	2015- 2019 Capital Budget Request Form												
Department													
Agency													
Number	300	Contact Name					Cynthia M. Sylvain-	Lear					
Department													
Name	Sanitation	Contact Number					504-915-3571 - c	ell					
Date		Contact E-Mail											
	Department	Prioirty Criteria											
Request #	Ranking	Ranking	Project Name	Pr	oject Amount		2015		2016	2017	2018	201	9
1	5	153	Public Litter Cans	\$	98,625.00	\$	98,625.00	\$	98,625.00	\$ 98,625.00	\$ 98,625.00	\$ 98,6	25.00
			Recovery1 Landfill										
2	1	159	Maintenance	\$	104,000.00	\$	104,000.00	\$	104,000.00	\$ 104,000.00	\$ 104,000.00	\$ 104,0	00.00
			Curbside Recycling										
3	3	150	Carts	\$	198,750.00	\$	198,750.00	\$	198,750.00	\$ 198,750.00	\$ 198,750.00	\$ 198,7	50.00
			Feasibility Study -										
4	6	129	Composting Facility	\$	25,000.00	-	25,000.00						
5	2	156	Transfer Station	\$	922,000.00	\$	922,000.00						
6	4	153	Sanitation Warehouse	\$	1,336,654.00	\$	1,336,654.00						
			Old Gentilly Road										
7	7	135	Phase 1 Environmental	\$	17,034.56	\$	17,034.56						
			Materials Recovery										
			Facility "MRF"										
8	8	123	Feasibility Study	\$	25,000.00	\$	25,000.00						
9	0	0	0	\$	-								
10	0	0	0	\$	-								
TOTAL				\$	2,727,063.56	\$	2,727,063.56	\$	401,375.00	\$ 401,375.00	\$ 401,375.00	\$ 401,3	75.00
Department Head Signature	d Printed Name Cynthia M. Sylvain-Lear												
Date	Rev. 6/3/14												

	Capital Bud	get Request Form			
Agency Number	300	Department Name	Sanitation		
Project Name	Public Litter Cans	Department Priority Ranking	5		
Project Type	Equipment	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?	Yes		
Project Address	2829 Elysian Fields Avenue	Council District	D		
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The City needs additional pub	lic litter cans to assist in the reduction in l	itter on the City's public rights-of-ways		
Five Year Summary	Public litter cans are routinely damaged beyond repair. In addition, as new developments are completed, increased pedestrian traffic requires the addition of cans.				
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.)	\$98,625		Bonds		
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 improve the quality of life of citizens				
What Benefit(s) will be provided to Public from this project?	Cleaner Streets	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	300	Department Name	Sanitation		
Project Name	Public Litter Cans	Department Priority Ranking	Blank		
Categories	Rating		Score		
Public Health and Safety	4		12		
External Requirements	1		3		
Protection of Capital Stock	1		3		
Economic Development	4		12		
Operating Budget	3		9		
Life Expectancy of Project	3		9		
Percent of Population Served by Project:	4		12		
Relation to adopted Plans	4		12		
Intensity of Use	4		12		
Scheduling	4		12		
Benefit/ Cost	4		12		
Potential for Duplication	3		9		
Availability of Financing	1		3		
Special Need	3		9		
Entergy Consumption	3		9		
Timeliness/ External	1		3		
Public Support	4		12		
TOTAL Ranking	SI		153		

	Capital Bud	get Request Form	
Agency Number	300	Department Name	Sanitation
Project Name	Recovery1 Landfill Maintenance	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	17,000 Chef Menteur Hwy.	Council District	Ε
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The LA Department of Environmental Qua	lity requires annual maintenance of this f	facility as well as routine monitoring and reporting.
Five Year Summary	The LA Department of Environmental Quality r	equires annual maintenance of this facilit in post-closure status.	ty as well as routine monitoring and reporting while it is
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.)	\$104,000	Proposed Funding Source	MCF
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:	Sustainable community	that adequately maintains properties and	follow regulatory requirements.
What Benefit(s) will be provided to Public from this project?	Clean Environment	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 Prioirty Rating Form					
Agency Number	300	Department Name	Sanitation		
Project Name	Recovery1 Landfill Maintenance	Department Priority Ranking	1		
Categories	Rating		Score		
Public Health and Safety	3		9		
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	4		12		
Intensity of Use	4		12		
Scheduling	4		12		
Benefit/ Cost	2		6		
Potential for Duplication	3		9		
Availability of Financing	1		3		
Special Need	1		3		
Entergy Consumptiom	3		9		
Timeliness/ External	1		3		
Public Support	4		12		
TOTAL Ranking	53		159		

