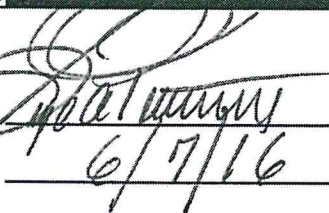


Department Agency Number	450	Contact Name	George A. Patterson, Director, Dept. of Property Management						
Department Name	Property Management	Contact Number	504-658-3600						
Date		Contact E-Mail	Gapatterson@nola.gov						
Request #	Department Ranking	Priority Criteria Ranking	Project Name	Project Amount	2017	2018	2019	2020	2021
1	1	141	Citywide Building Repairs	\$ 10,000,000.00	\$ 2,000,000.00	\$ 2,000,000.00	\$ 2,000,000.00	\$ 2,000,000.00	\$ 2,000,000.00
2	2	141	City Hall & City Council Bldg. Fire Alarm /Monitoring Systems	\$ 500,000.00	\$ 500,000.00	\$ -	\$ -	\$ -	\$ -
3	3	126	Civil District Court Fire Alarm & Monitoring System	\$ 350,000.00	\$ 350,000.00	\$ -	\$ -	\$ -	\$ -
4	4	138	NOFD HVAC Emergency repairs and equipment replacement	\$ 1,750,000.00	\$ 350,000.00	\$ 350,000.00	\$ 350,000.00	\$ 350,000.00	\$ 350,000.00
5	5	132	Replace NOFD Fire Stations Driveways	\$ 710,000.00	\$ 355,000.00	\$ 355,000.00	\$ -	\$ -	\$ -
6	6	138	NOFD Apparatus Heaters	\$ 250,000.00	\$ 125,000.00	\$ 125,000.00	\$ -	\$ -	\$ -
7	7	132	Replace HVAC System(s) at Algiers Carriage House	\$ 250,000.00	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -
8	8	138	Gallier Hall Sprinkler	\$ 300,000.00	\$ 300,000.00	\$ -	\$ -	\$ -	\$ -
9	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL				\$ 14,110,000.00	\$ 4,230,000.00	\$ 2,830,000.00	\$ 2,350,000.00	\$ 2,350,000.00	\$ 2,350,000.00

Department Head Signature



Printed Name

George A. Patterson

Date

6/7/16

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)	
Will this project be a permanent Inmunevable improvement?		Does the request meet the General Obligation Bond requirement?	No
Project Address	Citywide	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Citywide emergency building repairs to maintain HVAC, electrical, plumbing, and roofing systems at City buildings.			
Five Year Summary			
Funding to address emergency building 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.)	\$ 10,000,000.00	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:			
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?			
Needed repairs to City buildings			
For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.			
		2017	\$ 2,000,000.00
		2018	\$ 2,000,000.00
		2019	\$ 2,000,000.00
		2020	\$ 2,000,000.00
		2021	\$ 2,000,000.00
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the Project?			
Yes			

Capital Budget Request Priority Rating Form

Agency Number	Blank	Department Name	Blank
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	2		6
Economic Development	3		9
Operating Budget	2		6
Life Expectancy of Project	3		9
Percent of Population Served by Project	3		9
Relation to adopted Plans	2		6
Intensity of Use	3		9
Scheduling	3		9
Benefit/ Cost	2		6
Potential for Duplication	2		6
Availability of Financing	3		9
Special Needs	2		6
Energy Consumption	2		6
Timeliness/ External	3		9
Public Support	3		9
Environmental Quality and Stormwater Management	3		9
TOTAL Ranking	47		141

Capital Budget Request Form

Agency Number	450	Department Name	Property Management
Project Name	City Hall & City Council Bldg. Fire Alarm /Mon	Department Priority Ranking	2
Project Type	Equipment	Is a land acquisition needed? (Y/N)	No
Will this project be a permanent/improvable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes
Project Address	1300 Perdido Street	Council District	C
Detailed Summary: include Scope of work, parking requirements, landscaping, etc.			
Five Year Summary	Replace City Hall building Fire Alarm/Monitoring system and reduce monitoring/repair cost.		
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.)	\$ 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.			
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?			
Safety compliance		For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.	
		2017	\$ 500,000.00
		2018	
		2019	
		2020	
		2021	
Is the surrounding infrastructure, i.e. utilities, road network sufficient to support the intended use of the project?			
Yes			

