

**Human Services  
FY2009 Major Maintenance Requests**

**Iowa Vertical Infrastructure Program**

**May 2009**

| Dept.                                 | Facility     | FY 2009<br>DHS<br>Rank | FY 2010<br>Facility<br>Rank | FY 2010<br>DHS<br>Rank | DAS<br>Proj. # | Project Description   | FY 09<br>Funding<br>Allocation | FY 2010<br>Funding<br>Request | VIAC Priority<br>Category    | Comment  |
|---------------------------------------|--------------|------------------------|-----------------------------|------------------------|----------------|---|--------------------------------|-------------------------------|------------------------------|--|
| <b>FY 2009 VIAC Approved Projects</b> |              |                        |                             |                        |                |   |                                |                               |                              |  |
| DHS                                   | MT. Pleasant | 3                      | 1                           | --                     | 3214.00        | In process: Remodel/Renovate restroom & shower facilities on four living units of #20 Building  | \$249,000                      | \$951,000                     | Health/Safety - 1            | Waiting for Bond sale.   |
| DHS                                   | Eldora       | 4                      | 1                           | --                     | 3210.00        | In process: Human Services-- State Training School-Eldora, IA--Electronic Door Locks            | \$55,610                       | \$300,000                     | Health/safety - 1            | Waiting for Bond sale.<br>Reduce in Scope. Complete project is not necessary or cost effective as tunnel to Laundry is in better condition than previous thought. (Project was put in last year's listing based on recommendation of DAS engineer.) Tunnel is to be cleared of asbestos and cleaned and piping replaced under separate project number (3026.02). [Project name changed to better describe project -- previously Replace 150' tunnel from Reynolds to Laundry.] |
| DHS                                   | Independence | 5                      | --                          | --                     | 3026.02        | Tunnel/Steam Line Repairs   |                                | \$150,000                     | Imminent Loss                | Waiting for Bond sale.   |
| DHS                                   | Cherokee     | 8                      | 8                           | --                     | 3162.01        | Asbestos abatement, mold and lead remediation   | \$357,500                      |                               | Health/safety - 1            | Waiting for Bond sale.   |
| DHS                                   | Cherokee     | 11                     | 2                           | --                     |                | Campus roofing projects<br>Phase 2-Install ice breaks on main building and repair Donahoe roof. | \$1,155,000                    |                               | Imminent Loss                | Waiting for Bond sale.   |
| DHS                                   | Toledo       | 13                     | 1                           | --                     | 3213.04        | Replace Dugan roof and gutter   | \$84,000                       |                               | Project Already Underway - 2 | In design phase<br>Completed this past calendar year. [Project name changed to better describe project -- previously Write Roof replacement.] Actual project consisted only of two entry canopy roofs on Witte. Various sections of roof were also replaced or repaired on Cromwell, Generator, Maintenance, and Reynolds buildings.   |
| DHS                                   | Independence | 18                     | --                          | --                     | 3084.02        | Multiple Building Roof Replacements   | \$249,708                      |                               | Imminent Loss                |  |
| DHS                                   | Clarinda     |                        |                             | --                     |                | Electrical Distribution System Upgrade  | \$485,000                      |                               | Underway                     | Underway   |
| DHS                                   | Clarinda     |                        |                             | --                     |                | Replacement of 1965 Boiler  | \$300,000                      |                               | Underway                     | Underway   |
| DHS                                   | Clarinda     |                        |                             | --                     |                | Expansion of Chiller System for AC  | \$640,000                      |                               |                              | Waiting for Bond sale.   |
| DHS                                   | Clarinda     |                        |                             | --                     |                | Roof replacement for Southview  | \$340,000                      |                               |                              | Waiting for Bond sale.   |

FY 2010 Rankings Start Here

## Critical Repairs

| Dept. | Facility     | FY 2009<br>DHS<br>Rank | FY 2010<br>Facility<br>Rank | FY 2010<br>DHS<br>Rank | DAS<br>Proj. # | Project Description   | FY 09<br>Funding<br>Allocation | FY 2010<br>Funding<br>Request | VIAC Priority<br>Category | Comment  |
|-------|--------------|------------------------|-----------------------------|------------------------|----------------|---|--------------------------------|-------------------------------|---------------------------|--|
| DHS   | Clarinda     | 46                     | 2                           | 1                      |                | Install water treatment system to treat for low pH which is corroding copper piping, chiller coils and loops.       |                                | \$150,000                     | Imminent Loss             | Installation of this system will preserve the water distribution system on campus.<br>Water main needs to be moved from tunnel. Backflow preventers are needed to bring the water distribution system up to code.  |
| DHS   | Toledo       |                        | 2                           | 2                      |                | Relocate water main and install backflow preventers   |                                | \$500,000                     | Health/safety - 1         | VIAC Approved in FY 2008, however, funds were diverted to repair a 600 ft. section of steam pipe. This project would install a new Transition Boiler and replace two older hot water heaters with three new energy efficient hot water heaters.  |
| DHS   | Eldora       |                        | 2                           | 3                      |                | Transition Boiler Installation and Hot Water Heater Replacement   |                                | \$300,000                     | Project - Underway -2     | Project would also evaluate other cost effective options in place of creating a second means of egress for the Old Storeroom. Also, the stairwells in the existing dormitories would be evaluated for compliance with current fire code and need for repairs.  |
| DHS   | Eldora       |                        | 3                           | 4                      |                | Fire Escapes for Old Storeroom 2 <sup>nd</sup> Floor Storage Area, and study of Living Units Dormitory Fire Escapes |                                | \$350,000                     | Health/safety - 1         | As CCUSO's population expand, an architectural study is needed to determine if existing building on campus can be renovated to meet the needs of the program. In future years, CCUSO expects to need more space for transition patients and an aging population with increased medical needs.          |
| DHS   | CCUSO        | 9                      | 2                           | 5                      |                | Study of existing facilities for future expansion needs   |                                | \$100,000                     | Operational Efficiency    | This is a study to determine if repairing the water plant treatment building is feasible. The building is currently over 40 years old and is showing significant wear.   |
| DHS   | Woodward     | 20                     |                             | 6                      |                | Water plant replacement study   |                                | \$50,000                      | Operational Efficiency    | Study done in FY 08. This project has changed scope & funding. Scope will now be Tunnel Repairs - Phase 2, as Glenwood is currently completing Phase 1. Funding needed for project has been changed to accommodate Phase 2 needs. A revised Major Maintenance Project Request form has been completed. |
| DHS   | Glenwood     | 19                     | 2                           | 7                      |                | Tunnel Repair Phase 1   | \$197,409                      | \$177,388                     | Health/safety - 1         | Only a portion of Phase 3 was completed last year - including the five story front section with numerous architectural details that were reconstructed.  |
| DHS   | Independence |                        | 3                           | 8                      |                | Reynolds Masonry Repair - Phase 3B  |                                | \$200,000                     | Project - Underway -2     | Engineering has been completed for this phase. [Project name changed to better describe project - previously Tuckpointing Witte phase 5.]  |
| DHS   | Independence | 31                     | 4                           | 9                      |                | Witte Masonry Repair - Phase 5  |                                | \$400,000                     | Project - Underway -2     | Engineering is complete.   |

