of Population Served by Pro		9	
Relation to dopted Plans	1	3	
Intensity of Use	3	9	
Scheduling	2	6	

Benefit/ Cost	1	3
Potential for Duplication	2	6
Availability of Financing	1	3
Special Need	2	6
Entergy Consumptiom	2	6
Timeliness/ External	0	0
Public Support	3	9
TOTAL Ranking	32	96

	Conital Bu	dant Dogwoot Form	
Agency Number	Capital Bud	dget Request Form Department Name	NORD
Project Name	Bodenger Playground	Department Name Department Priority Ranking	8
Project Name	Boderiger Flayground	Is a Land acquisition needed?	8
Project Type	Renovations: Building Improvemer	(Y/N)	No
Project Address	3400 Kansas Street & Memorial Pa		C
Detailed Summary: Include	Renovations to concession building		
Scope of work, parking			epair plumbing lines, replace/install
requirements, landscaping, etc.	water fountain, replace toilets, sea	•	•
, , , , , , , , , , , , , , , , , , , ,			ace basketball standards, backboards and
Five Year Summary	Renovation of	existing facilities to improve safety	and user experience.
Has an Architect or Engineer		If Yes please explain how this	
prepared drawings for this	Unknown	was funded and current status	
project?			
Will this project increase your			
department's current		If yes please provide estimate of	
operating expenses? (i.e.	No	increase in operating costs.	
require additional staff,			
maintenance, utilities)			
Estimated Cost of Project:			C075 000 Part I mari
(include Design, Construction,	\$ 1,250,000.00	Proposed Funding Source	\$975,000 Bond money and remaining
Testing, Contingency, etc.)			balance State Capital Outlay
Does this project fall in line	Vos	If we also a list we will also as	
with the current Zoning	Yes	If no please list required change	
requirements			
Please discuss how the project	This project will aid our need for a	deguate facilities to serve the gene	ural public and population of the
conforms to objectives and			ties appropriate to the demographics to
recommendations of the	the surrounding neighborhoods.	iso provide recreational opportuni	ties appropriate to the demographics to
Master Plan:	the surrounding heighborhoods.		
What Benefit(s) will be	Renovated facilities aids	For what year are you	
provided to Public from this	constructive programing of youth	requesting the Project?	2014
project?	development.	2013,2014,2015,2016, or 2017	
Is the surrounding			
infrastructure(i.e. utilities, road		If no please discuss required	
network) sufficient to support		improvements and estimated	
the intended use of the		costs	
project?			
	Capital Budget Re	quest Prioirty Rating Form	
Agency Number	580	Department Name	NORD
Project Name	Bodenger Playground	Department Priority Ranking	8
Categories	Rating		Score
Public Health and Safety	3		9
External Requirements	2		6
Protection of Capital Stock	3		9
Economic Development	0		0
Operating Budget	2		6
Life Expectancy of Project	2		6
ent of Population Served by Pro			9
Relation to dopted Plans	1		3
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	1		3
Potential for Duplication	2		6
Availability of Financing	1 2		<u>3</u> 6
Special Need			6
Entergy Consumptiom Timeliness/ External	2		0
Public Support			9
TOTAL Ranking	3 32		96
TOTAL Ranking	<u> </u>		JU

	Capital Budget F	Request Form			
Agency Number	580		NORD		
Project Name	Annunication Center/Playground	Department Priority Ranking	1		
Project Type	Renovations: Building Improvement	Is a Land acquisition needed? (Y/N)	No		
Project Address	346 Eleonore Street & Annunciation Street	Council District	А		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Repair/replace facility plumbing, hvac; Roof Replacement; repair/replace stall partitions, replace ceiling tiles, basketball court restriping, repair/replace ballards, replace facility fencing, & install water fountain.				
Five Year Summary	Renovation of existing facilities to im	prove safety and user ex Playground.	sperience at the Annunciation Center &		
Has an Architect or Engineer prepared drawings for this project?	Unknown	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.)	\$ 912,500.00	Proposed Funding Source			
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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. Please note that this facility will temporarily house the entire administration of the NORDC organization				
What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development.	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	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 Prioirty Rating Form					
Agency Number	580	Department Name	NORD		
Project Name	Annunication Center/Playground	Department Priority Ranking	1		
Categories	Rating		Score		
Public Health and Safety	3		9		
External Requirements	2		6		
Protection of Capital Stock	4		12		
Economic Development	4		12		
Operating Budget	4		12		

