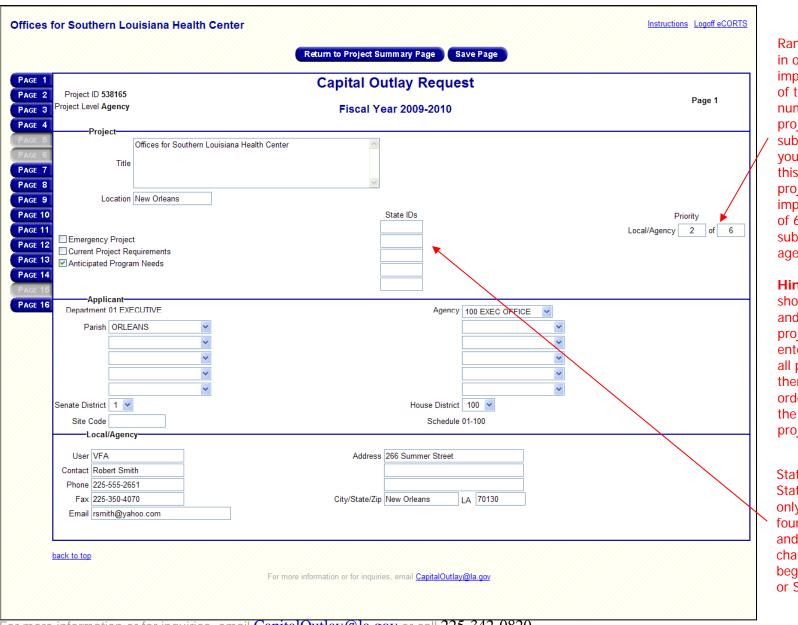
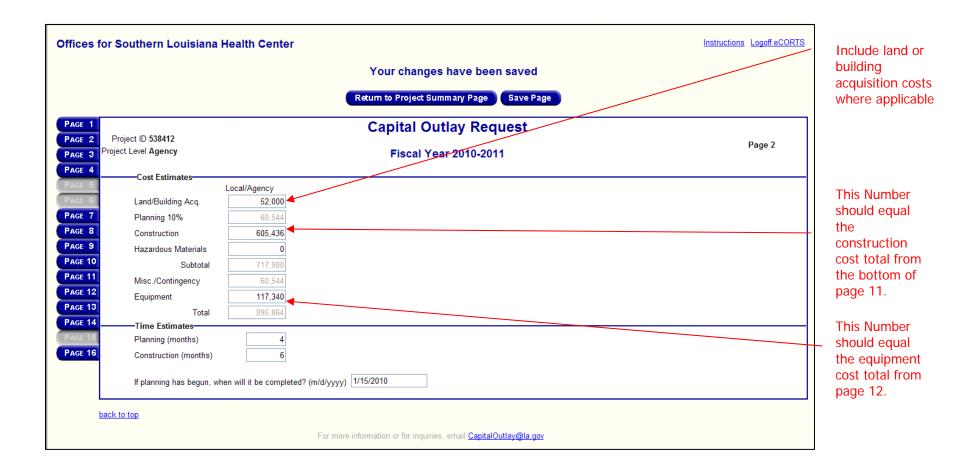
eCORTS Illustrated Sample State Project