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|-------|--------------|------------------------|-----------------------------|------------------------|----------------|--|--------------------------------|-------------------------------|--|---|
| DHS   | MT. Pleasant | 45                     | 3                           | 10                     |                | Storm water separation study and construction  |                                | \$300,000                     | Project Underway   | This project would commission a study of the storm water/sanitary sewer combined system and would fund separation of the sewer systems. Risk of possible DNR citations if we do not act.  |
| DHS   | Independence |                        | 5                           | 11                     |                | Infirmary Masonry Repair   |                                | \$400,000                     | 3. Project to Reduce Exponential Infiltration is damaging structure and internal walls Damage and ceilings.                      | Mortar is eroded in places to the point that water Exponential Infiltration is damaging structure and internal walls Damage and ceilings.   |
| DHS   | Toledo       |                        |                             | 12                     |                | Sidewalk Replacement   |                                | \$125,000                     | 1. Health, Life Safety, pedestrian traffic.  | Sidewalks are deteriorated and are not able to be repaired. Uneven areas present tripping hazards to  |
| DHS   | CCUSO        |                        | 1                           | 13                     |                | Security updates & installation of walk-through sally-port gate                      |                                | \$195,500                     |  | New Project   |
| DHS   | Independence |                        | 2                           | 14                     |                | Write Roof Replacement Gutter and downspouts on Center Main Building, and Powerhouse |                                | \$600,000                     | 3. Project to Reduce Exponential Assurance that roof will be water tight is necessary Damage before masonry repair is completed. | Portions of this roof are over 25 years old. Ballast (rock) makes leaks difficult to locate and repair. Assurance that roof will be water tight is necessary before masonry repair is completed.  |
| DHS   | Cherokee     | 12                     | 3                           | 15                     |                | Replace boiler pit roof  |                                | \$759,000                     | Imminent Loss  | Severe interior water and mold damage is occurring with non-functioning gutters and downspouts.   |
| DHS   | Clarinda     | 36                     | 1                           | 16                     | 3138.01        | Replace boiler pit roof  |                                | \$73,000                      | Imminent Loss  |   |
| DHS   | Clarinda     | 37                     | 1                           | 17                     |                | Replace carpenter shop roof  |                                | \$145,000                     | Imminent Loss  |   |
| DHS   | Clarinda     | 38                     | 1                           | 18                     |                | Replace Maintenance Office Heaven roof   |                                | \$85,000                      | Imminent Loss  |   |
| DHS   | Clarinda     | 39                     | 1                           | 19                     |                | Replace Paint shop roof  |                                | \$43,000                      | Imminent Loss  |   |
| DHS   | Independence |                        | 7                           | 20                     |                | Cromwell Roof Seam Repair/Coating  |                                | \$90,000                      | 4. Renovation Project Operational Efficiency   | Majority of roof is aged to the point that seams are beginning to open up. Seams would be sealed and roof coated to extend roof life. White coating would improve energy efficiency by lowering building cooling load.  |
| DHS   | Toledo       | 16                     | 4                           | 21                     |                | Replace vehicle garage roof  |                                | \$57,000                      | Health/safety - 1  |   |
| DHS   | Clarinda     | 15                     | 3                           | 22                     |                | Tuckpointing   |                                | \$1,500,000                   | Health/safety - 1  | Could be phased in at \$400-500,000   |
| DHS   | Glenwood     | 27                     | 1                           | 23                     |                | Tuckpointing Buildings 102, 110, 115, 116, 119, 120, 317                             | \$733,600                      | \$733,600                     | Health/Safety - 1  | Could phase in at \$400-500,000. This project has changed scope. Buildings 116 and 317 should be removed from scope. Funding should remain current to accommodate anticipated additional tuckpointing costs. A revised Major Maintenance Project Request form has been completed. |
| DHS   | Cherokee     | 28                     | 5                           | 24                     |                | Tuckpointing campus wide   | \$1,061,623                    | \$1,061,623                   | Imminent Loss  | Total project is expected to cost \$9,900,000, but can be phased in anywhere between \$400,000 to \$1,000,000 per year.   |

