2015- 2019 Capital Budget Request Form										
Department										
Agency										
Number	450	Contact Name		Geo	rge A. Patterson, Direct	or, Dept. of Prope	erty Management			
Department						<u> </u>	, ,			
Name	perty Managen	504-658-3600			Property Mana	agement Departm	nent			
Date	5/30/2014	Contact E-Mail			GAPatterson@NOLA.G	OV or Dwilliams1	@NOLA.GOV			
	Department	Priority Criteria								
Request #	Ranking	Ranking	Project Name	Pı	roject Amount	2015	2016	2017	2018	2019
			Citywide Building							
1	1	129	Repairs	\$	7,500,000.00	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
			Replacement & repair							
2	2	159	of City Hall Elevators	\$	1,850,000.00	925,000	925,000			
			Replacement and							
			Maintenance of Civil							
3	3	150	District Court Elevators	\$	1,650,000.00	825,000	825,000			
			Mardi Gras Bleachers							
4	4	150	& Stands Replacement	\$	950,000.00	475,000	475,000			
			Algiers Courthouse Re-							
5	5	162	roofing	\$	250,000.00	250,000				
			New Facilities							
			Maintenance Storage							
6	6	156	Warehouse	\$	2,500,000.00		500,000	2,000,000		
			Roof replacement Allie							
7	7	153	Mae Williams MSC	\$	150,000.00	150,000				
8	0	0	0	\$						
9	0	0	0	\$						
10	0	0	0	\$						
TOTAL				\$	14,850,000.00	4125000	4225000	3500000	1500000	1500000

Department Head	
Signature	

Capital Budget Request Form					
Agency Number	450	Department Name	Property Management		
Project Name	Citywide Building Repairs	Department Priority Ranking	1		
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No		
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	No		
Project Address	Citywide building repairs	Council District			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Department of F	Property Management will provide emerg	ency building repairs citywide		
Five Year Summary	Funding provided to address emergency repairs for a five year period.				
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.)	\$ 7,500,000.00	Proposed Funding Source	Bond Fund		
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:	City buildings will be repaired and maintained for a five year period.				
What Benefit(s) will be provided to Public from this project?	Citywide building repairs as needed	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2015, 2016, 2017, 2018, 2019		
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	450	Department Name	Property Management	
Project Name	Citywide Building Repairs	Department Priority Ranking	1	
Categories	Rating		Score	
Public Health and Safety	3		9	
External Requirements	3		9	
Protection of Capital Stock	3		9	
Economic Development	3		9	
Operating Budget	3		9	
Life Expectancy of Project	3		9	
Percent of Population Served by Project:	1		3	
Relation to dopted Plans	3		9	
Intensity of Use	3		9	
Scheduling	2		6	
Benefit/ Cost	2		6	
Potential for Duplication	3		9	
Availability of Financing	3		9	
Special Need	1		3	
Entergy Consumption	1		3	
Timeliness/ External	2		6	
Public Support	4		12	
TOTAL Ranking	43		129	

Capital Budget Request Form					
Agency Number	450	Department Name	Property Management		
Project Name	Replacement & repair of City Hall Elevators	Department Priority Ranking	2		
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No		
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes		
Project Address	City Hall	Council District			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Replacement & rep	airs of City Hall Elevators (5) passenger el	levators (1) , freight elevator		
Five Year Summary	Five years of funding to maintain City Hall elevators				
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.)	\$ 1,850,000.00	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:					
What Benefit(s) will be provided to Public from this project?	Improve public safety when using elevators and	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2015, 2016,		
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			

