2027 - 2031 Capital Budget Summary Page

Department Agency Number	685-A	Contact Name	Claudia Riegel, Ph.D					
Department Name	Mosquito Control Board	Contact Number	(504) 658-2400					
Date	05/12/2026	Contact Email						
Department Ranking	Priority Criteria Ranking	Project Name	Project Amount	2027	2028	2029	2030	2031
1	105	Generator for NOMTRCB hangar	$300,000.00	$75,000.00	$225,000.00	-	-	-
2	108	Generator for NOMTRCB elevated warehouse	$175,000.00	$75,000.00	$100,000.00	-	-	-
3	105	Generator for NOMTRCB spray truck warehouse	$200,000.00	$75,000.00	$125,000.00	-	-	-
4	105	Generator for NOMTRCB Biolab facility	$175,000.00	$75,000.00	$100,000.00	-	-	-
5	105	Generator for NOMTRCB pesticide warehouse	$275,000.00	$75,000.00	$200,000.00	-	-	-
6	114	Dump Truck	$275,000.00	$275,000.00	-	-	-	-
7	84	Dehumidifying system	$35,000.00	$35,000.00	-	-	-	-
8	135	Herbicide tank	$75,000.00	$75,000.00	-	-	-	-
9	111	Bambi bucket for helicopter	$80,000.00	$80,000.00	-	-	-	-
TOTAL			$1,590,000.00	$840,000.00	$750,000.00	-	-	-

Capital Budget Request Form

Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Agency Address	2100 Leon C. Simon Dr.	**Department Priority Ranking**	1
Project Name	Generator for NOMTRCB hangar	**Is a Land acquisition needed? (Y/N)**	No
Project Type	Public Safety	**Does the proposed project have a useful life of at 10 years and cost more than $5,000**	
Is this for a tangible asset (like buildings or equipment) or an intangible asset (like software)?	Tangible	**If intangible, are these costs for implementation only?**	No
Project Address	6001 Stars and Stripes Blvd.	**Council District**	E
Master Plan Designation	No	**Zoning District**	
Does this project meeting with the current Zoning requirements	No	**If no please list required change**	
CIP Short Summary			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Mosquito Control Aircraft Hanger requires capital funding for the installation of (2) natural gas generators with the following specs: 125A, 3-phase, 208/120V panels with load that includes dock systems and lighting. The estimated generator requirement is 45-50 kW This natural gas emergency standby generator will need a tall elevated platform, consolidation of the two existing electrical panel boxes into a single modernized panel, and the extension of the natural gas line to the hanger to en		
Is this request a resubmittal from a previous cycle? If so, what was the result?			
If approved, please enter the year it was funded.		**If rejected or deferred, please enter the previous submittal amount.**	
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?	Yes	**Please provide estimate of increase or decrease operating costs.**	Maintenance contract needed
Which chapter in the Master Plan is this project consistent with?	Fields!Custom_MasterPlanChapters.Value		
What Benefit(s) will be provided to the Public from this project?	. These improvements will safeguard the helicopter, maintain operational readiness, and ensure uninterrupted aerial mosquito control capability when it is needed most.		
For what year are you requesting the Project?	2027-2028		
Is the surrounding infrastructure sufficient to support the intended use of the project?	No	**If no please discuss required improvements and estimated costs**	

For what year are you requesting the Project?			
2027	$75,000.00		
2028	$225,000.00		
2029	$0.00		
2030	$0.00		
2031	$0.00		
Funding Source 1	Federal	**Funding Source 1 Percent**	85
Funding Source 1 Name	FEMA		
Funding Source 2	Internal	**Funding Source 2 Percent**	15

Funding Source 2 Name	Bond		
Funding Source 3		**Funding Source 3 Percent**	
Funding Source 3 Name			
Funding Source 4		**Funding Source 4 Percent**	0
Funding Source 4 Name			

Capital Budget Request Priority Rating Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Project Name	Generator for NOMTRCB hangar	**Department Priority Ranking**	1

Categories	Rating	Score
Public Health and Safety	2	6
External Requirements	0	0
Protection of Capital Stock	3	9
Economic Development	0	0
Operating Budget	2	6
Life Expectancy of Project	3	9
Percent of Population Served by Projects	3	9
Relation to Adopted Plans	1	3
Intensity of Use	3	9
Scheduling	3	9
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	2	6
Special Need	2	6
Energy Consumption	1	3
Timeliness/ External	3	9
Public Support	1	3
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	35	105