Life Expectancy of Project	3	9	
nt of Population Served by Pr	3	9	
Relation to dopted Plans	3	9	
Intensity of Use	4	12	
Scheduling	3	9	
Benefit/ Cost	4	12	
Potential for Duplication	3	9	
Availability of Financing	1	3	
Special Need	3	9	
Entergy Consumptiom	4	12	
Timeliness/ External	1	3	
Public Support	3	9	
TOTAL Ranking	52	156	

Capital Budget Request Form				
Agency Number	580	Department Name	NORD	
Project Name	Werner Playground	Department Priority Ranking	13	
Project Type	Renovations: Building Improvement	Is a Land acquisition needed? (Y/N)	No	
Project Address	4600 Werner b/w Hammon & Leeds	Council District	E	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Remove/Replace play ed backboards, goals, nets	• •	etball court, replace standards, e facility fencing	
Five Year Summary	Renovation of existing f	acilities at Werner Pla user experience	yground to improve safety and	
Has an Architect or Engineer prepared drawings for this project?	Unknown	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.)	\$ 350,000.00	Proposed Funding Source	FEMA 7740.00, Bond	
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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. This will also provide recreational opportunities appropriate to the demographics to the surrounding neighborhoods.			
What Benefit(s) will be provided to Public from this project?	Community development, friendships, family unity and exercise	For what year are you requesting the Project? 2013,2014,2015,201 6, or 2017	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 Req	uest Prioirty Rat	ing Form	
Agency Number	580	Department Name	NORD	
Project Name	Werner Playground	Department Priority Ranking	13	
Categories	Rating		Score	
ıblic Health and Safe	3		9	
xternal Requiremen	2		6	
tection of Capital St	3			
onomic Developme:	3		9	
			9	
Operating Budget	0 2		0 6	
Operating Budget Expectancy of Proj	0 2 2		0 6 6	
Operating Budget Expectancy of Proj Population Served I	0 2 2 2 3		0 6 6 9	
Operating Budget Expectancy of Proj Population Served I lation to dopted Pla	0 2 2 3 1		0 6 6 9 3	
Operating Budget Expectancy of Proj Population Served I Iation to dopted Pla Intensity of Use	0 2 2 3 1 3		0 6 6 9 3	
Operating Budget Expectancy of Proj Population Served I Iation to dopted Pla Intensity of Use Scheduling	0 2 2 3 1 3 2		0 6 6 9 3 9	
Operating Budget Expectancy of Proj Population Served I Iation to dopted Pla Intensity of Use Scheduling Benefit/ Cost	0 2 2 3 1 3 2		0 6 6 9 3 9 6 3	
Operating Budget Expectancy of Proj Population Served I lation to dopted Pla Intensity of Use Scheduling Benefit/ Cost	0 2 2 3 1 3 2 1 2		0 6 6 9 3 9 6	
Operating Budget Expectancy of Proj Population Served I lation to dopted Pla Intensity of Use Scheduling Benefit/ Cost tential for Duplicati railability of Financi	0 2 2 3 1 3 2 1 2		0 6 6 9 3 9 6 3 6 3	
Operating Budget Expectancy of Proj Population Served I Iation to dopted Pla Intensity of Use Scheduling Benefit/ Cost tential for Duplicati /ailability of Financi	0 2 2 3 1 3 2 1 2 1 2		0 6 6 9 3 9 6 3 6	
Operating Budget Expectancy of Proj Population Served I lation to dopted Pla Intensity of Use Scheduling Benefit/ Cost tential for Duplicati railability of Financi Special Need ntergy Consumptior	0 2 2 3 1 3 2 1 2 1 2		0 6 6 9 3 9 6 3 6 3 6	
Operating Budget Expectancy of Proj Population Served I Iation to dopted Pla Intensity of Use Scheduling Benefit/ Cost tential for Duplicati /ailability of Financi Special Need ntergy Consumption Timeliness/ Externa	0 2 2 3 1 3 2 1 2 1 2 2 2		0 6 6 9 3 9 6 3 6 3 6 6	
Operating Budget Expectancy of Proj Population Served I lation to dopted Pla Intensity of Use Scheduling Benefit/ Cost tential for Duplicati railability of Financi Special Need ntergy Consumptior	0 2 2 3 1 3 2 1 2 1 2		0 6 6 9 3 9 6 3 6 3 6	

