2026 - 2030 Capital Budget Summary Page								
Department Agency Number	900-A	Contact Name	Kevin, Dolliole - Director of Aviation					
Department Name	New Orleans Aviation Board	Contact Number	(504) 303-7500					
Date	05/08/2025	Contact Email						
Department Ranking	Priority Criteria Ranking	Project Name	Project Amount	2026	2027	2028	2029	2030
1	162	BHS Upgrade	\$13,750,000.00	\$8,750,000.00	\$5,000,000.00	-	-	-
1	162	Intermodal Station	\$57,500,000.00	-	-	\$15,000,000.00	\$22,500,000.00	\$20,000,000.00
1	162	Inter City Rail	\$816,500,000.00	-	-	\$215,000,000.00	\$304,000,000.00	\$297,500,000.00
1	162	Pavement and Piles Terminal C/Conc C	\$12,100,000.00	\$7,000,000.00	\$2,100,000.00	\$3,000,000.00	-	-
1	156	Sewer Terminal	\$12,650,000.00	\$6,000,000.00	\$2,650,000.00	\$4,000,000.00	-	-
1	162	CBIS Expansion 5th EDS	\$32,000,000.00	\$6,400,000.00	\$16,918,000.00	\$8,682,000.00	-	-
1	123	North /South Connector Road	\$52,000,000.00	\$30,000,000.00	\$22,000,000.00	-	-	-
1	162	Parking Lot	\$8,050,000.00	\$6,050,000.00	\$2,000,000.00	-	-	-
1	162	North Terminal Apron Expansion	\$9,418,500.00	\$9,418,500.00	-	-	-	-
1	162	Wayfinding Improvements- South Terminal	\$1,725,000.00	-	\$1,725,000.00	-	-	-
1	162	North Program Enhancement Phase 1	\$75,500,000.00	\$15,000,000.00	\$32,000,000.00	\$28,500,000.00	-	-
1	162	Concourse Expansion	\$287,500,000.00	\$36,500,000.00	\$80,000,000.00	\$100,000,000.00	\$71,000,000.00	-
1	162	Electrical Feeder	\$28,750,000.00	\$8,750,000.00	\$20,000,000.00	-	-	-
1	162	Relocate Cooling Towers	\$46,000,000.00	\$11,400,000.00	\$32,000,000.00	\$2,600,000.00	-	-
1	162	Relocate EG Diesel Tanks	\$5,750,000.00	\$2,500,000.00	\$3,250,000.00	-	-	-
1	162	Southside Demolition	\$11,500,000.00	\$1,500,000.00	\$10,000,000.00	-	-	-
1	162	Sewer Force Mains	\$17,250,000.00	\$6,700,000.00	\$10,550,000.00	-	-	-
1	162	Sewer Force Mains- Conc B	\$11,500,000.00	\$1,000,000.00	\$10,500,000.00	-	-	-
1	162	Airfield Rehabilitation Program RW 2-20	\$60,000,000.00	\$40,000,000.00	\$20,000,000.00	-	-	-

1	162	Airfield Rehabilitation Program RW 11-29	\$227,100,000.00	-	\$15,000,000.00	\$75,000,000.00	\$137,100,000.00	-
1	162	Technology Infrastructure & Equipment Upgrade	\$2,000,000.00	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00	-
TOTAL			\$1,788,543,500.00	\$197,468,500.00	\$286,193,000.00	\$452,282,000.00	\$535,100,000.00	\$317,500,000.00

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	BHS Upgrade- Devicenet	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	True	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Drive Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Increase passenger flows and adde	ed capacity requires additional ba enhancements	aggage conveyor belts and system
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be	Plans for future growth of airport	For what year are you	ı requesting the Project?
provided to Public from this project?	to meet the needs of the traveling public	2026	\$8,750,000.00
project:	μασιις	2027	\$5,000,000.00
		2028	\$0.00
		2029	\$0.00
		2030	\$0.00

True

Capital Budget Request Priority Rating Form					
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board		
Project Name	BHS Upgrade- Devicenet	Department Priority Ranking	1		
Categories	Rating	S	core		
Public Health and Safety	4		9		
External Requirements	4		9		
Protection of Capital Stock	4		9		
Economic Development	4		9		
Operating Budget	4		9		
Life Expectancy of Project	4		9		
Percent of Population Served by Projects	4		9		
Relation to Adopted Plans	4		9		
Intensity of Use	4		9		
Scheduling	4		9		
Benefit/ Cost	4		9		
Potential for Duplication	4		9		
Availability of Financing	4		9		
Special Need	4		9		
Energy Consumption	4		9		
Timeliness/ External	4		9		
Public Support	4		9		
Environmental Quality and Stormwater Management	4		9		
TOTAL Ranking	54		162		

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Intermodal Station	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	True	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Drive Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	MSY Inter Modal Center Station Pr and light	oject will provide a transfer stop rail. The station will be on MSY	
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be		For what year are you	ı requesting the Project?
provided to Public from this project?		2026	\$0.00
project:		2027	\$0.00
		2028 2029	\$15,000,000.00 \$22,500,000.00
		2029	\$22,300,000.00

True

Capital Budget Request Priority Rating Form					
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board		
Project Name	Intermodal Station	Department Priority Ranking	1		
Categories	Rating	s	core		
Public Health and Safety	4		9		
External Requirements	4		9		
Protection of Capital Stock	4		9		
Economic Development	4		9		
Operating Budget	4		9		
Life Expectancy of Project	4		9		
Percent of Population Served by Projects	4		9		
Relation to Adopted Plans	4		9		
Intensity of Use	4		9		
Scheduling	4		9		
Benefit/ Cost	4		9		
Potential for Duplication	4		9		
Availability of Financing	4		9		
Special Need	4		9		
Energy Consumption	4		9		
Timeliness/ External	4		9		
Public Support	4		9		
Environmental Quality and Stormwater Management	4		9		
TOTAL Ranking	54		162		

