## CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

1. Contact Perso	n/Department: Tania Cole/	Proiect Services			
2. Project Title: NCAT Water Intrusion Repairs					
3. Request Statu	s: New Project (complete ite	ems 5, 6, 7 and 8)			
4. Justification for	or changes from the appro	ved CIP Project:			
Year Approved	Original Budget	Requested Change	Revised Total		
Justification of r	equested changes:				
		project, how it will improve			
		f capital work to be completed project to be reviewed outside			
-		ce is needed, then provide the	0 1		
Attachment Fo	<u>=</u>	r			
Justification of n					
Justification of h	ew project.				
		Building on the campus of the I			
<b>U</b> \ ,		on during rain and storm events	<u>C</u>		
		Cox Frey Architecture, the origin intrusion, which was determine			
selected building	panels and roof parapet caps.	They also provided the County v			
the damage and p	revent further water intrusion.				
In November of 2	2016, a settlement in the amour	nt of \$195,000.00 was reached w	with the building contractors.		
		e design and repair of the Gatew	•		
amount was used	for outside legal counsel during	g the settlement.			
This CIP Amendr	nent request is to transfer the s	ettlement funds from a holding a	account where they currently		
sit to a CIP acco	ount and allow the County to	proceed with repairs to the Ga	· · · · · · · · · · · · · · · · · · ·		
additional damage	e occurs.				

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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".

<b>Project Phase</b>	2016	2017	2018	2019	2020	Total
Planning						
Design		8,300.00				
Construction		174,308.10				
Equipment						
Total		182,608.10				

7. Estimate Developed By: Check all that apply	<b>Date: March 18, 2013</b>
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<b>Facility Project Services</b>	Architect / Engineering Firm	Vendor	Department
X	x		

Funding Type and Proposed Fund Source: Cash			
Legal settlement sitting in fund center 23060-110.			

8. Operating Budget Impact: No Budget Impact

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.

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

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9. CIP Committee Recommendation: Choose an item.				
10. Agenda Recommendation: Choose an item.				
Mike Scholes	Date			
	2			
Consent Regular Agenda				