	Capital Budget Request Form						
Agency Number	300	Department Name	Sanitation				
Project Name	Curbside Recycling Carts	Department Priority Ranking	3				
Project Type	Equipment	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?	Yes				
Project Address	2829 Elysian Fields Avenue	Council District	D				
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	volume of items recycled which continues	to increase each year. The City is position	on the number of calls received for new carts and the ned to end 2014 with 36% of the eligible population e number of new residents and current residents.				
Five Year Summary			s will be needed annually at of cost of \$198,750. Note: 11. The annual savings will increase as more persons				
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.)	\$198,750	Proposed Funding Source	Bonds				
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 proj	iect is key to the development of a sustair	nable community.				
What Benefit(s) will be provided to Public from this project?	Improved environment		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	Blank	Department Name	Sanitation		
Project Name	Curbside Recycling Carts	Department Priority Ranking	3		
Categories	Rating		Score		
Public Health and Safety	3		9		
External Requirements	2		6		
Protection of Capital Stock	1		3		
Economic Development	4		12		
Operating Budget	4		12		
Life Expectancy of Project	3		9		
Percent of Population Served by Projects	3		9		
Relation to adopted Plans	4		12		
Intensity of Use	4		12		
Scheduling	4		12		
Benefit/ Cost	4		12		
Potential for Duplication	3		9		
Availability of Financing	1		3		
Special Need	1		3		
Entergy Consumption	4		12		
Timeliness/ External	1		3		
Public Support	4		12		
TOTAL Ranking	50		150		

Capital Budget Request Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Feasibility Study - Composting Facility	Department Priority Ranking	6			
Project Type	Feasibility Study	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	Old Gentilly Road -Temp. Debris Mgmt. Site	Council District	Ε			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Orleans generates a significant amount of gree Landfill (residents) or the Gentilly Landfill ((Gentilly Landfill for green waste generated b	en waste on an annual basis. The majority City Departments) based on the tipping fe	frequency of severe weather events, the City of New of this material is currently disposed in the River Birch et at each facility. In 2013, we paid over \$88K to the lition, due to its mounted patrols, the City generates a ryear for this disposal in a landfill.			
Five Year Summary	City's emergency debris removal companies, s to New Orleans. We are confident that we co	selected recently, has successfully implem an replicate this operation. Initially, we w	venues and to reduce operating expenses. One of the nented composting operations in a municipality similar would accept green waste only from City Departments ag composting as a preferred alternative for vegetative es.			
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.				
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$25,000	Proposed Funding Source	Bonds			
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 is in line with the goal of creating a sustainable community					
What Benefit(s) will be provided to Public from this project?	Lower Operating costs; cleaner environment	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	300	Department Name	Sanitation		
Project Name	Feasibility Study - Composting Facility	Department Priority Ranking	Blank		
Categories	Rating		Score		
Public Health and Safety	1		3		
External Requirements	1		3		
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 adopted Plans	2		6		
Intensity of Use	4		12		
Scheduling	4		12		
Benefit/ Cost	4		12		
Potential for Duplication	1		3		
Availability of Financing	1		3		
Special Need	1		3		
Entergy Consumption	2		6		
Timeliness/ External	1		3		
Public Support	4		12		
TOTAL Ranking	43		129		

Capital Budget Request Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Transfer Station	Department Priority Ranking	2			
Project Type	300	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	2829 Elysian Fields Avenue	Council District	D			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.		and safely operate the Transfer Station: Irity system, alarm systems, automatic op	6 trailers, 2 off-road terminal tractors, 2 tractor trucks; eration of sump pump,			
Five Year Summary	<u> </u>	revenue in 2004. Opening the transfer sing a convenient, low cost location for cit	tation will reduce the volume of illegal dumping in the izens to bring debris.			
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.)	\$922,000	Proposed Funding Source	Bonds			
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:	Cleaner City - sustainable community with improved quality of life:					
What Benefit(s) will be provided to Public from this project?	Improved quality of life	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 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	300	Department Name	Sanitation		
Project Name	Transfer Station	Department Priority Ranking	2		
Categories	Rating		Score		
Public Health and Safety	4		12		
External Requirements	1		3		
Protection of Capital Stock	1		3		
Economic Development	4		12		
Operating Budget	2		6		
Life Expectancy of Project	3		9		
Percent of Population Served by Project:	4		12		
Relation to adopted Plans	4		12		
Intensity of Use	4		12		
Scheduling	4		12		
Benefit/ Cost	4		12		
Potential for Duplication	3		9		
Availability of Financing	1		3		
Special Need	3		9		
Entergy Consumption	2		6		
Timeliness/ External	4		12		
Public Support	4		12		
TOTAL Ranking	52		156		