|      |              | Physical B             |                             |                        | Energy Updates |  |                                | Facility Updates              |                                      |  |
|------|--------------|------------------------|-----------------------------|------------------------|----------------|--|--------------------------------|-------------------------------|--------------------------------------|--|
| Dept | Facility     | FY 2009<br>DHS<br>Rank | FY 2010<br>Facility<br>Rank | FY 2010<br>DHS<br>Rank | DAS<br>Proj. # | Project Description  | FY 09<br>Funding<br>Allocation | FY 2010<br>Funding<br>Request | VIAC Priority<br>Category            | Comment  |
| DHS  | Independence | 10                     | 6                           | 25                     |                | Reynolds Masonry Repair —<br>Phase 4   |                                | \$431,077                     | 4. Renovation<br>Project<br>Periodic | [Project name changed to better describe project —<br>previously <i>Tuckpointing Reynolds phase 4.</i> ]   |
| DHS  | MT. Pleasant |                        | 2                           | 26                     |                | Elevator Upgrade in 18 bldg.<br>Computer room steam and<br>water pipe relocation |                                | \$225,000                     | Renovation                           | Existing Elevator needs custom replacement parts.  |
| DHS  | Clairinda    | 48                     | 6                           | 27                     |                | Tunnel Repair Phase 2  |                                | \$100,000                     | Imminent Loss                        |  |
| DHS  | Cherokee     | 22                     | 4                           | 28                     |                | Replace/update HVAC S1, S2,<br>S3  |                                | \$385,000                     | Health/safety - 1<br>Operational     | Change in cost   |
| DHS  | CCUSO        | 17                     | 4                           | 29                     |                | Generator Upgrade for Co-<br>generation (Combined Heat &<br>Power)               |                                | \$518,000                     | Operational                          | Changed scope of work involved.  |
| DHS  | Independence |                        | 8                           | 30                     |                |  |                                | \$100,000                     | 4. Renovation<br>Project             | This is an energy efficiency improvement project that would allow mechanical energy to be extracted from steam for use in producing electricity before being used for heat.  |
| DHS  | Independence |                        | 14                          | 31                     |                | High Efficiency Boiler   |                                | \$400,000                     | 4. Renovation<br>Project             | This is an energy efficiency improvement project as well as a reliability improvement project. Existing boilers installed in 1960's would remain as backup. [Project name changed to better describe project —<br>previously <i>Replace fire alarm system campus wide.</i> ]   |
| DHS  | Independence | 25                     | 15                          | 32                     |                | Campus-wide Fire Alarm<br>System Upgrade   |                                | \$300,000                     | 1. Health, Life<br>Safety            |  |
| DHS  | Cherokee     | 26                     | 12                          | 33                     |                | Replace fire alarm system in<br>main building and occupied out<br>buildings      |                                | \$951,500                     | Health/safety - 1                    |  |
| DHS  | Independence | 24                     | 17                          | 34                     |                | Campus-wide Asbestos<br>Abatement  |                                | \$250,000                     | 1. Health, Life<br>Safety            | \$78,850 is being transferred from this project to 3026.01 — West Tunnel Steam/Condensate Piping Replacement. [Project name changed to better describe project — previously <i>Asbestos Abatement.</i> ]   |
| DHS  | Toledo       | 29                     | 5                           | 35                     |                | Tuckpointing Turner Cottage  |                                | \$72,000                      | Operational<br>Efficiency            |  |
| DHS  | Woodward     | 30                     |                             | 36                     |                | Tuckpointing Linden Court  |                                | \$290,803                     |                                      |  |
| DHS  | Cherokee     | 62                     | 1                           | 37                     |                | Install new bio-mass boiler and<br>related support equipment                     |                                | \$2,085,000                   | Health/safety - 1                    | Possible cost sharing options with the Office of Energy/Independence are being investigated.   |
| DHS  | Independence | 23                     | 19                          | 38                     | 3026.01        | North Tunnel<br>Steam/Condensate Piping<br>Replacement                           |                                | \$225,000                     | 4. Renovation<br>Project             | Design completed in FY09 at cost of \$28,400. Facility Plant Operations staff completed critical repairs last fall and more repairs to be completed by staff this summer will improve condition of piping to where complete replacement will not be necessary in the near future. (Funding request was revised from \$510,000 to \$225,000 based on engineering estimate.) [Project name changed to better describe project — previously <i>Steam line repair to Steward Hall.</i> ] |
| DHS  | Independence | 32                     | 10                          | 39                     |                | Reynolds Masonry Repair —<br>Phase 5   |                                | \$400,000                     | 4. Renovation<br>Project             | [Project name changed to better describe project —<br>previously <i>Tuckpointing Reynolds phase 5.</i> ]   |

# Less Critical

| Dept. | Facility     | FY 2009<br>DHS<br>Rank | FY 2010<br>Facility<br>Rank | FY 2010<br>DHS<br>Rank | DAS<br>Proj. # | Project Description  | FY 09<br>Funding<br>Allocation | FY 2010<br>Funding<br>Request | VIAC Priority<br>Category  | Comment  |
|-------|--------------|------------------------|-----------------------------|------------------------|----------------|--|--------------------------------|-------------------------------|----------------------------|--|
| DHS   | Independence | 33                     | 16                          | 40                     |                | Write-Infirmary Walkway<br>Masonry Repair  |                                | \$400,000                     | 4. Renovation<br>Project   | [Project name changed to better describe project --<br>previously Tuckpointing Write/Infirmary phase 6.]   |
| DHS   | Toledo       | 34                     | 6                           | 41                     |                | Tuckpointing Dietary<br>Kitchen Tuckpointing and<br>HVAC replacement                     |                                | \$210,000                     | Operational<br>Efficiency  |  |
| DHS   | Eldora       | 35                     | 4                           | 42                     |                |  |                                | \$322,000                     | Health/safety - 1          |  |
| DHS   | Glenwood     | 40                     | 4                           | 43                     | 3190.00        | Replace HVAC in 710 Lacey  | \$330,000                      | \$330,000                     | Health/safety - 1          | Study completed. No changes in this project<br>request.  |
| DHS   | Glenwood     | 41                     | 6                           | 44                     |                | Replace HVAC in houses 359<br>and 361  | \$180,000                      | \$90,000                      | Health/safety - 1          | House 359 should be removed from the scope of<br>this project. Funding needed for project has been<br>changed to reflect the removal of House 359. A |
| DHS   | Cherokee     | 42                     | 11                          | 45                     |                | Update AC in main building   |                                | \$1,694,000                   | Operational<br>Efficiency  |  |
| DHS   | Glenwood     | 43                     | 5                           | 46                     |                | Replace HVAC controls in<br>hydrotherapy unit  | \$130,000                      | \$130,000                     | Health/safety - 1          | No changes in this project request.  |
| DHS   | Glenwood     | 44                     | 8                           | 47                     |                | Design HVAC replacement in<br>Building 101   | \$30,000                       | \$30,000                      | Health/safety - 1          | Design only. No changes in this project request.   |
| DHS   | Glenwood     | 49                     | 3                           | 48                     |                | Plumbing upgrade in 710<br>Lacey   | \$615,000                      | \$615,000                     | Health/safety - 1          | No changes in this project request.  |
| DHS   | Cherokee     | 50                     | 13                          | 49                     |                | Replace instantaneous water<br>heaters   |                                | \$220,000                     | Health/safety - 1          |  |
| DHS   | Independence | 51                     | 12                          | 50                     |                | Write Electrical Upgrade   |                                | \$200,000                     | 4. Renovation<br>Project   |  |
| DHS   | Independence | 52                     | 13                          | 51                     |                | Infirmary Electrical Upgrade   |                                | \$100,000                     | 4. Renovation<br>Project   |  |
| DHS   | Eldora       | 80                     | 6                           | 52                     |                | Tunnel Repair/Replacement<br>Infirmary Window  |                                | \$4,388,200                   | Health/safety - 1          |  |
| DHS   | Independence |                        | 11                          | 53                     |                | Replacement<br>Clean attics and insulate<br>ceilings                                     |                                | \$500,000                     | 4. Renovation<br>Project   |  |
| DHS   | Cherokee     |                        | 15                          | 54                     |                |  |                                | \$258,000                     | New project                |  |
| DHS   | Independence |                        | 18                          | 55                     |                | Reynolds Window<br>Replacement   |                                | \$2,000,000                   | 4. Renovation<br>Project   |  |
| DHS   | Cherokee     | 53                     | 7                           | 56                     |                | Upgrade interior electrical<br>wiring in Ginzberg, Wirth,<br>Voldeng, and Main Buildings |                                | \$2,059,200                   | Health/safety - 1          |  |
| DHS   | CCUSO        | 54                     | 3                           | 57                     |                | Renovate a campus building<br>for expanding programs                                     |                                | \$4,873,000                   | New Construction/<br>Other |  |
| DHS   | CCUSO        | 55                     | 2                           | 58                     |                | Yard expansion with industrial<br>arts/recreation building                               |                                | \$3,000,000                   | Operational<br>Efficiency  |  |
| DHS   | CCUSO        | 56                     | 5                           | 59                     |                | Outdoor recreational facilities  |                                | \$175,000                     | Health/safety - 1          |  |

