



CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF CORRECTIONS
JOHN BALDWIN, DIRECTOR

May 6, 2010

Vertical Infrastructure Advisory Committee
C/O Dean Ibsen
Vertical Infrastructure Program
Des Moines, Iowa 50319

RE: Department of Corrections
FY 2011 Major Maintenance Requests

To Whom It May Concern:

Please find the top ten prioritized Department of Corrections Major Maintenance Requests for FY 2011. The list includes existing request that are submitted as "Existing with Change Funding". The summary of the top ten DOC ranked Requests for FY 2010 funds are as follows.

New Major Maintenance Requests for FY 2011

Table with 4 columns: Rank, Agency, Request Description, and Amount. Contains 10 rows of maintenance requests.

Enclosed for each new request and existing with change funding item is the Vertical Infrastructure Program (VIP) form and supporting documents.

Please call if you have any questions after reviewing the requests and backup information.

Sincerely,

Mickel D. Edwards, P.E.

MDE/ifo

The mission of the Iowa Department of Corrections is:
To advance successful offender reentry to protect the public, staff and offenders from victimization.

(Office) 515-725-5701 - 510 East 12th Street, Des Moines, Iowa 50319 - (FAX) 515-725-5799

FY2007 Major Maintenance Project Request

TAB key moves from cell to cell. Press F4 for drop-down boxes. Press X for check boxes.

1. Agency Corrections	2. Agency Code. 249	3. Institution /Location Iowa Correctional Institution for Women	4. Agency Priority 1 of 10	5. Institution Priority 1 of 12	6. Critical Level (High/Moderate/Low) High	7. Funding Source(s) FY2011 Major Maintenance	
8. Project Upgrade Electrical for entire facility. - PhaseII		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 3.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>8.0 Month(s)</u> Total: 12.0 Month(s)		11. Contact Person Name: Steve Carroll Title: Associate Warden of Admin Phone: (515) 967-4236	
12. Description of Project: Upgrade panels and wiring throughout total facility. The current system is so old, there is great difficulty finding replacement parts. Building are operating beyond electrical capacity. Phase I \$1M and Phase II \$2.1M					13. Square Feet (if applicable) Net Square Feet: h0 NSF Gross Square Feet: 0 GSF		
14. Statement of Need & Justification: Current condition is a Fire Marshall concern. Alternatives to Project: None. Consequences of Deferral: Continued liability and loss due to failure.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____		
16. Co-Location (Explain): N/A		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D					
18. Advisory Committee Priority: 1. Health, Life Safety							
19. Project Cost Summary		20. Operating Cost Summary (optional)				21. Cost Savings Summary (optional)	
Design & Supervision	\$ <u>150,000</u>	First Year		Annual			
		Requesting Agency	Other	Requesting Agency	Other		
Site Development/Land Acquisition	\$ <u>0</u>	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Utility Extensions	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Construction	\$ <u>2,350,000</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Equipment - Fixed	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Furnishings - Movable Equipment	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Contingency	\$ <u>0</u>	New FTES	<u>0 FTES</u>	<u>0 FTES</u>	0 FTES	<u>0 FTES</u>	
Financing Cost	\$ <u>0</u>						
Artwork	\$ <u>0</u>						
Demolition	\$ <u>0</u>						
Total Project Estimate	\$ <u>2,500,000</u>	22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies					

FY2007 Major Maintenance Project Request

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FY2009 Major Maintenance Project Request

TAB key moves from cell to cell. Press F4 for drop-down boxes. Press X for check boxes. DO NOT USE DOUBLE QUOTE CHARACTER

1. Agency Corrections	2. Agency Code. 249	3. Institution /Location Iowa Correctional Institute for Women	4. Agency Priority 2 of 10	5. Institution Priority 2 of 12	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-PRIORITY CH	7. Funding Source(s) Major Maintenance	
8. Project Building Demolition		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>1.0 Month(s)</u> Total: 3.0 Month(s)		11. Contact Person Name: Steve Carroll Title: Business Manager Phone: (515) 967-4236	
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Demolish Bldg.#5, that has a structure that is failing. The building was built in 1933 and is currently vacated. Living Unit 1, 2,3,and 4 were built in the early to mid 60's and repeatedly food, have ongoing electrical failures, have a fire alarm that requires part are no longer made, mold is an ongoing battle, and the buildings do not meet many building code requirements.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF	
14. Statement of Need & Justification: Significant saving to the major maintenance program would occur through demolition. Alternatives to Project: None Consequences of Deferral: Bldg#5 is unhabited, other buildings will soon follow.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____		
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input checked="" type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Unaccessible and meet no ADA requirements <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-					
18. Advisory Committee Priority: 1. Health, Life Safety							
19. Project Cost Summary		20. Operating Cost Summary (optional)			21. Cost Savings Summary (optional)		
Design & Supervision \$ _____ 0		First Year			Annual		
Site Development/Land Acquisition \$ _____ 0		Requesting Agency		Other	Requesting Agency		Other
Utility Extensions \$ _____ 0		Operations & Maintenance			Operations & Maintenance		
Construction \$ _____ 450,000		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Equipment - Fixed \$ _____ 0		Salaries					
Furnishings - Movable Equipment \$ _____ 0		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Contingency \$ _____ 0		Utilities					
Financing Cost \$ _____ 0		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Artwork \$ _____ 0		All Other					
Demolition \$ _____ 0		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Total Project Estimate \$ _____ 450,000		Total					
Major Maintenance Amount \$ _____ 0		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
		New FTES		0 FTES	0 FTES	0 FTES	0 FTES
22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies							

