

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

PROJECT #	
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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 | | | |
| _____ | | 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 _____