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|------|----------|------------------------|-----------------------------|------------------------|---------------|---|--------------------------------|-------------------------------|---------------------------|--|
| DHS  | Glenwood | 57                     | 7                           | 60                     |               | Window replacement in 101, 106, 111, 119, 121   | \$1,030,000                    | \$1,030,000                   | Health/safety - 1         | No changes in this project request.  |
| DHS  | Cherokee | 58                     | 9                           | 61                     |               | Replace windows for all campus buildings. Phase 1 of a 5-year project.  | \$700,000                      |                               | Operational Efficiency    | Estimated costs for all 5 phases of the project is \$3,500,000.  |
| DHS  | Clannda  | 59                     | 4                           | 62                     |               | Replace windows on SW 1 - SW 4  | \$500,000                      |                               | Imminent Loss             |  |
| DHS  | Clannda  | 60                     | 5                           | 63                     |               | Replace windows in Administration Building  | \$200,000                      |                               | Imminent Loss             |  |
| DHS  | Toledo   | 61                     | 7                           | 64                     |               | Replace windows and doors in vehicle garage   | \$89,000                       |                               | Operational Efficiency    |  |
| DHS  | Woodward | 63                     |                             | 65                     |               | Install new wood fired boiler   | \$2,105,915                    |                               | Health/safety - 1         |  |
| DHS  | Cherokee |                        | 6                           | 66                     |               | Upgrade telephone system  | \$415,863                      |                               | New project               |  |
| DHS  | Toledo   | 65                     | 3                           | 67                     |               | Cottage Security Camera System Upgrade  | \$250,000                      |                               | Health/safety - 1         | Costs increased due to IP camera system  |
| DHS  | Cherokee | 66                     | 10                          | 68                     |               | Build enclosed stair towers for fire evacuation at north side of administration building, east and west Ginzberg, east and west Wirth and east and west Donahoe buildings | \$3,811,500                    |                               | Health/safety - 1         | This project could be phased in one stair tower at a time. Each stair tower would cost between \$350,000 to \$500,000. |
| DHS  | Cherokee | 67                     | 16                          | 69                     |               | Replace sidewalks   | \$588,500                      |                               | Health/safety - 1         | This project can be phased in over 3 to 5 years.   |
| DHS  | Cherokee | 68                     | 17                          | 70                     |               | Security Cameras for interior/exterior viewing campus wide  | \$357,500                      |                               |                           |  |
| DHS  | Cherokee | 69                     | 19                          | 71                     |               | Repair campus garages and doors including duplexes  | \$68,200                       |                               | Imminent Loss             |  |
| DHS  | Cherokee | 70                     | 20                          | 72                     |               | Replace stair treads  | \$21,615                       |                               | Health/safety - 1         |  |
| DHS  | CCUSO    | 71                     |                             | 73                     |               | Repair and resurface existing parking lots  | \$1,050,000                    |                               | Health/safety - 1         | Took off the list.   |
| DHS  | Eldora   | 72                     | 5                           | 74                     |               | Renovate Mansion Vocational Building  | \$420,600                      |                               | Health/safety - 1         |  |
| DHS  | Eldora   | 73                     | 7                           | 75                     |               | Renovate Auto Mechanics   | \$343,000                      |                               | Health/safety - 1         |  |
| DHS  | Eldora   | 74                     | 8                           | 76                     |               | Renovate Old Chapel   | \$136,250                      |                               | Health/safety - 1         |  |
| DHS  | Eldora   | 75                     | 9                           | 77                     |               | Renovate Administration   | \$433,000                      |                               | Periodic Renovation       |  |
| DHS  | Eldora   | 76                     | 10                          | 78                     |               | Renovate Powerhouse   | \$2,410,278                    |                               | Health/safety - 1         |  |
| DHS  | Cherokee | 77                     | 21                          | 79                     |               | Renovate Motor Pool   | \$863,500                      |                               | Operational Efficiency    |  |
| DHS  | Cherokee | 78                     | 22                          | 80                     |               | Renovate Laundry  | \$192,500                      |                               | Operational Efficiency    |  |
| DHS  | Cherokee | 79                     | 14                          | 81                     |               | Remodel Powerhouse  | \$153,000                      |                               | Health/safety - 1         |  |
| DHS  | Eldora   | 81                     | 11                          | 82                     |               | Demolition-Poultry Feed, Canary, Coal Room, Concrete Garage, Root Cellar  | \$296,000                      |                               | Operational Efficiency    |  |

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| DHS  | Toledo       | 82                     | 8                           | 83                     |                | Demolition-Chapel  |                                | \$60,000                      | Health/safety - 1         |  |
| DHS  | Independence | 83                     | 9                           | 84                     |                | Grove Hall/Hill Top Demolition<br>Install Elevator in Wirth Hall<br>(Employee Apartment<br>Housing)        |                                | \$303,000                     | 1. Health, Life<br>Safety | Buildings are in extremely dilapidated condition and are safety hazards as well as eyesores. New Monsanto plant and other economic development are being built within sight of Hilltop. Hilltop is approximately one-half the size of Grove Hall and should be able to be demolished for approximately one-third of the total requested amount. [Project name changed to maintain consistency — previously <i>Demolition-Grove Hall and Hill Top</i> ] |
| DHS  | Cherokee     |                        | 18                          | 85                     |                | Remove and Replace 400 feet<br>of Utility Tunnel and Utilities<br>between Power House and<br>Main Building |                                | \$715,000                     | 1. Health, Life<br>Safety | This project is a last minute addition and is a critical need. Because of its last minute addition, it is not ranked.  |
| DHS  | Clarinda     |                        |                             |                        |                | Remove and Replace 420 feet<br>of Utility Tunnel and Utilities<br>between Power House and<br>Main Building |                                | \$1,520,000                   | 1. Health, Life<br>Safety | This project is a last minute addition and is a critical need. Because of its last minute addition, it is not ranked.  |
| DHS  | Clarinda     |                        |                             |                        |                | Main Building  |                                | \$1,650,000                   | 1. Health, Life<br>Safety | This project is a last minute addition and is a critical need. Because of its last minute addition, it is not ranked.  |

