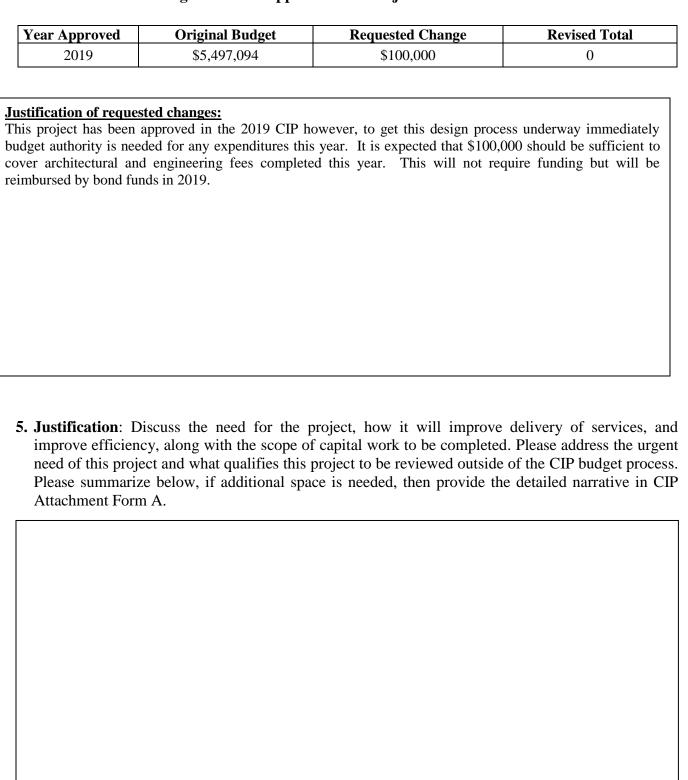
CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

1. Contact Perso	on/Department:	Tania Cole, Facilities Maintenance and Project Services		
2. Project Title:	Adult Detention	n Facility 1st Floor Remodel & Addition and Courthouse Space		

- **3. Request Status:** Previously Approved Project (complete items 4 and 7)
- 4. Justification for changes from the approved CIP 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						

Facility Project Services	Architect / Engineering Firm	Vendor	Department
X	X		

Total								
7. Estimate Develop	ped By:	Check a	ll that app	ply	I	Date: Augus	st 16, 2018	
Facility Project Serv	vices	Architect / Engineering Firm			Vendo	or	Department	
X			X	-				
Funding Type and 1	Propose	d Fund	Source: (^T ach				
N/A	ropose	<u>u runu</u>	bource. C	24511				
8. Operating Budge					- £ 41	D.1	41 4-1-1- 12	
Outline estimated these operating in								
Operating Impact		2016	2017	2018	2019			
Total Revenue				2010			7 1000	
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						