	Capital Budget F	Request Form	
Agency Number	580	Department Name	NORD
Project Name	City Wide Playground Equipment Replacement	Department Priority Ranking	15
Project Type	Renovations: Building Improvement	Is a Land acquisition needed? (Y/N)	No
Project Address	City Wide Playgrounds	Council District	Playspots in each district. A-B-C-D-E
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Remove/Replace play equipment, slab, se		
Five Year Summary	Renovation of existing faciliti	es Citywide to improve sa	fety and user experience.
Has an Architect or Engineer prepared drawings for this project?	Unknown	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.)	\$ 1,575,000.00	Proposed Funding Source	Bond Money
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:	This project will increase community deve participants. This will also provide recreat surrounding neighborhoods.		
What Benefit(s) will be provided to Public from this project?	Community development, friendships, family unity and exercise	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?	Yes	If no please discuss required improvements and estimated costs	
	Capital Budget Request		rm
Agency Number	580	Department Name	NORD

Project Name	City Wide Playground Equipment Replacement	Department Priority Ranking	15
Categories	Rating		Score
Public Health and Safety	3		9
External Requirements	2		6
rotection of Capital Stoc	3		9
Economic Development	0		0
Operating Budget	2		6
Life Expectancy of Projec	2		6
of Population Served by	3		9
Relation to dopted Plans	1		3
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	1		3
Potential for Duplication	2		6
Availability of Financing	1		3
Special Need	2		6
Entergy Consumptiom	2		6
Timeliness/ External	0		0
Public Support	3		9
TOTAL Ranking	32		96

Capital Budget Request Form					
Agency Number	580		NORD		
Project Name	Donsereaux/Harrison Playground	Department Priority Ranking	16		
Project Type	Renovations: Building Improvements	Is a Land acquisition needed? (Y/N)	No		
Project Address	3401 Misteltoe Street	Council District	С		
Detailed Summary: Include Scope of	Demolish Concessions Building, install water for	ountain, replace basketball standards, ba	ackboards, rims & restripe court; replace backstops,		
work, parking requirements, landscaping, etc.	bleachers, regrade field, remove/replace exist parking area, landscaping and seating area.	ing tennis courts, restripe court, replace	poles, & nets; remove/replace play equipment; install		
Five Year Summary	Renovation of existing facilit	ies at Donsereaux/Harrison Playground to	o improve safety and user experience.		
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	If yes please provide estimate of increase in operating costs.	\$ 50,000.00		
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 400,000.00	Proposed Funding Source	State Capital Outlay/ Bond 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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. This will also provide recreational opportunities appropriate to the demographics to the surrounding neighborhoods.				
What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development.	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015/2016		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Unknown	If no please discuss required improvements and estimated costs			

	Capital Budget Req	uest Prioirty Rating Form	
Agency Number	580	Department Name	NORD
Project Name	Donsereaux/Harrison Playground	Department Priority Ranking	16
Categories	Rating		Score
Public Health and Safety	3		9
External Requirements	2		6
Protection of Capital Stock	3		9
Economic Development	0		0
Operating Budget	2		6
Life Expectancy of Project	2		6
Percent of Population Served by Project	3		9
Relation to dopted Plans	1		3
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	1		3
Potential for Duplication	2		6
Availability of Financing	1		3
Special Need	2		6
Entergy Consumptiom	2	·	6
Timeliness/ External	0		0
Public Support	3		9
TOTAL Ranking	32	_	96

