

CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

1. **Contact Person/Department:** Steve Claassen, Operations Support Services Director

2. **Project Title:** Lobby Gun Lockers

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	\$64,318.00	\$8,048.60	\$72,366.60

Justification of requested changes:

Bids were received on the Lobby Gun Locker project on January 31, 2017. The low bid received on this project (\$63,492.00) exceeds the remaining budget amount by \$4,574.00. The original project budget was based on an A/E construction estimate of \$52,632.00. However, this construction estimate was revised to \$62,000.00 during the design of construction documents based on the items described below:

- During construction design it was discovered that gaps in the ballistic glass would not fully protect from accidental discharge so ballistic mullions were required instead of traditional mullions.
- Bases to elevate the lockers off the ground were added during design to make the bottom lockers easier and safer to access and give the installation a more finished and professional appearance.

The requested amount of \$8,048 also includes a project contingency of 5% of the low bid to resolve any unanticipated conditions encountered during construction.

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:

CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

- 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						
Total						

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

Date: February 2, 2017

Facility Project Services	Architect / Engineering Firm	Vendor	Department
X	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						
Total Expenses						
FTE(s)						

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9. CIP Committee Recommendation: Choose an item.

10. Agenda Recommendation: Choose an item.

Mike Scholes

Date

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Consent

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Regular Agenda