FY2009 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code: 242	3. Institution /Location Iowa State Penitentiary	4. Agency Priority of	5. Institution Priority 4 of 6	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-OTHER CHAN	7. Funding Source(s) Major Maintenance
8. Project Bliler Control Modifications - ISP Powerhouse	9. Critical Level Category A. Health and Safety - Class 1	10. Proposed Schedule (in months) Planning: 6.0 Month(s) Bidding: 4.0 Month(s) Construction: 14.0 Month(s) Total: 24.0 Month(s)	11. Contact Person Name: Julia Johnson Title: Associate Warden - Administration Phone: (319) 372-5432	12. Description of Project (or Proposed Changes to Existing Project): Existing 1962 boiler has critical electrical issues (i.e.; parts no longer made & ability to create parts is very limited). Constant maintenance is needed to keep the boiler operational. This boiler provides hot water, steam for the kitchen steam kettles and nearly 100% of our winter heating supply. Failure of the electrical system would result in a major State of Emergency due to inability to provide necessary hot water, steam for cooking and heat to ISP and JBU. This project can be phased in over a w year period with Engineering Study first.	13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0,	14. Statement of Need & Justification: Critical Life Safety Need Alternatives to Project: NA Consequences of Deferral: Risk life safety and critical life needs of offenders and staff population and safe community
16. Co-Location (Explain): NA	17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-	15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____				
18. Advisory Committee Priority: 1. Health, Life Safety	19. Project Cost Summary Design & Supervision \$ _____ 0 Site Development/Land Acquisition \$ _____ 0 Utility Extensions \$ _____ 0 Construction \$ _____ 0 Equipment - Fixed \$ _____ 0 Furnishings - Movable Equipment \$ _____ 0 Contingency \$ _____ 0 Financing Cost \$ _____ 0 Artwork \$ _____ 0 Demolition \$ _____ 0 Total Project Estimate \$ _____ 0 Major Maintenance Amount \$ <u>1,500,000</u>	20. Operating Cost Summary (optional) Requesting Agency Other Annual Requesting Agency Other Operations & Maintenance \$ _____ 0 \$ _____ 0 Salaries \$ _____ 0 \$ _____ 0 Utilities \$ _____ 0 \$ _____ 0 All Other \$ _____ 0 \$ _____ 0 Total \$ _____ 0 \$ _____ 0 New FTES 0 FTES 0 FTES 0 FTES 0 FTES				
22. Cost to Other Agencies (optional; explain if applicable): NA	21. Cost Savings Summary (optional) Requesting Agency Other Operations & Maintenance \$ _____ 0 \$ _____ 0 Salaries \$ _____ 0 \$ _____ 0 Utilities \$ _____ 0 \$ _____ 0 All Other \$ _____ 0 \$ _____ 0 Total \$ _____ 0 \$ _____ 0					

FY2009 Major Maintenance Project Request

FY2009 Major Maintenance Project Request



Coen Company, Inc.
The Walling Company
6103 North 90th Street
Omaha, NE 68134
402-571-9600

State of Iowa
Dept. Of General Services
Des Moines, Iowa

Attention: Mr. Craig Deichmann, Dept. of General Services

Reference: Fort Madison State Penitentiary
FyrMonitor Controls Upgrade
Coen File Number D-4911

Proposal: 03-70-0183

Dear Mr. Deichmann

Coen Company is pleased to provide this proposal covering Coen equipment as described below. The Coen offering will consist of a loose FyrMonitor panel for use with the subject boiler. The FyrMonitor is a simple, cost-effective and complete boiler/burner control package. It uniquely integrates the burner management system and combustion controls into one self-contained NEMA 4 panel with touch screen interface. In addition to the burner management system, this FyrMonitor package will include Coen CDC controls, single element feed water controls, and oxygen trim controls. The FyrMonitor will use two industrial grade programmable logic controllers (PLC) to comply with NFPA requirements. The proposed system design is based on the following:

I. Design Conditions

Number of boilers	1
Number of burners per boiler	1
Boiler manufacturer.....	MIW
Boiler designation	MCF 2-59
Steam capacity (gph)	40,000
Boiler HHV BTU input (mmbtu/hr)	52.5
Fuels (main)	N. Gas / #2 Oil
Fuel (ignition).....	N. Gas

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Steam pressure (psig).....	150
Steam temperature (F).....	Saturated
Boiler feed water temperature (F).....	200
Furnace pressure at proposed conditions ("w.c.).....	2.3
Combustion air temperature (F).....	80
Plant elevation above sea level (feet).....	600
Instrument air supply, clean, dry, and oil-free (psig).....	90
Electrical characteristics (v/ph/hz).....	460/3/60
Control characteristics (v/ph/hz).....	120/1/60
NEMA class rating.....	NEMA 1
Code requirements.....	NFPA 85
Location.....	Indoor

II. Equipment Description

We propose to furnish for the boiler the following equipment:

Item Qty	Description
	FurnMonitor touch screen control system, which will have burner management system, constant differential control (CDC), single element feed water controls, and oxygen trim controls in the same panel and will use the same touch screen. Two (2) PLCs will be used, one for the BMS and one for controls. The touch screen will be a 5.7" CTC color screen and will have the following control screens:

SCREEN TITLE	DESCRIPTION
Main	Control system overview. Includes the Steam Pressure control or Master Controller and Drum Level control if included. Provides most relevant controls and indicators for operating the burner and boiler. On systems with an integral BMS, includes controls for starting and shutting down the burner.
Navigator	Provides navigation to all other operator accessible screens.
Surface Clean	Means of wiping down display surface without risk of changing a control setting.
Operating Limits	On systems with an integral BMS, provides status indicators for all limits and interlocks required to operate the burner. Also includes selector pushbuttons for fuel type and FD fan control mode.
Auxiliary Controls	Provides access to any additional controls included in the scope of this system.

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<i>SCREEN TITLE</i>	<i>DESCRIPTION</i>
Flow Diagram	Graphical piping and instrumentation diagram that depicts the instrumentation associated with the burner and boiler. For clarity, only instrumentation controlled and monitored by this system is included.
Trends	One or more screens with real time trending of control parameters for each control loop in the system.
BMS Alarm Status	On systems with an integral BMS, provides multi-state indicators of BMS alarms to mimic the operation of a light box style annunciator.
CCS Alarm Status	Provides multi-state indicators of CCS alarms.
BMS Critical Input Failures	On systems with an integral BMS, provides indicators to help identify failures of BMS PLC inputs used to monitor limit switches and interlocks.
Alarm Summary	List of all currently active alarms along with date and time stamp.
Alarm History	Log of last 200 alarms that have occurred along with date and time stamp.
Alarm Edit	Provides means to adjust non-shutdown CCS alarm threshold settings.
System Information	Provides PLC status and scan time information and a means of adjusting system date and time.
Service Access	Gateway to system setup and tuning screens for service personnel only.
Manual Control	Password protected screen provided on some systems that is used to individually control damper and fuel valve positions during the course of taking combustion data during commissioning.

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<i>SCREEN TITLE</i>	<i>DESCRIPTION</i>
F(x) Characterizer Edit	Password protected screen that provides means to edit each F(x) characterizer function used within the control system.
Rate (Velocity) Limiter Edit	Password protected screen that provides means to edit each rate (velocity) limiter function used within the control system.
Control Parameter Edit	Password protected screen that provides means to edit each control loop's PID settings.
System Parameter Edit	Password protected screen that provides means to edit miscellaneous system operational parameters.
Input Parameter Edit	Password protected screen that provides means to edit transmitter input minimum and maximum settings in engineering units.