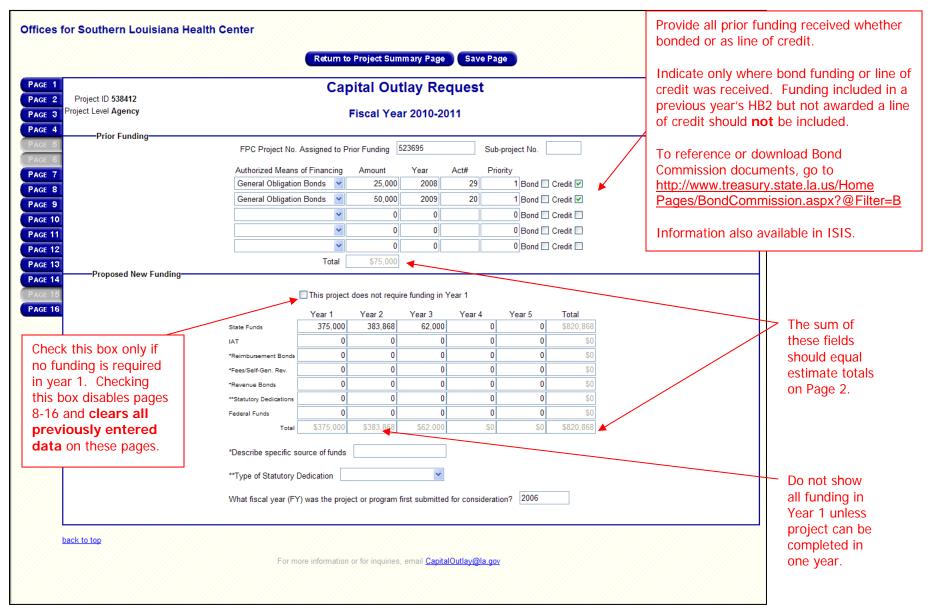


Rank this project in order of importance out of the total number of projects submitted by your Agency. In this case, the project is #2 in importance out of 6 projects submitted by the agency.

Hint: Users should compile and rank their projects before entering or enter all projects and then rank in order to have the correct project total.

State ID's for State agencies only. Can be found in SLABS and contain six characters beginning with L or S.





Offices f	or Southern Louisiana	Health Center		Instructions Logoff eCORTS	
			Your changes have been s	aved	
			Return to Project Summary Page	Save Page	
PAGE 1			Capital Outlay Reque	est and the set of the	
PAGE 2 PAGE 3	Project ID 538165 Project Level Agency		Fiscal Year 2009-2010	Page 4	
PAGE 4 PAGE 5 PAGE 6 PAGE 7	Agency Impact Statemen I hereby certify that this proje budget has been approved. Name Robert Smith		ved, and integrated into our department's long range st	rategic plan and five year budget. The impact of this project's operating	
PAGE 8	Comments				
PAGE 9 PAGE 10 PAGE 11 PAGE 12 PAGE 13 PAGE 14 PAGE 15 PAGE 16	location. The growth in distri remain in place or continue t agency's mission and are no 10) Renovate existing secom- new finishes and relocation or replaced. Restrooms will be consist of a waiting room to concurrent employees, 14 tra- keeping area. The existing s with electrical, mechanical a include all furnishings and ec	th our charter and strategic p ind budgeted through 2015. of emotionally disturbed popp a and abuse. Due to the influ- there is a need to implement passed population in the past t available elsewhere in the a d floor space to support treat of some partitions. Electrical retrofitted to meet full ADA of accommodate 20 clients, a r space is aged and will need t d finish systems to support	olan. Öngoing operational (From Page 7) To provide ulation due to victimization, ux of distressed population nt services of this type at this two years is expected to d in accordance with the area presently. (From Page timent program. Work includes I and HVAC systems will be compliance. The space will reception area suitable for two restrooms and a file/recodr o be significantly renovated the program needs. Costs	Provide any necessary comments i space provided. Note that if more required from fields on other page supplemental comments can be en here. (See example from pages 7 This field is the best place to descr project in depth and justify the new provide as much detail as possible submission will show a significant a narrative and commentary in this b	space is s, ntered and 10.) ribe the ed. Please . A quality amount of
1	back to top				
///////////////////////////////////////			For more information or for inquiries, email CapitalOutla	<u>w@ia.gov</u>	2