Agency Number Project Name Samuel Square S80 Department Priority Ranking 1.7 Project Type Renovations Samuel Square Department Priority Ranking 1.7 Project Address 200 Napoleon Ave. & Loyola Council District S Detailed Summary Demolish playground and install new play equipment; regrade field. Project Rank Project Project Ranking Project Ranking Project Projec		Capital B	Budget Request Form			
Project Andress Project Address Project Address Detailed Summary: Include Scope of work, parking requirements landscaping, etc. Provide a safe and enjoyable recreational park for the community surrounding Samuel Square. Provide a safe and enjoyable recreational park for the community surrounding Samuel Square. If Yes please explain how this was funded and current status Provide a safe and enjoyable recreational park for the community surrounding Samuel Square. If Yes please explain how this was funded and current status If Yes please explain how this was funded and current status If yes please explain how this was funded and current status If yes please explain how this was funded and current status. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating costs. If yes please provide estimate of increase in operating yes please provide estimate of increase in operating yes please provide estimate of increase in operating yes please ye	Agency Number			NORD		
Project Address Project Address Project Address 2100 Napoleon Ave. & Loyola Council District B Detailed Summary: Include Scope of work, Jandscaping, etc. Five Year Summary: Has an Architect or Engineer prepared drawings for this project; Will this project increase your department's aurunt operating expenses? (i.e. require additional stiff, maintenance, utilities) Estimated Cost of Project: (include Design, Construction, Testing, Contingenry, etc.) Does this project fall in line with the current Zoning requirements Flease discuss how the project conforms to objectives and recommendations of the Master Plan: What Eeneff() will be project Planic What Eeneff() will be project? Is the surrounding neighborhoods. It is the surrounding neighborhoods. This project will aid our need for adequate facilities to serve the general public and population of the surrounding neighborhoods. For what year are your requesting infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project Same Agency Number Project Same Agency Number Project Same Samuel Square Department Priority Rating Form Agency Number Project Same Samuel Square Department Priority Rating Form Agency Number Project Same Samuel Square Department Priority Rating Form Agency Number Project Rating Samuel Square Department Priority Rating Form Agency Number Project Square Capital Budget Request Priority Rating Form Samuel Square Department Priority Rating Form NORD Department Priority Rating Score Department Priority Rating Score Public Real Ans and Safety External Requirements 2 6 Ceptalal Stoce Capital Budget Request Priority Rating Score 2014/2015 Capital Budget Request Priority Rating For Very Rating Project Square Department Priority Rating For Very Rating For Very Rating Project Square Capital Stoce Capital Stoce Capital Sudget Capital Sudget Capital Sudget Capital Sudget Capital Sudget Capital Sudget Capital Score Capital Sudget Capital Sudget Capital Score Capita		Samuel Square	Department Priority Ranking	17		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. Five Year Summary Has an Architect or Engineer prepared drawings for this project? Will this project increase your department's current operating expenses? (ii.e. require additional staff, maintenance, utilities) Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.) Does this project tail in line with the current Zoning requirements Project sonforms to objectives and recommendations of the Masker Plan: What Beneffigl, Will be provided to Public from this project; Is the surrounding, linfrastructure(!e. utilities), road network) Is the surrounding, linfrastructure(!e. utilities, road network) Simplest to specify the project to spraying of youth development. For what year are you requesting the project to graming of youth development. For what year are you requesting the Project Required thane Samuel Square Department Friority Ranking This project the intended use of the project; Project Ranking Samuel Square Department Friority Ranking This project Ranking Samuel Square Department Priority Ranking This project Ranking This proje	Project Type	Renovations		No		
Include Scope of work, parking requirements, landscaping, etc. Five Year Summary Has an Architect or Engineer prepared drawings for this project? Will this project include personal times and include of Project (include Design, Construction, Testing, Contingency, etc.) Estimated Cost of Project (include Design, Construction, Testing, Contingency, etc.) Does this project fall in line with the current Zoning requirements 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? Is the surrounding infrastructure(le, utilities) Agency Number Project Name Agency Number Samuel Square Polget Name Categories Agency Number Samuel Square Polget Name Categories Public Health and Safety External Requirements Demolish playground and install new play equipment; regrade field. Bemolish playground and install new play equipment; regrade field. Project On the community surrounding Samuel Square. If Yes please explain how this was funded and current status If yes please explain how this was funded and current status If yes please explain how this was funded and current status If yes please explain how this was funded and current status If yes please explain how this was funded and current status Proposed Funding Source State Capital Outlay State Capital Store Polget Name Categories Assumed Square Department Priority Ranking To Polget Name Categories Assumed Square Department Priority Ranking Score Public Health and Safety External Requirements 2 6 Capital Budget Request Priority Rankin	Project Address	2100 Napoleon Ave. & Loyola		В		
Has an Architect or Engineer prepared drawings for this project? Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities) Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.) Does this project fall in line with the current Zoning requirements 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? Is the surrounding community. This will also provide recreational opportunities appropriate to the demographics to the surrounding infrastructure(e, utilities, road network) sufficient to support the intended use of the project? Agency Number Project Name Categories Agency Number Project Name Categories Categories Public Health and Safety Steternal Requirements Sou Department Name Department Name NoRD Department Name Department Name Department Name Department Priority Ranking Source Source 12 Capital Budget Request Priority Ranking Source Project Name Categories Public Health and Safety 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Include Scope of work, parking requirements,					