Two (2) Allen Bradley PLCs will be mounted in a panel, which will house all the necessary I/O modules, relays, terminals, etc. The following is included:

- Two (2) Allen Bradley SLC 5/04 PLCs with all required I/O modules.
 - CTC touch screen panel with 256 colors and TFT (active matrix) LCD.
 - * Size: 5.7"
 - * Memory: 8 megabyte flash ROM, 8 megabyte RAM.
- The above items mounted in a NEMA 4 enclosure 48" x 36" x 24".

III. Paint and Finish

Coen surface preparation and painting will be as follows:

<i>External Steel</i>	<i>Preparation</i>	<i>Primer</i>	<i>Finish</i>
Piping/Fittings	SSPC-SP3	Red Oxide	Coen Green, Alkyd Enamel
Electrical Panels	SSPC-SP1	Red Oxide	Coen Green, Alkyd Enamel
Instruments	---Manufacturers Standard---	---Manufacturers Standard---	
Conduit	---Manufacturers Standard---	---Manufacturers Standard---	

FY2009 Major Maintenance Project Request

IV. Notes and Clarifications

1. Coen's records reveal that the existing burner package does not meet current NFPA 85 guidelines. We will upgrade the unit, and make the necessary changes to bring the burner into compliance.
2. Stack height to be verified prior to equipment purchase. Stacks greater than 50 feet high, and/or stacks connected to multiple boilers, must include a draft control system to maintain repeatable furnace pressures.
3. Complete installation, checkout and startup services are included.

Oxygen Trim Package

1. Coen will furnish a pneumatic jackshaft actuator (accepting 4-20 mA input) with a mounting bracket
2. Coen/The Walling Company will install a Siemens' VFD to adjust air flow, handle the oxygen trim controls, and provide some electrical savings. The existing motor will be upgraded to an inverter duty motor. Coen/The Walling Company will supply a new 20 HP, TEFC Motor

V. Pricing

Price for one (1) unit as detailed in the foregoing proposal \$230,828
Freight cost is included in our price.

Optional Equipment:

1. Coen can supply a Plant Master panel with a 10.4" color touch screen. The Plant Master will be set up to control FyriMonitor system and will have provisions for control monitoring three other boilers. \$52,714 *Price includes pigtailed to other three boilers

FY2011 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 243	3. Institution /Location Anamosa State Penitentiary	4. Agency Priority 4 of 10	5. Institution Priority 1 of 1	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance
8. Project Demolition of the Building #16 or Old Auto Body Bldg. 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>1.0 Month(s)</u> Total: 3.0 Month(s)		11. Contact Person Name: Harry Brown Title: Business Manager Phone: 319) 462-3504
12. Description of Project (or Proposed Changes to Existing Project): The original building was built in 1932 and is two story . The building has block / masonry walls and a built up roof system. The roof and block walls have deteriorated to the point that the extensive repair work would be needed to restore the building that would cost more then a replacement building. The long range plan was to have the demolition of the building and build a single story building replament that would match the other newer buildings next to it. In 2000 the Vertical Infrastructure Database had the overall rating a D. Along with D's on the Mechanical and Electrical (see attach sheets). On April 8 2008 we had a Structural Engineer company do a structural review of the building . They recommend that the building be completely torn down before injury and damage happens (see attach sheets). We got a bid the have the building torn down about 3-4 years ago. The cost was around \$160,000.00. That was not to include removing the asbestos. There is a lot of asbestos on the piping. We need \$225,000.00 to remove the building and asbestos.					13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0 GSF	
14. Statement of Need & Justification: See the Attach sheets and pic's. The pic's show the damage blocks and concrete lintels. We just recently had to shut off the power to most of the building because of the water leaking in every where and on to electrical panels and fire detectors . The fire detectors had to be removed because of water damage. They were shorting out and sending the fire panel into alarms all the time. Alternatives to Project: None Consequences of Deferral: Injury or damage could happen when the building collapse with the freeze/ thawing of the block walls and corner stones in the winter. There is a tunnel that runs along the south east corner of this building. This part of the tunnel has all the main steam lines and water mains that come from the Power House for the whole Institution.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D				
18. Advisory Committee Priority: 1. Health, Life Safety						

