

# CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

Please complete this form for all new projects requested for inclusion in the current budget year Capital Improvement Program (CIP) or for changes to previously approved CIP projects. This form is available on the e-line (<http://eline>) under Lists/Departments Sites/Finance/Budget/CIP Forms or by e-mail. Contact the Budget Department (660-7591) for a copy or with any questions.

**1. Contact Person/Department: Emily Graf, County Manager's Office**

**2. Project Title: 3<sup>rd</sup> Floor Lobby**

**3. Project Status:**

1.  New Project
2.  Previously approved CIP Project?
  - a) What year was the project approved? \_\_\_\_\_
  - b) What was the original approved amount? \_\_\_\_\_
  - c) What is the amount of the requested increase? \_\_\_\_\_
  - d) What is the revised project total? \_\_\_\_\_
  - e) What is the proposed fund source for this increase?
  - f) What is your justification for changes from the approved CIP?

**4. Project Description/Scope of Work.** (*Required for new projects only*) Please provide clear, specific information outlining the work to be done.

Demolish east and south exterior walls to the Manager's office and open the space to accommodate a large work station to hold 2 employees. Re-establish a required fire wall separating the office areas from the resultant expanded lobby area. New carpet in reception and conference rooms. Construction to install ceiling light fixtures in reception area. Doors put in the openings on either side of reception area going into the County Manger's Office. Access control to Manager's office doors, conference room, and County Counselor's Office. Counselor's Office will be shaded so foot traffic cannot see in.

Administrative Assistant will be temporarily moved during construction with access to Manager's Office by the stairwell.

**5. Project Need/Justification.** (*Required for new projects only*) In outline form directly below, provide up to three key points, supported by facts, explaining why this project is needed and why you believe it is essential that the project be added to current year CIP. For example, you could identify how this project benefits your customers, show how it fits into your department goals and objectives or how it improves your efficiency, saves money or staffing. Identify any potential legal liabilities, health, or safety issues.

The County Manager and Legal will use this space to share two full time administrative staff members to be the receptionist and back-up for both offices. The County Counselor will be

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able to privatize their front doors so that foot traffic will not be able to see in Legal. Access control will be given to the County Counselor's Office. This will allow staff to remain in their offices with no open public access. Access to speak with someone in either office would be coordinated with the receptionists.

The third floor lobby often has citizens and visitors who are unsure where they need to be and who they need to see. Providing a highly visible and prominent reception area very near the elevator lobby will prevent the interruptions that are now frequent in all the offices on this floor and will improve customer service.

- 6. Timing and Costs.** (*Required for new projects only*) If this is a multi-phase project that needs to begin in the current year, in what years are you requesting these phases be scheduled? (Include project phases such as planning, design and construction and all associated project costs). More importantly, provide a brief explanation below of how your division or department proposes to fund the project.

Project Phase	Fund Source	2010	2011	2012	2013	2014	Total
Construction				\$47,350			
Building Permit				\$499			
A/E Fees				\$8,000			
Plan Review Fee				\$274			
10% contingency				\$4,785			
Printing				\$500			
FFE				\$12,000			
Signage				\$1,500			
Phone				\$1,000			
Movers				\$1,500			
Add BOCC door Control				\$2,500			
<b>Total</b>				\$79,908			

- 8. Estimate.** How was the project cost developed? (Place an X next to all that apply). A dated, written copy of the estimate must be provided.

X, if apply	DEVELOPED BY:	X, if apply	DEVELOPED BY:
X	Facility Project Services		Your Own Estimate
x	On-call Architectural Firm		Written estimate By Vendor
	Other Architectural or Engineering Firm		Other

- 9. Budget Impact.** (*Required for new projects only*) Indicate any anticipated budget impact of the project on your department when the project is complete. Will there be increased or (decreased) revenue, additional funding or staffing requirements in your department when

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this project is completed? Indicate impact in appropriate budget year and cost, and explain how these any increased costs will be paid for. Detailed estimates are required. Be sure to get expert assistance from Facility Project Services, Human Resources

**No Budget Impact**

**Budget Impact as detailed below**

<b>Budget Impact</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Revenue (30000)					
Personnel (41000)					
Contractuals (42000)					
Commodities (45000).					
Other-(specify)					
<b>Total</b>					

Please briefly explain these budget impacts and how your department expects to fund them.(use as much space as needed)