Engineer prepared drawings for this project? Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities) Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.) Does this project fall in line with the current 20ning requirements Please discuss how the project conforms to objectives and recommendations of the Master Plan: What Benefits will be provided to Public from this project? Is the surrounding infrastructure[i.e. utilities, road network), sufficient to support the intended use of the project? Capital Budget Pequest Priority Rating Form Agency Number Project Raine Categories Public (Health and Safety) Samuel Square Sanuel Square Steen Agency Number Project Name Categories Public Health and Safety Stexmal Requirements Public Health and Safety Stexmal Requirements 17 Score State Capital Dutlay State Capital Dutlay This project will aid our need for adequate facilities to serve the general public and population of the surrounding neighborhoods. The project value of the project value and our need for adequate facilities to serve the general public and population of the surrounding neighborhoods. The project value and our need for adequate facilities to serve the general public and population of the surrounding neighborhoods. The project value and provide recreational opportunities appropriate to the demographics to the surrounding neighborhoods. For what year are you requesting the Project? 2013,2014,2015,2016, or 2017 Yes Capital Budget Request Priority Rating Form Department Priority Ranking Score Project Name Categories Public Health and Safety 3 9 External Requirements Project Name Categories Total Capital Stoe Canoninic Development 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	Provide a safe and enjoyable	recreational park for the communit	ty surrounding Samuel Square.		
increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities) Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.) Does this project fall in line with the current Zoning requirements 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? Is the surrounding infrastructure(i.e. utilities, road network). Is the surrounding infrastructure(i.e. utilities, road network). Yes Capital Budget Request Priority Raiting Form Agency Number Project Amme Categories Public Health and Safety Statenal Requirements Public Health and Safety Statenal Requirements Public Health and Safety Statenal Requirements Poerating Budget 17	Engineer prepared drawings for this	Unknown				
Project: (include Design, Construction, Testing, Contingency, etc.) Does this project fall in line with the current Zoning requirements 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? Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project? Capital Budget Request Priority Rating Form Agency Number Samuel Square Capital Budget Request Priority Rating Form Categories Rating Score Categories Rating Score Categories Rating Score Proposed Funding Source State Capital Outlay	increase your department's current operating expenses? (i.e. require additional staff, maintenance,	No				
If no please list required change If no please list required change	Project: (include Design, Construction, Testing, Contingency,	\$ 250,000.00	Proposed Funding Source	State Capital Outlay		
project conforms to objectives and recommendations of the Master Plan: What Benefit(s) will be provided to Public from this project? Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project? Agency Number Agency Number Project Name Categories Rating Categories Rating This project will aid our need for adequate facilities to serve the general public and population of the surrounding opportunities appropriate to the demographics to the surrounding neighborhoods. For what year are you requesting the Project? 2014/2015 2014/2015 If no please discuss required improvements and estimated costs Capital Budget Request Priority Rating Form Agency Number Categories Rating Score Public Health and Safety External Requirements 2 6 For what year are you requesting the Project? 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015 2014/2015	line with the current	Yes	If no please list required change			
provided to Public from this project? Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project? Agency Number Samuel Square Samuel Square Categories Rating Samuel Square Public Health and Safety External Requirements 2 6 6 Footname Score Public Health and Safety Economic Development Operating Budget 2 6 6 Footname Score Public Departing Budget 2 6 6 Footname Score Publ	project conforms to objectives and recommendations of	surrounding community. This will also				
infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project? Capital Budget Request Prioirty Rating Form Agency Number 580 Department Name NORD Project Name Samuel Square Department Priority Ranking 17 Categories Rating Score Public Health and Safety 3 9 External Requirements 2 66 Protection of Capital Stoc 3 9 Economic Development 0 0 0 Operating Budget 0	provided to Public from		the Project?	2014/2015		
Agency Number 580 Department Name NORD Project Name Samuel Square Department Priority Ranking 17 Categories Rating Score Public Health and Safety 3 9 External Requirements 2 6 'rotection of Capital Stoc 3 9 Economic Development 0 0 Operating Budget 2 6	infrastructure(i.e. utilities, road network) sufficient to support the intended use of the		improvements and estimated costs			
Project Name Samuel Square Department Priority Ranking 17 Categories Rating Score Public Health and Safety 3 9 External Requirements 2 6 rotection of Capital Stoc 3 9 Economic Development 0 0 0 Operating Budget 2 6						
Categories Rating Score Public Health and Safety 3 9 External Requirements 2 6 rotection of Capital Stoc 3 9 Economic Development 0 0 Operating Budget 2 6			·			
Public Health and Safety 3 9 External Requirements 2 6 'rotection of Capital Stoc 3 9 Economic Development 0 0 Operating Budget 2 6				17		
External Requirements 2 6 'rotection of Capital Stoc 3 9 Economic Development 0 0 Operating Budget 2 6		· · ·				
rotection of Capital Stoc 3 9 Economic Development 0 0 Operating Budget 2 6						
Economic Development 0 0 0 Operating Budget 2 6						
Operating Budget 2 6						
and Expectancy of Project	Life Expectancy of Projec			6		