FY2011 Major Maintenance Project Request

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<p>19. Project Cost Summary</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Design & Supervision</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Site Development/Land Acquisition</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Utility Extensions</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Construction</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Equipment - Fixed</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Furnishings - Movable Equipment</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Contingency</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Financing Cost</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Artwork</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Demolition</td><td style="text-align: right;">\$ <u>225,000</u></td></tr> <tr><td>Total Project Estimate</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Major Maintenance Amount</td><td style="text-align: right;">\$ <u>0</u></td></tr> </table>	Design & Supervision	\$ <u>0</u>	Site Development/Land Acquisition	\$ <u>0</u>	Utility Extensions	\$ <u>0</u>	Construction	\$ <u>0</u>	Equipment - Fixed	\$ <u>0</u>	Furnishings - Movable Equipment	\$ <u>0</u>	Contingency	\$ <u>0</u>	Financing Cost	\$ <u>0</u>	Artwork	\$ <u>0</u>	Demolition	\$ <u>225,000</u>	Total Project Estimate	\$ <u>0</u>	Major Maintenance Amount	\$ <u>0</u>	<p>20. Operating Cost Summary (optional)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">First Year</th> <th colspan="2" style="text-align: center;">Annual</th> </tr> <tr> <th style="text-align: center;"><u>Requesting Agency</u></th> <th style="text-align: center;"><u>Other</u></th> <th style="text-align: center;"><u>Requesting Agency</u></th> <th style="text-align: center;"><u>Other</u></th> </tr> </thead> <tbody> <tr><td>Operations & Maintenance</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Salaries</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Utilities</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>All Other</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Total</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td> New FTES</td><td style="text-align: center;"><u>0 FTES</u></td><td style="text-align: center;"><u>0 FTES</u></td><td style="text-align: center;">0 FTES</td><td style="text-align: center;"><u>0 FTES</u></td></tr> </tbody> </table>		First Year		Annual		<u>Requesting Agency</u>	<u>Other</u>	<u>Requesting Agency</u>	<u>Other</u>	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	 New FTES	<u>0 FTES</u>	<u>0 FTES</u>	0 FTES	<u>0 FTES</u>	<p>21. Cost Savings Summary (optional)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Requesting Agency</u></th> <th style="text-align: center;"><u>Other</u></th> </tr> </thead> <tbody> <tr><td>Operations & Maintenance</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Salaries</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Utilities</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>All Other</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Total</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> </tbody> </table>		<u>Requesting Agency</u>	<u>Other</u>	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>
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Demolition	\$ <u>225,000</u>																																																																																		
Total Project Estimate	\$ <u>0</u>																																																																																		
Major Maintenance Amount	\$ <u>0</u>																																																																																		
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	<u>Requesting Agency</u>	<u>Other</u>	<u>Requesting Agency</u>	<u>Other</u>																																																																															
Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>																																																																															
Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>																																																																															
Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>																																																																															
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FY2011 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 246	3. Institution /Location Mt. Pleasant Correctional Facility	4. Agency Priority 5 of 10	5. Institution Priority 2 of 6	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-PRIORITY CH	7. Funding Source(s) Major Maintenance																																																									
8. Project Elevator upgrades		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>8.0 Month(s)</u> Total: 12.0 Month(s)		11. Contact Person Name: Ron Mullen Title: Superintendent Phone: (319) 385-9511																																																									
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Update the present elevator and convert to digital technology, with up to date relays and switches.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																									
14. Statement of Need & Justification: Present elevator technology is 1950's era. Replacement parts are unavailable and in recent past have had to manufacture repair parts to keep elevator in operation. Need digital and solid state electronics technology. Necessary to make all program areas of facility accessible to special needs offenders. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Programming of facility limited due to accessibility capabilities for handicap/special needs offenders					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																										
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Refer to # 14. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																													
18. Advisory Committee Priority: -Select One Priority From List-																																																															
19. Project Cost Summary		20. Operating Cost Summary (optional)				21. Cost Savings Summary (optional)																																																									
Design & Supervision \$ <u>337,500</u>		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">First Year</th> <th colspan="2" style="text-align: center;">Annual</th> </tr> <tr> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Salaries</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Utilities</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>All Other</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>New FTEs</td> <td style="text-align: center;">0 FTEs</td> <td style="text-align: center;">0 FTEs</td> <td style="text-align: center;">0 FTEs</td> <td style="text-align: center;">0 FTEs</td> </tr> </tbody> </table>					First Year		Annual		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ 0	\$ 0	\$ 0	\$ 0	Salaries	\$ 0	\$ 0	\$ 0	\$ 0	Utilities	\$ 0	\$ 0	\$ 0	\$ 0	All Other	\$ 0	\$ 0	\$ 0	\$ 0	Total	\$ 0	\$ 0	\$ 0	\$ 0	New FTEs	0 FTEs	0 FTEs	0 FTEs	0 FTEs	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Salaries</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Utilities</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>All Other</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> </tbody> </table>		Requesting Agency	Other	Operations & Maintenance	\$ 0	\$ 0	Salaries	\$ 0	\$ 0	Utilities	\$ 0	\$ 0	All Other	\$ 0	\$ 0	Total	\$ 0	\$ 0
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FY2011 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 248	3. Institution /Location Clarinda Correctional Facility	4. Agency Priority 6 of 10	5. Institution Priority 4 of 8	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-PRIORITY CH	7. Funding Source(s) Major Maintenance			
8. Project Lodge HVAC Code Requirements - Phase II		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>5.0 Month(s)</u> Total: 6.0 Month(s)		11. Contact Person Name: Carl Buck Title: Acting Business Manager Phone: (712) 542-6102			
8a. Existing Project Number/Rank Number: 2131.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): New heating and air conditioning system to be installed in the CCF Lodge. This system will be chilled water and hot water system utilizing the existing chiller system and steam system at the MHI power plant. New fan coils and controls to be installed to replace the current steam only radiators. Design is 100% completed and bid for construction. This is the final phase and was previously approved to be done but not completed. Legislative direction to close unit has changed to increase current housing.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF			
14. Statement of Need & Justification: CCF Lodge is not air conditioned at all and has the original steam radiators. New fan coil units need to be installed and the building will be chilled water cooling and steam to hot water heating. The Lodge will be increasing from 140 to 200 offenders plus staff. Existing does not meet code and housin standards. Alternatives to Project: None. Consequences of Deferral: Citation for non compliance of current standards.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____				
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Please see number 12 and 14 on this sheet. <input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D and X							
18. Advisory Committee Priority: 1. Health, Life Safety									
19. Project Cost Summary		20. Operating Cost Summary (optional)				21. Cost Savings Summary (optional)			
Design & Supervision \$ <u>30,000</u>		First Year				Annual			
Site Development/Land Acquisition \$ <u>0</u>		Requesting Agency		Other		Requesting Agency		Other	
Utility Extensions \$ <u>0</u>		Operations & Maintenance \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>		Operations & Maintenance \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>	
Construction \$ <u>140,000</u>		Salaries \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>		Salaries \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>	
Equipment - Fixed \$ <u>0</u>		Utilities \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>		Utilities \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>	
Furnishings - Movable Equipment \$ <u>0</u>		All Other \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>		All Other \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>	
Contingency \$ <u>0</u>		Total \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>		Total \$ <u>0</u> \$ <u>0</u>		\$ <u>0</u> \$ <u>0</u>	
Financing Cost \$ <u>0</u>		New FTEs <u>0</u> FTEs		<u>0</u> FTEs		0 FTEs		<u>0</u> FTEs	
Artwork \$ <u>0</u>									
Demolition \$ <u>0</u>									
Total Project Estimate \$ <u>170,000</u>									
Major Maintenance Amount \$ <u>170,000</u>		22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies							

