**CAPITAL IMPROVEMENT PROJECTS**

(New Buildings, Additions or Major Renovations)

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCY:** |  | **PROJECT PRIORITY:** |  |

|  |  |
| --- | --- |
| **PROJECT DESCRIPTION:** |  |
| **ADDRESS / LOCATION:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTACT PERSON:** |  | **PHONE:** |  |

|  |
| --- |
| **PROJECT JUSTIFICATION:** (Specify the authority in statute or rule that supports this request) |
| 1. Describe in detail what the project is. |
| (B) What is the existing program and how will it be improved? |
| (C) What will be the impact on your operating budget? |
| (D) What are the consequences if this project is not funded? |
| (E) Please identify the performance measure, goal, or priority this request is intended to  improve in the strategic plan or performance measurement report. |
| (F) What is the anticipated measured outcome if this request is funded? |
| (G) Detail any current one-time or ongoing Operating Expendituresor Capital Outlay and any other future costs. |
| (H) Who is being served by this request and what is the impact if not funded? |

PLEASE INCLUDE ANY ANTICIPATED ASBESTOS COSTS IN THE OVERALL BUDGET.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ESTIMATED BUDGET:** | | | **FUNDING:** | |
| Land | $ |  | PBF | $ |
| A / E Fees |  |  | General Account |  |
| Construction |  |  | Agency Funds |  |
| 5% Contingency |  |  | Federal Funds |  |
| F F & E |  |  | Other |  |
| Asbestos |  |  |  |  |
| Other |  |  |  |  |
| Total | $ |  | Total | $ |

Agency Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALTERATION AND REPAIR PROJECTS**

(Facilities alterations and updates to meet program needs)

|  |  |
| --- | --- |
| **AGENCY:** |  |

|  |  |  |
| --- | --- | --- |
| **PROJECT DESCRIPTION / ADDRESS:** | **COST** | **PRIORITY** |
|  |  |  |

PLEASE INCLUDE ANY ANTICIPATED ASBESTOS COSTS IN THE OVERALL BUDGET.

Agency Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEFERRED BUILDING MAINTENANCE PROJECTS**

(Maintain current systems and/or noted in the agency’s Facilities Condition Assessment)

|  |  |
| --- | --- |
| **AGENCY:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT DESCRIPTION / ADDRESS:** | **COST** | **PRIORITY** | **FCA**  **(Y/N)** |
|  |  |  |  |

PLEASE INCLUDE ANY ANTICIPATED ASBESTOS COSTS IN THE OVERALL BUDGET.

Agency Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADA PROJECTS**

(Projects to comply with the American with Disabilities Act)

|  |  |
| --- | --- |
| **AGENCY:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT DESCRIPTION / ADDRESS:** | **COST** | **PRIORITY** | **FCA**  **(Y/N)** |
|  |  |  |  |

PLEASE INCLUDE ANY ANTICIPATED ASBESTOS COSTS IN THE OVERALL BUDGET.

Agency Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIX-YEAR PLAN FY 2026 THROUGH FY 2031**

**CAPITAL IMPROVEMENTS**

|  |  |
| --- | --- |
| **AGENCY:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROJECT DESCRIPTION / ADDRESS** | **FY 2026**  **$** | **FY 2027**  **$** | **FY 2028**  **$** | **FY 2029**  **$** | **FY 2030**  **$** | **FY 2031**  **$** |
|  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

Agency Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_