


**CITY OF NEW ORLEANS
CAPITAL BUDGET REQUEST
SUMMARY PAGE**

2025- 2029 Capital Budget Request Form

Department Agency Number	8910	Contact Name	James McCluskie, Deputy Director - Planning, Development and Construction						
Department Name	New Orleans Aviation Board	Contact Number	504-303-7638						
Date	5/15/2024	Contact E-Mail	jamesm@flymsy.com						
Request #	Department Ranking	Priority Criteria Ranking	Project Name	Project Amount	2025	2026	2027	2028	2029
1	1	54	Master Plan - Enabling	\$23,500,000.00	\$5,000,000.00	\$7,500,000.00	\$6,000,000.00	\$5,000,000.00	
2	1	54	Taxiway Sierra Reconstruction	\$16,200,000.00	\$6,720,000.00				
4	1	54	InterCity Rail - APM	\$816,500,000.00	\$50,000,000.00	\$165,000,000.00	\$84,000,000.00	\$220,000,000.00	\$200,000,000.00
5	1	54	BHS Upgrade - Devicenet	\$13,750,000.00	\$8,750,000.00				
6	1	54	Pavement and Piles - Terminal/Conc C	\$12,100,000.00	\$7,000,000.00	\$2,100,000.00			
7	1	54	Sewer - Terminal	\$12,650,000.00	\$6,000,000.00	\$2,650,000.00			
8	1	54	CBIS Expansion - 5th EDS	\$34,000,000.00	\$6,400,000.00	\$16,918,000.00	\$5,000,000.00		
9	1	54	North/South Connector Road	\$120,000,000.00	\$25,000,000.00	\$40,000,000.00	\$40,000,000.00		
10	1	54	Employee Parking Lot	\$8,050,000.00	\$7,050,000.00				
11	1	54	North Terminal Apron Expansion	\$9,418,500.00	\$7,993,500.00				
12	1	54	Arrivals Curb	\$28,750,000.00	\$14,000,000.00	\$14,750,000.00			
15	1	54	Inbound Roadway Improvements	\$2,300,000.00	\$500,000.00	\$1,800,000.00			
17	1	54	Wayfinding Improvements - South Campus	\$1,725,000.00		\$1,725,000.00			
18	1	54	Storm Water Pump Station Expansion	\$57,500,000.00	\$5,000,000.00	\$25,000,000.00	\$27,500,000.00		
19	1	54	Terminal and Concourse Expansion	\$387,500,000.00	\$33,000,000.00	\$80,000,000.00	\$100,000,000.00	\$120,000,000.00	\$55,000,000.00
20	1	54	Electrical Feeder	\$28,750,000.00	\$8,750,000.00	\$20,000,000.00			
21	1	54	Relocate Cooling Towers	\$46,000,000.00	\$11,400,000.00	\$32,000,000.00	\$2,600,000.00		
22	1	54	Relocate EG Diesel Tanks	\$5,750,000.00	\$2,500,000.00	\$3,250,000.00			

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23	1	54	Southside Demolition	\$11,500,000.00	\$1,500,000.00	\$10,000,000.00			
24	1	54	Sewer Force Mains	\$17,250,000.00	\$6,700,000.00	\$10,550,000.00			
25	1	54	Landside Roadway & Parking	\$50,000,000.00	\$2,500,000.00	\$12,000,000.00	\$22,500,000.00	\$13,000,000.00	
27	1	54	Landside /Apron Improvement Program	\$28,750,000.00	\$7,050,000.00	\$12,600,000.00	\$9,000,000.00		
30	1	54	Intermodal Station - Rail Stop	\$25,000,000.00	\$2,000,000.00	\$10,000,000.00	\$13,000,000.00		
31	1	54	Sewer Force Main - Conc B	\$11,500,000.00	\$1,000,000.00	\$10,500,000.00			
32	1	54	ST West Terminal Boiler Repl	\$3,500,000.00	\$3,500,000.00				
33	1	54	Airfield Rehabilitation Program RW 2-20	\$60,000,000.00	\$40,000,000.00	\$18,000,000.00			
34	1	54	Airfield Rehabilitation Program RW 11-29	\$150,000,000.00		\$15,000,000.00	\$30,000,000.00	\$80,000,000.00	\$25,000,000.00
35	1	54	Technology Infrastructure & Equipment Upgrade	\$2,000,000.00	\$500,000.00	\$500,000.00	\$500,000.00		
TOTAL				\$1,983,943,500.00	\$264,813,500.00	\$504,343,000.00	\$334,100,000.00	\$433,000,000.00	\$280,000,000.00