**Last Minute and Unranked Additions**

**FY2009 Major Maintenance Project Request**

|  |                       |  |                               |   |  |   |  |
|--|-----------------------|--|-------------------------------|---|--|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>408 | 3. Institution/Location<br>Clarinda Treatment Complex  | 4. Agency Priority<br>1 of 85 | 5. Institution Priority<br>2 of 6   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |  |
| 8. Project<br>water system treatment for PH  |                       | 9. Critical Level Category<br>C. Imminent Economic Loss  |                               | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 1.0 Month(s)<br>Total: 3.0 Month(s)   |  | 11. Contact Person<br>Name: Carl Buck<br>Title: Business Manager<br>Phone: (712) 542-6107 |  |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank:  |                       |  |                               |   |  | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF     |  |
| 12. Description of Project (or Proposed Changes to Existing Project): Installation of a water system to treat for low PH conditions that corrode the copper piping and chiller coils and loops. Bring the ph up to neutral or higher.  |                       |  |                               | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |  |   |  |
| 14. Statement of Need & Justification: Low ph is extremely corrosive to copper. All of the water lines, hot water boiler tubes and coils and chiller coils are copper. Many coils have been replaced due to the corrosive action of the low ph in our water. This treatment will make the equipment last longer, and create fewer emergencies from corrosive leaks. Alternatives to Project: Consequences of Deferral: Continue replacing corroded equipment at an early life span. Discoloration of water due to high copper content. Many complaints from staff and on the discoloration on showers, drinking fountains, etc; from the water ph. |                       |  |                               |   |  |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                               |   |  | 21. Cost Savings Summary (optional)<br>Requesting Agency Other                            |  |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |                       |  |                               |   |  |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 30,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 120,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 150,000<br>Major Maintenance Amount \$ 0   |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |                               | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |  |   |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |  |                               |   |  |   |  |

**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

|  |                               |   |                                       |   |   |   |
|--|-------------------------------|---|---------------------------------------|---|---|---|
| <p>1. Agency<br/>Human Services</p>  | <p>2. Agency Code<br/>404</p> | <p>3. Institution Location<br/>Iowa Juvenile Home</p>   | <p>4. Agency Priority<br/>2 of 85</p> | <p>5. Institution Priority<br/>2 of 8</p>   | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>NEW REQUEST</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>   |
| <p>8. Project<br/>Replace campus water main and install backflow preventers</p>  |                               | <p>9. Critical Level Category<br/>A. Health and Safety - Class 1</p>  |                                       | <p>10. Proposed Schedule (in months)<br/>Planning: 4.0 Month(s)<br/>Bidding: 2.0 Month(s)<br/>Construction: 5.0 Month(s)<br/>Total: 11.0 Month(s)</p> |   | <p>11. Contact Person<br/>Name: Karen Connell<br/>Title: Business Manager<br/>Phone: (641) 484-2560</p> |
| <p>12. Description of Project (or Proposed Changes to Existing Project): The facility water main connection to City water is located in the tunnel and is in a deteriorated state, threatening to burst and flood the tunnel. This is the only connection to City water on campus. This connection should be re-located outside the tunnel, replaced with new water lines and valves, and back flow preventers installed at each building to prevent possible water contamination.</p> |                               |   |                                       | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>  |   |   |
| <p>14. Statement of Need &amp; Justification: Potential health, safety, and operational risk to facility<br/>Alternatives to Project: None<br/>Consequences of Deferral: Further increases the threat of breakage and flooding</p>   |                               |   |                                       | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$</p>  |   |   |
| <p>16. Co-Location (Explain):<br/>None</p>   |                               | <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement<br/><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br/>Program/Project/Plant Manager Determination of Need.<br/>Statement of Need: Enter Statement of Need<br/>Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p> |                                       |   |   |   |
| <p>18. Advisory Committee Priority:<br/>1. Health, Life Safety</p>   |                               | <p>20. Operating Cost Summary (optional)<br/>Requesting Agency First Year Other Requesting Agency Annual Other<br/>Operations &amp; Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br/>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br/>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br/>All Other \$ 0 \$ 0 \$ 0 \$ 0<br/>Total \$ 0 \$ 0 \$ 0 \$ 0<br/>New FTES 0 FTES 0 FTES 0 FTES 0 FTES</p>   |                                       |   |   |   |
| <p>19. Project Cost Summary<br/>Design &amp; Supervision \$ 50,000<br/>Site Development/Land Acquisition \$ 0<br/>Utility Extensions \$ 0<br/>Construction \$ 450,000<br/>Equipment - Fixed \$ 0<br/>Furnishings - Movable Equipment \$ 0<br/>Contingency \$ 0<br/>Financing Cost \$ 0<br/>Artwork \$ 0<br/>Demolition \$ 0<br/>Total Project Estimate \$ 500,000<br/>Major Maintenance Amount \$ 500,000</p>  |                               | <p>21. Cost Savings Summary (optional)<br/>Requesting Agency Other<br/>Operations &amp; Maintenance \$ 0 \$ 0<br/>Salaries \$ 0 \$ 0<br/>Utilities \$ 0 \$ 0<br/>All Other \$ 0 \$ 0<br/>Total \$ 0 \$ 0</p>  |                                       |   |   |   |
| <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>  |                               |   |                                       |   |   |   |