		Return to Project Summary Page Sa	ave Page	
PAGE 1 PAGE 2 Project II	D 538165	Capital Outlay Reques	st	
PAGE 3 Project Leve	el Agency	Fiscal Year 2009-2010		Page 7
PAGE 5 Title PAGE 6 Descript PAGE 7 PAGE 8 Location PAGE 9 Project 1 PAGE 10 Facility PAGE 11 Proget 1 PAGE 12 Program Desc. PAGE 13 Describe PAGE 14 long range strategic (5-yr) for PAGE 15 program	Type Health Infrastructure Health Infrastructure Information Informatio Information Informatio Information Info	e foot second floor space, currently used for int, to treatment facility for emotionally Present Empl. 0 Future Empl. 8 Citizens Served 200 Daily Users 40 reament of emotionally disturbed population nt, loss, addiction and abuse. (See		Provide a brief description of how this project supports your agency's long range strategio plans. Note that additional space is
□ Reloc ☑ Add I	and Existing Pgm cate Existing Pgm New Pgm ct Business r	 Changes in Mission Changes in Existing Changes in Population Generate Employment 	 Address Actual Changes in Standards Promote Economic Dev Address Code Violations 	available for use on Page 4.

	Capital Outlay Request	8
Project ID 53816 Project Level Agen	Page 8	Enter sp
4		requirer
Publications,	Joint Commission on Accreditation of Healthcare	related
agencies	Organizations, Centers for Medicate/Medicaid Services	project.
7 guidelines		not inclu
program	~	general
Minimum or mandatory	To allow program to continue to be in compliance with the	requirer
requirements	rules, regulations and standards set forth by the above agencies and to continue to receive reimbursement for the	for all p
1 for above- listed	services provided.	such as
program		ormet
4 VVnat alternati	es were considered? (check all that apply)	
5 Maintainin	Status Quo 🗌 New Space 🗌 Renovations of Existing Space	Select a
6 Use Exist	g Space 🗹 Less Space 🗹 Expansion of Similar Program Elsewhere	alternat
How was the bar	coption determined (Studies, Etc.)? Program requires additional space to expand. Contracted feasibility study by independant source as part of previously	that we
now was the be	funded phase.	conside
Were feasibility	studies or needs assessment reports prepared other than this application? 🛛 🗹 Yes	whethe
Preparer's Name		formal s
List socioecono	nic and environmental effects of the project	or as pa
		project
		develop
//	ribe other similar facilities in your area and evaluate their capabilities to meet needs	
	s on floors 1, 3 and 4 currently support program. Rental space evaluated but searce. Undeveloped floor available in bldg.	
		If forma
		not con
back to top		describe
	For more information or for inquiries, email CapitalOutlay@la.gov	decision
		process

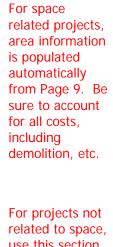
		Return to Project Summary F	Page Save Page		page are used in
Project ID 538165		Capital Outlay	Request		the construction cost calculations,
Project Level Agency		Fiscal Year 200	9-2010	Page 9	is important to show accurate
	ents				total net area for
Prepared E	By Robert Smith		Date Prepared (m/d/yyyy) 8/31/2009		each space.
Space Req	uirements: ③New Space 〇Existing Sp	pace ONo Space			
Type of Space	Number of Type of Occupants Occupants	NA/Per Net Area			
Office	6 Employees	110 660			For each occupar
Reception	2 Employees	200 400			type, the total in
Waiting Room	20 Visitors / Clients	30 600			the bottom box
Treatment Room	14 Visitors / Clients & Emp	No 1,120			should equal the
Restrooms	6 Visitors / Clients	64 384			sum of the same
Records	1 Students / Assistants	144 144			type above. For
	0	0 0			example, there a
		0 0			22 employees
	0	0 0			identified which i
	0	0 0			equal to 6+2+14
	0	0 0			(in this case each
					employee is
					assigned to a
					treatment room).
Total Net Area Bu		otal Net Area 3,308			
3,308 X	1.05	Burden Area 827			Note that transie
					and common are
Employees		ontract Employees	0 Temporary Employees	0	like restrooms an
Visitors / Clients	20 St	tudents / Assistants	1 Others	0	elevator lobbies
			Existing parking lot space for bu	uilding is adequate to	should not be
	am requirements (Parking, Utilities Tie-In, I	Location, Shippping / Receiving, Pu	accommodate additional parking		added to the
Amenities, etc).					occupant total
				×	since that would
What will happen with the	e existing facility (demolition, remodeled, o	ther program, etc) and funding if ne	eded?	~	
				~	redundancy.