FY2011 Major Maintenance Project Request

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FY2009 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 243	3. Institution /Location Anamosa State Penitentiary	4. Agency Priority 7 of 10	5. Institution Priority 3 of 8	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-PRIORITY CH	7. Funding Source(s) Major Maintenance																																																																							
8. Project Waster water Sewagem Treatment 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>4.0 Month(s)</u> Total: 6.0 Month(s)		11. Contact Person Name: Harry Brown Title: Assoc Warden of Administration Phone: (319) 462-6504																																																																							
12. Description of Project (or Proposed Changes to Existing Project): The Penitentiary continues to send raw sewage to the local landfill which contains raw fecal material. Need to install a sanitary system so staff do not have to handle the raw sewage. The device needs to clean the sewage to enable the fecal material to travel to the city's waste water plant. The other debris (sheets, pillow cases, etc) needs to be hauled to the landfill free of the fecal material. This project will include a building to house the machine with proper atmospheric testing equipment to monitor for hazardous gases in the building. Staff are currently handling raw sewage and have a very good chance of contracting infectious diseases utilizing existing system. Rules set forth by EPA do not allow raw sewage to be transported and accepted at landfills. The fecal material needs to be removed.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																							
14. Statement of Need & Justification: Create a safe working environment for employees and meet current regulations of handling raw sewage waste. Avoid new limit violations adopted by the City of Anamosa. Alternatives to Project: None Consequences of Deferral: Violations will cause fines. Infectious disease could cause death of employees.						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																							
16. Co-Location (Explain): Enter Co-Location Explanation			17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input checked="" type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: EPA/IDNR <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Regulations have changed since adding existing equipment. We are handling and sending raw sewage to local landfill. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																										
18. Advisory Committee Priority: 1. Health, Life Safety			19. Project Cost Summary Design & Supervision \$ <u>35,000</u> Site Development/Land Acquisition \$ <u>0</u> Utility Extensions \$ <u>15,000</u> Construction \$ <u>100,000</u> Equipment - Fixed \$ <u>200,000</u> Furnishings - Movable Equipment \$ <u>0</u> Contingency \$ <u>0</u> Financing Cost \$ <u>0</u> Artwork \$ <u>0</u> Demolition \$ <u>10,000</u>																																																																										
20. Operating Cost Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">First Year</th> <th colspan="2">Annual</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>New FTES</td> <td><u>0 FTES</u></td> <td><u>0 FTES</u></td> <td><u>0 FTES</u></td> <td><u>0 FTES</u></td> </tr> </tbody> </table>				First Year		Annual		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	New FTES	<u>0 FTES</u>	<u>0 FTES</u>	<u>0 FTES</u>	<u>0 FTES</u>	21. Cost Savings Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Requesting Agency</th> <th colspan="2">Other</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> </tbody> </table>			Requesting Agency		Other		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
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FY2009 Major Maintenance Project Request

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Total Project Estimate	\$ <u>360,000</u>	22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies
Major Maintenance Amount	\$ <u>360,000</u>	

FY2009 Major Maintenance Project Request

TAB key moves from cell to cell. Press F4 for drop-down boxes. Press X for check boxes. DO NOT USE DOUBLE QUOTE CHARACTER

1. Agency Corrections	2. Agency Code. 245	3. Institution /Location Newton Correctional Facility	4. Agency Priority 22 of 65	5. Institution Priority 1 of 6	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-FUNDING CH	7. Funding Source(s) Major Maintenance	
8. Project CRC Electrical Upgrade		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>4.0 Month(s)</u> Total: 7.0 Month(s)		11. Contact Person Name: Carol Bogges Title: Business Manager Phone: (641) 792-7552	
8a. Existing Project Number/Rank Number: 2117.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Electrical panels and wiring in the Old Administration Bldg. are old and parts are difficult to find. The system is of insufficient capacity for the electrical equipment used today. The existing facility electrical distribution needs to be reconfigured into a loop feed with new primary transformers and new services to the buildings.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF	
14. Statement of Need & Justification: Enter Statement of Justification Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____		
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-					
18. Advisory Committee Priority: 2. Project Already Underway							
19. Project Cost Summary		20. Operating Cost Summary (optional)			21. Cost Savings Summary (optional)		
Design & Supervision \$ _____ 0		First Year			Annual		
Site Development/Land Acquisition \$ _____ 0		Requesting Agency		Other	Requesting Agency		Other
Utility Extensions \$ _____ 0		Operations & Maintenance			Operations & Maintenance		
Construction \$ _____ 0		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Equipment - Fixed \$ _____ 0		Salaries			Salaries		
Furnishings - Movable Equipment \$ _____ 0		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Contingency \$ _____ 0		Utilities			Utilities		
Financing Cost \$ _____ 0		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Artwork \$ _____ 0		All Other			All Other		
Demolition \$ _____ 0		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Total Project Estimate \$ _____ 0		Total			Total		
Major Maintenance Amount \$ <u>1,500,000</u>		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
		New FTES	<u>0 FTEs</u>	<u>0 FTEs</u>	0 FTEs	<u>0 FTEs</u>	
22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies							

FY2011 Major Maintenance Project Request

TAB key moves from cell to cell. Press F4 for drop-down boxes. Press X for check boxes. DO NOT USE DOUBLE QUOTE CHARACTER

1. Agency Corrections	2. Agency Code. 242	3. Institution /Location Iowa State Penitentiary, Fort Madison	4. Agency Priority 9 of 10	5. Institution Priority 1 of 10	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance			
8. Project Enter Project Title		9. Critical Level Category -Select From List-		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>0.0 Month(s)</u> Total: 0.0 Month(s)		11. Contact Person Name: Julia Johnson Title: Assoc. Warden - Administration Phone: (319) 372-5432			
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Demolition of Augusta Living Unit.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF			
14. Statement of Need & Justification: Demolish Vacant Space Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____				
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Remove delapidated space. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-							
18. Advisory Committee Priority: 3. Project to Reduce Exponential Damage									
19. Project Cost Summary		20. Operating Cost Summary (optional)				21. Cost Savings Summary (optional)			
Design & Supervision \$ <u>10,000</u>		First Year				Annual			
Site Development/Land Acquisition \$ <u>0</u>		Requesting Agency		Other		Requesting Agency		Other	
Utility Extensions \$ <u>0</u>		Operations & Maintenance \$ <u>0</u>		\$ <u>0</u>		Operations & Maintenance \$ <u>0</u>		\$ <u>0</u>	
Construction \$ <u>365,000</u>		Salaries \$ <u>0</u>		\$ <u>0</u>		Salaries \$ <u>0</u>		\$ <u>0</u>	
Equipment - Fixed \$ <u>0</u>		Utilities \$ <u>0</u>		\$ <u>0</u>		Utilities \$ <u>0</u>		\$ <u>0</u>	
Furnishings - Movable Equipment \$ <u>0</u>		All Other \$ <u>0</u>		\$ <u>0</u>		All Other \$ <u>0</u>		\$ <u>0</u>	
Contingency \$ <u>0</u>		Total \$ <u>0</u>		\$ <u>0</u>		Total \$ <u>0</u>		\$ <u>0</u>	
Financing Cost \$ <u>0</u>		New FTES <u>0 FTEs</u>		<u>0 FTEs</u>		0 FTEs		<u>0 FTEs</u>	
Artwork \$ <u>0</u>									
Demolition \$ <u>0</u>									
Total Project Estimate \$ <u>375,000</u>		22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies							
Major Maintenance Amount \$ <u>0</u>									

FY2011 Major Maintenance Project Request

TAB key moves from cell to cell. Press F4 for drop-down boxes. Press X for check boxes. DO NOT USE DOUBLE QUOTE CHARACTER