of Population Served by	3	9
Relation to dopted Plans	1	3
Intensity of Use	3	9
Scheduling	2	6
Benefit/ Cost	1	3
Potential for Duplication	2	6
Availability of Financing	1	3
Special Need	2	6
Entergy Consumptiom	2	6
Timeliness/ External	0	0
Public Support	3	9
TOTAL Ranking	32	96

	Capital Budge	t Request Form		
Agency Number	580		NORD	
Project Name	West Bank Indoor Pool	Department Priority Ranking	18	
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	Yes	
Project Address	To Be Determined	Council District		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This project will aid our ne public and population of the NORDC to deliver multi-us within 5 miles of every res	he surrounding communit e indoor/outdoor recreat ident.	y. This will also enable tion centers and pools	
	le year round aquatic prog	rams in an indoor facility	to service westbank comm	
Has an Architect or Engineer prepared drawings for this project?	Unknown	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.	150000	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 5,200,000.00	Proposed Funding Source	Bond Funds/ State Capital	Outlay
Does this project fall in line with the current Zoning requirements	Unknown	If no please list required change		
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	vear round.			
What Benefit(s) will be provided to Public from this project?	Community development, friendships, family unity and exercise	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Unknown	If no please discuss required improvements and estimated costs		
Ca	apital Budget Reque	st Prioirty Rating F	orm	
Agency Number	580	Department Name	NORD	
Project Name	West Bank Indoor Pool	Department Priority Ranking	18	
Categories	Rating	Sc	ore	

Public Health and Safet	3	9	
External Requirements	2	6	
rotection of Capital Sto	3	9	
Economic Development	0	0	
Operating Budget	2	6	
ife Expectancy of Proje	2	6	
of Population Served by	3	9	
Relation to dopted Plan	1	3	
Intensity of Use	3	9	
Scheduling	2	6	
Benefit/ Cost	1	3	
otential for Duplication	2	6	
Availability of Financin	1	3	
Special Need	2	6	
Entergy Consumptiom	2	6	
Timeliness/ External	0	0	
Public Support	3	9	
TOTAL Ranking	32	96	

Capital Budget Request Form			
Agency Number	580	Department Name	NORD
Project Name	Bunny Friend	Department Priority Ranking	2
Project Type	Renovations: Building Improvement	Is a Land acquisition needed? (Y/N)	Yes
Project Address	1920 Gallier St.	Council District	D
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Renovate Concessions Building		
Five Year Summary	Improve re	ecreational facilities for pu	ıblic usage
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.	\$ 100,000.00
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 800,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	Unknown	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	This project will aid in recreational needs for NORD's participants year round. Children and youth in the upper 9th ward will be given the opportunity to recreate, as this facility is currently in the post-Katrina condition. This will also provide recreational opportunities appropriate to the demographics to the surrounding neighborhoods.		

What Benefit(s) will be provided to Public from this project?	Community development, friendships, family unity and exercise	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?	Unknown	If no please discuss required improvements and estimated costs	
Cá	apital Budget Reque	st Prioirty Rating F	orm
Agency Number	580	Department Name	NORD
Project Name		Department Priority	
Project Name	Bunny Friend	Ranking	2
Categories	Rating	Sc	ore
Public Health and Safet	4	1	.2
External Requirements	3		9
otection of Capital Sto	4	1	.2
Economic Developmen ^e	3		9
Operating Budget	3		9
ife Expectancy of Proje	3		9
of Population Served by	2		6
Relation to dopted Plan	3		9
Intensity of Use	4		.2
Scheduling	4	1	.2
Benefit/ Cost	3		9
otential for Duplicatio			6
Availability of Financing			9
Special Need	3		9
Entergy Consumptiom	2		6
Timeliness/ External	2		6
Public Support	4		.2
TOTAL Ranking	52	1	56