Agency Number 900 - New Orleans Aviation Board Department Name Board Project Name Inter City Rail- APM Department Priority Ranking 1 Project Type Public Facilities Is a Land acquisition needed? (VIN) False Will this project be a permanent immovable improvement? True Does the request meet the General Obligation Bond requirement? False Project Address 1 Terminal Drive Kenner LA 70062 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. The airport will connect the north and south sides of the Airport with an Automatic People Mover (APM) system to replace the current busing solution in place around the eastern boundary of the Airport. Five Year Summary False 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) False Proposed Funding Source True If no please list required change Please discuss how the project ronforms to objectives and recommendations of the Master Plan: True Does the project fall in line with the current Zoning requirements True If no please list required change If no please list required change		Capital Budget	t Request Form	
Project Type Public Facilities Is a Land acquisition needed? (Y/N) False Will this project be a permanent immovable improvement? True Does the request meet the General Obligation Bond requirement? False Project Address 1 Terminal Drive Kenner LA 70062 Council District Citywide Datalled Summary: Include Scope of work, parking requirements, landscaping, etcl. The airport will connect the north and south sides of the Airport with an Automatic People Mover (APM) system to replace the current burg solution in place around the eastern boundary of the Airport. Five Year Summary False 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 static, maintenance, utilities) False Proposed Funding Source True If no please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: True If no please list required change	Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project type Public Facilities needed? (Y/N) Paise Will this project be a permanent immovable improvement? True Does the request meet the General Obligation Bond requirement? False Project Address 1 Terminal Drive Kenner LA 70062 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. The airport will connect the north and south sides of the Airport with an Automatic People Mover (APM) system to replace the current busing solution in place around the eastern boundary of the Airport. Five Year Summary False 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) False Proposed Funding Source True If no please list required change Please discuss how the project conforms to objectives and requirements to objectives and requirements of the Master Plan: True Does the project improve runoff water quality or reduce the impacts of the current generate of the requirements of the Master Plan: True	Project Name	Inter City Rail- APM	Department Priority Ranking	1
permanent immovable improvement? True General Obligation Bond requirement? False Project Address 1 Terminal Drive Kenner LA 70062 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. The airport will connect the north and south sides of the Airport with an Automatic People Mover (APM) system to replace the current busing solution in place around the eastern boundary of the Airport. Five Year Summary The airport will connect the north and south sides of the Airport with an Automatic People Mover (APM) system to replace the current busing solution in place around the eastern boundary of the Airport. Five Year Summary False 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) False Proposed Funding Source True If no please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: True If no please list required change Does the project improve runoff water quality or reduce the impacts of theoding? If yes, please False	Project Type	Public Facilities		False
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. The airport will connect the north and south sides of the Airport with an Automatic People Mover (APM) system to replace the current busing solution in place around the eastern boundary of the Airport. Five Year Summary If Yes please explain how this was funded and current prepared drawings for this project? Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. Please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: True If no please list required change Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please False If no please list required change	permanent immovable	True	General Obligation Bond	False
Scope of work, parking requirements, landscaping, etc. The alipoit will connect the form and sound sound sound sound sound and sound allow explore whether Airport. Five Year Summary False 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) False Proposed Funding Source False If no please list required change Proposed Funding Source True If no please list required change Please the current Zoning requirements True If no please list required change Please the project fall in line with the current Zoning requirements True If no please list required change Please the project fungrove runoff water quality or reduce the impacts of flooding? If yes, please False If no please list required change	Project Address	1 Terminal Drive Kenner LA 70062	Council District	Citywide
Has an Architect or Engineer prepared drawings for this project? False 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) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source False If no please list required change Does this project fall in line with the current Zoning requirements True 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 recommendations?	Scope of work, parking requirements, landscaping,		rent busing solution in place aro	
prepared drawings for this project? False this was funded and current status Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source False If no please list required change Does this project fall in line with the current Zoning requirements True 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 no please list required change	Five Year Summary			
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Does this project fall in line with the current Zoning requirements True 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	your department's current operating expenses? (i.e. require additional staff,	False	increase or decrease	
with the current Zoning requirements True If no please hist required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: If no please hist required change Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please If no please hist required change	Proposed Funding Source			
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	with the current Zoning	True		
runoff water quality or reduce the impacts of flooding? If yes, please	project conforms to objectives and recommendations of the			
achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	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			
What Benefit(s) will be Plan for future growth of the		5	For what year are you	
provided to Public from this airport to meet the needs of the 2026 \$0.00 \$0.00				
	project:			
2028 \$215,000,000.00 2029 \$204,000,000,00				
2029 \$304,000,000.00 2030 \$297,500,000.00				

True

Capital Budget Request Priority Rating Form					
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board		
Project Name	Inter City Rail- APM	Department Priority Ranking	1		
Categories	Rating	s	core		
Public Health and Safety	4		9		
External Requirements	4		9		
Protection of Capital Stock	4		9		
Economic Development	4		9		
Operating Budget	4		9		
Life Expectancy of Project	4		9		
Percent of Population Served by Projects	4		9		
Relation to Adopted Plans	4		9		
Intensity of Use	4		9		
Scheduling	4		9		
Benefit/ Cost	4		9		
Potential for Duplication	4		9		
Availability of Financing	4		9		
Special Need	4		9		
Energy Consumption	4		9		
Timeliness/ External	4		9		
Public Support	4		9		
Environmental Quality and Stormwater Management	4		9		
TOTAL Ranking	54		162		

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Pavement and Piles Terminal / Conc C	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Pile supported pavement will be concerns a	added to the Terminal and Cond at the interface between apron ar	course C to mitigate operational nd building.
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be		For what year are you	ı requesting the Project?
provided to Public from this project?	Airfield Safety	2026	\$7,000,000.00
project:		2027	\$2,100,000.00
		2028 2029	\$3,000,000.00 \$0.00
		2029	\$0.00

True

Capital Budget Request Priority Rating Form					
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board		
Project Name	Pavement and Piles Terminal / Conc C	Department Priority Ranking	1		
Categories	Rating	s	core		
Public Health and Safety	4		9		
External Requirements	4		9		
Protection of Capital Stock	4		9		
Economic Development	4		9		
Operating Budget	4		9		
Life Expectancy of Project	4		9		
Percent of Population Served by Projects	4		9		
Relation to Adopted Plans	4		9		
Intensity of Use	4		9		
Scheduling	4		9		
Benefit/ Cost	4		9		
Potential for Duplication	4		9		
Availability of Financing	4		9		
Special Need	4		9		
Energy Consumption	4		9		
Timeliness/ External	4		9		
Public Support	4		9		
Environmental Quality and Stormwater Management	4		9		
TOTAL Ranking	54		162		