1. Agency Corrections	2. Agency Code. 247	3. Institution /Location North Central Correctional Facility	4. Agency Priority 10 of 10	5. Institution Priority 1 of 1	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-PRIORITY CH	7. Funding Source(s) Major Maintenance																																																												
8. Project Tunnel / Shower Repairs - Design		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 3.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>4.0 Month(s)</u> Total: 8.0 Month(s)		11. Contact Person Name: Doug Williams Title: Assoc. Warden - Administration Phone: (712) 297-9307																																																												
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Existing utility tunnel and shower rooms require extensive renovations. Tunnel and building structures continue to deteriorate due continuous leaks and water damage. Design is estimated at \$150,000 while repairs at \$650,000.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																												
14. Statement of Need & Justification: Continued damage will likely result in a failure that would close all or portion of the facility. Alternatives to Project: None. Consequences of Deferral: Closure of a room or facility.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																													
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: X																																																																
18. Advisory Committee Priority: 1. Health, Life Safety		19. Project Cost Summary			20. Operating Cost Summary (optional)		21. Cost Savings Summary (optional)																																																											
		Design & Supervision \$ <u>150,000</u> Site Development/Land Acquisition \$ <u>0</u> Utility Extensions \$ <u>0</u> Construction \$ <u>650,000</u> Equipment - Fixed \$ <u>0</u> Furnishings - Movable Equipment \$ <u>0</u> Contingency \$ <u>0</u> Financing Cost \$ <u>0</u> Artwork \$ <u>0</u> Demolition \$ <u>0</u> Total Project Estimate \$ <u>780,000</u> Major Maintenance Amount \$ <u>780,000</u>			<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">First Year</th> <th colspan="2">Annual</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>New FTES</td> <td><u>0 FTES</u></td> <td><u>0 FTES</u></td> <td>0 FTES</td> <td><u>0 FTES</u></td> </tr> </tbody> </table>				First Year		Annual		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	New FTES	<u>0 FTES</u>	<u>0 FTES</u>	0 FTES	<u>0 FTES</u>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> </tbody> </table>			Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>
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FY2011 Major Maintenance Project Request

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1. Agency Human Services	2. Agency Code. 407	3. Institution /Location Mental Health Institute Cherokee, IA	4. Agency Priority of	5. Institution Priority 4 of 21	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-OTHER CHAN	7. Funding Source(s) -Select From List-
8. Project Asbestos Abatement, mold and lead remediaation in ward areas, Powerhouse, general kitchen and outbuildings. (Phase II). 8a. Existing Project Number/Rank Number: 3162.01 Rank:		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 3.0 Month(s) Bidding: 3.0 Month(s) Construction: <u>6.0 Month(s)</u> Total: 12.0 Month(s)		11. Contact Person Name: Tony Morris Title: Business Manager Phone: (712) 225-6922
12. Description of Project (or Proposed Changes to Existing Project): We would like to begin Phase II of this project as we still have several areas hospital wide that have asbestos tile, asbestos on piping, lead paint and mold. There is cracking asbestos tile in several hallways between wards that has become a high priority. We still have asbestos to remove from pipes so that necessary repairs can be made. When the asbestos is removed, new flooring, pipe insulation and sometimes new pipe must be installed. Also mold and lead paint remediation should be performed in some of these same areas. Ventilation to lower humidity levels should be added. When the abatement crews have the areas sealed off they can elimiate all three hazards in a very cost effective manner. All work will be prioritized and completed according to the funds available.					13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF	
14. Statement of Need & Justification: This is a Health, Life Safety issue as some of this asbestos is becoming friable. The mildew in some wet or humid areas has been tested and confirmed that unhealthy mold cultures can be grown. Alternatives to Project: Encapsulate and repair or clean as needed. Consequences of Deferral: Risk accidental exposures and make routine repairs or remodeling very difficult.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				
18. Advisory Committee Priority: 1. Health, Life Safety						

FY2011 Major Maintenance Project Request

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<p>19. Project Cost Summary</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Design & Supervision</td> <td style="text-align: right;">\$ <u>32,500</u></td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Utility Extensions</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Construction</td> <td style="text-align: right;">\$ <u>325,000</u></td> </tr> <tr> <td>Equipment - Fixed</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Contingency</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Financing Cost</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Artwork</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Demolition</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Total Project Estimate</td> <td style="text-align: right;">\$ <u>357,500</u></td> </tr> <tr> <td>Major Maintenance Amount</td> <td style="text-align: right;">\$ <u>357,500</u></td> </tr> </table>	Design & Supervision	\$ <u>32,500</u>	Site Development/Land Acquisition	\$ <u>0</u>	Utility Extensions	\$ <u>0</u>	Construction	\$ <u>325,000</u>	Equipment - Fixed	\$ <u>0</u>	Furnishings - Movable Equipment	\$ <u>0</u>	Contingency	\$ <u>0</u>	Financing Cost	\$ <u>0</u>	Artwork	\$ <u>0</u>	Demolition	\$ <u>0</u>	Total Project Estimate	\$ <u>357,500</u>	Major Maintenance Amount	\$ <u>357,500</u>	<p>20. 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FY2011 Major Maintenance Project Request

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1. Agency Human Services	2. Agency Code. 407	3. Institution /Location Mental Health Institute Cherokee, IA	4. Agency Priority of	5. Institution Priority 6 of 21	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) -Select From List-																																																																																																	
8. Project Bio Mass Boiler Engineering Study (Phase I)		9. Critical Level Category C. Imminent Economic Loss		10. Proposed Schedule (in months) Planning: 3.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>6.0 Month(s)</u> Total: 11.0 Month(s)		11. Contact Person Name: Tony Morris Title: Business Manager Phone: (712) 225-6922																																																																																																	
8a. Existing Project Number/Rank Number: Rank:		12. Description of Project (or Proposed Changes to Existing Project): We have years of collected data, it is time to complete the engineering study. We must move ahead with a hybrid natural gas/bio mass or natural gas/electric boiler.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																																																	
14. Statement of Need & Justification: We need to truly meet the State's mission in reducing our carbon footprint and to comply with EO41. We will move beyond the talk and doubts and install a boiler of the future. The data has been collected and the technology is available. At the very least we should fund the \$60,000 engineering study. Alternatives to Project: Do nothing and acknowledge it might have been a great thing. Consequences of Deferral: Miss the opportunity for State government to "not" show the way in making Iowa a leader in "RENEWABLE" fuel technology.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																																		
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1. Agency Human Services	2. Agency Code. 412	3. Institution /Location Woodward Resource Center	4. Agency Priority of	5. Institution Priority 1 of 5	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) -Select From List-																																																									
8. Project Access Card Control 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>0.0 Month(s)</u> Total: 0.0 Month(s)		11. Contact Person Name: Doug Monahan Title: Plant Operations Manager 3 Phone: (515) 438-3287																																																									
12. Description of Project (or Proposed Changes to Existing Project): To eliminate current manual key access campus wide and go to a more modern and secure card reader control system.					13. Square Feet (if applicable) Net Square Feet: 895,000 NSF Gross Square Feet: 0,																																																										
14. Statement of Need & Justification: Client security and safety Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Continue as is, very little control, jeopardize security and safety					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																										
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FY2011 Major Maintenance Project Request