**FY2009 Major Maintenance Project Request**

|   |  |  |   |   |   |   |        |
|---|--|--|---|---|---|---|--------|
| 1. Agency<br>Human Services   | 2. Agency Code<br>404                                      | 3. Institution Location<br>Iowa Juvenile Home - Toledo, IA                                 | 4. Agency Priority<br>2 of 85   | 5. Institution Priority<br>of   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST   | 7. Funding Source(s)<br>MM Plus Other   |        |
| 8. Project<br>IJH Sidewalk Replacement  | 8a. Existing Project Number/Rank<br>Number: 0.00 Rank: 0.0 | 9. Critical Level Category<br>A. Health and Safety - Class 1                               | 10. Proposed Schedule (in months)<br>Planning: 1.5 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 1.5 Month(s)<br>Total: 5.0 Month(s) |   | 11. Contact Person<br>Name: Karen Connell<br>Title: Business Manager<br>Phone: (641) 484-2560 |   |        |
| 12. Description of Project (or Proposed Changes to Existing Project): Replace sidewalks on campus that cannot be repaired. Approximately \$25,000 of this project can be paid for through the new school project.   |  |  |   | 13. Square Feet (if applicable)<br>Net Square Feet: 17,250 NSF<br>Gross Square Feet: 17,250 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ 8.70 |        |
| 14. Statement of Need & Justification: Sidewalks have unevenly settled and have deteriorated beyond repair. Large portions of the sidewalk are inadequate for pedestrian usage.<br>Alternatives to Project: None<br>Consequences of Deferral: Risk of student and staff safety. |  |  |   | 17. Advisory Committee Classification:<br><input checked="" type="checkbox"/> ADA Requirement<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: See Item #14 Above<br>Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |        |
| 16. Co-Location (Explain):<br>None  |  | 18. Advisory Committee Priority:<br>-Select One Priority From List-                        |   |   |   |   |        |
| 19. Project Cost Summary  |  | 20. Operating Cost Summary (optional)  |   |   | 21. Cost Savings Summary (optional)   |   |        |
| Design & Supervision  | \$ 5,000   | Requesting Agency  | Other   | Requesting Agency   | Other   | Requesting Agency   | Other  |
| Site Development/Land Acquisition   | \$ 0   | Operations & Maintenance   | \$ 0  | \$ 0  | \$ 0  | \$ 0  | \$ 0   |
| Utility Extensions  | \$ 0   | Salaries   | \$ 0  | \$ 0  | \$ 0  | \$ 0  | \$ 0   |
| Construction  | \$ 0   | Utilities  | \$ 0  | \$ 0  | \$ 0  | \$ 0  | \$ 0   |
| Equipment - Fixed   | \$ 145,000   | All Other  | \$ 0  | \$ 0  | \$ 0  | \$ 0  | \$ 0   |
| Furnishings - Movable Equipment   | \$ 0   | Total  | \$ 0  | \$ 0  | \$ 0  | \$ 0  | \$ 0   |
| Contingency   | \$ 0   | New FTEs   | 0 FTEs  | 0 FTEs  | 0 FTEs  | 0 FTEs  | 0 FTEs |
| Financing Cost  | \$ 0   | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |   |   |   |   |        |
| Artwork   | \$ 0   |  |   |   |   |   |        |
| Demolition  | \$ 0   |  |   |   |   |   |        |
| Total Project Estimate  | \$ 150,000   |  |   |   |   |   |        |
| Major Maintenance Amount  | \$ 125,000   |  |   |   |   |   |        |

| 1. Agency  | 2. Agency Code | 3. Institution /Location   | 4. Agency Priority | 5. Institution Priority   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding) | 7. Funding Source(s)  |
|--|----------------|--|--------------------|---|--|---|
| Human Services   | 405            | State Training School - Eldora, IA   | 3 of 84            | 2 of 11   | NEW REQUEST  | Major Maintenance   |
| 8. Project<br>Transition Boiler Installation and Hot Water Heater Replacement  |                | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                    | 10. Proposed Schedule (in months)<br>Planning: 0.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 4.0 Month(s) |  | 11. Contact Person<br>Name: Kip Knutzon<br>Title: Business Manager<br>Phone: (641) 858-5402 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                |  |                    |   |  | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF       |
| 12. Description of Project (or Proposed Changes to Existing Project): Project would include replacement of two 17 year-old 80 gallon hot water heaters with three energy efficient hot water heaters and the installation of an appropriately sized smaller transition boiler that would heat the facility in the spring/fall transition periods at peak energy efficiency. Originally, this project was to be fully completed with routine maintenance funding, however, those funds were redirected to make needed repairs to a 600 ft. section of facility steampipes which were rusting through and were no longer serviceable. Engineering and supervision of the project has been funded in a prior fiscal year (FY2008) at a cost of \$33,000. The project has been designed and is ready to go out for bids if the funding is available.   |                |  |                    | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                |  |   |
| 14. Statement of Need & Justification: A 2006 DNR SIFIC study indicated the facility would save significant energy by moving forward with this project (pay-back within 10 years). Energy would be saved by heating the facility with a smaller boiler during the fall/spring transition periods and by heating facility hot water with energy efficient hot waters. Currently, hot water is produced by the main facility boilers during the heating season and by two 17 year-old 80 gallon hot water heaters which are used when the main boilers are shut down. These hot water heaters are near the end of their useful life and replacement is expected soon depending on what the next yearly inspection dictates. Replacement would provide proven energy efficiency reducing utility costs. Energy would also be saved by heating the facility with a smaller boiler during the fall/spring transition periods which would also provide energy efficiency. Alternatives to Project: Continue as is and allow existing hot water heaters to go to failure; or use the large facility boilers to heat hot water which would be extremely inefficient/costly for the facility. Hot water heaters could be replaced with more energy efficient heaters independent of installing a transition boiler. Consequences of Deferral: Hot water system will continue to deteriorate which may cause greater costs or health/environmental problems in the future. The facility will continue to waste energy. |                |  |                    |   |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                    |   |  |   |
| 18. Advisory Committee Priority:<br>2. Project Already Underway  |                |  |                    |   |  |   |

