

Project Submission Instructions

All CIP forms and instructions are available on the County's intranet. **All project submissions must include forms 1 and 2 to be considered a complete submission. CIP project submission information is due to the Budget Management Office by Monday, October 30, 2017, 5:00 pm. Please submit all project submissions electronically to Kelly Newman knewman@spartanburgcounty.org.** If you have any questions or concerns regarding the submission process, please contact Kelly Newman at 596-3397.

When do I fill out a submission form?

To be considered for inclusion in the FY 2019-23 Capital Improvement Plan all projects will need to have completed both project submission forms. This includes any projects already included in the FY 2018-22 or prior Adopted Capital Improvement Plans. For any existing projects, please carefully review the cost estimates and project scope, and note changes on the new submission forms for the FY 2019-23 Capital Improvement Plan.

What forms do I use:

All project submissions must include both forms 1 and 2, which can be downloaded from the County's intranet site. They are located in the Budget Management folder.

Capital Project Request & Justification (Form 1)

Project Title: Please enter a unique title for each project submitted. For example, "Computer Aided Dispatch System Replacement", "Library Street Building Boiler Replacement" or "Edgecombe Road Drainage Improvements".

Requesting Department/Division: Please enter the department/divisions requesting the project.

Project Manager/Contact: Please enter the name of the project manager/contact and telephone/extension number.

Council Goal/Priority: Review the County Council Goals and Objectives which can be found on the County webpage or by clicking [here](#) and place an "X" next to the goal with which your project best fits.

Departmental Priority: Please place an "X" next to one departmental priority level that best describes your project request.

Project Status: Please place an "X" next to one project status that best describes your project status. If you are resubmitting a project that has been planned in an out year in a prior CIP then please mark the *Planned/Programmed Project* line.

Estimated Start Date/Length of Project: Please provide the month and year of the estimated start and the length of time it will take you to complete the project. Please use the date of estimated initial project funding as your start

date, and the date your funding will be expended as your estimated completion date. If this is an on-going project such as “Solid Waste Vehicle and Capital Equipment Replacement”, please indicate “On-Going” in the estimated length of time.

Please note, when providing the information listed below; please position your cursor underneath the number on the request form, with a space between the question and your response. For example:

1. Project Description and Location (Please attach map if applicable):

This project intends to mitigate the damage caused by rainwater infiltration into the lobby area of the...

1) Project Description and Location: Provide a description of the project in the space directly below the “Project Description” heading. In this section of the form:

- a) Provide the scope of the project with a physical description of the work to be completed. For example, “1,500 linear feet of vinyl coated chain link fencing will be installed from Main Street to North Street”.
- b) Depending upon the information available, indicate the planned exact location (street name/address), or approximate location(s) of the project. Indicate whether the proposed site: (a) is already owned by the County; (b) needs to be acquired in the future; (c) is a lease-purchase arrangement; or (d) will be donated or otherwise be made available for the project.
- c) If this is a regional project or a partnership, identify the specific jurisdictions or partners involved in the project and the basis for their involvement including sharing of project funding costs.
- d) If possible, please attach a map of the location of the project – a more local map, not a map of the location in the entire county.

2) Council Goal & Objective: Please indicate one or more council objective and how your project will help meet the objective(s).

3) Project Justification and Benefit: Enter a brief justification for the project which explains:

- a) The need for the project;
- b) What the project is expected to accomplish; and
- c) How the benefits of the project will outweigh the costs.
- d) Addresses any potential challenges in completing the project.

Provide associated user statistics/output data or workload data to justify the need if applicable. Please provide a brief explanation of the project benefits as relates to citizens, businesses, or visitors in Spartanburg County, or benefits to County employees. Indicate the impact area of your project, will it affect just a few people or will it affect a large number of people, buildings, etc. If answered in question 2, please note in this space.

- 4) Federal, State, or Local Mandate:** Please indicate if this project directly addresses a mandate established by Federal, State, or local governments that is not already being met. Please include a description of how this project addresses the mandate. Please include a copy of the statute/regulation that establishes the requirement.
- a) Is this an existing mandate that we are already in compliance with or is it a new mandate?
- 5) Use Life:** Please indicate how long this purchase or construction will last before it needs to be repaired, replaced, or upgraded.
- 6) Project Coordination:** Please indicate if this project must be coordinated with other capital projects. For example, “The South Street storm water remediation project must be completed before renovations to the County building located at 123 South Street can begin.”
- 7) Action Plan:** Please indicate if this project is part of an action plan that has been approved by County Council. Include a description of how this project relates to the action plan.
- 8) Cost Estimation:** Please place an “X” next to the method of cost estimation used in your project request.
- a) **Additional Cost Estimation Information:** If available, please provide details on how you arrived at your cost estimate.
- 9) Potential Funding Sources:** Please indicate if there are potential funding sources. For example “There is the potential for a \$15,000 grant in the FY 16/17 Palmetto Pride Foundation that could be used for beautification of intersection of Oak Street and Elm Street.”
- 10) Additional Staffing and Operating Needs:** Please identify any additional staffing or operating costs that will be associated with your request. If additional staffing will be needed, please indicate the type of position, and salary range. If there are additional operating costs, please provide detail on types of expenditures and estimated costs. Please note that the costs of additional staffing and operational needs will need to be detailed on Form 2.
- 11) If the project is an existing project (the project has been planned in any year in the FY 2018 – Capital Improvement Plan), please provide an anticipated status report as of April 1, 2018.**
- 12) Additional Information**