people only once.

	Capital Outlay	v Request		
Project ID 538165	Capital Outla	request	Page 10	
Project Level Agency	Fiscal Year 20	009-2010	r ugo to	
Renovation / Addition				
Describe the condition of the building and previous renovations		The building was constructed in 1982 and consists of four stories above ground. Renovations have been performed on the 1st, 3rd and 4th floors in 1999, 2002 and 2004 respectively. The roof is from 2001, condition is good overall.		Provide a description the project
P Describe the extent of the proposed renovation / addition		Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. (See additional comments on page 4.)		scope including th general layo
2 Describe the location of occupants during renovation and required fun	ding	Existing record storage will remain in place.		systems involved and equipment /
What amount of the construction budget addresses modifications req	uired to meet the "Americans w	ith Disabilities Act Accessibility Guidelines (ADAAG)"? \$55,000		furnishings
Hazardous Materials				necessary.
What hazardous materials are addressed in the construction budget	?			
Underground Storage Tanks	PCB's Lead P	Paint Asbestos Other		Note that
Enter the date if site has been surveyed for underground storage tank	(5.			additional
Provide contact information if the facility's asbestos management pla		requirements		space is
Contact Name Robert Smith		Phone		available f
Roof				use on Pag
What is the current age, condition, and type of the existing roof and a Age of Roof (yrs)	nticipated date of replacements Condition	? Good		4.
Replacement Date 7/1/2001	Туре	45 Mil EPDM		
The placement Bate	Type	stairwell skylights, du		

	9/10/9/14/12	0		
ID 538165		Capital	equest	Deve 4
vel Agency		Fisca	2010	Page 1
nstruction Cost (cont.)				
Data 2009 RSMeans Buildin	g Construction	Cost Dat	Date Prepared Security system required for tree	8/31/2009
al cost affecting factors considered (unfinish		Anna ann an Anna Anna Anna		auricit of circlosofiely impaired.
Type of Space Net Area	Cost/S.F.	Area Cost		
66				
on 40				
Room 60				
ent Room 1,12				
ims 384				
s 14				
	0 0			
	0 0			
	0 0			
	0 0			
	0 0			
Area 82				
Total / Average / Total 4,13				
itional Line Item Expenses (Parking, U				
Item Quantity	Unit Cost	Total		
	1 12,500) 0			
	0 0			
	0 0			
	0 0			
	0 0			_
	0 0			
	0 0			
	0 0			
	0 0			
	, U	U		

Provide information on how the costs were estimated. Provide additional information as necessary in the comments box on page 4.



elated to space, use this section o calculate costs. Can also be used for additional costs n space related projects.

Offices f	or Southern Louisiana Health Co	enter		Instructions Logoff eCORTS
		R	etum to Project Summary Page Save Page	
PAGE 1 PAGE 2	Project ID 538165		Capital Outlay Request	
	Project Level Agency		Fiscal Year 2009-2010	Page 12
PAGE 4 PAGE 5	Equipment Costs			
PAGE 6	Item	Item Costs		Provide estimates of moveable equipment
PAGE 7	Movable furniture	42,000		here.
PAGE 8	Portable defibrillator	340		
PAGE 9	Computer equipment	48,000		Hint: For projects involving new space, be
PAGE 10	Telecom equipment	27,000		sure to include furniture and other
PAGE 11	Total Equipment C	0 Costs 117,340		equipment based on the use of the space (computers and office equipment for office
PAGE 12 PAGE 13	Check this box if this program is for renov discontinued.	vation or relocation of an ex	xisting program and the use of existing equipment	space, kitchen equipment for cafeteria, etc.).
PAGE 14				
PAGE 15 PAGE 16	lf so, explain.			
		attach an itemized breakdo ment with final submission t	own with unit costs and an estimated useful life of the to Facility Planning.	
1	pack to top			
		For more info	ormation or for inquiries, email CapitalOutlay@la.gov	