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8. Project Chiller Loop 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>0.0 Month(s)</u> Total: 0.0 Month(s)		11. Contact Person Name: Doug Monahan Title: Plant Operations Manager 3 Phone: (515) 438-3287																																																									
12. Description of Project (or Proposed Changes to Existing Project): Continue to increase chiller loop to cover all remaining buildings that have their own independent chillers for increased efficiency.						13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 80,000 GSF																																																									
14. Statement of Need & Justification: Big energy savings, more green initiatives. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Continue as is.						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																									
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																													
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8. Project E-Home HVAC Upgrade		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>0.0 Month(s)</u> Total: 0.0 Month(s)		11. Contact Person Name: Doug Monahan Title: Plant Operations Manager 3 Phone: (515) 438-3287																																																																									
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): To eliminate all window air conditioning units in E-Home and do one of the following: 1) install chiller and ductwork 2) hook into new chiller loop and install duct work				13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 41,000 GSF																																																																									
14. Statement of Need & Justification: Energy savings on either option (green initiative) Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Continue to use window units non-green savings					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																										
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																													
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8. Project Tuckpointing 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category C. Imminent Economic Loss		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>0.0 Month(s)</u> Total: 0.0 Month(s)		11. Contact Person Name: Doug Monahan Title: Plant Operations Manager 3 Phone: (515) 438-3287																																																										
12. Description of Project (or Proposed Changes to Existing Project): Do tuckpointing and brick repair to Administration Building, E-Home, Westwood, and Larches buildings.						13. Square Feet (if applicable) Net Square Feet: 0 Gross Square Feet: 140,000 GSF																																																										
14. Statement of Need & Justification: Joints are failing, brick is falling, water damage is occurring. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Buildings will continue to deteriorate with water infiltration.						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																										
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																														
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8. Project Boiler #4 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>0.0 Month(s)</u> Total: 0.0 Month(s)		11. Contact Person Name: Doug Monahan Title: Plant Operations Manager 3 Phone: (515) 438-3287																																																									
12. Description of Project (or Proposed Changes to Existing Project): Replacement of boiler #4 that is no longer operational.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																									
14. Statement of Need & Justification: Energy savings from more efficient boiler. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: There is no back-up in place; it is a campus-wide problem.						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																									
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FY2011 Major Maintenance Project Request

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1. Agency Human Services	2. Agency Code. 408	3. Institution /Location Clarinda Treatment Complex	4. Agency Priority of	5. Institution Priority 1 of 2	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																												
8. Project Repair/replace ceilings in Building SW 1		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>4.0 Month(s)</u> Total: 6.0 Month(s)		11. Contact Person Name: Carl Buck Title: Business Manager Phone: (712) 542-6107																																																												
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Design and construction of plaster ceiling repair/replacement at four living units and common areas in South West Main building. Includes removal/repair/replacement of suspended acoustic ceilings in all areas. Each unit nominally 10,000 GSF.				13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 40,000 GSF																																																												
14. Statement of Need & Justification: Work must be done because of life safety concerns of clients - other operational items will go unfunded if MM funds not available. Alternatives to Project: No reasonable alternatives available. Consequences of Deferral: Work cannot be deferred, if not done then space is unusable.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ <u>7.50</u>																																																													
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8. Project Replace Windows on SW 1-4 patient units 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>4.0 Month(s)</u> Total: 8.0 Month(s)		11. Contact Person Name: Carl Buck Title: Business Manager Phone: (712) 542-6107																																																																																			
12. Description of Project (or Proposed Changes to Existing Project): Remove and replace the single pain windows and replace with energy efficient, safety tempered double hung windows in patient units. Existing windows have proven to be not safety glass as thought - broken window becomes very serious life safety issue. Safety issue is an update to request.						13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0 GSF																																																																																			
14. Statement of Need & Justification: Life safety issue has been discovered as existing windows produce dangerous glass pieces upon breakage. Additional benefits of improved comfort and thermal efficiency gains for energy savings. Alternatives to Project: Temporary fix of security screens over windows prohibit opening windows for ventilation and produce negative visual effect. Consequences of Deferral: Decreased safety, loss of natural ventilation capability, higher energy costs.						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																			
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1. Agency Human Services	2. Agency Code. 404	3. Institution /Location Iowa Juvenile Home	4. Agency Priority of	5. Institution Priority 1 of 3	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-OTHER CHAN	7. Funding Source(s) Major Maintenance																																																																		
8. Project Relocate water main and install backflow preventers 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 6.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>6.0 Month(s)</u> Total: 13.0 Month(s)		11. Contact Person Name: Karen Connell Title: Business Manager Phone: (641) 484-2560																																																																		
12. Description of Project (or Proposed Changes to Existing Project): During FY10, this project was in queue for completion. Due to an emergency project, with VIAC approval, \$83,000 of the approved \$610,000 was taken to correct a broken sewer line for Arnold Cottage. This request is to restore the \$83,000 taken from the original funding for this request so that project may progress toward completion. The facility water main connection to City water is located in the tunnel and has been replaced as phase 1 of this project. New water lines, valves, and backflow preventers will be installed at each building to prevent possible water contamination.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																		
14. Statement of Need & Justification: Potential health, safety, and operational risk to facility Alternatives to Project: None Consequences of Deferral: Further increases the threat of breakage and flooding						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																		
16. Co-Location (Explain): None		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																						
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FY2011 Major Maintenance Project Request

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8. Project IJH Sidewalk Replacement 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>3.0 Month(s)</u> Total: 7.0 Month(s)		11. Contact Person Name: Karen Connell Title: Business Manager Phone: (641) 484-2560																																																										
12. Description of Project (or Proposed Changes to Existing Project): Sidewalks have unevenly settled and have deteriorated beyond repair. Large portions of the sidewalk are inadequate for pedestrian usage. Half of this project was funded by the committee in FY10. An additional \$125,000 is requested to complete the project and upgrade sidewalk lighting.						13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0 GSF																																																										
14. Statement of Need & Justification: Potential health, safety, and operational risk to facility Alternatives to Project: None Consequences of Deferral: Risk of student and staff safety by falling or tripping on broken sidewalks.						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																										
16. Co-Location (Explain): None		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																														
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FY2011 Major Maintenance Project Request

