



Lancaster County Capital Improvement Plan

Project Request Form

SECTION 1 – DEPARTMENT/PROJECT INFORMATION

SECTION 1-A			
Project title:	Camera Upgrade	Department:	LCYIC
Prepared by:	Kelly Decker	Date prepared:	August 10, 2021
CIP ID#*:	2021-C1411-03	Anticipated start date:	12/01/2022
*(year-cost center-sequence) example = 2021-A3100-01 or 2021-B1600-12, etc....			

SECTION 1-B
Project Description: (Provide a brief description of the project)
Security system upgrade phase 3. In this phase we will address our current older cameras that need to be upgraded to communicate with our system and provide improved coverage and image quality.
<h1>Example</h1>

SECTION 1-C
Planning context: Is the project part of a current adopted program, policy, or plan?
<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes Please identify:
Please describe how this project will meet the objectives:

SECTION 1-D
Planning context: Is the County or your department legally obligated to perform this service?
<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes Please identify:
Please describe how this project will meet the legal objectives:
Although not legally obligated to upgrade equipment, the upgrades to the current security system will increase security coverage to ensure the safety of both residents and staff, and is also considered best practice.

SECTION 1-E

Planning timeline: Please provide the projects estimated duration, start date, end date, if the project has a seasonal impact:

The project can begin once the 2022 budget is open. Work can be scheduled with vendor and depending on availability the project should be completed by March 2022.

SECTION 1-F

Coordination: Is this project dependent on one or more other CIP projects?

- No
 Yes Please identify:

Please describe:

This project is phase 3 of a project we began in 2019 to upgrade our security system. Our building is over 20 years old; technology has changed leaving cameras and equipment obsolete.

SECTION 1-G

Project Priority:

- Low
 Medium
 High

Example

- Priority within Department
 Priority County Wide

SECTION 1-H

Purpose of request

Please check one of the following:

<input type="checkbox"/>	Scheduled replacement	<input checked="" type="checkbox"/>	Replace worn-out equipment
<input type="checkbox"/>	Extend service life	<input type="checkbox"/>	Increased safety
<input type="checkbox"/>	Present equipment obsolete	<input type="checkbox"/>	Reduce personnel time
<input type="checkbox"/>	New operation	<input type="checkbox"/>	Improve service to consumers
<input type="checkbox"/>	Other	<input type="checkbox"/>	

SECTION 2 – FUNDING INFORMATION

SECTION 2-A

Cost Estimate:

Total estimated cost: \$100,000.00

List any funding options available for this project:

The project is split between 3 programs with 3 different reimbursement rates.

Detention: \$50,000.00 reimbursement 50/50 split- State reimbursement \$25,000.00

Shelter: \$37,500.00 reimbursement 90/10 split- State reimbursement \$33,750.00

PULSE: \$12,500.00 reimbursement 80/20 split- State reimbursement \$10,000.00

Recommended funding option(s) to be used:

This project will also be submitted as part of my state budget.

Total County Funding Required: \$31,250.00

SECTION 2-B

Basis of cost estimate: Estimate

Please check one of the following:

- Cost of comparable facilities/equipment
- Cost estimate from engineer/architect
- Rule of thumb indicator/unit cost
- Preliminary estimate
- Ballpark "guesstimate"

Please include copies of any supporting documentation

Example

SECTION 2-C

Indirect cost impact

Please check one of the following:

- Operating budget increase: +\$ 100,000.00
- Operating budget neutral
- Operating budget reduction: -\$

Please check one of the following:

- Staffing level increase +\$
- Staffing level neutral
- Staffing level decrease -\$

Please describe any operating budget or staffing increases or decreases below:

SECTION 3 – Project Coordination

SECTION 3-A

Impacted Departments:

Please document below any other departments that may/will be impacted by this project. Include department name, who you spoke to and the impact this project will have with their department.

Child and Youth also has offices at LCYIC, cameras and intercoms are also used this CYA areas of the building

SECTION 3-B

Project Team:

Will the project team include: (check all that apply)

- Staff from your agency
- Staff from other County agencies (Facilities Management, IT, Purchasing, Legal, etc...)
- Staff from non-County agencies

If you checked "other County agencies" or "non-County agencies", please describe below your expected needs:

This project will mainly be overseen by Agency and Vendor staff.

Example

SECTION 3-C

Space impact

Check one of the following:

- Project will reduce our space needs -SqFt _____
- Project is space neutral
- Project will increase our space needs +SqFt _____

Please describe any increase or decrease in special needs below:

There is no increase or decrease to spacing.

CAPITAL PROJECT REQUEST FORM

SUBMISSION OF THE FORM

Each requested project shall be submitted on the attached "Project Request Form". Completed forms are to be forwarded to the County of Lancaster Capital Improvement Committee for review and consideration. The Committee may request additional information for clarity and scope of the project.