Agency Number 900 - New Orleans Aviation Board Department Name 900-A - New Orleans Aviation Board Project Name Sewer Terminal Department Priority Ranking 1 Project Type Public Facilities Is a Land acquisition mechadra (YNN) False Will this project be a permanent Immovable amprovement? True Dess the request meet the General Obligation Bond requirement? False Project Address 1 Terminal Drive Kenner LA 7006z Council District Citywide Detailed Summary: Include Scope of vok, parking requirement? Existing gravity sewer systems will be partially replaced with lift stations and force mains activation statisty and scope of vok, parking requirement? Grants Five Year Summary True If Yes please explain how this was funded and current gravity sewer systems will be partially replaced with lift stations and force mains activation as and force mains activate set of increase or decrease or performent is surend. Will this project increase of the project of this project fail in line with the current Zoning requirements. False Preposed Funding Source True If no please list required change Preposed Funding Source For what year are you requesting the Project? What Benefit(s) will be project fail in line with the curred the pacts and the area inspacted. Airf		Capital Budget	t Request Form	
Project Type Public Facilities Is a Land acquisition meeded? (YM) False Will this project be a permanent immovable improvement? True Does the request meet the General Obligation Bond requirement? False Project Address 1 Terminal Drive Kenner LA 70062 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscoping, requi	Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Type Public Paulities needed? (Y/N) Pailed Will this project be a permanent immovable improvement? True Does the request meet the General Colligation Bond requirement? False Project Address 1 Terminal Drive Kenner LA 70062 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscaping, acc. Existing gravity sewer systems will be partially replaced with lift stations and force mains acc. Five Year Summary Existing gravity sewer systems will be partially replaced with lift stations and force mains acc. Grants Will this project increase your department's current operating express? (i.e. require additional staff, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source False If no please list required change Grants Proposed Funding Source True If no please list required change Grants Please discuss how the project conforms to objectives and recommendations of the market hat is impacted, if no please descrease how whis far area insaction and the area insact of source rund fir weights and the area insact of source rund fir weights and the area insact of source rund fir weights and the area insact of source rund fir market of source rund fir market of source rund fir weights and the area insact of area insact of area insact of source rund fir on area insact of area insact o	Project Name	Sewer Terminal	Department Priority Ranking	1
permanent immovable improvement?TrueGeneral Obligation Bond requirement?FalseProject Address1 Terminal Drive Kenner LA 70062Council DistrictCitywideDecipe of work, parking etc.Existing gravity sever systems will be partially replaced with lift stations and force mains etc.Five Year SummaryExisting gravity sever systems will be partially replaced with lift stations and force mains etc.Five Year SummaryTrueIf Yes please explain how this was funded and current increase or decrease operating express? (i.e.Will this project increase your department's current operating synthess?FalseProposed Funding SourceTrueIf no please list required changeProposed Funding Source operating express?TrueIf no please list required changeProposed Funding Source statusTrueIf no please list required changeDoes this project improve rund fi water quality or requirementsTrueIf no please list required changeDoes the project improve rund water quality or requirementsIf no please list required changeIf no please list required changeDoes the project improve rund water quality or requirementsAirfield SafetySecond water explain how this tec area impacted, and the area impacted, and t	Project Type	Public Facilities		False
Detailed Scome of work, parking requirements, include scope of work, parking requirements, incluse apping, etc. Existing gravity sewer systems will be partially replaced with lift stations and force mains etc. Five Year Summary If Yes please explain how this was funded and current status Grants Will this project increase your department's current operating expresses? (i.e. require additional staff, maintenance, utilities) False Please provide estimate of increase or decimate or objective and the area innacted. What Benefit(s) will be provided to Public from this project? Airfield Safety 2026 2027 2028 2027 \$4,000,000.00	permanent immovable	True	General Obligation Bond	False
Scope of work, parking requirements, landscaping, etc. Existing gravity sewer systems will be partially replaced with lift stations and force mains etc. Five Year Summary Has an Architect or Engineer prepared drawings for this project for this project increase your department's current operating expenses? (i.e. require additional staft, maintenance, utilities) True If Yes please explain how this required drawings for this project fall in line with the current Zoning requirements False Please provide estimate of increase or decrease or decrease or decrease or decrease or decrease or decrease or perating expenses? (i.e. require additional staft, maintenance, utilities) Proposed Funding Source True If no please list required change Please discuss how the project fall in line with the current Zoning requirements True If no please list required change Please discuss how the project improve runoff wate 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. He project? For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Airfield Safety 2026 \$6.000,000.00 2028 \$4,000,000.00 2028 \$4,000,000.00 2028 \$4,000,000.00	Project Address	1 Terminal Drive Kenner LA 70062	Council District	Citywide
Has an Architect or Engineer prepared drawings for this project? True If Yes please explain how this was funded and current status Grants Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. If no please list required change Proposed Funding Source True If no please list required change If no please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: True If no please list required change Does the project improve rundf water quality or reduce the impacts, of the actienced, describing the area that is impacted. For what year are you requesting the Project? What Benefit(s) will be provide to Public from this project? Airfield Safety 2026 \$6,000,000.00 2028	Scope of work, parking requirements, landscaping,	Existing gravity sewer syste	ms will be partially replaced with	lift stations and force mains
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Does this project fall in line with the current Zoning requirements True If no please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: If no please list required change Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area impacted. If no, please describe any negative impacts, and the area impacted. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Airfield Safety 2026 \$6,000,000.00 2028 \$4,000,000.00	your department's current operating expenses? (i.e. require additional staff,	False	increase or decrease	
with the current Zoning requirements True If the prease list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: Please discuss how the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area impacted. If no, please describe any negative impacts, and the area impacted. What Benefit(s) will be provided to Public from this project? Airfield Safety For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Airfield Safety 2026 \$6,000,000.00 2027 \$2,650,000.00 \$2028 \$4,000,000.00	Proposed Funding Source			
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. What Benefit(s) will be provided to Public from this project? Airfield Safety For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Airfield Safety 2026 \$6,000,000.00 2027 \$2,650,000.00 \$2027 \$2,650,000.00	with the current Zoning	True		
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. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Airfield Safety 2026 \$6,000,000.00 2028 \$4,000,000.00 \$4,000,000.00 \$2028 \$4,000,000.00	project conforms to objectives and recommendations of the			
What Benefit(s) will be provided to Public from this project?Airfield Safety2026\$6,000,000.002027\$2,650,000.002028\$4,000,000.00	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			
project? 2028 \$4,000,000.00 2028 \$4,000,000.00			For what year are you	requesting the Project?
2021 \$2,000,000.00 2028 \$4,000,000.00	-	Airfield Safety		
	project:			
2029 \$0.00				
2030 \$0.00				