	Return to Project Summary Page Save Page			budget without project. Show operating budget at the level impacted by project
1	Capital Outlay Request			For example, total department budgets
2 Project ID 538165		Page 13	8	are not appropriate for a single locatio
3 Project Level Agency	Fiscal Year 2009-2010		6	Hint: If the building and program are
4 Operation Budget(Expenditure	s)			new, this column should be zero. If a
Should match submittals	Existing Operating	Annual Projected	8	program is being relocated include
BR-1 and BR-2 to Office of Planning and Budget)	Budget Current Year Budgeted	Increase (Decrease) After Project Completion	8	operating costs at current location.
7 Salaries	7,125,418	1,256,359	8	
8 Other Compensation	546,230	0	6	- Should show shanges in the energing
9 Related Benefits	0		8	Should show changes in the operating
10 Travel	185,025	25.426	8	budget line items as a result of reques
11 Operating Services	2,542,365	835,628	8	project completion
12 Supplies	965.201	265,408	8	
13 Professional Services	262,304	0	8	
14 Other Services	63.459	0	8	Should show distribution of existing
14 Other Services		0	8	operating budget funding sources
	1,256,998	0		operating budget funding sources
16 Interagency Funds	3,650,953			
Acquisitions	877,965	0	8	Should show changes in operating
Major Repairs	1,156,445	356,203	8	
Unallocated	0	l&	8	budget funding as result of requested
Total Expenditures	18,632,363	2,739,024		project completion.
Total Positions	114	22		
				 Total Expenditures and Total Financing
State General Fund(Direct)	9,685,354	1,423,781	8	 be the same. Balance is automatically
State General Fund by:	×		8	
Interagency Transfer	0	0	8	calculated by the system and should be
Fees and Self-Generated Rev.	8,034,936	1,181,164		equal to 0.
Statutory Dedications	912,073	134,079		
Interim Emergency Board	0	0	\mathcal{X}	The impact of a project on operating
Federal Funds	0	0		costs is an important contributor to
Total F	inancing 18,632,363	2,739,024		feasibility and prioritization. In order f a project to be "feasible" it is necessar
BalanceBalance		/		
Excess/Deficiency of Expenditures Ove (should = 0)	er Financing 0	0		for ongoing operations costs to be identified and budgeted.

		ject Summary F	Page Save P			
Project ID 538165 Project Level Agency		b <mark>ital Outl</mark> a Fiscal Year∶	ay Reques 2009-2010	st	Page 14	Show projections of operating funding 5 years
	nmary)					beyond start of project with new budget required
	Year 1	Year 2	Year 3	Year 4	Year 5	as a result of project.
State Gen. Fund (Direct)	9.685.354	9.685.354	10,397,345	11,109,135	11,109,135	Operating funds increases may not be required until
Interagency Transfer	0	0	0	0	0	later years.
Fees/Self-Gen. Revenue	8,034,936	8,034,936	8,625,517	9,216,099	9,216,099	
Statutory Dedications	912,073	912,073	979,112	1,046,151	1,046,151	
Interim Emergency Board	0	0	0	0	0	
Federal Funds	0	0	0	0	0	
Total Means of Financing	18,632,363	18,632,363	20,001,974	21,371,385	21,371,385	
Comments						
Operating increase due additional cleaning, mai Distribution of financing existing funding. Increa through year 3 and cont shown in budget, actua	intenance and repa sources for the inc ase assumed to sta tinue in full in years	ir for space and su rease assumed to it at project comp 4 and 5. No infl	upplies associated o match distribution detion, midway ationary increases	n of		Use this text box to explain the reasons for operating budget increases (or decreases) and any assumptions used in the calculations