**FY2009 Major Maintenance Project Request**

| <b>19. Project Cost Summary</b><br>Design & Supervision \$ 0<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 300,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 300,000<br>Major Maintenance Amount \$ 0 |                          | <b>20. Operating Cost Summary (optional)</b><br><table border="1"> <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 &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>New FTES</td> <td>0 FTES</td> <td>0 FTES</td> <td>0 FTES</td> <td>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 | <b>21. Cost Savings Summary (optional)</b><br><table border="1"> <thead> <tr> <th rowspan="2"></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 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 |
|--|--------------------------|--|-------------------|--------|--|--|------------|--|--------|--|-------------------|-------|-------------------|-------|--------------------------|------|------|------|------|----------|------|------|------|------|-----------|------|------|------|------|-----------|------|------|------|------|-------|------|------|------|------|----------|--------|--------|--------|--------|--|--|--|-------------------|-------|--------------------------|------|------|----------|------|------|-----------|------|------|-----------|------|------|-------|------|------|
|  | 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 |  |  |            |  |        |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|  | Requesting Agency        | Other  |                   |        |  |  |            |  |        |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|  | Operations & Maintenance | \$ 0   | \$ 0              |        |  |  |            |  |        |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Salaries   | \$ 0                     | \$ 0   |                   |        |  |  |            |  |        |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Utilities  | \$ 0                     | \$ 0   |                   |        |  |  |            |  |        |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| All Other  | \$ 0                     | \$ 0   |                   |        |  |  |            |  |        |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Total  | \$ 0                     | \$ 0   |                   |        |  |  |            |  |        |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| <b>22. Cost to Other Agencies (optional): explain if applicable): Enter Cost to Other Agencies</b>   |                          |  |                   |        |  |  |            |  |        |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |

**FY2009 Major Maintenance Project Request**

|   |                       |   |                               |   |   |   |
|---|-----------------------|---|-------------------------------|---|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>405 | 3. Institution Location<br>State Training School - Eldora, IA   | 4. Agency Priority<br>4 of 84 | 5. Institution Priority<br>3 of 11  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Fire Escapes for Old Storeroom<br>2 <sup>nd</sup> Floor Storage Area, and study of Living Units Dormitory Fire Escapes  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                               | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 6.0 Month(s) |   | 11. Contact Person<br>Name: Kip Knutzon<br>Title: Business Manager<br>Phone: (641) 858-5402 |
| 8a. Existing Project Number/Rank<br>Number: 0.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Project would construct fire escapes in accordance with State Fire Marshall direction to provide the Old Storeroom's second floor two protected means of egress in case of a fire emergency. This project would study other cost effective options for housing the operations stored on the second floor of the Old Storeroom. If that study indicated it would cost less to expand an existing building, we would look at making a Capital Request to fund this project in lieu of using Major Maintenance funds. In addition, this project would also include an engineering study of existing 2 <sup>nd</sup> floor dormitory fire escapes in six living units. Although these living unit fire escapes were not sited by the fire marshal, the stairs are starting to show age since they were installed at the time of the original construction in the 1940s and appear to be in need of some repair. |                               |   |   |   |
| 14. Statement of Need & Justification: The State Fire Marshall sited the Old storeroom 2 <sup>nd</sup> floor facility storage as non-compliant and that alternate means of egress needs to be provided/installed.<br>Alternatives to Project: Continue as is, and close the 2 <sup>nd</sup> floor storage area of the old storeroom. If approved install alternative interior means of secondary egress if Fire Marshall approves. The facility needs the storage for tools, paint, and other equipment - alternative locations would need to be located.<br>Consequences of Deferral: Facility would be in violation of State Fire Marshall orders to install fire escapes for emergency egress. |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |                               |   |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: See Item 14 above<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-  |                               |   |   |   |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |                       |   |                               |   |   |   |

### FY2009 Major Maintenance Project Request

|                                   |                   |  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|-----------------------------------|-------------------|--|-------------------|--|-------------------|-------|-------------------|-------|--------------------------|--------|--------|--------|--------|---|------|------|-------------------|-------|------------|--------|--------|------|------|-----------|------|------|------|------|-------|------|------|------|------|--|--|--|-------------------|-------|--------------------------|------|------|----------|------|------|-----------|------|------|-----------|------|------|-------|------|------|
| <b>19. Project Cost Summary</b>   |                   | <b>20. Operating Cost Summary (optional)</b>   |                   | <b>21. Cost Savings Summary (optional)</b> |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Design & Supervision              | \$ 50000          | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table> |                   |  | 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 | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table> |  |  | Requesting Agency | Other | Operations & Maintenance | \$ 0 | \$ 0 | Salaries | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 |
|                                   | 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                                       |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Operations & Maintenance          | \$ 0              | \$ 0   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Salaries                          | \$ 0              | \$ 0   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Utilities                         | \$ 0              | \$ 0   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| All Other                         | \$ 0              | \$ 0   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Total                             | \$ 0              | \$ 0   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Site Development/Land Acquisition | \$ 0              | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Utility Extensions                | \$ 0              | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>First Year</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | First Year               | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>First Year</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table> |      |      | Requesting Agency | Other | First Year | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| First Year                        | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| First Year                        | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Construction                      | \$ 300,000        | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Equipment - Fixed                 | \$ 0              | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Furnishings - Movable Equipment   | \$ 0              | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Contingency                       | \$ 0              | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Financing Cost                    | \$ 0              | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Artwork                           | \$ 0              | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Demolition                        | \$ 0              | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Total Project Estimate            | \$ 350,000        | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Major Maintenance Amount          | \$ 0              | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>  |                   |  | Requesting Agency | Other | Requesting Agency | Other | Annual                   | 0 FTEs | 0 FTEs | 0 FTEs | 0 FTEs | <table border="1"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Annual</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>     |      |      | Requesting Agency | Other | Annual     | 0 FTEs | 0 FTEs |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  | Requesting Agency | Other                                      |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   | 0 FTEs            | 0 FTEs                                     |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|                                   | Requesting Agency | Other  |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Annual                            | 0 FTEs            | 0 FTEs   |                   |  |                   |       |                   |       |                          |        |        |        |        |   |      |      |                   |       |            |        |        |      |      |           |      |      |      |      |       |      |      |      |      |  |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