The applicant should submit any supporting documentation that helps to clarify any of the sections on the form that the applicant feel are important to the project.

FORM INSTRUCTIONS

SECTION 1 – DEPARTMENT/PROJECT INFORMATION

The following eight sections are designed to allow you to define your department and the project you are requesting funding for.

1-A. Department/Project Information

- Please enter a name for your project. Keep it brief, such as: "Courthouse Roof Replacement".
- Enter your department name.
- Enter the name of the person submitting the request.
- Enter the date you prepared this submission.
- Enter a CIP ID# using the following format:
 - Year-Cost Center-Sequence
 - Year = Enter the year you are requesting the project, not when you want the work done.
 - Cost Center = The cost center for your department.
 - Sequence = Enter a number starting at 01 and increase sequentially for each project you enter in a specific year. If you have 3 projects you are requesting in 2021, start with 01 then 02 and then 03. The following year would reset to 001.
 - Example 1 – in 2021 Facilities would like to replace a roof.
 - CIP ID# = 2021-A3100-01
 - Example 2 – in 2021 Facilities would also like to replace a boiler.
 - CIP ID# - 2021-A3100-02
- Enter the anticipated start date of your project. If you are looking for a specific year, you can enter that or if you are looking for a spring, or fall start, you can enter that. This will help us determine when funding may be needed.

1-B. Project Description

Please enter a brief description of the project. Provide a high-level view of your project with a basic description.

1-C. Is the project part of a current adopted program, policy, or plan?

Is the project part of a current adopted program, policy, or plan? Check YES or NO.

If YES, please identify the program, policy, or plan. Please describe how this project will meet the objectives of the program, policy, or plan.

1-D. Is the County or your department legally obligated to perform this service?

Is the County or your department legally obligated to perform this service? Check YES or NO.

If YES, please identify the program, policy, or plan. Please describe how this project will meet the objectives of the program, policy, or plan.

1-E. Please provide the projects estimated duration, start date, end date, if the project has a seasonal impact

Please describe the estimated duration of this project, include start and finish dates and any seasonal impacts. This will help us identify when funding may be needed to meet your timeline.

1-F. Is this project dependent on one or more other CIP projects?

Is this project dependent on one or more other CIP projects? Check YES or NO. If YES, please identify the other project(s) and describe the dependency requirements.

Example

1-G. Project Priority

Please check the priority level (Low, Medium, High) and if that priority is within your department or a County wide priority.

1-H. Purpose of Request

Please check one of the listed choices that best define your project.

SECTION 2 – FUNDING INFORMATION

The following three sections are designed to allow you to define your funding information for your project.

2-A. Cost Estimate

Please enter your project cost estimate. If this project is dependent on other projects, please enter the total estimated cost (this should be the same number on all of the dependent projects)

Example: if you have 3 projects that are all dependent on each other, list their individual costs under “cost estimate” on their respective forms. Add all three of those costs and put that number in the “total estimated cost” line, this would be the same number on all three forms.

- Facilities would like to replace a boiler, upgrade an electrical service, and install a building automation control system. All three depend on each other but could be done as separate projects.

- Facilities would list each as a separate project with their individual cost estimates listed and then all three projects together for a total estimated cost.
- This may be funded as one project or planned out over a three-year period, each project in sequence.

2-B. Basis of Cost Estimate

Please indicate how you arrived at your cost estimate. Include copies of quotes, emails, or any other supporting documentation, if available.

2-C. Indirect Cost Impact

Please indicate if this project will have an operational or staffing impact. Indicate your estimated impact increases or decreases to your operating budget or any increases or decreases to staffing costs. Please provide a brief description of any increase or decrease to your operating budget or staffing.

Example: The Parks department would like to install two new athletic fields with lights for nighttime games. There would be an increase in electrical usage that would show a cost increase to utility bills in the operating budget and potentially an increase in revenue from field rental fees. This would need to be identified.

SECTION 3 – PROJECT COORDINATION

The following three sections are designed to allow you to define any coordination efforts necessary between your department/agency and other departments/agencies for the successful completion of your project.

3-A. Impacted Departments

Please indicate any other departments that may/will be impacted by this project. Include department name, who you spoke to and the impact this project will have with their department.

3-B. Project Team

Please indicate any project team requirements that this project will need. If your project will need assistance from IT, Facilities Management, Purchasing or other departments to plan, develop, complete, or assist with your project, please indicate that in this section and describe what those needs will be. It may be beneficial to reach out to those departments to get their input for this section.

3-B. Space Impact

Please indicate any space impact to your department for this project. If your project requires an increase or decrease of your departments current space allotment, please indicate the square footage needs and then briefly describe what is needed and why.

GENERAL INFORMATION

Should you have any questions while completing this form, please reach out to a member of the committee for assistance.

Completed forms should be submitted to the committee chairperson.

Example