True

Capital Budget Request Priority Rating Form					
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board		
Project Name	Sewer Terminal	Department Priority Ranking	1		
Categories	Rating	s	core		
Public Health and Safety	4		9		
External Requirements	4		9		
Protection of Capital Stock	4		9		
Economic Development	4		9		
Operating Budget	4		9		
Life Expectancy of Project	4		9		
Percent of Population Served by Projects	4		9		
Relation to Adopted Plans	3		6		
Intensity of Use	4		9		
Scheduling	4		9		
Benefit/ Cost	4		9		
Potential for Duplication	4		9		
Availability of Financing	3		6		
Special Need	4		9		
Energy Consumption	4		9		
Timeliness/ External	4		9		
Public Support	4		9		
Environmental Quality and Stormwater Management	4		9		
TOTAL Ranking	52		156		

	New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation
			Board
Project Type	BIS Expansion 5th EDS	Department Priority Ranking	1
	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address 1 Te	erminal Kenner LA 70062	Council District	Citywide
	osive Detection System (EDS		d to accommodate one additional nostly within the existing building egress staircase.
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
	for future growth of airport	For what year are you	ı requesting the Project?
provided to Public from this to mee project?	et the needs of the traveling public	2026	\$6,400,000.00
project.	paone	2027	\$16,918,000.00
		2028 2029	\$8,682,000.00
		2029	\$0.00

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	CBIS Expansion 5th EDS	Department Priority Ranking	1
Categories	Rating	S	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

Agency Number 900 - New Orleans Aviation Board Department Name 900-A - New Orleans Aviation Board Project Name North/South Connector Road Department Priority Ranking 1 Project Type Public Facilities Is a Land acquisition needed? (V/N) False Will this project be a permanent immovable improvement? 1 Terminal Drive Kenner LA 7000 Council District Citywide Detailed Summary: Include Scape of vork, parking requirements. Indices piper, etcl. I Terminal Drive Kenner LA 7000 Council District Citywide Five Year Summary wethes and Architect or Engineer propert drawings for this project? True If Yes please explain how this was funded and current etatus Grants Will this project Increase operating expenses ? (Le. require additional staff, maintenance, utilides) True If no please list required change Grants Proposed Funding Source True If no please list required change Improvements and enhancements for a world class airport Pose ship splect fail in Imre markenance.utilities) True If no please list required change Source Proposed Funding Source achieved, desc ship the markenance.utilities) True If no please list required change Soureli class airport D		Capital Budget	Request Form	
Project Type Public Facilities Is a Land acquisition needed? (Vin) False Will this project bype primarest immovable primarest immovable project Adress True Does the requise meet the General Obligation Bood requirement? False Project Adress 1 Terminal Drive Kenner LA 7006 Council District Citywide Description of the pathing scalar of the pathing etc. Inprovements and enhancements for a world class airport Grants Five Year Summary requirements, and changes for this project? True If Yes plasse explain how status Grants Will this project increase operating expenses (i.e. require addrine is current operating expenses (i.e. require addrine is current operating expenses (i.e. require addrine is current operating expenses (i.e. require addrine is attrue object controms to object twes and recommendations of the Master Plan: If no plasse list required change Grants Proposed Funding Source increase or decrease operating expenses (i.e. required entroms to object controms to object was funded or explain how with the current Zoning requirements and enhancements for a world class airport Improvements and enhancements for a world class airport Does the project interess explain how this is archived, description and project? Improvements and enhancements for a world class airport What Benefit(s) will be provided to Public from this project? For what year are you requesting the Project? <t< th=""><th>Agency Number</th><th>900 - New Orleans Aviation Board</th><th>Department Name</th><th></th></t<>	Agency Number	900 - New Orleans Aviation Board	Department Name	
Project Type Project Address Project Address True Does the request meet the General Dulisation Bond requirement? False Project Address 1 Terminal Drive Kenner LA 7006 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscaping, project? Improvements and enhancements for a world class airport Citywide Five Year Summary Improvements and enhancements for a world class airport Grants Five Year Summary True If Yes please explain how this was funded and current operating express? Grants Will this project Increase your department's current operating express? False Please provide estimate of increase or decrease operating express? Grants Proposed Funding Source True If no please list required change Englist Please discuss how the project formems to colpectage and the current Zoning requirements Improvements and enhancements for a world class airport Englist Please discuss how the project fing the area impacts, and the project fing the area impacts, and the area impact of area world class aipport For what year are you requesting the Project? What Benefit(s) will be project? <	Project Name	North/South Connector Road	Department Priority Ranking	1
permanent immovable improvement? True General Obligation Bond requirement? False Project Address 1 Terminal Drive Kenner LA 7006 Council District Citywide Datalied Summary: Include Scope of work; parking otc. Improvements and enhancements for a world class airport Citywide Five Year Summary True If Yes please explain how this was funded and current propact drawings for this propact increase pregure additional staff, maintenance, utilities) True If Yes please explain how this was funded and current propact increase operating expenses { (i.e. propact increase operating expenses { (i.e. propact increase operating expenses { (i.e. propact increase operating costs. Grants Proposed Funding Source with the current 2 coming requirements True If no please list required change Citywide Propace discuss how the objectives and recommendations of the master Plan: Improvements and enhancements for a world class airport Citywide Object improve rended the project improve rended the project improve ment with inspected. If no master Plan: Improvements and enhancements for a world class airport Citywide What Benefit() will be provided to Public from this registive impacts. Improvements and enhancements for a world class airport 2026 \$30,000,000 20226 \$0,00 \$0,00 \$0,00 \$0,00 </td <td>Project Type</td> <td>Public Facilities</td> <td></td> <td>False</td>	Project Type	Public Facilities		False
Detailed Summary: Include Scope of work, parking requirements: Indecepting interaction of the project of this project increase your department's current operating expenses? (i.e. require additional staff, requirements) Improvements and enhancements for a world class airport Will this project increase your department's current operating expenses? (i.e. require additional staff, requirements) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source True If no please list required change Improvements and enhancements for a world class airport Does this project fall in lino with the current. Conling requirements for abjectives and recommendations of the Master Plan. True If no please list required change Does the project improve runoff water quality or reduce the impacts. Improvements and enhancements for a world class airport Dess the project improve runoff water quality or reduce the impacts. Improvements and enhancements for a world class airport What Benefit(s) will be provided to Public from this project? Improvements and enhancements for a world class airport What Benefit(s) will be provided to Public from this project? Improvements and enhancements for a world class airport 2026 \$30,000,000,002 2029 \$0,00	permanent immovable	True	General Obligation Bond	False
Scope of work, parking requirements, landscaping, etc. Improvements and enhancements for a world class airport Five Year Summary True If Yes please explain how this was funded and current status Grants Will this project increase your department's current operating expanses? (i.e. require additional staff, maintenance, utilities) False Please provide estimate of increase or decrease decereate or decrease erent of the decert of the decert of the decre	Project Address	1 Terminal Drive Kenner LA 7006	Council District	Citywide
Has an Architect or Engineer prepared drawings for this project? True If Yes please explain how this was funded and current status Grants Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. Grants Proposed Funding Source False If no please list required change Grants Does this project fall in line with the current Zoning requirements in grant and the current Zoning requirements and enhancements for a world class airport If no please list required change Grants Please discuss how the project conforms to objectives and the impacts of flooding? I yes, please explain how this is a calciveved, describing the peroject improve runoff water quality or reduce the impacts of flooding? I yes, please explain how this is a calciveved, describer any negative impacts, and the area impacted. If no, please discuss airport area world class airport area world class airport area impacted. If no please first or a world class airport for a world class airport area impacted. If no please first or a world class airport area impacted. If no please first or a world class airport for a world class airport area impacted. If no please first or a world class airport for a world class airport area impacted. If no please first or a world class airport area impacted. What Benefit(s) will be provided to Public from this project? For what year are you requesting the Project? What Benefit(s) will be project? S0,000,000,000,000,000,000,000,000,000,	Scope of work, parking requirements, landscaping,	Improvement	is and enhancements for a world	class airport
prepared drawings for this project? True this was funded and current status Grants Will this project increase your department's current operating expenses? (i.e. require additional staft, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source False Please provide estimate of increase or decrease operating costs. Proposed Funding Source True If no please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: Improvements and enhancements for a world class airport 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 inpacted. If no, please describe any negative impacts, and the area impacts. Improvements and enhancements for a world class airport What Benefit(s) will be provided to Public from this project? Improvements and enhancements for a world class airport For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Improvements and enhancements for a world class airport 2026 \$30,000,000.00 2028 \$0.00	Five Year Summary			
your department's current, operating sequences? (i.e., prequire additional staff, maintenance, utilities) False Please provide stimute of increase or decrease operating costs. Proposed Funding Source	prepared drawings for this	True	this was funded and current	Grants
Does this project fall in line with the current Zoning requirements True If no please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: Improvements and enhancements for a world class airport Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area impacted. If no, please describe any negative impacts, and the area impacted. Improvements and enhancements for a world class airport What Benefit(s) will be provided to Public from this project? Improvements and enhancements for a world class airport For what year are you requesting the Project? 2026 \$30,000,000.00 2027 \$22,000,000.00 2029 \$0.00	your department's current operating expenses? (i.e. require additional staff,	False	increase or decrease	
with the current Zoning requirements True Intro please his required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: Improvements and enhancements for a world class airport 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. Improvements and enhancements for a world class airport What Benefit(s) will be provided to Public from this project? Improvements and enhancements for a world class airport Emprovements and enhancements for a world class airport For what year are you requesting the Project? 2026 \$30,000,000.00 2027 \$22,000,000.00 2028 \$0.00 2029 \$0.00	Proposed Funding Source			
project conforms to objectives and recommendations of the Master Plan: Improvements and enhancements for a world class airport Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area impacted. If no, please describe any negative impacts, and the area impacted. Improvements and enhancements for a world class airport What Benefit(s) will be provided to Public from this project? Improvements and enhancements for a world class airport For what year are you requesting the Project? 2026 \$30,000,000.00 \$2027 \$22,000,000.00 2028 \$0.00 2029 \$0.00	with the current Zoning	True	•	
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. Improvements and enhancements for a world class airport What Benefit(s) will be provided to Public from this project? Improvements and enhancements for a world class airport Event State Improvements and enhancements for a world class airport For what year are you requesting the Project? 2026 \$30,000,000.00 2027 \$22,000,000.00 2028 \$0.00 2029 \$0.00	project conforms to objectives and recommendations of the	Improvement	s and enhancements for a world	class airport
What Benefit(s) will be provided to Public from this project? Improvements and enhancements for a world class airport 2026 \$30,000,000.00 2027 \$22,000,000.00 2028 \$0.00 2029 \$0.00	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	Improvements and enhancements for a world class airport		
provided to Public from this project? for a world class airport 2026 \$30,000,000.00 2027 \$22,000,000.00 2028 \$0.00 2029 \$0.00 \$0.00 \$0.00		Improvements and enhancements	For what year are you	ı requesting the Project?
2021 \$22,000,000.00 2028 \$0.00 2029 \$0.00	-			
2029 \$0.00	project:			
			2029	\$0.00