Capital Budget Request Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Agency Address	2100 Leon C. Simon Dr.	**Department Priority Ranking**	2
Project Name	Generator for NOMTRCB elevated warehouse	**Is a Land acquisition needed? (Y/N)**	No
Project Type	Public Safety	**Does the proposed project have a useful life of at 10 years and cost more than $5,000**	
Is this for a tangible asset (like buildings or equipment) or an intangible asset (like software)?	Tangible	**If intangible, are these costs for implementation only?**	No
Project Address	5700-5744 Hayne Blvd.	**Council District**	E
Master Plan Designation	No	**Zoning District**	
Does this project meeting with the current Zoning requirements	No	**If no please list required change**	
CIP Short Summary			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Mosquito Control Insecticide Warehouse requires capital funding for the installation of a 60 kW natural gas standby generator with an automatic transfer switch, an electrical system retrofit, and the construction of an elevated generator pad above the 500□year floodplain to ensure uninterrupted power for climate□controlled storage of restricted□use pesticides.		
Is this request a resubmittal from a previous cycle? If so, what was the result?			
If approved, please enter the year it was funded.		**If rejected or deferred, please enter the previous submittal amount.**	
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?	Yes	**Please provide estimate of increase or decrease operating costs.**	Maintenance contract needed
Which chapter in the Master Plan is this project consistent with?	Fields!Custom_MasterPlanChapters.Value		
What Benefit(s) will be provided to the Public from this project?	Without this investment, the agency faces potential loss of restricted□use insecticides, increased replacement costs, compromised emergency response capacity, and elevated public□health risks due to delayed mosquito control operations.		
For what year are you requesting the Project?			
Is the surrounding infrastructure sufficient to support the intended use of the project?	Yes	**If no please discuss required improvements and estimated costs**	

For what year are you requesting the Project?			
2027	$75,000.00		
2028	$100,000.00		
2029	$0.00		
2030	$0.00		
2031	$0.00		
Funding Source 1	Federal	**Funding Source 1 Percent**	85
Funding Source 1 Name	FEMA		
Funding Source 2	Internal	**Funding Source 2 Percent**	15

Funding Source 2 Name	Bonds		
Funding Source 3		**Funding Source 3 Percent**	
Funding Source 3 Name			
Funding Source 4		**Funding Source 4 Percent**	0
Funding Source 4 Name			

Capital Budget Request Priority Rating Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Project Name	Generator for NOMTRCB elevated warehouse	**Department Priority Ranking**	2

Categories	Rating	Score
Public Health and Safety	3	9
External Requirements	0	0
Protection of Capital Stock	3	9
Economic Development	0	0
Operating Budget	2	6
Life Expectancy of Project	3	9
Percent of Population Served by Projects	3	9
Relation to Adopted Plans	1	3
Intensity of Use	3	9
Scheduling	3	9
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	2	6
Special Need	2	6
Energy Consumption	1	3
Timeliness/ External	3	9
Public Support	1	3
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	36	108

Capital Budget Request Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Agency Address	2100 Leon C. Simon Dr.	**Department Priority Ranking**	3
Project Name	Generator for NOMTRCB spray truck warehouse	**Is a Land acquisition needed? (Y/N)**	No
Project Type	Public Safety	**Does the proposed project have a useful life of at 10 years and cost more than $5,000**	
Is this for a tangible asset (like buildings or equipment) or an intangible asset (like software)?	Tangible	**If intangible, are these costs for implementation only?**	No
Project Address	5700-5744 Hayne Blvd.	**Council District**	E
Master Plan Designation	No	**Zoning District**	
Does this project meeting with the current Zoning requirements	Yes	**If no please list required change**	
CIP Short Summary			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Mosquito Control Operations Warehouse requires capital funding for the installation of a 60 kW natural gas emergency standby generator with an automatic transfer switch, an electrical system retrofit, and the construction of a flood□resilient elevated generator pad to ensure uninterrupted power for mosquito abatement and surveillance operations.		
Is this request a resubmittal from a previous cycle? If so, what was the result?			
If approved, please enter the year it was funded.		**If rejected or deferred, please enter the previous submittal amount.**	
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?	Yes	**Please provide estimate of increase or decrease operating costs.**	Maintenance contract needed
Which chapter in the Master Plan is this project consistent with?	Fields!Custom_MasterPlanChapters.Value		
What Benefit(s) will be provided to the Public from this project?	Power outages can delay abatement operations, interrupt surveillance activities, compromise insecticide integrity, and slow the detection of mosquito□borne diseases, increasing public□health risks.		
For what year are you requesting the Project?	2027-2028		
Is the surrounding infrastructure sufficient to support the intended use of the project?	No	**If no please discuss required improvements and estimated costs**	

