

CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

1. **Contact Person/Department:** Valerie Kaster/Project Services

2. **Project Title:** NCAT Water Intrusion Repairs

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
2018	\$182,608.10	\$172,191.90	\$346,500.00

Justification of requested changes:

NCAT panel repair/replacement was approved as a 2018 CIP Amendment, using funds received from a legal settlement in 2016. The amount available for this project after legal fees and design is \$174,308.10.

This project went out to bid in January of 2018 and all bids received back were \$150,000.00 over budget and included a high probability of increased costs based on any unforeseen and unknown conditions found during the repair.

An alternative product solution was also explored but was estimated to be more than \$200,000.00 over budget and would be an entire material change to the exterior of the building.

Project Services and SJCF Architecture re-evaluated the bid documents and scope of work in an effort to provide a clearer and more defined scope of work as well as seeking a “not to exceed” bid. A new bid form was organized and released July of 2018.

Two bids were received in August of 2018, the lowest bid was \$330,000.00, which leaves a budget shortfall of \$155,691.90. This shortfall and a 5% project contingency results in the total amount of \$172,191.90 additional funds being requested.

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:

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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						
Construction						
Equipment						
Total						

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

Date: March 18, 2013

Facility Project Services	Architect / Engineering Firm	Vendor	Department
x	x		

Funding Type and Proposed Fund Source: Cash

Total: \$172,191.90 CIP Contingency Reserve

- 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)						

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9. CIP Committee Recommendation: Choose an item.

10. Agenda Recommendation: Choose an item.

Mike Scholes

Date

☐

Consent

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Regular Agenda