False

Capital Budget Request Priority Rating Form				
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board	
Project Name	North/South Connector Road	Department Priority Ranking	1	
Categories	Rating	s	core	
Public Health and Safety	1		0	
External Requirements	2		3	
Protection of Capital Stock	4		9	
Economic Development	4		9	
Operating Budget	3		6	
Life Expectancy of Project	4		9	
Percent of Population Served by Projects	4		9	
Relation to Adopted Plans	3		6	
Intensity of Use	4		9	
Scheduling	3		6	
Benefit/ Cost	4		9	
Potential for Duplication	3		6	
Availability of Financing	3		6	
Special Need	3		6	
Energy Consumption	3		6	
Timeliness/ External	4		9	
Public Support	4		9	
Environmental Quality and Stormwater Management	3		6	
TOTAL Ranking	41		123	

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Parking Lot	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	With the new Administrative Office is p	es being relocated to the North Te lanned to accommodate employe	
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be	Plans for future growth of the	For what year are you	requesting the Project?
provided to Public from this project?	airport to meet the needs of the public	2026	\$6,050,000.00
project:	μασιις	2027	\$2,000,000.00
		2028	\$0.00
		2029 2030	\$0.00 \$0.00
		2030	φ0.00

True

Capital Budget Request Priority Rating Form				
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board	
Project Name	Parking Lot	Department Priority Ranking	1	
Categories	Rating	s	core	
Public Health and Safety	4		9	
External Requirements	4		9	
Protection of Capital Stock	4		9	
Economic Development	4		9	
Operating Budget	4		9	
Life Expectancy of Project	4		9	
Percent of Population Served by Projects	4		9	
Relation to Adopted Plans	4		9	
Intensity of Use	4		9	
Scheduling	4		9	
Benefit/ Cost	4		9	
Potential for Duplication	4		9	
Availability of Financing	4		9	
Special Need	4		9	
Energy Consumption	4		9	
Timeliness/ External	4		9	
Public Support	4		9	
Environmental Quality and Stormwater Management	4		9	
TOTAL Ranking	54		162	