For what year are you requesting the Project?			
2027	$75,000.00		
2028	$125,000.00		
2029	$0.00		
2030	$0.00		
2031	$0.00		
Funding Source 1	Federal	**Funding Source 1 Percent**	85
Funding Source 1 Name	FEMA		
Funding Source 2	Internal	**Funding Source 2 Percent**	15

Funding Source 2 Name	Bonds		
Funding Source 3		**Funding Source 3 Percent**	
Funding Source 3 Name			
Funding Source 4		**Funding Source 4 Percent**	0
Funding Source 4 Name			

Capital Budget Request Priority Rating Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Project Name	Generator for NOMTRCB spray truck warehouse	**Department Priority Ranking**	3

Categories	Rating	Score
Public Health and Safety	3	9
External Requirements	0	0
Protection of Capital Stock	3	9
Economic Development	0	0
Operating Budget	2	6
Life Expectancy of Project	3	9
Percent of Population Served by Projects	3	9
Relation to Adopted Plans	0	0
Intensity of Use	3	9
Scheduling	3	9
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	2	6
Special Need	2	6
Energy Consumption	1	3
Timeliness/ External	3	9
Public Support	1	3
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	35	105

Capital Budget Request Form

Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Agency Address	2100 Leon C. Simon Dr.	**Department Priority Ranking**	4
Project Name	Generator for NOMTRCB Biolab facility	**Is a Land acquisition needed? (Y/N)**	No
Project Type	Public Safety	**Does the proposed project have a useful life of at 10 years and cost more than $5,000**	
Is this for a tangible asset (like buildings or equipment) or an intangible asset (like software)?	Tangible	**If intangible, are these costs for implementation only?**	No
Project Address	13200 B Old Gentilly Rd.	**Council District**	E
Master Plan Designation	No	**Zoning District**	
Does this project meeting with the current Zoning requirements	No	**If no please list required change**	
CIP Short Summary			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Mosquito Control Biolab Facility requires capital funding for the installation of a 60 kW natural gas emergency standby generator, a full electrical system retrofit, automatic transfer box, and the construction of an elevated generator pad to ensure uninterrupted power for climate□controlled insecticide storage, essential laboratory equipment, and daily operational systems. The total estimated project cost ranges from $125,000 to $175,000, including $35,000–$45,000 for the generator, $5,000–		
Is this request a resubmittal from a previous cycle? If so, what was the result?			
If approved, please enter the year it was funded.		**If rejected or deferred, please enter the previous submittal amount.**	
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?	Yes	**Please provide estimate of increase or decrease operating costs.**	Maintenance contract
Which chapter in the Master Plan is this project consistent with?	Fields!Custom_MasterPlanChapters.Value		
What Benefit(s) will be provided to the Public from this project?	These improvements will protect valuable laboratory assets, maintain operational readiness, support uninterrupted mosquito surveillance and abatement activities, and reduce the risk of vector□borne disease outbreaks following disasters.		
For what year are you requesting the Project?	2027-2028		
Is the surrounding infrastructure sufficient to support the intended use of the project?	Yes	**If no please discuss required improvements and estimated costs**	

For what year are you requesting the Project?			
2027	$75,000.00		
2028	$100,000.00		
2029	$0.00		
2030	$0.00		
2031	$0.00		
Funding Source 1	Federal	**Funding Source 1 Percent**	85
Funding Source 1 Name	FEMA		
Funding Source 2	Internal	**Funding Source 2 Percent**	15

Funding Source 2 Name	Bonds		
Funding Source 3		**Funding Source 3 Percent**	
Funding Source 3 Name			
Funding Source 4		**Funding Source 4 Percent**	0
Funding Source 4 Name			

Capital Budget Request Priority Rating Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Project Name	Generator for NOMTRCB Biolab facility	**Department Priority Ranking**	4

Categories	Rating	Score
Public Health and Safety	3	9
External Requirements	0	0
Protection of Capital Stock	3	9
Economic Development	0	0
Operating Budget	2	6
Life Expectancy of Project	3	9
Percent of Population Served by Projects	3	9
Relation to Adopted Plans	0	0
Intensity of Use	3	9
Scheduling	3	9
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	2	6
Special Need	2	6
Energy Consumption	1	3
Timeliness/ External	3	9
Public Support	1	3
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	35	105

