

CAPITAL IMPROVEMENT PROGRAM Request for Capital Project

Department Regional Parks **Contact Name** Beatha Davis **Phone** 909-387-2340
SAP Cost Center _____ **Sponsored Program/WBSE** _____ **Program Name** _____
Describe the program this project will serve (attach additional pages if necessary): _____

Project Name Prado Front Gate Renovation **Supervisory District** Fourth
Address 16700 S. Euclid Ave. **City** _____
Project Description (attach additional pages if necessary) Design and renovate a larger front gate entry for staff and the public

Project Type (Check boxes that apply) **Total SF Required** _____ (From Worksheet No. 1)
☐ Vacate Existing Space ☐ Deferred Maintenance ☐ New Construction
☒ Remodels/Expansions ☐ Acquisition ☐ Health/Safety/Security/ADA
☐ Occupy Vacant Space ☐ Infrastructure Project ☐ Planning/Design/Feasibility

Justification (check evaluation criteria that applies) **Describe** – (Attach additional sheet(s) for project justification)
☒ Project has an associated funded source PROP 68 PER CAPITA GRANT
☐ Eliminates health/safety hazard _____
☐ Mandated Project _____
☐ Reduces operations and maintenance costs or generates revenue to pay back investment _____
☐ Revitalization or enhancement of quality of life (customers and/or employees) _____

One-Time Costs	Current FY	Year 2	Year 3	Year 4	Year 5	Total
Acquisition Cost						
Design/Engineering	129,260					
Construction and Contingency	1,077,165					
PMD Project Costs Administration	104,270					
Software/Hardware						
Other Costs	18,200					
Start-Up Costs						
Total One-Time Costs*	\$1,328,895					
Ongoing Costs (Savings)	Current FY	Year 2	Year 3	Year 4	Year 5	Total
Future Staffing Costs (From Worksheet No.2)						
Est. Operations and Maintenance Cost						
Other						
Total Ongoing Costs*						


*Attach Cost Estimates, floor plans, site plans if available, and any other supporting documentation

Funding Sources:

Request for General Fund/Local Cost or CIP Funds ☐ Yes ☒ No

Describe Proposed Funding Sources (identify for both One-Time and Ongoing Costs) PROP 68 PER CAPITA GRANT

Approvals

	Print Name	Signature	Date
Department Head	<u>Beatha R. Davis</u>		<u>10/13/21</u>
Finance Analyst	_____	_____	_____
DEO	_____	_____	_____

This section to be completed by the County Administrative Office/CIP Section

CCFO for CIP Approval _____

Refer to County Policy 12-11 SP County Facility Planning (Attach additional pages if necessary)

***Complete Worksheet No. 2 – Future Staffing Cost below for all future Staffing Positions**

WORKSHEET NO. 2 – FUTURE STAFFING COST*[illegible]