

## CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

**1. Contact Person/Department:**

Steve Claassen. Facilities. Fleet and Parks Director

**2. Project Title:**

501 E. 53<sup>rd</sup> Park City Facility Upgrades

**3. Request Status:** Previously Approved Project (complete items 4 and 7)

**4. Justification for changes from the approved CIP Project:**

Year Approved	Original Budget	Requested Change	Revised Total
2016	\$210,800	\$191,084	\$401,884

**Justification of requested changes:**

The location at 501 E. 53<sup>rd</sup> St. in Park City, KS is a combined use facility for EMS, Emergency Management vehicles and storage, and Sheriff's Office large vehicles. Emergency Management which occupies 70% of the total building approached Facilities late summer 2015 with concerns of numerous water leaks throughout the building, parking lot break up, and general conditions of the facility after the Fire District moved out. The County's on-call architect, Martin Hanney, was asked to provide a building assessment to look at concerns as well as reviewing the EMS portion of the facility for self-sufficiency in utilities due to the high costs. Hanney found issues concerning the entire facility that included the electrical distribution system, very poor roof condition, clearstory windows leaks, and parking lot in need of repairs and a seal coat. The 2016 CIP considers only the EMS portion of this facility, however with this amendment the entire facility will be addressed to include building envelope issues for upkeep and maintenance and reduce the likely risk of mold. The entire facility work to be performed would include a new roof, replacement of the clearstory windows, parking lot repairs, self-sufficient utilities for the EMS portion of the facility, repair to the emergency lights, and weed control and cleanup. These repairs will satisfy the needs of all the users of this facility and further maintain and preserve a county asset.

**5. Justification:** Discuss the need for the project, how it will improve delivery of services, and improve efficiency, along with the scope of capital work to be completed. Please address the urgent need of this project and what qualifies this project to be reviewed outside of the CIP budget process. Please summarize below, if additional space is needed, then provide the detailed narrative in CIP Attachment Form A.

**Justification of new project:**

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- 6. Cost and Funding:** Outline all project costs, by appropriate project phase, based on the anticipated schedule. Select below the table who developed the estimate and when. A dated, written copy of the estimate must be attached. Then, select the funding source and provide a brief explanation of how the project will be funded, and explanation if selecting "other".

Project Phase	2016	2017	2018	2019	2020	Total
Planning						
Design						
Construction						
Equipment						
<b>Total</b>						

**7. Estimate Developed By:** *Check all that apply*

**Date:** March 18, 2013

Facility Project Services	Architect / Engineering Firm	Vendor	Department
X	X		

**Funding Type and Proposed Fund Source:** Cash

CIP Reserve Fund

**8. Operating Budget Impact:** Choose an item.

Outline estimated operating impacts occurring as a result of this project. Below the table, discuss these operating impacts and funding strategy. Be sure to seek expert assistance when appropriate.

Operating Impact	2016	2017	2018	2019	2020	Total
Total Revenue						
Personnel						
Contractual						
Commodities						
Equipment						
<b>Total Expenses</b>						
<b>FTE(s)</b>						

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**10. Agenda Recommendation:** Choose an item.

\_\_\_\_\_  
Mike Scholes

\_\_\_\_\_  
Date

☐

Consent

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Regular Agenda