Capital Budget Request Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Agency Address	2100 Leon C. Simon Dr.	**Department Priority Ranking**	5
Project Name	Generator for NOMTRCB pesticide warehouse	**Is a Land acquisition needed? (Y/N)**	No
Project Type	Public Safety	**Does the proposed project have a useful life of at 10 years and cost more than $5,000**	
Is this for a tangible asset (like buildings or equipment) or an intangible asset (like software)?	Tangible	**If intangible, are these costs for implementation only?**	No
Project Address	5700 Hayne Blvd.	**Council District**	E
Master Plan Designation	No	**Zoning District**	
Does this project meeting with the current Zoning requirements	Yes	**If no please list required change**	
CIP Short Summary			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Is this request a resubmittal from a previous cycle? If so, what was the result?			
If approved, please enter the year it was funded.		**If rejected or deferred, please enter the previous submittal amount.**	
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?	Yes	**Please provide estimate of increase or decrease operating costs.**	Maintenance contract needed
Which chapter in the Master Plan is this project consistent with?	Fields!Custom_MasterPlanChapters.Value		
What Benefit(s) will be provided to the Public from this project?	These improvements will protect valuable pesticide inventory, maintain regulatory compliance, preserve operational readiness, support emergency sheltering capabilities, and ensure uninterrupted mosquito and rodent control operations before, during, and after disasters.		
For what year are you requesting the Project?	2027		
Is the surrounding infrastructure sufficient to support the intended use of the project?	No	**If no please discuss required improvements and estimated costs**	

For what year are you requesting the Project?			
2027	$75,000.00		
2028	$200,000.00		
2029	$0.00		
2030	$0.00		
2031	$0.00		
Funding Source 1	Federal	**Funding Source 1 Percent**	85
Funding Source 1 Name	FEMA		
Funding Source 2	Internal	**Funding Source 2 Percent**	15

Funding Source 2 Name	Bond		
Funding Source 3		**Funding Source 3 Percent**	
Funding Source 3 Name			
Funding Source 4		**Funding Source 4 Percent**	0
Funding Source 4 Name			

Capital Budget Request Priority Rating Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Project Name	Generator for NOMTRCB pesticide warehouse	**Department Priority Ranking**	5

Categories	Rating	Score
Public Health and Safety	3	9
External Requirements	0	0
Protection of Capital Stock	3	9
Economic Development	0	0
Operating Budget	2	6
Life Expectancy of Project	3	9
Percent of Population Served by Projects	3	9
Relation to Adopted Plans	0	0
Intensity of Use	3	9
Scheduling	3	9
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	2	6
Special Need	2	6
Energy Consumption	1	3
Timeliness/ External	3	9
Public Support	1	3
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	35	105

Capital Budget Request Form

Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Agency Address	2100 Leon C. Simon Dr.	**Department Priority Ranking**	6
Project Name	Dump truck	**Is a Land acquisition needed? (Y/N)**	No
Project Type	Public Safety	**Does the proposed project have a useful life of at 10 years and cost more than $5,000**	
Is this for a tangible asset (like buildings or equipment) or an intangible asset (like software)?	Tangible	**If intangible, are these costs for implementation only?**	No
Project Address	5700-5744 Hayne Blvd.	**Council District**	E
Master Plan Designation	No	**Zoning District**	
Does this project meeting with the current Zoning requirements	No	**If no please list required change**	
CIP Short Summary			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Is this request a resubmittal from a previous cycle? If so, what was the result?			
If approved, please enter the year it was funded.		**If rejected or deferred, please enter the previous submittal amount.**	
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?	Yes	**Please provide estimate of increase or decrease operating costs.**	Maintenance costs
Which chapter in the Master Plan is this project consistent with?	Fields!Custom_MasterPlanChapters.Value		
What Benefit(s) will be provided to the Public from this project?	A dump truck is a mission□critical asset for mosquito control operations because it supports essential source□reduction activities, including hauling debris, organic materials, and other waste that create or hold standing water and contribute to mosquito production.		
For what year are you requesting the Project?	2027		
Is the surrounding infrastructure sufficient to support the intended use of the project?	Yes	**If no please discuss required improvements and estimated costs**	

