

CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM
Project R-21 Phase 1 Design

1. **Contact Person/Department:** David C. Spears, P.E.,
County Engineer/Director of Public Works

2. **Project Title:** Design for Phase 1 of D-21: Drainage Southwest of Haysville

3. **Project Status:**
 1. (X) 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.

Sedgwick County has completed a study of the drainage basin along Meridian from about 71st St. South to the Sumner County line. The study recommends drainage improvements be completed in the area in three phases over a 30 year period. Construction funding is not currently available for any phase of the project, however, completion of phase 1 design would further refine the scope and cost of the project.

Phase 1 design would provide detailed construction documents, permit documents, regulatory approvals and detailed cost estimates for a project that would improve drainage from 71st St. South to 87th St. South on the west side of Meridian.

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 area southwest of Haysville has been identified as having high potential for development.
 - The area is extremely flat and poor drainage negatively impacts the quality of life for existing residents and inhibits further growth in the area.
 - Poor drainage along Meridian is detrimental to the county's existing and future road infrastructure along Meridian and cross streets that intersect it.

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 | 2012 | 2013 | 2014 | 2015 | 2016 | Total |
|----------------------|--------------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Design | Gen. Fund | \$145,000 | | | | | \$145,000 |
| | | | | | | | |
| | | | | | | | |
| Total | | \$145,000 | | | | | \$145,000 |

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: |
|--------------------|-----------------------------------------|--------------------|--------------------------------------|
| | Facility Project Services | | Your Own Estimate |
| | On-call Architectural Firm | | Written estimate By Vendor |
| X | Other Architectural or Engineering Firm | | Other – Actual bids with contingency |

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 this project is completed? Indicate impact in appropriate budget year and cost, and explain how these any increased costs will be paid for.

(X) **No Budget Impact**

() **Budget Impact as detailed below**

| Budget Impact | 2008 | 2009 | 2010 | 2011 | 2012 |
|----------------------|-------------|-------------|-------------|-------------|-------------|
| Revenue | | | | | |
| Personnel | | | | | |
| Operating Exp. | | | | | |
| Other- | | | | | |
| Total | | | | | |

Please briefly explain these budget impacts and how they are expected to be funded (use as much space as needed).