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8. Project IJH Simplex Fire Panel Replacement		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>3.0 Month(s)</u> Total: 7.0 Month(s)		11. Contact Person Name: Karen Connell Title: Business Manager Phone: (641) 484-2560																																																																																																												
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): The facility has installed new fire panels in the new Support Building and new Maintenance Building. The remaining Simplex fire panels at the facility are outdated and it is difficult to obtain repair parts for the panels. This request would replace 10 Simplex fire panels.				13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0 GSF																																																																																																												
14. Statement of Need & Justification: Potential health, safety, and operational risk to facility Alternatives to Project: None Consequences of Deferral: If repair parts become obsolete, the facility will not have a fire alarm system in buildings on campus. Of primary concern are those buildings where youth live and attend school.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																																													
16. Co-Location (Explain): None		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																																																																
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1. Agency Veterans Affairs	2. Agency Code. 671	3. Institution /Location Iowa Veterans Home Marshalltown	4. Agency Priority 4 of 10	5. Institution Priority 4 of 10	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																																										
8. Project Tunnel Replacement, Heinz Hall 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 4.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>12.0 Month(s)</u> Total: 18.0 Month(s)		11. Contact Person Name: Kathy Shannon Title: Director of Facilities Management Phone: (641) 753-4411																																																																										
12. Description of Project (or Proposed Changes to Existing Project): Demolish exiting service tunnel and erect new tunnel from Power House to Heinz Hall. The current service tunnel is degrading and the potential for collapse is growing exponentially.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																										
14. Statement of Need & Justification: Tunnel walls are beginning to collapse. Replacement tunnel is required to protect utilities running from the Power House to Heinz Hall and protect employees as they access the utilities, etc. for maintenance and repair. Tunnel is 250 linear feet. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Tunnel collapse causing utility disruption or employee injury.						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																										
16. Co-Location (Explain):		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Potential tunnel collapse causing injury or death. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																														
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FY 2011
Vertical Infrastructure Requests



**Proudly serving all employees
of the
Iowa Department of Public Safety!**

IOWA STATE PATROL

Memorandum

To: Iowa Vertical Infrastructure Advisory Committee
From: Mark Probst, Captain; Iowa State Patrol
Date: April 28th, 2010
Subject: FY 2011 Major Maintenance Project Requests

Attached with this cover memorandum are a recap of those Iowa State Patrol; Department of Public Safety major maintenance project requests that are currently “in the queue” that do not require submission for new requests to the Vertical Infrastructure Advisory Committee.

Funded Projects

ISP Post #2; Osceola – Agency Rank #1

Repair and stabilize a malfunctioning heating/cooling (HVAC) system. Repair and fix ongoing facility settling issues that have caused numerous problems; i.e. Foundation cracks, interior floor tile breakage, wall damage, doors not closing or opening, etc.

ISP Post 1; Des Moines – Agency Rank (no ranking assigned)

Repair and stabilize a malfunctioning heating/cooling (HVAC) system. Repair and fix ongoing water pressure concerns within the facility.

ISP Fleet and Supply – Agency Rank (no ranking assigned)

Replace roof.

Tier II List – Un-funded Projects

ISP Post #15; Des Moines – Agency Rank #2

Abandon facility, with option as follows: Build an addition on to the current ISP Fleet & Supply facility located at 30 NE 48th Place that also houses the ISP Communications Technicians that handle computer tech support. This would place all technical support personnel within the same facility, thus increasing operational efficiency.

ISP Post #12; Stockton – Agency Rank #3

Drainage assessment and site survey of ISP post in Stockton.

ISP Post 6; Spencer – Agency Rank #4

Drainage assessment and site survey of ISP post in Spencer.

In addition, ISP respectfully is resubmitting a project request that was originally submitted in MM FY08 project requests that is no longer ‘in the queue’.

ISP Post 4; Denison – Agency Rank #5

Replace two rooftop Heating/Air Conditioning units.

On behalf of the Iowa Department of Public Safety, State Patrol Division, thank you for your consideration of our Major Maintenance project requests for FY 2011.

CC: Patrick J. Hoyer, Chief of the Iowa State Patrol
Major Richard Kineth, Administrative Operations Officer

FY2008 Major Maintenance Project Request

TAB key moves from cell to cell. Press F4 for drop-down boxes. Press X for check boxes. DO NOT USE DOUBLE QUOTE CHARACTER

1. Agency Public Safety	2. Agency Code. 595	3. Institution /Location Iowa State Patrol Post #4 3710 Hwy. 30 E Denison, IA. 51442	4. Agency Priority 5 of 5	5. Institution Priority 1 of 1	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance
8. Project Replace Two Rooftop Heating/Air Conditioning Units 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>1.0 Month(s)</u> Total: 4.0 Month(s)		11. Contact Person Name: Captain Mark Probst #355 Title: Fleet and Supply Commander Phone: (515) 281-3392
12. Description of Project (or Proposed Changes to Existing Project): Replace the two (2) current rooftop heating/air conditioning units at the Post #4 facility.					13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF	
14. Statement of Need & Justification: The Post #4 facility was constructed in 1973, with the Iowa State Patrol taking ownership of this facility in 1990. In 1993 the current two (2) rooftop heating and air conditioning units were installed at this facility. This makes these units currently over 17 years old. In the past year, we have expended literally thousands of dollars in routine maintenance expenditures to maintain the operational efficiency of these units to heat and cool this facility. As you can see by these costs, our routine maintenance funds cannot maintain these ever increasing bills in order to provide the necessary heating and cooling in order to run this facility. We anticipate these increased costs to continue in order to maintain them, as we have been advised by our service and repair personnel that both of these units are at the end of their life cycle due to exposure to the elements being rooftop units, and the continuous use in a large facility. Alternatives to Project: None! Continue sinking money into these two rooftop units depleting our routine maintenance funds without fixing the ultimate problem that these units are old and need replaced. Consequences of Deferral: Continued expenses that are ever increasing in order to maintain these old heating/air conditioner units that have reached their life expectancy.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): In addition to the Iowa State Patrol, members of the Division of Criminal Investigation, Division of Narcotics Enforcement and the State Fire Marshall's Office occupy this facility.		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				
18. Advisory Committee Priority: 4. Renovation Project						

FY2008 Major Maintenance Project Request

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