For what year are you requesting the Project?			
2027	$275,000.00		
2028	$0.00		
2029	$0.00		
2030	$0.00		
2031	$0.00		
Funding Source 1	Federal	**Funding Source 1 Percent**	85
Funding Source 1 Name	FEMA		
Funding Source 2	Internal	**Funding Source 2 Percent**	15

Funding Source 2 Name	Bonds		
Funding Source 3		**Funding Source 3 Percent**	
Funding Source 3 Name			
Funding Source 4		**Funding Source 4 Percent**	0
Funding Source 4 Name			

Capital Budget Request Priority Rating Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Project Name	Dump truck	**Department Priority Ranking**	6

Categories	Rating	Score
Public Health and Safety	3	9
External Requirements	0	0
Protection of Capital Stock	0	0
Economic Development	3	9
Operating Budget	2	6
Life Expectancy of Project	3	9
Percent of Population Served by Projects	3	9
Relation to Adopted Plans	0	0
Intensity of Use	3	9
Scheduling	3	9
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	1	3
Special Need	2	6
Energy Consumption	3	9
Timeliness/ External	3	9
Public Support	3	9
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	38	114

Capital Budget Request Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Agency Address	2100 Leon C. Simon Dr.	**Department Priority Ranking**	7
Project Name	Dehumidifying system	**Is a Land acquisition needed? (Y/N)**	No
Project Type	Public Safety	**Does the proposed project have a useful life of at 10 years and cost more than $5,000**	
Is this for a tangible asset (like buildings or equipment) or an intangible asset (like software)?	Tangible	**If intangible, are these costs for implementation only?**	No
Project Address	6001 Stars and Stripes Blvd.	**Council District**	E
Master Plan Designation	No	**Zoning District**	
Does this project meeting with the current Zoning requirements	Yes	**If no please list required change**	
CIP Short Summary			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	NOMTRCB is in need of a dehumidifying system for our hangar at the Lakefront Airport. This hangar is exposed to elements coming from the lake, and this is where our helicopter is stored.		
Is this request a resubmittal from a previous cycle? If so, what was the result?			
If approved, please enter the year it was funded.		**If rejected or deferred, please enter the previous submittal amount.**	
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?	No	**Please provide estimate of increase or decrease operating costs.**	
Which chapter in the Master Plan is this project consistent with?	Fields!Custom_MasterPlanChapters.Value		
What Benefit(s) will be provided to the Public from this project?	Our helicopter is required for mosquito abatement operations. If the elements cause corrosion to the equipment, it will shorten the lifespan of the helicopter and cause costly repairs.		
For what year are you requesting the Project?	2027		
Is the surrounding infrastructure sufficient to support the intended use of the project?	Yes	**If no please discuss required improvements and estimated costs**	

For what year are you requesting the Project?			
2027	$35,000.00		
2028	$0.00		
2029	$0.00		
2030	$0.00		
2031	$0.00		
Funding Source 1	Federal	**Funding Source 1 Percent**	85
Funding Source 1 Name	FEMA		
Funding Source 2	Internal	**Funding Source 2 Percent**	15

Funding Source 2 Name	Bonds		
Funding Source 3		**Funding Source 3 Percent**	
Funding Source 3 Name			
Funding Source 4		**Funding Source 4 Percent**	0
Funding Source 4 Name			

Capital Budget Request Priority Rating Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Project Name	Dehumidifying system	**Department Priority Ranking**	7

Categories	Rating	Score
Public Health and Safety	3	9
External Requirements	0	0
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 Adopted Plans	0	0
Intensity of Use	3	9
Scheduling	3	9
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	0	0
Special Need	2	6
Energy Consumption	1	3
Timeliness/ External	0	0
Public Support	0	0
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	28	84

