

## CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

1. **Contact Person/Department:** Tania Cole/Project Services

2. **Project Title:** Murdock Tag Remodel for EMSS/OMD

3. **Request Status:** New Project (complete items 5, 6, 7 and 8)

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

Year Approved	Original Budget	Requested Change	Revised Total

**Justification of requested changes:**

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:**

The Office of the Medical Director needs to be relocated in order to 1) Comply with the requirements of the City/County interlocal agreement and 2) Provide a centralized location that is easily accessed by senior leadership as well as frontline crew members. The City/County interlocal agreement states that the Office of the Medical Director will be independently housed separately from any of the services of the EMS system. The current location (4343 N Woodlawn) is within a County firehouse and is thus in violation of the contract agreement. The new location (200 W Murdock) provides a downtown location that is easily accessible to the City building, County buildings, and Emergency Communications Center. It is also in very close proximity to the downtown trauma centers and the EMS administration. This location will improve access to the Medical Director and staff as well as provide easy access to the simulation center for training/evaluation of frontline crew members.

The scope of the work at this location will be to renovate the facility for the Office of the Medical Director as the sole occupant for the facility. The facility has 6,778 SF with basement and 1<sup>st</sup> Floor. Renovation will include the north half of the 1<sup>st</sup> floor for the simulation lab while the south half will be for offices, conference room, work room, and recording room. The basement will remain in its current use as a break room and storage room. The aging roof and windows will be replaced along with the north half of the hvac systems.

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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		\$29,750				
Construction		\$471,917				
Equipment		\$89,556				
<b>Total</b>		\$591,223				

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

**Date:** July 21, 2017

Facility Project Services	Architect / Engineering Firm	Vendor	Department
x	x		

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

Cash Transfer of \$591,223 to CIP project.

**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.

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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**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