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	North Terminal Apron Expansion	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	I Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This public works consists of	of expanding existing apron RON	I parking and GSE capacity
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be		For what year are you	ı requesting the Project?
provided to Public from this project?	Airfield Safety	2026	\$9,418,500.00
		2027	\$0.00
		2028 2029	\$0.00 \$0.00
		2029	\$0.00

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	North Terminal Apron Expansion	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Wayfinding Improvement Southside	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	True	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner, LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	with directing the traveling public	and installed with North Termina	I project appears to be inefficient nts to signage, wording, locations
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be	Public passenger safety and	For what year are you	ı requesting the Project?
provided to Public from this	improvement	2026	\$0.00
project?		2027	\$1,725,000.00
		2028	\$0.00
		2029	\$0.00
		2030	\$0.00

True

Capital Budget Request Priority Rating Form				
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board	
Project Name	Wayfinding Improvement Southside	Department Priority Ranking	1	
Categories	Rating	s	core	
Public Health and Safety	4		9	
External Requirements	4		9	
Protection of Capital Stock	4		9	
Economic Development	4		9	
Operating Budget	4		9	
Life Expectancy of Project	4		9	
Percent of Population Served by Projects	4		9	
Relation to Adopted Plans	4	9		
Intensity of Use	4	9		
Scheduling	4		9	
Benefit/ Cost	4		9	
Potential for Duplication	4		9	
Availability of Financing	4		9	
Special Need	4		9	
Energy Consumption	4	9		
Timeliness/ External	4		9	
Public Support	4		9	
Environmental Quality and Stormwater Management	4		9	
TOTAL Ranking	54		162	

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	North Program Enhancement Phase 1	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Terminals & Concourses, Roa compliance and safe environment	anes, Adm Offices, Electrical, El	e are required to maintain FAA ancements include Terminal (BHS levators, Skylights, IT Offices),
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be		For what year are you	u requesting the Project?
provided to Public from this project?	Airfield Safety	2026	\$15,000,000.00
project:		2027	\$32,000,000.00
		2028 2029	\$28,500,000.00 \$0.00
		2029	\$0.00

True

Capital Budget Request Priority Rating Form				
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board	
Project Name	North Program Enhancement Phase 1	Department Priority Ranking	1	
Categories	Rating	s	core	
Public Health and Safety	4		9	
External Requirements	4		9	
Protection of Capital Stock	4		9	
Economic Development	4		9	
Operating Budget	4		9	
Life Expectancy of Project	4		9	
Percent of Population Served by Projects	4		9	
Relation to Adopted Plans	4		9	
Intensity of Use	4		9	
Scheduling	4		9	
Benefit/ Cost	4		9	
Potential for Duplication	4		9	
Availability of Financing	4		9	
Special Need	4		9	
Energy Consumption	4		9	
Timeliness/ External	4		9	
Public Support	4		9	
Environmental Quality and Stormwater Management	4		9	
TOTAL Ranking	54		162	

	Capital Budget	Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Concourse Expansion	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Due to increase passenger deman gates is planne	d and future passenger forecasts ed to extend east from the Termir	
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	False	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.			
What Benefit(s) will be	Plan for future growth of airport to	For what year are you	ı requesting the Project?
provided to Public from this project?	meet the needs of the traveling public	2026	\$36,500,000.00
		2027 2028	\$80,000,000.00 \$100,000,000.00
		2029	\$71,000,000.00
		2030	\$0.00

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Concourse Expansion	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Electrical Feeder	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	With future expansion planned, add	ditional electrical demands wil red North terminal campus.	quire a second Entergy feed to the
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be	Plan for future growth of airport to	For what year are you	ı requesting the Project?
provided to Public from this project?	meet the needs of the traveling public	2026	\$8,750,000.00
project:	μασιις	2027	\$20,000,000.00
		2028	\$0.00
		2029	\$0.00
		2030	\$0.00

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Electrical Feeder	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

Capital Budget Request Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Relocate Cooling Towers	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The existing cooling towers will b	be relocated to accommodate fut	ure expansion plans to the west.
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	False	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.			
What Benefit(s) will be		For what year are you	ı requesting the Project?
provided to Public from this project?	Relocate Cooling Towers	2026	\$11,400,000.00
project:		2027	\$32,000,000.00
		2028	\$2,600,000.00
		2029	\$0.00
	L	2030	\$0.00

False

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Relocate Cooling Towers	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

Capital Budget Request Form				
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board	
Project Name	Relocate EG Diesel Tanks	Department Priority Ranking	1	
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False	
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False	
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The existing diesel fuel tanks will	be relocated to accommodate fu	ture expansion plans to the west.	
Five Year Summary				
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.		
Proposed Funding Source				
Does this project fall in line with the current Zoning requirements	False	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.				
What Benefit(s) will be		For what year are you	ı requesting the Project?	
provided to Public from this	Relocate EG Tanks	2026	\$2,500,000.00	
project?		2027	\$3,250,000.00	
		2028	\$0.00	
		2029	\$0.00	
		2030	\$0.00	

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Relocate EG Diesel Tanks	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