Capital Budget Request Priority Rating Form

Agency Number	450	Department Name	Property Management
Project Name	City Hall & City Council Bldg. Fire Alarm /Mon		2
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	3	9	
Protection of Capital Stock	2	6	
Economic Development	3	9	
Operating Budget	2	6	
Life Expectancy of Project	3	9	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	3	9	
Intensity of Use	3	9	
Scheduling	2	6	
Benefit/ Cost	3	9	
Potential for Duplication	2	6	
Availability of Financing	2	6	
Special Need	2	6	
Energy Consumption	2	6	
Timeliness/ External	3	9	
Public Support	3	9	
Environmental Quality and Stormwater Management	3	9	
TOTAL Ranking	47	141	

Capital Budget Request Form

Agency Number	450	Department Name	Property Management																				
Project Name	Civil District Court Fire Alarm & Monitoring System	Department Priority Ranking	3																				
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No																				
Will this project be a permanent immoveable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes																				
Project Address	1300 Perdido Street	Council District	C																				
Detailed Summary: Include scope of work, parking requirements, landscaping, etc.	Replace outdated fire alarm and monitoring system with non-proprietary system.																						
Five Year Summary	Funding to purchase a new non-proprietary fire alarm system for Civil District Court building.																						
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status																					
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	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	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.	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 areas impacted.	N/A																						
What benefit(s) will be provided to Public from this project?	<p style="text-align: center;">For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">2017</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">2018</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">2019</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">2020</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">2021</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> <td></td> <td style="text-align: center;">350,000.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			2017		2018		2019		2020		2021			\$		350,000.00						
2017		2018		2019		2020		2021															
	\$		350,000.00																				
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	Civil District Court Fire Alarm & Monitoring System	Department Priority Ranking	3
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	2	6	
Protection of Capital Stock	2	6	
Economic Development	3	9	
Operating Budget	3	9	
Life Expectancy of Project	0	0	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	3	9	
Intensity of Use	3	9	
Scheduling	1	3	
Benefit/ Cost	3	9	
Potential for Duplication	1	3	
Availability of Financing	3	9	
Special Need	3	9	
Energy Consumption	2	6	
Timeliness/ External	2	6	
Public Support	3	9	
Environmental Quality and Stormwater Management	2	6	
TOTAL Ranking	40	136	

Capital Budget Request Form

Agency Number	450	Department Name	Property Management
Project Name	NOFD HVAC Emergency repairs and equipment	Department Priority Ranking	4
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent inimmovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes
Project Address	Citywide	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
NOFD citywide HVAC emergency repairs and equipment replacement at various fire stations.			
Five Year Summary			
Funding to respond to emergency HVAC needs at NOFD fire stations.			
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.)			
\$	1,750,000.00	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:			
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?			
agency HVAC needs addressed at NOFD fire sta			
For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.			
		2017	\$ 350,000.00
		2018	\$ 350,000.00
		2019	\$ 350,000.00
		2020	\$ 350,000.00
		2021	\$ 350,000.00
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	NOFD HVAC Emergency repairs and equipment		4
Categories	Rating	Department Priority Ranking	Score
Public Health and Safety	3		9
External Requirements	2		6
Protection of Capital Stock	3		9
Economic Development	3		9
Operating Budget	2		6
Life Expectancy of Project	3		9
Percent of Population Served by Project	3		9
Relation to adopted Plans	2		6
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	3		9
Potential for Duplication	3		9
Availability of financing	2		6
Special Need	2		6
Energy Consumption	3		9
Timeliness/ External	2		6
Public Support	3		9
Environmental Quality and Stormwater Management	2		6
TOTAL Ranking	46		138

Capital Budget Request Form

Agency Number	450	Department Name	Property Management
Project Name	Replace NOFD Fire Stations Driveways	Department Priority Ranking	5
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent/improvable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes
Project Address	Citywide NODF Fire Stations	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
those weight is in excess of 30,000 pounds. It is estimated that 20-25 NOFD Fires Houses will not properly support large fire trucks t without d			
Five Year Summary	Replace NOFD Fire Stations Driveways that will not support their fire trucks .		
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.)	\$ 710,000.00	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.			
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?			
Cost savings and reduced repair cost.		For what year are you requesting the Project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested Year below.	
		2017	\$ 355,000.00
		2018	\$ 355,000.00
		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			
Agency Number	450	Department Name	Property Management
Project Name	Replace NOFD Fire Stations Driveways	Department Priority Ranking	
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	2	6	
Protection of Capital Stock	2	6	
Economic Development	3	9	
Operating Budget	2	6	
Life Expectancy of Project	3	9	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	2	6	
Intensity of Use	3	9	
Scheduling	2	6	
Benefit/ Cost	3	9	
Potential for Duplication	1	3	
Availability of Financing	3	9	
Special Need	2	6	
Energy Consumption	2	6	
Timeliness/ External	3	9	
Public Support	3	9	
Environmental Quality and Stormwater Management	2	6	
TOTAL Ranking	44	132	