Capital Budget Request Priority Rating Form					
Agency Number	450	Department Name	Property Management		
Project Name	Replacement & repair of City Hall Elevators	Department Priority Ranking	2		
Categories	Rating		Score		
Public Health and Safety	4		12		
External Requirements	4		12		
Protection of Capital Stock	4		12		
Economic Development	4		12		
Operating Budget	3		9		
Life Expectancy of Project	4		12		
Percent of Population Served by Project	4		12		
Relation to dopted Plans	2		6		
Intensity of Use	4		12		
Scheduling	1		3		
Benefit/ Cost	3		9		
Potential for Duplication	1		3		
Availability of Financing	3		9		
Special Need	1		3		
Entergy Consumption	3		9		
Timeliness/ External	4		12		
Public Support	4		12		
TOTAL Ranking	53		159		

Capital Budget Request Form					
Agency Number	450	Department Name	Property Management		
Project Name	Replacement and Maintenance of Civil District	Department Priority Ranking	3		
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No		
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes		
Project Address	Civil District Court Building	Council District	Blank		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	placement and Maintenance of Civil District Cou	art Elevators (5) passenger elevators and	convert one of the passenger elevators to a freight eleva		
Five Year Summary	Funding provided to replace	and maintain all elevators at Civil Distric	t Court Building for a five year period		
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.)	\$ 1,650,000.00	Proposed Funding Source	Bond Funding		
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change			
Please discuss how the project conforms to objectives and recommendations of the Master Plan:					
What Benefit(s) will be provided to Public from this project?	Improve public safety and reduce breakdowns	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2015, 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	450	Department Name	Property Management		
Project Name	Replacement and Maintenance of Civil District	Department Priority Ranking	3		
Categories	Rating		Score		
Public Health and Safety	3		9		
External Requirements	4		12		
Protection of Capital Stock	4		12		
Economic Development	3		9		
Operating Budget	3		9		
Life Expectancy of Project	4		12		
Percent of Population Served by Project	4		12		
Relation to dopted Plans	3		9		
Intensity of Use	3		12		
Scheduling	1		3		
Benefit/ Cost	4		12		
Potential for Duplication	1		3		
Availability of Financing	3		9		
Special Need	1		3		
Entergy Consumptiom	1		3		
Timeliness/ External	3		9		
Public Support	4		12		
TOTAL Ranking	49		150		

Capital Budget Request Form					
Agency Number	450	Department Name	Property Management		
Project Name	Mardi Gras Bleachers & Stands Replacement	Department Priority Ranking	4		
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No		
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes		
Project Address	Citywide usage	Council District			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Replace aging antiquated equ	uipment (bleachers/stands) with new auto	omated self-erecting bleachers/stands		
Five Year Summary	Provide funding to replace unsafe	, aging, and antiquated bleachers and sta	nds used for Mardi Gras and special events		
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.)	\$ 950,000.00	Proposed Funding Source	Bond Funds		
Does this project fall in line with the current Zoning requirements		If no please list required change			
Please discuss how the project conforms to objectives and recommendations of the Master Plan:					
What Benefit(s) will be provided to Public from this project?	Citywide usage-safe and cost effective bleache	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2015, 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 Priority Rating Form					
Agency Number	450	Department Name	Property Management		
Project Name	Mardi Gras Bleachers & Stands Replacement	Department Priority Ranking	4		
Categories	Rating		Score		
Public Health and Safety	4		12		
External Requirements	3		9		
Protection of Capital Stock	2		6		
Economic Development	3		9		
Operating Budget	2		6		
Life Expectancy of Project	4		12		
Percent of Population Served by Project	4		12		
Relation to dopted Plans	2		6		
Intensity of Use	4		12		
Scheduling	2		6		
Benefit/ Cost	4		12		
Potential for Duplication	1		3		
Availability of Financing	3		9		
Special Need	3		9		
Entergy Consumption	3		9		
Timeliness/ External	2		6		
Public Support	4		12		
TOTAL Ranking	50		150		