Capital Budget Request Form			
Agency Number	580 Department Name		NORD
Droject Name	Skally Rupa Rasaball Diamond	Department Priority	23
Project Name	Skelly Rupp Baseball Diamond	Ranking	23
Duningt True	Denovations, Duilding Improvement	Is a Land acquisition	No
Project Type	Renovations: Building Improvement	needed? (Y/N)	No
Project Address	2200 Vespasian Street	Council District	С
Detailed Summary:			
Include Scope of	Coaches office renovation, new roof coveri	ng renovation of hathroo	m facilities, and replace
work, parking	PA system.	ng, renovation of batimoo	in racinties, and replace
requirements,	ra system.		
landscaping, etc.			
Five Year Summary	Improve the Skelly Rupp Baseball rec	reational facilities for enh	anced public usage.
Has an Architect or		If Yes please explain	
Engineer prepared	Yes	how this was funded	FEMA
drawings for this	163	and current status	ILIVIA
project?		and current status	
Will this project			
increase your			
department's current		Please provide estimate	
operating expenses?	No	of increase or decrease	
(i.e. require additional		operating costs.	
staff, maintenance,		operating costs.	
utilities)			
utilities)			
Estimated Cost of			
Project: (include			
Design, Construction,	\$ 1,500,000.00	Proposed Funding	Bond Funds
Testing, Contingency,		Source	
etc.)			
Does this project fall in line with the		If we also sellet assuring d	
	Yes	If no please list required	
current Zoning		change	
requirements			
Please discuss how			
the project conforms	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. This will also provide recreational opportunities appropriate t		
to objectives and			
recommendations of	the demographics to the surrounding neigh	borhoods.	
the Master Plan:			
		Free bottom	
What Benefit(s) will	Danas and darkiting and a second of	For what year are you	
be provided to Public	Renovated facilities aids constructive	requesting the Project?	2014
from this project?	programing of youth development.	2013,2014,2015,2016,	
		or 2017	

Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Unknown	If no please discuss required improvements and estimated costs	
	Capital Budget Request Prio	irty Rating Form	
Agency Number	580	Department Name	NORD
Project Name		Department Priority	
Project Name	Skelly Rupp Baseball Diamond	Ranking	23
Categories	Rating	Sc	ore
Public Health and Safet	3		9
External Requirements	2	2 6	
otection of Capital Sto	3	3 9	
Economic Developmen [.]	0	0 0	
Operating Budget	2		6
ife Expectancy of Proje			6
of Population Served by		3 9	
Relation to dopted Plan	1		3
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	1	1 3	
otential for Duplication		2 6	
Availability of Financing			
Special Need	2		6
Entergy Consumptiom	2		6
Timeliness/ External	0		0
Public Support	3	9	
TOTAL Ranking	32	Ç	96

	Capital Budget	Request Form	
Agency Number	580	Department Name	NORD
Project Name	Taylor Playground	Department Priority Ranking	7
Project Type	Renovations: Building Improvement	Is a Land acquisition needed? (Y/N)	No
Project Address	2202 Leonidas St. & S. Claiborne	Council District	А
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Resurface basketball court and replace perimeter fencing; install new water fountains; repair lights on basketball pavillion and regrade field.		
Five Year Summary	This project will aid our need for	adequate facilities to serve the ger	neral public and population of the
Has an Architect or Engineer prepared drawings for this project?	Unknown	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.)	\$ 333,333.00	Proposed Funding Source	State Capital Outlay
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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community.		
What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development.	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?	Unknown	If no please discuss required improvements and estimated costs	
	Capital Budget Reques		
Agency Number	580	Department Name	NORD
Project Name	Taylor Playground	Department Priority Ranking	7
Categories	Rating	Sco	ore
Public Health and Safety	3		9
External Requirements	2		6
Protection of Capital Stock	3		9
Economic Development Operating Budget	0		0
Life Expectancy of Project	2 2		6 6
cent of Population Served by Project			9
Relation to dopted Plans	1		3
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	1		3
Potential for Duplication	2		6
Availability of Financing	1		3
Special Need	2		6
Entergy Consumptiom	2		6

Timeliness/ External	0	0	
Public Support	3	9	
TOTAL Ranking	32	96	

Capital Budget Request Form			
Agency Number	580	Department Name	NORD
Declaration of	City and also Deep Deeples	Department Priority	22
Project Name	Citywide Dog Parks	Ranking	22
Project Type	Renovations	Is a Land acquisition needed? (Y/N)	Yes
Project Address	Multiple Locations	Council District	Citywide
Detailed Summary:	Create Dog Parks and Do	g Runs in All Council Distri	icts: Proposed locations:
Include Scope of	• The Fly – District A – (D	og Park), The A.C.E Battur	e Levee – District A –
work, parking	(Dog Park), OPSB 1542 Co	onstance – District B – (Do	og Park), HANO Tax Bill#
requirements,	411100-202/212/203 – [District B – (Dog Park), HA	NO Tax Bill #614101204 –
landscaping, etc.	District B – (Dog Run), Alg	giers Point Batture Levee	– District C – (Dog Park),
Five Year Summary	Provide Designated [Dog Parks and Dog Runs ir	each council district.
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.	\$ 200,000.00
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 5,700,000.00	Proposed Funding Source	Bond 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:	This project will aid our need for adequate facilities to serve the general public and population of the surrounding community. Balance the use of on and off-leash dogparks and human usage according national best practice standards.		

