

2017- 2021 Capital Budget Request Form

480		Samuel Stoute							
Civil Service		658-3506							
6/3/2016		ssoute@nola.gov							
Request #	Department Ranking	Prioierty Criteria Ranking	Project Name	Project Amount	2017	2018	2019	2020	2021
1	18	18	Additional Space	TBD	\$ -	\$ -	\$ -	\$ -	\$ -
2	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Department Head
Signature

Printed Name

Date

Capital Budget Request Form													
Agency Number		Department Name	Civil Service										
Project Name	Additional Space	Department Priority Ranking	18										
Project Type	Blank	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	1340 Poydras Street	Council District											
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	years staffing has increased by 25% with no additional space available to house this staff. Additional space will also be need for detailing of per												
Five Year Summary													
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status											
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.											
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	TBD	Proposed Funding Source	general 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:	N/A												
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	N/A												
What Benefit(s) will be provided to Public from this project?	For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">2017</td> <td></td> </tr> <tr> <td style="text-align: center;">2018</td> <td></td> </tr> <tr> <td style="text-align: center;">2019</td> <td></td> </tr> <tr> <td style="text-align: center;">2020</td> <td></td> </tr> <tr> <td style="text-align: center;">2021</td> <td></td> </tr> </table>			2017		2018		2019		2020		2021	
2017													
2018													
2019													
2020													
2021													
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs											

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Additional Space	Department Priority Ranking	18
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	0	0	
Economic Development	0	0	
Operating Budget	0	0	
Life Expectancy of Project	0	0	
Percent of Population Served by Project	0	0	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	0	0	
Potential for Duplication	0	0	
Availability of Financing	0	0	
Special Need	0	0	
Entergy Consumptom	0	0	
Timeliness/ External	0	0	
Public Support	0	0	
TOTAL Ranking	6	18	