Agency Number 900-A - New Orleans Aviation Board Department Name 900-A - New Orleans Aviation Board Project Name Southside Demolition Department Priority Ranking 1 Project Type Public Facilities Is a Land acquisition meeded? (Y/N) False Will this project be a permanent immovable improvement? False Dees the request meet the General Obligation Eond ended of (Y/N) False Project Address 1 Terminal Kenner LA 70062 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscapping, requirements, landscapping, performantely 50% of the South Terminal is slated for demolition, after NOAB offices are relocated to the North Terminal. Five Year Summary Has an Architect or Engineer propert drawings for this project? False Will this project increase regions divide for demolition atter NOAB offices are relocated to the south Terminal is slated for demolition, after NOAB offices are relocated to the south Terminal is slated and current status operating expenses? (i.e. require additional staff, maintenance, utilities) False Proposed Funding Source False If no please list required drawings for the south meet the status of increase or decrease operating explain how the project contoms to recompendentions of the Master Plan. Does this project fall in line with the current status end fall on the mast region additional staff, maintenand, area impacted if no, please describe any negative impacts, and the area impacted if nopregative impacts, and the area impacted if nopregatis imp		Capital Budget	t Request Form	
Project Type Public Facilities Is a Land acquisition meedad? (YN) False Will this project be a permanent immovable False Does the request meet the General Obligation Bond requirement? False Project Address 1 Terminal Kenner LA 70062 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. Approximately 50% of the South Terminal is stated for demolition, after NOAB offices are relocated to the North Terminal. Five Year Summary False If Yes plaase explain how this was funded and current status Will this project increase your department's current operating appress?(i.e. require additional staff, maintenance, utilities) False Please provide estimate of Increase or decrease operating costs. Proposed Funding Source False If no please list required shange Please for decrease operating costs. Project conforms to objectives and recommendations of the master Plan: True If no please list required shange For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Status For what year are you requesting the Project?	Agency Number	900 - New Orleans Aviation Board	Department Name	
Project rype Public Patinities needed? (1/k) Press Will this project be a permanent immovable improvement? False Does the request meet the General Obligation Both Palse False Project Address 1 Terminal Kenner LA 70062 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. Approximately 50% of the South Terminal is slated for demolition, after NOAB offices are relocated to the North Terminal. Five Year Summary False If Yes please explain how this was funded and current status Will this project increase your department's current operating costs. False Please provide estimate of increase or decrease or operating costs. Proposed Funding Source Proposed Funding Source False If no please list required change Proposed Funding Source project fall in line with the current fall in line with the current fall in line with the current fall in line equirements to objectives and requirements of the Master Plan: True If no please list required change Please the project fall in line with the current conting requirements of the discuss how the project conforms to objectives and reactive and	Project Name	Southside Demolition	Department Priority Ranking	1
permanent immovable improvement? False General Obligation Bond requirement? False Project Address 1 Terminal Kenner LA 70062 Council District Citywide Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. Approximately 50% of the South Terminal is stated for demolition, after NOAB offices are relocated to the North Terminal. Five Year Summary False If Yes please explain how this was funded and current status Will this project Interease your department's current operating expanses? (i.e. require additional staff, maintenance, utilities) False Proposed Funding Source False Please provide estimate of increase or decrease operating costs. Proposed Funding Source False If no please list required change Please discuss how the project conforms to objectives and the area impacted. If no, please describe any negative impacts, and the area impacted. If no please list required change What Benefit(s) will be provided to Public from this project? For what year are you requesting the Project?	Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc. Approximately 50% of the South Terminal is slated for demolition, after NOAB offices are relocated to the North Terminal. Five Year Summary Has an Architect or Engineer prepared drawings for this project? False 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 staft, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source False If no please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: True If no please list required change Does the project improve runoff water quality of reduce the impacts of flocding? If yes, please explain how this is achieved, describing the area intai is impacted. If no, please describe any negative impacts, and the area inneated. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Status Status	permanent immovable	False	General Obligation Bond	False
Scope of work, parking requirements, landscaping, etc. Approximately 50% of the South Terminal is stated for demolition, after NOAB offices are relocated to the North Terminal. Five Year Summary Five Year Summary Has an Architect or Engineer propared drawings for this project? False If Yes please explain how this was funded and current status Will this project increase your department's current operating expenses? (Le require additional staff, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source True If no please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: True If no please list required change 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. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? 2026 \$1,500,000,00	Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Has an Architect or Engineer prepared drawings for this project? False 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) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source Proposed Funding Source Proposed Funding Source Does this project fall in line with the current Zoning requirements of objectives and recommendations of the Master Plan: If no please list required change Please discuss how the project mathematication objectives and recommendations of the Master Plan: For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? For what year are you requesting the Project? What Benefit(s) will be proveict? 2026 \$1,500,000.00 2021 \$10,000,000.00 \$10,000,000.00	Scope of work, parking requirements, landscaping,	Approximately 50% of the South To		after NOAB offices are relocated to
prepared drawings for this project? False this was funded and current status Will this project increase operating expenses? (i.e. require additional staft, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source If no please list required change If no please list required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: If no please list required change Does the project inprove 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. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? 2026 \$1,500,000.00	Five Year Summary			
your department's current operating expenses? (i.e. require additional staff, maintenance, utilities) Proposed Funding Source Does this project fall in line with the current Zoning requirements 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 impacted. What Benefit(s) will be provided to Public from this project? Data describe any negative impacts, and the area impacted. Description the second the area impact of the provided to Public from this project?	prepared drawings for this	False	this was funded and current	
Does this project fall in line with the current Zoning requirements True 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. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? For what year are you requesting the Project?	your department's current operating expenses? (i.e. require additional staff,	False	increase or decrease	
with the current Zoning requirements True If the please hist required change Please discuss how the project conforms to objectives and recommendations of the Master Plan: Please discuss how the project conforms to objectives and 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. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? 2026 \$1,500,000.00 2026 \$10,000,000.00	Proposed Funding Source			
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. What Benefit(s) will be provided to Public from this project? For what year are you requesting the Project?	with the current Zoning	True		
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. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? 2026 \$1,500,000.00 2027 \$10,000,000.00	project conforms to objectives and recommendations of the			
What Benefit(s) will be provided to Public from this project?2026\$1,500,000.002027\$10,000,000.00	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			
project? 2027 \$10,000,000.00			For what year are you	u requesting the Project?
2027 \$10,000,000.00	•			
	project?			
			2028	\$0.00
2029 \$0.00 2030 \$0.00				

False

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Southside Demolition	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Sewer Force Mains	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Additional sewer force mains will I	be constructed to repair existing expansion.	gravity line and prepare for future
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	False	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.			
What Benefit(s) will be		For what year are you	ı requesting the Project?
provided to Public from this project?	Sewer Force Mains	2026	\$6,700,000.00
project:		2027	\$10,550,000.00
		2028	\$0.00
		2029	\$0.00
		2030	\$0.00

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Sewer Force Mains	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Sewer Force Main Conc B	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	A sewer force main will be cons	structed to replace the existing g	ravity line serving Concourse B
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be		For what year are you	ı requesting the Project?
provided to Public from this project?	Sewer Force Main Conc B	2026	\$1,000,000.00
		2027	\$10,500,000.00
		2028 2029	\$0.00 \$0.00
		2029	\$0.00

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Sewer Force Main Conc B	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