PAGE 1 Project ID 338165 Project ID 3381655 Project ID 3381655 Project ID	ffices for Southern Louisia	na Health Center	tions Logoff eCORT
PAGE 2 Project ID 538165 Page 16 PAGE 3 Project Level Agency Fiscal Year 2009-2010 PAGE 4 Space Utilization Plan Page 16 PAGE 7 Schedule No: 01-100 Department: 01 EXECUTIVE DEPARTMENT Agency: Agency: 100 EXECUTIVE OFFICE Local User Facility: VFA PAGE 10 Project Title: Offices for Southern Louisiana Health Center PAGE 11 Program currently housed in 1st, 3rd and 4th floors of existing building. Program requires additional apace to expand. Currently vacant space on second floor of building to be fit out to accomodate additional area needed. Support and administrative space provided on the existing floors can support most of the expanded program, as a result the focus of the renovation will be on direct service to administrative space in the existing occupied area is 60% to 40%. With the addition of the newly renovated space, the ratio changes to 75% direct service to administrative and support overall, which is consistent with agency guidelines and industry standards. When completed the net area per service to administrative and support overall, which is consistent with agency guidelines and industry standards. When completed the net area per service to provider will be 120 Sequence fleet, which is 105% below undustry recommendations, program provide will be 120 Sequence fleet, which is 105% below undustry recommendations, program is 10% below undustry recommendations, program		Return to Project Summary Page Save Page	
Project Level Agency Fiscal Year 2009-2010 Project Level Agency Fiscal Year 2009-2010 Project Level Agency Space Utilization Plan Project Agency 1100 Department: 01 EXECUTIVE DEPARTMENT Agency: 100 EXECUTIVE OFFICE Local User Facility: VFA Project Title: Offices for Southern Louisiana Health Center Project Title: Offices for asupport moral additional area needed. Support and administrative space in staging floors can support moral differed on Page 9. Use this box to describe how the space is to be used and reference applicable metrics. Project Browninistrative and support overall, which is consistent with agency guidelines and industry standards. When completed the net area per service provider will be 120 square feet, which is 10% below industry recommendations.		Capital Outlay Request	
Space Utilization Plan PAGE 5 PAGE 7 PAGE 8 PAGE 10 Project Title: Offices for Southern Louisiana Health Center PAGE 12 PAGE 13 PAGE 14 PAGE 13 PAGE 14 PAGE 13 PAGE 14 PAGE 16 PAGE 17 PAGE 18 PAGE 19 PAGE 10 PAGE	Device it I would be seen	Fiscal Year 2009-2010	Page 16
PAGE 7 PAGE 7 PAGE 7 PAGE 8 PAGE 9 PAGE 9 PAGE 10 PAGE 10	PAGE 4 Space Utilization Pla	an	
	PAGE 7 Department: PAGE 7 Agency: Local User Facility: Department: PAGE 9 Prepared By: PAGE 10 Project Title: PAGE 12 Detail plan here: PAGE 13 Program currently hourequires additional spatial space. See distributional spate. See distributional spate. See distributional spate addition of the newly reparative space in addition of the newly reparative space in addition of the newly reparative space in addition of the newly reprovider will be 120 spate.	01 EXECUTIVE DEPARTMENT 100 EXECUTIVE OFFICE VFA Robert Smith Offices for Southern Louisiana Health Center	
back to top	back to top		
For more information or for inquiries, email CapitalOutlay@la.gov		For more information or for inquiries, email CapitalOutlay@la.gov	