

CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

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

2. **Project Title:** Repair EMS Post 8

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	\$401,884	\$25,335	\$427,239

Justification of requested changes:

Bids have been received for the repair and remodel of 501 E. 53rd St. Park City. Base bid is \$345,900 and accepting the alternate to demo the south interior of \$11,000 which totals \$356,900. Funds for this project include \$339,384 in the EMS 8 CIP and \$27,871 in ADA CIP which totals \$367,255. This will leave a remainder in the project of \$10,355. The CIP Amendment is for \$25,335 which will bring the remaining funds back to a 10% project contingency. If something should occur in the project that is unforeseen, this will allow the work to continue without interruption to the schedule and allow budget authority to support the authorization of the work. This will also provide for any FF&E (furniture, fixtures, and equipment) that is necessary to complete the remodel.

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.

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: April 13, 2018

Facility Project Services	Architect / Engineering Firm	Vendor	Department
X		X	

Funding Type and Proposed Fund Source: Cash

CIP Reserve Fund

- 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						
Total Expenses						
FTE(s)						

CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

9. CIP Committee Recommendation: Choose an item.

10. Agenda Recommendation: Choose an item.

Mike Scholes

Date

☐

Consent

☐

Regular Agenda