Agency Number 900 - New Orleans Aviation Board Department Name 900-A - New Orleans Aviation Board Project Name Airfield Rehabilitation Program 2: 20 Department Priority Ranking 1 Project Type Public Facilities Is a Land accusition needed? (YM) False Will this project be a partment? False Dees the request meet the General Obligation Bond requirement? False Project Address 1 Terminal Kenner LA 70062 Council District Citywide Detailed Summary: Includes Scope of werk, parking requirements, andscaping, erequirements, and the project increase of the second change Please provide stimute of Increase of operating costs. Will this project functional stift, maintenance, utilities False If no please esplain how the second change Proposed Funding Source True If no please list required change Please elseuses how the grade flamation of homogenetic base of the project of the second change For what year are you requesting the Project? What		Capital Budget	t Request Form	
Project Name 20 Departure (N) File Project Type Public Facilities Is a Land acquisition needed? (VN) False Will this project be a permanent immovable improvement? False Dees the request meet the General Obligation Bond requirement? False Detailed Summary: Include Scope of work, parking requirements, landscaping, requirements, landscaping, re	Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Type Public Patimits needed? (Y/N) Pails Will this project be a permanent immovable improvement? False Does the requises meet the General Obligation Bond requirement? False Dees the requises meet the General Obligation Bond requirement? False Chywide Detailed Summary: Include Scope of work, parking requirements, landscaping, atc. Project will improve integrity of nurway pavement and allow the Airport to maintain compliance with FAA requirements. Five Year Summary False If Yes please explain how this was funded and current status Will this project increase your department's current operating express? (i.e. require additional staff, maintenance, utilities) False Please provide estimate of increase or decrease operating costs. Proposed Funding Source False If no please list required change If no please list required change Does the project fall in line with the current Zoning requirement for objectives and recommendations of the master Plan: If no please list required change If no please list required change Does the project onforms to objectives and reacting costs in project improve rundft water quality of reduce the impacts, and the area impac	Project Name		Department Priority Ranking	1
permanent intrinovable improvement?FalseGeneral Obligation Bond requirement?FalseProject Address1 Terminal Kenner LA 70062Council DistrictCitywideDetailed Summary: Include Scope of work, parking requirements: indiscaping etc.Project will improve integrity of rurway pavement and allow the Airport to maintain compliance will requirements.Five Year SummaryProject will improve integrity of rurway pavement and allow the Airport to maintain compliance will requirements.Will this project increase your department's current operating scopess? (i.e. require additional staff, maintenance, utilities)If Yes please explain how this was funded and current statusWill this project increase your department's current operating scopess? (i.e. require ments?Please provide estimate of increase or decrease operating costs.Proposed Funding SourceTrueIf no please list required changeProposed Funding Source with the current Zoning requirementsTruePlease discuss how the project improve rundf water quality or reduce the impacts of the area impacted.FraiseWhat Benefit(s) will be provide to Public from this project?Airfield SafetyWhat Benefit(s) will be project?Airfield Safety2026 2028\$40,000,000,00 2028	Project Type	Public Facilities		False
Detailed Summary: Include Scope of work, parking requirements, Indisciparing, requirements, Indisciparing, Indiana Compliance will Five Year Summary Project will improve integrity of runway payement and allow the Airport to maintain compliance will FA requirements. Five Year Summary Has an Architect or Engineer prepared drawings for this project? False 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) False Please provide espress or decrease or operating costs. Proposed Funding Source False Please list required change If no please list required change Please discuss how the project conforms to objectives and the conforms to objectives and the acachieved, describing the area impacted. True If no please list required change Does the project fall in line with the current Zoning the conforms to objectives and the area impacted. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Airfield Safety 2026 540,000,000.00 2028	permanent immovable	False	General Obligation Bond	False
Scope of work, parking requirements, landscaping, etc. Project will improve integrity of runway payment and allow the Airport to maintain compliance with FAA requirements. Five Year Summary Five Year Summary Has an Architect of Engineer prepared drawings for this project? False If Yes please explain how this was funded and current status Will this project increase your department's current operating expanses? (i.e. require additional staff, maintenance, utilities) False Please provide estimate of increase or decrease or decrease operating costs. Proposed Funding Source True If no please list required change If no please list required change Please discuss how the project conforms to objectives and the recommendations of the active with secrition this achieved, describing the area impacted. For what year are you requesting the Project? What Benefit(s) will be provided to Public from this project? Airfield Safety 2026 \$40,000,000.00 2028 \$40,000,000.00	Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Has an Architect or Engineer False 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, requirequire additional staff, require additional staff, re	Scope of work, parking requirements, landscaping,	Project will improve integrity of ru		rport to maintain compliance with
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What Benefit(s) will be provided to Public from this project?Airfield Safety2026\$40,000,000.002027\$20,000,000.002028\$0.00	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			
project? 2027 \$20,000,000 2028 \$0.00			For what year are you requesting the Project?	
2028 \$0.00	-	Airfield Safety		
	project:			
2029 \$0.00				
2030 \$0.00				

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Airfield Rehabilitation Program 2- 20	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4	9	
Relation to Adopted Plans	4	9	
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

	Capital Budget	t Request Form	
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Airfield Rehabilitation Program RW 11-29	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project will improve integrity of ru	nway pavement and allow the Ai FAA requirements.	rport to maintain compliance with
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be		For what year are you	ı requesting the Project?
provided to Public from this project?	Airfield Rehab RW 11-29	2026	\$0.00
		2027	\$15,000,000.00 \$75,000,000,00
		2028 2029	\$75,000,000.00 \$137,100,000.00
		2029	\$0.00

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Airfield Rehabilitation Program RW 11-29	Department Priority Ranking	1
Categories	Rating	s	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162

Capital Budget Request Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Technology Upgrades	Department Priority Ranking	1
Project Type	Public Facilities	Is a Land acquisition needed? (Y/N)	False
Will this project be a permanent immovable improvement?	False	Does the request meet the General Obligation Bond requirement?	False
Project Address	1 Terminal Kenner LA 70062	Council District	Citywide
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This Project will install new netwo and software to replace, enhance p		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	False	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)	False	Please provide estimate of increase or decrease operating costs.	
Proposed Funding Source			
Does this project fall in line with the current Zoning requirements	True	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.			
What Benefit(s) will be		For what year are you	ı requesting the Project?
provided to Public from this project?	Terminal Enhancements	2026	\$500,000.00
project:		2027	\$500,000.00
		2028	\$500,000.00
		2029	\$500,000.00
	l	2030	\$0.00

True

Capital Budget Request Priority Rating Form			
Agency Number	900 - New Orleans Aviation Board	Department Name	900-A - New Orleans Aviation Board
Project Name	Technology Upgrades	Department Priority Ranking	1
Categories	Rating	S	core
Public Health and Safety	4		9
External Requirements	4		9
Protection of Capital Stock	4		9
Economic Development	4		9
Operating Budget	4		9
Life Expectancy of Project	4		9
Percent of Population Served by Projects	4		9
Relation to Adopted Plans	4		9
Intensity of Use	4		9
Scheduling	4		9
Benefit/ Cost	4		9
Potential for Duplication	4		9
Availability of Financing	4		9
Special Need	4		9
Energy Consumption	4		9
Timeliness/ External	4		9
Public Support	4		9
Environmental Quality and Stormwater Management	4		9
TOTAL Ranking	54		162