Capital Budget Request Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Agency Address	2100 Leon C. Simon Dr.	**Department Priority Ranking**	8
Project Name	Herbicide tank	**Is a Land acquisition needed? (Y/N)**	No
Project Type	Stormwater Management	**Does the proposed project have a useful life of at 10 years and cost more than $5,000**	
Is this for a tangible asset (like buildings or equipment) or an intangible asset (like software)?	Tangible	**If intangible, are these costs for implementation only?**	No
Project Address	6601 Stars and Stripes Blvd.	**Council District**	E
Master Plan Designation	No	**Zoning District**	
Does this project meeting with the current Zoning requirements	Yes	**If no please list required change**	
CIP Short Summary			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.			
Is this request a resubmittal from a previous cycle? If so, what was the result?			
If approved, please enter the year it was funded.		**If rejected or deferred, please enter the previous submittal amount.**	
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?	No	**Please provide estimate of increase or decrease operating costs.**	
Which chapter in the Master Plan is this project consistent with?	Fields!Custom_MasterPlanChapters.Value		
What Benefit(s) will be provided to the Public from this project?	This will allow us to be more efficient in removing aquatic weeds, which will thus prevent severe blockages that restrict water flow and reduce water storage capacity of our canals.		
For what year are you requesting the Project?	2027		
Is the surrounding infrastructure sufficient to support the intended use of the project?	No	**If no please discuss required improvements and estimated costs**	

For what year are you requesting the Project?			
2027	$75,000.00		
2028	$0.00		
2029	$0.00		
2030	$0.00		
2031	$0.00		
Funding Source 1	Federal	**Funding Source 1 Percent**	85
Funding Source 1 Name	FEMA		
Funding Source 2	Internal	**Funding Source 2 Percent**	15

Funding Source 2 Name	Bonds		
Funding Source 3		**Funding Source 3 Percent**	
Funding Source 3 Name			
Funding Source 4		**Funding Source 4 Percent**	0
Funding Source 4 Name			

Capital Budget Request Priority Rating Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Project Name	Herbicide tank	**Department Priority Ranking**	8

Categories	Rating	Score
Public Health and Safety	3	9
External Requirements	1	3
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 Projects	3	9
Relation to Adopted Plans	2	6
Intensity of Use	3	9
Scheduling	3	9
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	1	3
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	45	135

Capital Budget Request Form

Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Agency Address	2100 Leon C. Simon Dr.	**Department Priority Ranking**	9
Project Name	Bambi bucket for helicopter	**Is a Land acquisition needed? (Y/N)**	No
Project Type	Public Safety	**Does the proposed project have a useful life of at 10 years and cost more than $5,000**	
Is this for a tangible asset (like buildings or equipment) or an intangible asset (like software)?	Tangible	**If intangible, are these costs for implementation only?**	No
Project Address	6001 Stars and Stripes Blvd.	**Council District**	E
Master Plan Designation	No	**Zoning District**	
Does this project meeting with the current Zoning requirements	No	**If no please list required change**	
CIP Short Summary			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	NOMTRCB requires a Bambi Bucket and hook for its helicopter. This equipment will support firefighting and fire□suppression operations by enabling the aircraft to deliver water quickly and efficiently. It can also be deployed during disaster□relief missions that require the aerial transport of water or similar resources.		
Is this request a resubmittal from a previous cycle? If so, what was the result?			
If approved, please enter the year it was funded.		**If rejected or deferred, please enter the previous submittal amount.**	
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?	No	**Please provide estimate of increase or decrease operating costs.**	
Which chapter in the Master Plan is this project consistent with?	Fields!Custom_MasterPlanChapters.Value		
What Benefit(s) will be provided to the Public from this project?	It will support firefighting operations in areas that are inaccessible for trucks and assist in disaster relief efforts		
For what year are you requesting the Project?	2027		
Is the surrounding infrastructure sufficient to support the intended use of the project?	Yes	**If no please discuss required improvements and estimated costs**	

For what year are you requesting the Project?			
2027	$80,000.00		
2028	$0.00		
2029	$0.00		
2030	$0.00		
2031	$0.00		
Funding Source 1	Federal	**Funding Source 1 Percent**	85
Funding Source 1 Name	FEMA		
Funding Source 2	Internal	**Funding Source 2 Percent**	15

Funding Source 2 Name	Bonds		
Funding Source 3		**Funding Source 3 Percent**	
Funding Source 3 Name			
Funding Source 4		**Funding Source 4 Percent**	0
Funding Source 4 Name			

Capital Budget Request Priority Rating Form			
Agency Number	685 - Mosquito, Termite and Rodent Control Board	**Department Name**	685-A - Mosquito Control Board
Project Name	Bambi bucket for helicopter	**Department Priority Ranking**	9

Categories	Rating	Score
Public Health and Safety	2	6
External Requirements	0	0
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 Projects	3	9
Relation to Adopted Plans	2	6
Intensity of Use	2	6
Scheduling	3	9
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	1	3
Special Need	2	6
Energy Consumption	2	6
Timeliness/ External	0	0
Public Support	3	9
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	37	111