Capital Budget Request Form

Agency Number	450	Department Name	Property Management
Project Name	NOFD Apparatus Heaters	Department Priority Ranking	6
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent/improvable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes
Project Address	Citywide NOFD Fire Stations	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	apparatus heaters at NOFD Fire Stations that are required to heat and prevent fire truck(s) equipment from falling or delay in operating due to		
Five Year Summary	Providing funding to replace heating apparatus units at NOFD Fire Stations.		
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.)	\$ 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:			
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?	Public Safety		
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	For what year are you requesting the project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.	
		2017	\$ 125,000.00
		2018	\$ 125,000.00
		2019	
		2020	
		2021	
		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	450	Department Name	Property Management
Project Name	NOFD Apparatus Heaters	Department Priority Ranking	6
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	2	6	
Life Expectancy of Project	3	9	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	3	9	
Intensity of Use	3	9	
Scheduling	1	3	
Benefit/ Cost	3	9	
Potential for Duplication	2	6	
Availability of Financing	2	6	
Special Need	3	9	
Energy Consumption	2	6	
Timeliness/ External	2	6	
Public Support	3	9	
Environmental Quality and Stormwater Management	2	6	
TOTAL Ranking	46	138	

Capital Budget Request Form

Agency Number	450	Department Name	Property Management
Project Name	Replace HVAC System(s) at Algiers Carriage House	Department Priority Ranking	7
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent/irremovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes
Project Address	225 Morgan St., Algiers Point New Orleans, LA	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Replace existing HVAC System(s) at Algiers Carriage House			
Five Year Summary			
Provide funding to replace HVAC system(s)			
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.)	\$ 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:			
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.			
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.	
New HVAC System(s)		2017	\$ 250,000.00
		2018	
		2019	
		2020	
		2021	
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	
Yes			

Capital Budget Request Priority Rating Form			
Agency Number	450	Department Name	Property Management
Project Name	Replace HVAC System(s) at Algiers Carriage Hd	Department Priority Ranking	7
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	2	6	
Protection of Capital Stock	2	6	
Economic Development	2	6	
Operating Budget	3	9	
Life Expectancy of Project	3	9	
Percent of Population Served by Project	3	9	
Relation to dopted Plans	2	6	
Intensity of Use	3	9	
Scheduling	2	6	
Benefit/ Cost	3	9	
Potential for Duplication	1	3	
Availability of Financing	2	6	
Special Need	3	9	
Energy Consumption	3	9	
Timeliness/ External	2	6	
Public Support	3	9	
Environmental Quality and Stormwater Management	2	6	
TOTAL Ranking	44	332	

Capital Budget Request Form

Agency Number	450	Department Name	Property Management										
Project Name	Galler Hall Sprinkler System Replacement 2nd	Department Priority Ranking	8										
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No										
Will this project be a permanent irremovable improvement?	Yes	Does the request meet the General Obligation bond requirement?	Yes										
Project Address	545 St. Charles Avenue	Council District	C										
Detailed Summary: Include steps of work, parking requirements, landscaping, etc.	Replace sprinkler system on 2nd and 3rd floors at Galler Hall and include in project cost engineering and contingency fees.												
Five Year Summary	Updated sprinkler system at Galler Hall												
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.)	\$ 300,000.00	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:	Conforms to objectives												
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?	<p>For what year are you requesting the project? 2017, 2018, 2019, 2020 or 2021? Enter amount in requested year below.</p> <table border="1"> <tr> <td>2017</td> <td></td> </tr> <tr> <td>2018</td> <td>\$ 300,000.00</td> </tr> <tr> <td>2019</td> <td></td> </tr> <tr> <td>2020</td> <td></td> </tr> <tr> <td>2021</td> <td></td> </tr> </table>			2017		2018	\$ 300,000.00	2019		2020		2021	
2017													
2018	\$ 300,000.00												
2019													
2020													
2021													
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of this 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	Gallier Hall Sprinkler System Replacement 2nd	Department Priority Ranking	
Categories	Rating	Score	8
Public Health and Safety	3	9	
External Requirements	3	9	
Protection of Capital Stock	2	6	
Economic Development	3	9	
Operating Budget	3	9	
Life Expectancy of Project	3	9	
Percent of Population Served by Project	3	9	
Relation to adopted Plans	2	6	
Intensity of Use	3	9	
Scheduling	2	6	
Benefit/ Cost	3	9	
Potential for Duplication	3	9	
Availability of Financing	2	6	
Special Need	1	3	
Energy Consumption	3	9	
Timeliness/ External	2	6	
Public Support	3	9	
Environmental Quality and Stormwater Management	2	6	
TOTAL Rating	46	138	

