

FOR BOARD USE ONLY	
CHE	_____
JBRC	_____
BC Board	_____
JBRC Staff	_____
BC Staff	_____
A-1 Form Mailed	_____
SPIRS Date	_____
Summary	_____

(For Board Use Only)
SUMMARY NUMBER
FORM NUMBER

**BUDGET AND CONTROL BOARD - PERMANENT IMPROVEMENT PROJECT REQUEST**

1. AGENCY  
 Code \_\_\_\_\_ Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

2. PROJECT  
 Project # \_\_\_\_\_ Name \_\_\_\_\_  
 Facility # \_\_\_\_\_ Facility Name \_\_\_\_\_

County Code	_____
New/Revised Budget	_____

Project Type	_____
Facility Type	_____

3. CPIP PROJECT APPROVAL FOR CURRENT FISCAL YEAR  
 CPIP priority number \_\_\_\_\_ of \_\_\_\_\_ for FY\_\_\_\_\_.

4. PROJECT ACTION PROPOSED (Indicate all requested actions by checking the appropriate boxes.)

Establish Project	<input type="checkbox"/>	Decrease Budget	<input type="checkbox"/>	Close Project	<input type="checkbox"/>
Establish Project - CPIP	<input type="checkbox"/>	Change Source of Funds	<input type="checkbox"/>	Change Project Name	<input type="checkbox"/>
Increase Budget	<input type="checkbox"/>	Revise Scope	<input type="checkbox"/>	Cancel Project	<input type="checkbox"/>

5. PROJECT DESCRIPTION AND JUSTIFICATION  
 (Explain and justify the project or revision, including what it is, why it is needed, and any alternatives considered.  
 Attach supporting documentation/maps to fully convey the need for the request.)

6. OPERATING COSTS IMPLICATIONS  
 Attach Form A-49 if any additional operating costs or savings will result from this request. This includes costs to be absorbed with current funding.

7. ESTIMATED PROJECT SCHEDULE AND EXPENDITURES  
 Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
 Estimated expenditures: Thru current FY: \$ \_\_\_\_\_ After current FY: \$ \_\_\_\_\_

8. ESTIMATES OF NEW/REVISED PROJECT COSTS

<b>PROJECT #</b>	
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- |  |                                      |
|--|--------------------------------------|
| 1. _____ Land Purchase ---->                 | Land: _____ Acres                    |
| 2. _____ Building Purchase ---->             | Floor Space: _____ Gross Square Feet |
| 3. _____ Professional Services Fees          |                                      |
| 4. _____ Equipment and/or Materials ---->    | Information Technology \$ _____      |
| 5. _____ Site Development                    |                                      |
| 6. _____ New Construction ---->              | Floor Space: _____ Gross Square Feet |
| 7. _____ Renovations - Building Interior --> | Floor Space: _____ Gross Square Feet |
| 8. _____ Renovations - Utilities             |                                      |
| 9. _____ Roofing - _____ Roof Age            |                                      |
| 10. _____ Renovations - Building Exterior    |                                      |
| 11. _____ Other Permanent Improvements       |                                      |
| 12. _____ Landscaping                        |                                      |
| 13. _____ Builders Risk Insurance            |                                      |
| 14. _____ Other Capital Outlay               |                                      |
| 15. _____ Labor Costs                        |                                      |
| 16. _____ Bond Issue Costs                   |                                      |
| 17. _____ Other: _____                       |                                      |
| 18. _____ Contingency                        |                                      |
| <u>          </u> \$ TOTAL PROJECT BUDGET    |                                      |

ENVIRONMENTAL HAZARDS	
Identify all types of significant environmental hazards (including asbestos, PCB's, etc.,) present in the project and the financial impact they will have on the project.	
Type:	_____
<u>Cost Breakdown</u>	
Design Services	\$ _____
Monitoring	\$ _____
Abate/Remed	\$ _____
Total Costs	\$ _____

9. PROPOSED SOURCE OF FUNDING

Source	Previously Approved Amount	Increase/Decrease	Original/Revised Budget	Transfer to/from Proj. #	Rev Object Code	Treasurer's ID Number	Rev Sub Fund	Exp Sub Fund
(0) Capital Improvement Bonds, Group _____					8115		3043	3043
(1) Dept Capital Improvement Bonds Group _____					8115		3143	3143
(2) Institution Bonds								3235
(3) Revenue Bonds								3393
(4) Excess Debt Service Type -								3497
(5) Capital Reserve Fund					8895		3603	3603
(6) Appropriated State Program Source -					8895	68800100	1001	3600
(7) Federal						78800100		5787
(8) Athletic						88800100		3807
(9) Other (Specify)						98800100		3907
TOTAL BUDGET	\$ _____	\$ _____	\$ _____					

10. SUBMITTED BY: \_\_\_\_\_  
 Signature of Authorized Official and Title \_\_\_\_\_ Date \_\_\_\_\_

11. APPROVED BY: \_\_\_\_\_  
 (For Board Use Only) Authorized Signature and Title \_\_\_\_\_ Date \_\_\_\_\_