Capital Budget Request Form						
Agency Number	300	Department Name	Sanitation			
Project Name	Sanitation Warehouse	Department Priority Ranking	4			
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No			
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes			
Project Address	2829 Elysian Fields Avenue	Council District	D			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	have been stolen from our location due to a space to work, prepare reports, counsel emplo	lack of secured storage options. Product	rage available for equipment, supplies, or carts. Items ivity would be improved if Supervisors had adequate perations is currently working out of a trailer that does omputers, printers, etc.			
Five Year Summary		onsibilities and staffing. We are in need o tation, we need additional supervisory pe	f a facility to adequately support this growth. With the rsonnel, equipment and supplies.			
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.)	\$1,336,654	Proposed Funding Source	Bonds			
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 meets the objectives related to a Sustainable Community:					
What Benefit(s) will be provided to Public from this project?	Improved productivity and a cleaner City	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	300	Department Name	Sanitation
Project Name	Sanitation Warehouse	Department Priority Ranking	4
Categories	Rating		Score
Public Health and Safety	3		9
External Requirements	1		3
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 adopted Plans	4		12
Intensity of Use	4		12
Scheduling	1		3
Benefit/ Cost	2		6
Potential for Duplication	3		9
Availability of Financing	1		3
Special Need	3		9
Entergy Consumption	2		6
Timeliness/ External	4		12
Public Support	4		12
TOTAL Ranking	51		153

Capital Budget Request Form			
Agency Number	300	Department Name	Sanitation
Project Name	Old Gentilly Road Phase 1 Environmental	Department Priority Ranking	7
Project Type	Feasibility Study	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	Old Gentilly Road	Council District	Е
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This site was formerly used as an incinerator. It is used as a Temporary Debris Management Site during weather emergencies. The site is near Read Boulevard and has high potential for reuse.		
Five Year Summary	The Department of Sanitation would like to explore the possibility of other uses for the site once the Phase 1 Environmental Study has been completed		
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.)	\$17,034.56	Proposed Funding Source	MCF
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 meets the objective related to developing a sustainable community		
What Benefit(s) will be provided to Public from this project?	Blight reduction, jobs, a cleaner environment	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 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	300	Department Name	Sanitation
Project Name	Old Gentilly Road Phase 1 Environmental	Department Priority Ranking	Blank
Categories	Rating		Score
Public Health and Safety	4		12
External Requirements	1		3
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:	3		9
Relation to adopted Plans	2		6
Intensity of Use	4		12
Scheduling	4		12
Benefit/ Cost	4		12
Potential for Duplication	1		3
Availability of Financing	1		3
Special Need	1		3
Entergy Consumption	2		6
Timeliness/ External	1		3
Public Support	2		6
TOTAL Ranking	45]		135

Capital Budget Request Form			
Agency Number	300	Department Name	Sanitation
Project Name	Materials Recovery Facility "MRF" Feasibility Study	Department Priority Ranking	8
Project Type	Blank	Is a Land acquisition needed? (Y/N)	Blank
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	No
Project Address		Council District	Blank
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The City of New Orleans should determine the feasibility of constructing a MRF		
Five Year Summary	The project would be in line with the City's plan for a sustainability community		
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.)	\$25,000	Proposed Funding Source	MCF
Does this project fall in line with the current Zoning requirements	Blank	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	This project would be in line with the City's plan for a sustainable community		
What Benefit(s) will be provided to Public from this project?	The public would benefit from having access to a recycling facility and an improved environment	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?	Blank	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	300	Department Name	Sanitation
Project Name	Materials Recovery Facility "MRF" Feasibility St	Department Priority Ranking	Blank
Categories	Rating		Score
Public Health and Safety	2		6
External Requirements	1		3
Protection of Capital Stock	1		3
Economic Development	4		12
Operating Budget	3		9
Life Expectancy of Project	4		12
Percent of Population Served by Project:	4		12
Relation to adopted Plans	2		6
Intensity of Use	4		12
Scheduling	4		12
Benefit/ Cost	3		9
Potential for Duplication	1		3
Availability of Financing	2		6
Special Need	1		3
Entergy Consumption	2		6
Timeliness/ External	1		3
Public Support	2		6
TOTAL Ranking	41		123