Department Head Signature  Printed Name _____
Date 1-17-24

Kevin Dolliole, Director of Aviation _____

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Master Plan - Enabling	Department Priority Ranking	1
Project Type	Blank	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Projects included are considered Enabling Projects for future terminal and/or concourse expansion. Projects include Relocating TNCs, Relocate Taxi-Hold Lot, FBO Demolition, CMR2 Pre-Construction Services.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 16,200,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Airfield Safety	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$6,720,000.00
		2026	\$0.00
		2027	\$0.00
		2028	\$0.00
		2029	\$0.00
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Master Plan - Enabling	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Taxiway Sierra Reconstruction	Department Priority Ranking	1
Project Type	Blank	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Taxiways Sierra will be milled and overlaid, plus concrete slab removal and replacement to maintain airfield safety in compliance with FAA airfield pavement requirements		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 16,200,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Airfield Safety	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$6,720,000.00
		2026	\$0.00
		2027	\$0.00
		2028	\$0.00
		2029	\$0.00
Is the surrounding infrastructure (i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Taxiway Sierra Reconstruction	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to adopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Energy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	InterCity Rail - APM	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
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			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 816,500,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds, FRA Funding, CFC's
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Plan for future growth of airport to meet the needs of the travelling public	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 50,000,000.00
		2026	\$ 165,000,000.00
		2027	\$ 84,000,000.00
		2028	\$ 220,000,000.00
		2029	\$ 200,000,000.00
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	InterCity Rail - APM	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	BHS Upgrade-Devicenet	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Increase passenger flows and added capacity requirements requires additional baggage conveyor belts and system enhancements.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 13,750,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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?	Plan for future growth of airport to meet the needs of the travelling public	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 8,750,000.00
		2026	\$ -
		2027	
		2028	
2029			
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	BHS Upgrade-Devicenet	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Pavement and Piles-Terminal/Concourse C	Department Priority Ranking	1
Project Type	Blank	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Pile supported pavement will be added to the Terminal and Concourse C to mitigate operational concerns at the interface between apron and building.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 12,100,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Airfield Safety	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$7,000,000.00
		2026	\$2,100,000.00
		2027	\$0.00
		2028	\$0.00
2029	\$0.00		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Pavement and Piles-Terminal/Concourse C	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	54