Capital Project Request and Justification – Form 2

Please note: This form is available as a Microsoft Excel spreadsheet. All shaded areas are calculated automatically and are password protected. If you need additional lines or need to adjust the formatting on the spreadsheet, please contact Kelly Newman before making any changes to the sheet.

Project Title: Please enter the name of your project at the top of the spreadsheet where it indicates “Type Name of Project Here”:

(TYPE NAME OF PROJECT HERE)							
	<i>PRIOR FUNDING</i>	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	TOTAL FY 2016-20
New County Radio Maintenance Shop							
	<i>PRIOR FUNDING</i>	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	TOTAL FY 2016-20

Please make sure that the title exactly matches the Capital Project Request and Justification – Form 1

Project Expenditures: Please enter the following information in the correct fiscal year. A completed sample form can be found on the County’s intranet, in the Budget Management folder.

PLANNING/DESIGN: Site planning, survey, design and architectural work.

ENGINEERING FEES: Engineering work and special studies such as flood plain and stream studies.

LAND/RIGHT-OF-WAY ACQUISITION: Site selection and land acquisition, including location, acreage required, and access needs.

CONSTRUCTION: Site preparation and infrastructure needs, including parking areas, landscaping, special site features (i.e. trails, fountains), and availability of utilities are planned. Construction of buildings and other structures, including square footage of each type of space required, type of construction anticipated (i.e. 5-story parking garage, 1,000 feet of storm drainage), and any special considerations for this space or special design features including the cost of necessary building permits and inspections are estimated.

CAPITAL MATERIALS & EQUIPMENT/FURNISHINGS: Please provide a cost estimate for all capital materials and equipment/furnishings associated with your project. Use the notes section at the bottom of the spreadsheet to provide additional detail if necessary. Include any installation costs. A project submission for only capital materials and equipment/furnishings should exceed \$50,000. Items under \$50,000 (chairs, desks, fax machines, etc.) should be requested as part of the operating budget process.

TECHNOLOGY EXPENDITURES: Please provide a cost estimate of all technology expenditures associated with your project. Use the notes section at the bottom of the spreadsheet to provide additional detail if necessary. Include any installation costs. A project submission for only technology expenditures should exceed \$50,000 in total costs.

COUNTY STAFF COSTS: County staff time that will be charged to the project. Please provide as much detail as possible in the space provided Name, number of hours, etc. should all be provided if available.

OTHER: Other associated costs. Please provide detail of these costs (if any) in Form 1 of your project submission.

TOTAL, PROJECT EXPENDITURES: This section will calculate automatically.

Additional Operating Impact: Please enter information in each fiscal year that will impact operating costs. For example, if you plan to add a position associated with your project in FY 2018/19, then costs should also be estimated for FY 2019-23.

PERSONNEL (SALARY & BENEFITS): Please enter costs of providing additional staff that will be needed to support your project. You can contact the Budget Management Office or Human Resources for an estimated salary to use for your position. Use the FY 18/19 [personnel calculator](#) on the County Intranet for the total position cost to be included on the form. For each fiscal year after the initial year of funding, please use a five percent (5%) inflationary factor.

OPERATING EXPENDITURES: These are annual operating costs that will be associated with the new position (i.e. uniforms, office supplies, telephone service, etc.). If your project will have additional operating costs without a new position such as electricity, annual software maintenance, etc. enter that number on this line. Please use a five percent (5%) inflationary factor in calculating future operating costs. If there are multiple items such as an added phone line and annual maintenance please provide the detail in the additional notes.

CAPITAL OUTLAY: These are one-time capital outlay costs associated with the project (i.e. new vehicle, small storage shed, etc.). If your project will have additional capital outlay costs without a new position, please enter that number on this line. Please use a five percent (5%) annual inflationary factor.

TOTAL, ADDITIONAL OPERATING IMPACT: This section will calculate automatically.

TOTAL, CUMULATIVE OPERATING IMPACT: This section will calculate automatically.

FULL-TIME EQUIVALENT POSITIONS (FTEs): Enter the number of full-time equivalent positions in the appropriate fiscal year. One (1) full-time position will be noted as 1.0, a part-time position will be noted as a fraction of one (1). For example, if the project will require one part time equipment operator that will work 20 hours weekly the entire year where a full-time work week is 40 hours, this will be 0.5 FTEs. Please provide details in the additional notes section as appropriate.

CUMULATIVE FTEs: This section will calculate automatically.

A sample completed Form 2 can be found on the County Intranet site in the Budget Management Folder.