What Benefit(s) will be provided to Public from this project?	Renovated facilities aids constructive programing of youth development as well as creating balance and providing opportunities for residents with on and off leash dog parks.	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2014-2016
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 Prioirty Rating Form			
Agency Number	580	Department Name	NORD
Project Name	Citywide Dog Parks	Department Priority Ranking	2
Categories	Rating	Sc	ore
Public Health and Safet	3		9
			_
External Requirements	2		6
External Requirements of Capital Sto			6 9
	3		
rotection of Capital Sto Economic Developmen Operating Budget	3 0 2		9 0 6
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje	3 0 2 2		9 0 6 6
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by	3 0 2 2 2 3		9 0 6 6 9
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan	3 0 2 2 3 1		9 0 6 6 9
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan Intensity of Use	3 0 2 2 2 3 1 3		9 0 6 6 9 3
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan Intensity of Use Scheduling	3 0 2 2 3 1 3 2		9 0 6 6 9 3 9
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan Intensity of Use Scheduling Benefit/ Cost	3 0 2 2 2 3 1 3 2		9 0 6 6 9 3 9 6 3
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan Intensity of Use Scheduling Benefit/ Cost	3 0 2 2 3 1 3 2 1 2		9 0 6 6 9 3 9 6 3 6
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan Intensity of Use Scheduling Benefit/ Cost Potential for Duplicatio	3 0 2 2 3 1 3 2 1 2 1		9 0 6 6 9 3 9 6 3 6
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan Intensity of Use Scheduling Benefit/ Cost Potential for Duplicatio Availability of Financing Special Need	3 0 2 2 3 1 3 2 1 2 1 2		9 0 6 6 9 3 9 6 3 6 3 6
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan Intensity of Use Scheduling Benefit/ Cost Potential for Duplicatio Availability of Financing Special Need Entergy Consumptiom	3 0 2 2 3 1 3 2 1 2 1 2 2		9 0 6 6 9 3 9 6 3 6 3 6
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan Intensity of Use Scheduling Benefit/ Cost Potential for Duplicatio Availability of Financing Special Need Entergy Consumptiom Timeliness/ External	3 0 2 2 3 1 3 2 1 2 1 2 2		9 0 6 6 9 3 9 6 3 6 3 6 6 6
rotection of Capital Sto Economic Developmen Operating Budget ife Expectancy of Proje of Population Served by Relation to dopted Plan Intensity of Use Scheduling Benefit/ Cost Potential for Duplicatio Availability of Financing Special Need Entergy Consumptiom	3 0 2 2 3 1 3 2 1 2 1 2 2		9 0 6 6 9 3 9 6 3 6 3 6

	Capital Budge	t Request Form	
Agency Number	580	Department Name	NORD
Project Name	Joe W. Brown Park	Department Priority Ranking	4
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	NO
Project Address	5601 Read Blvd.	Council District	E
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. Five Year Summary	20 parking lot light fixtures with elect lagonn edge clearing and debris rem	o include sitework,final grad ctrical work. This project wi	ling, concrete parking, curbs, stripping Il also include tack high mast lighting, h repairs and an additional 34 spaces to
	I		
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.	\$75,000
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$1, 715,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	Unknown	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	This project will aid in recreational n	eeds for NORD's participant	ts year round.
What Benefit(s) will be provided to Public from this project?	Community development, friendships, family unity and exercise	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?		If no please discuss required improvements and estimated costs	
	Capital Budget Reque	st Prioirty Rating For	rm
Agency Number	Blank	Department Name	Blank
Project Name	Joe W. Brown Park	Department Priority Ranking	4
Categories	Rating		Score

Public Health and Safety	4	12
External Requirements	2	6
Protection of Capital Stock	3	9
Economic Development	4	12
Operating Budget	2	6
Life Expectancy of Project	3	9
nt of Population Served by Pi	4	12
Relation to dopted Plans	4	12
Intensity of Use	4	12
Scheduling	4	12
Benefit/ Cost	3	9
Potential for Duplication	1	3
Availability of Financing	2	6
Special Need	3	9
Entergy Consumptiom	2	6
Timeliness/ External	2	6
Public Support	4	12
TOTAL Ranking	51	153