Capital Budget Request Form					
Agency Number	450	Department Name	Property Management		
Project Name	Algiers Courthouse Re-roofing	Department Priority Ranking	5		
Project Type	450	Is a Land acquisition needed? (Y/N)	No		
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes		
Project Address	225 Morgan Street	Council District	С		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	rebuild roof tower. Replace all damaged wood	from water and termite damage. Replace	e all water damaged ceilings, restore or replace all wood		
Five Year Summary		Replacement of damage roof (9,003 s	.q. ft.)		
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.)	\$ 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:					
What Benefit(s) will be provided to Public from this project?	New roof for historic building	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	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	450	Department Name	Property Management	
Project Name	Algiers Courthouse Re-roofing	Department Priority Ranking	5	
Categories	Rating		Score	
Public Health and Safety	4		12	
External Requirements	3		9	
Protection of Capital Stock	3		9	
Economic Development	3		9	
Operating Budget	3		9	
Life Expectancy of Project	4		12	
Percent of Population Served by Project	4		12	
Relation to dopted Plans	3		9	
Intensity of Use	3		9	
Scheduling	3		9	
Benefit/ Cost	3		9	
Potential for Duplication	4		12	
Availability of Financing	3		9	
Special Need	3		9	
Entergy Consumptiom	1		3	
Timeliness/ External	3		9	
Public Support	4		12	
TOTAL Ranking	54		162	

Capital Budget Request Form					
Agency Number	450	Department Name	Property Management		
Project Name	New Facilities Maintenance Storage Warehous	Department Priority Ranking	6		
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	Yes		
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes		
Project Address	Unknown	Council District	Blank		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Fabrication of a warehouse facility for storage of specialty equipment/ materials, i.e., Mardi Gras bleachers, grandstands and other equipment.				
Five Year Summary	Funding for a new storage facility that will house valuable City property for Mardi Gras and other specialty events.				
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.)	\$ 2,500,000.00	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:					
What Benefit(s) will be provided to Public from this project?	Storage facility for valuable City property	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2016, 2017		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs			

Capital Budget Request Priority Rating Form				
Agency Number	450	Department Name	Property Management	
Project Name	New Facilities Maintenance Storage Warehous	Department Priority Ranking	6	
Categories	Rating		Score	
Public Health and Safety	4		12	
External Requirements	3		9	
Protection of Capital Stock	3		9	
Economic Development	3		9	
Operating Budget	3		9	
Life Expectancy of Project	4		12	
Percent of Population Served by Project:	3		9	
Relation to dopted Plans	3		9	
Intensity of Use	4		12	
Scheduling	3		9	
Benefit/ Cost	4		12	
Potential for Duplication	1		3	
Availability of Financing	3		9	
Special Need	3		9	
Entergy Consumption	3		9	
Timeliness/ External	2		6	
Public Support	3		9	
TOTAL Ranking	52		156	

Capital Budget Request Form					
Agency Number	450	Department Name	Property Management		
Project Name	Roof replacement Allie Mae Williams MSC	Department Priority Ranking	7		
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No		
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes		
Project Address	2020 Jackson Avenue	Council District	A		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Remove and install approximately 15,800 sq. ft. of flat gravel roof to stabilize and protect the buildings infrastructures				
Five Year Summary	Provide a new roof for buildings located at 2020 Jackson Avenue				
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.)	\$ 150,000.00	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:					
What Benefit(s) will be provided to Public from this project?	Protect City property and reduce long tern repa	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2015		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs			

Capital Budget Request Priority Rating Form					
Agency Number	450	Department Name	Property Management		
Project Name	Roof replacement- Allie Mae Williams MSC	Department Priority Ranking	7		
Categories	Rating		Score		
Public Health and Safety	3		9		
External Requirements	4		12		
Protection of Capital Stock	3		9		
Economic Development	3		9		
Operating Budget	3		9		
Life Expectancy of Project	4		12		
Percent of Population Served by Project:	4		12		
Relation to dopted Plans	3		9		
Intensity of Use	4		12		
Scheduling	2		6		
Benefit/ Cost	4		12		
Potential for Duplication	1		3		
Availability of Financing	2		6		
Special Need	2		6		
Entergy Consumption	3		9		
Timeliness/ External	2		6		
Public Support	4		12		
TOTAL Ranking	51		153		