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Sewer-Terminal	Department Priority Ranking	1
Project Type	Blank	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Existing gravity sewer systems will be partially replaced with lift stations and force mains.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 12,650,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Airfield Safety	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$6,000,000.00
		2026	\$2,650,000.00
		2027	\$0.00
		2028	\$0.00
		2029	\$0.00
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Sewer-Terminal	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	CBIS Expansion - 5th EDS	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Checked Baggage Inspection System (CBIS) will be expanded to accommodate one additional Explosive Detection System (EDS) machine. The project will be mostly within the existing building footprint, but will require relocation of an existing egress staircase.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 36,318,269.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Plan for future growth of airport to meet the needs of the travelling public	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 13,000,269.00
		2026	\$ 6,400,000.00
		2027	\$ 16,918,000.00
		2028	
		2029	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	CBIS Expansion - 5th EDS	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	North/South Connector Road	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	MSY North-South Connector Road project will build a pile-supported road on Airport property to facilitate shuttling between north and south campuses without interfacing with potential traffic delays on public roadways.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 120,000,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Plan for future growth of airport to meet the needs of the travelling public	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 25,000,000.00
		2026	\$ 40,000,000.00
		2027	\$ 40,000,000.00
		2028	\$ -
		2029	\$ -
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	North/South Connector Road	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Employee Parking Lot	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	With the new Administrative Offices being relocated to the North Terminal, additional surface parking is planned to accommodate employees.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 8,050,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Plan for future growth of airport to meet the needs of the travelling public	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 7,050,000.00
		2026	\$ -
		2027	
		2028	
2029			
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Employee Parking Lot	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	North Terminal Apron Expansion	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This public work consists of expanding existing apron to expand RON parking and GSE capacity.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 9,418,500.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Airfield Safety	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 1,425,000.00
		2026	\$ 7,993,500.00
		2027	
		2028	
2029			
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	North Terminal Apron Expansion	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Arrivals Curb	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The Arrivals Curb will be reconstructed with pile-supported pavement.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 28,750,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Plan for future growth of airport to meet the needs of the travelling public	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 14,000,000.00
		2026	\$ 14,750,000.00
		2027	\$ -
		2028	
		2029	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Arrivals Curb	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Inbound Roadway	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The roadway transition from the pile supported elevated roadway to the surface level roadway is in need of repair because of uneven settlement and the constructed design.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 2,300,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Passenger/Public Safety	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 2,300,000.00
		2026	
		2027	
		2028	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
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Project Name	Inbound Roadway	Department Priority Ranking	1
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Categories	Rating	Score
Public Health and Safety	1	3
External Requirements	1	3
Protection of Capital Stock	1	3
Economic Development	1	3
Operating Budget	1	3
Life Expectancy of Project	1	3
Percent of Population Served by Project	1	3
Relation to dopted Plans	1	3
Intensity of Use	1	3
Scheduling	1	3
Benefit/ Cost	1	3
Potential for Duplication	1	3
Availability of Financing	1	3
Special Need	1	3
Entergy Consumption	1	3
Timeliness/ External	1	3
Public Support	1	3
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking		54

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Wayfinding Improvements - Southside	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This project consists of improving wayfinding signage throughout the North and South campuses. The existing wayfinding signage designed and installed with the North Terminal project appears to be inefficient with directing the traveling public to their destinations. Improvements to signage, wording, locations and graphics will greatly improve the experience of the traveling public.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 1,725,000.00	Proposed Funding Source	Airport Local Funds, Passenger Facility Charges, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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.	No		
What Benefit(s) will be provided to Public from this project?	Public/Passenger Safety & Improvement	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ -
		2026	\$ -
		2027	\$ -
		2028	\$ -
		2029	\$ -
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
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Project Name	Wayfinding Improvements - Southside	Department Priority Ranking	1
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Categories	Rating	Score
Public Health and Safety	1	3
External Requirements	1	3
Protection of Capital Stock	1	3
Economic Development	1	3
Operating Budget	1	3
Life Expectancy of Project	1	3
Percent of Population Served by Project	1	3
Relation to dopted Plans	1	3
Intensity of Use	1	3
Scheduling	1	3
Benefit/ Cost	1	3
Potential for Duplication	1	3
Availability of Financing	1	3
Special Need	1	3
Entergy Consumption	1	3
Timeliness/ External	1	3
Public Support	1	3
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	18	54

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Storm Water Pump Station Expansion	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	With expansion of the terminal and concourse facilities at MSY, additional runoff mitigation efforts are anticipated. To account for additional runoff from developed land, additional storm water pumping capacity is assumed to be required for the existing pump station. Additional pumps, controls, discharge pipe and foundation work is expected.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 57,500,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Airfield Safety	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 5,000,000.00
		2026	\$ 25,000,000.00
		2027	\$ 27,500,000.00
		2028	\$ -
		2029	\$ -
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Storm Water Pump Station Expansion	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	East Concourse Expansion	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Due to increasing passenger demand and future passenger forecasts, a concourse with Five additional gates is planned to extend east from the Terminal headhouse.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 387,500,000.00	Proposed Funding Source	Airport Local Funds, Bonds, Passenger Facility Charges
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Plan for future growth of airport to meet the needs of the travelling public	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 33,000,000.00
		2026	\$ 80,000,000.00
		2027	\$ 100,000,000.00
		2028	\$ 120,000,000.00
		2029	\$ 55,000,000.00
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	East Concourse Expansion	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Electrical Feeder	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	With future expansion planned, additional electrical demands will require a second Energy feed to the North Terminal campus.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 28,750,000.00	Proposed Funding Source	Airport Local Funds, Bonds, Passenger Facility Charges
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Plan for future growth of airport to meet the needs of the travelling public	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 8,750,000.00
		2026	\$ 20,000,000.00
		2027	\$ -
		2028	
2029			
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Electrical Feeder	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Relocate Cooling Towers	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The existing cooling towers will be relocated to accommodate future expansion plans to the west.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 46,000,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.		
	2025	\$	-
	2026	\$	32,000,000.00
	2027	\$	-
	2028		
	2029		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Relocate Cooling Towers	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Relocate EG Diesel Tanks	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The existing diesel fuel tanks will be relocated to accommodate future expansion plans to the west.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 5,750,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.		
	2025	\$	-
	2026	\$	3,250,000.00
	2027	\$	-
	2028		
	2029		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Relocate EG Diesel Tanks	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Southside Demolition	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
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?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 11,500,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.		
	2025	\$	-
	2026	\$	10,000,000.00
	2027	\$	-
	2028		
	2029		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Southside Demolition	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Sewer Force Mains	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Additional sewer force mains will be constructed to repair existing gravity lines and prepare for future expansion.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 17,250,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.		
	2025	\$	-
	2026	\$	10,550,000.00
	2027	\$	-
	2028		
	2029		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Sewer Force Mains	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Landside Roadway and Parking	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The existing landside road circulation will be redesigned and reconstructed to allow future expansion to the west.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 50,000,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.		
	2025	\$	-
	2026	\$	12,000,000.00
	2027	\$	22,500,000.00
	2028	\$	13,000,000.00
	2029	\$	-
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Landside Roadway and Parking	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Landside/Apron Improvement Program	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Landside and Apron improvements will be performed to repair pavement as needed.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 28,750,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.		
	2025		
	2026	\$	12,600,000.00
	2027	\$	9,000,000.00
	2028	\$	-
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Landside/Apron Improvement Program	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Intermodal Station_Rail Stop	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	An Intermodal Station will be constructed along the existing rail line to move passengers from Amtrak routes to MSY.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 25,000,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.		
	2025		#REF!
	2026	\$	10,000,000.00
	2027	\$	13,000,000.00
	2028	\$	-
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Intermodal Station_Rail Stop	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Sewer Force Main-Concourse B	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	A sewer forcemain will be constructed to replace the existing gravity line serving Concourse B.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 11,500,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.		
	2025		#REF!
	2026	\$	10,500,000.00
	2027	\$	-
	2028		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Sewer Force Main-Concourse B	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	ST-West Terminal Boiler Replacement	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	The existing boiler in the South Terminal-West Terminal will be replaced due to aging.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 3,500,000.00	Proposed Funding Source	Airport Local Funds, Bonds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
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? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.		
	2025	\$	3,500,000.00
	2026		
	2027		
	2028		
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	ST-West Terminal Boiler Replacement	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program RW 2-20	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project will improve integrity of runway pavement and allow the Airport to maintain compliance with FAA requirements.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 60,000,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Airfield Safety	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 40,000,000.00
		2026	\$ 18,000,000.00
		2027	\$ -
		2028	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program RW 2-20	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program RW 11-29	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project will improve integrity of runway pavement and allow the Airport to maintain compliance with FAA requirements.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 150,000,000.00	Proposed Funding Source	Federal Grants, State & Local Airport funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Airfield Safety	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ -
		2026	\$ 15,000,000.00
		2027	\$ 30,000,000.00
		2028	\$ 80,000,000.00
		2029	\$ 25,000,000.00
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program RW 11-29	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	54	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Technology Infrastructure & Equipment Upgrades	Department Priority Ranking	1
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	This Project will install new network and email servers and other necessary technology equipment and software to replace, enhance performance, and improve network security for the Airports aging IT infrastructure.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 2,000,000.00	Proposed Funding Source	
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	Terminal Enhancements	For what year are you requesting the Project? 2025, 2026, 2027, 2028 or 2029? Enter amount in requested year below.	
		2025	\$ 500,000.00
		2026	\$ 500,000.00
		2027	\$ 500,000.00
		2028	\$ -
		2029	\$ -
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form

Agency Number	900	Department Name	Aviation
Project Name	Technology Infrastructure & Equipment Upgrades	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking		18	