**FY2009 Major Maintenance Project Request**

|   |                       |   |                               |   |   |  |
|---|-----------------------|---|-------------------------------|---|---|--|
| 1. Agency<br>Human Services   | 2. Agency Code<br>406 | 3. Institution /Location<br>CCUSO<br>Cherokee, IA   | 4. Agency Priority<br>5 of 84 | 5. Institution Priority<br>2 of 5   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Renovate a Campus Building for Expanding Programs   |                       | 9. Critical Level Category<br>H. New Construction - Other   |                               | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 8.0 Month(s) |   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922                |
| 8a. Existing Project Number/Rank<br>Number: _____ Rank: _____   |                       | 12. Description of Project (or Proposed Changes to Existing Project): New Changes-We propose Phase I as a \$100,000 feasibility study of other space on campus. Renovate one of the empty campus buildings to house CCUSO expanding programs and facilities such as a medical facility, transition apartments, training and conference rooms. This study would be used to make decisions on how to proceed with planning for building renovations as CCUSO expands. A project for building expansion is ranked at #56 of 83 in the FY 2010 Major Maintenance requests. We would also use this project to help determine locations where mold and lead paint need to be mitigated. |                               | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: The CCUSO Program continues to grow and we now have all available space engineered for patient living areas. CCUSO patients that progress to transition currently reside on South 2 ward. There is no room for additional transitional rooms on South 2.<br>Alternatives to Project: None<br>Consequences of Deferral: Not enough room to continue to take patients and create overcrowding in existing areas. We also lose the effectiveness of the entire transition program. We have nowhere to expand services and therapies.  |                       |   |                               |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |   |                               |   |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |   |                               |   |   |  |
| 18. Advisory Committee Priority:<br>4. Renovation Project   |                       |   |                               |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 100,000<br>Site Development/Land Acquisition \$ _____<br>Utility Extensions \$ _____<br>Construction \$ _____<br>Equipment - Fixed \$ _____<br>Furnishings - Movable Equipment \$ _____<br>Contingency \$ _____<br>Financing Cost \$ _____<br>Artwork \$ _____<br>Demolition \$ _____   |                       |   |                               |   |   |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES   |                       |   |                               |   |   |  |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |                       |   |                               |   |   |  |

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### FY2009 Major Maintenance Project Request

Total Project Estimate \$ 100,000  
Major Maintenance Amount \$ 100,000

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

**FY2009 Major Maintenance Project Request**

|   |  |  |  |  |  |   |  |                                   |  |  |  |  |  |
|---|--|--|--|--|--|---|--|-----------------------------------|--|--|--|--|--|
| 1. Agency<br>Human Services   |  | 2. Agency Code<br>412  |  | 3. Institution/Location<br>Woodware Resource Center  |  | 4. Agency Priority<br>6 of 85   |  | 5. Institution Priority<br>1 of 3 |  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH |  | 7. Funding Source(s)<br>Major Maintenance  |  |
| 8. Project<br>Water Treatment Plant Building Study  |  | 9. Critical Level Category<br>A. Health and Safety - Class 1 |  | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 5.0 Month(s)<br>Total: 10.0 Month(s) |  | 11. Contact Person<br>Name: Ruth Ashton<br>Title: Business Manager<br>Phone: (515) 438-3123 |  |                                   |  |  |  |  |  |
| 8a. Existing Project Number/Rank<br>Number: 0 00 Rank: 0 0  |  |  |  |  |  |   |  |                                   |  |  |  |  |  |
| 12. Description of Project (or Proposed Changes to Existing Project): Structural and functional study of water treatment plant building.  |  |  |  |  |  |   |  |                                   |  |  |  |  |  |
| 14. Statement of Need & Justification: Current water treatment building is over 40 years old and is showing significant wear. This project would determine what repairs should be made to the building or if replacement of the building is necessary. If replacement is necessary, a capital project request would be made for building replacement. Alternatives to Project: Necessary repairs to the building are not made. Consequences of Deferral: Building effects water treatment ability and capacity. |  |  |  |  |  |   |  |                                   |  |  |  | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF                      |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |  |  |  |  |  |   |  |                                   |  |  |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |  |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-   |  |  |  |  |  |   |  |                                   |  |  |  |  |  |
| 19. Project Cost Summary  |  |  |  |  |  |   |  |                                   |  |  |  |  |  |
| Design & Supervision  |  | \$ 50,000  |  |  |  |   |  |                                   |  |  |  |  |  |
| 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  |  | \$ 50,000  |  |  |  |   |  |                                   |  |  |  |  |  |
| Major Maintenance Amount  |  | \$ 50,000  |  |  |  |   |  |                                   |  |  |  |  |  |
| 20. Operating Cost Summary (optional)   |  |  |  |  |  |   |  |                                   |  |  |  |  |  |
| 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                            |  |  |  |  |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |  |  |  |  |  |   |  |                                   |  |  |  |  |  |
| 21. Cost Savings Summary (optional)   |  |  |  |  |  |   |  |                                   |  |  |  |  |  |
| 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                              |  |  |  |  |  |

**FY2009 Major Maintenance Project Request**

|                             |                       |                                     |                               |                                   |   |   |
|-----------------------------|-----------------------|-------------------------------------|-------------------------------|-----------------------------------|---|---|
| 1. Agency<br>Human Services | 2. Agency Code<br>411 | 3. Institution/Location<br>Glenwood | 4. Agency Priority<br>7 of 85 | 5. Institution Priority<br>2 of 8 | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and | 7. Funding Source(s)<br>Major Maintenance |
|-----------------------------|-----------------------|-------------------------------------|-------------------------------|-----------------------------------|---|---|

|                                      |  |   |  |
|--------------------------------------|--|---|--|
| 8. Project<br>Utility Tunnel Repairs | 9. Critical Level Category<br>A. Health and Safety - Class 1 | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 8.0 Month(s) | 11. Contact Person<br>Name: Max L. Cupp<br>Title: Environmental Services Director<br>Phone: 712-525-1381 |
|--------------------------------------|--|---|--|

|   |   |
|---|---|
| 12. Description of Project (or Proposed Changes to Existing Project): This project will involve structural repairs that were identified in an A&E study as a Phase 2 priority for completion in order to maintain the integrity of our facilities tunnel system, which allows for the distribution of heating, cooling and communications to all major buildings at Glenwood. A Major Maintenance funded study completed on FY08 has determined the scope of needed repairs for the Utility Tunnel Repairs project. | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF |
|---|---|

|   |  |
|---|--|
| 14. Statement of Need & Justification: This project is needed so that we may continue to utilize our tunnel to provide heating, cooling, and communications services to our facilities clientele. This need is supported by a study completed in FY2008 which indicated that these highest-priority areas should be completed within 3 years.<br>Alternatives to Project: None<br>Consequences of Deferral: Potential tunnel failure, which would be catastrophic, as we would be unable to provide heating, cooling and communications services. | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
|---|--|

|                                    |   |
|------------------------------------|---|
| 16. Co-Location (Explain):<br>None | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Same as #14<br><input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D |
|------------------------------------|---|

|  |   |
|--|---|
| 18. Advisory Committee Priority:<br>1. Health, Life Safety | 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual<br>Requesting Agency: _____ Other: _____ |
|--|---|

|  |  |
|--|--|
| 19. Project Cost Summary<br>Design & Supervision \$ 25,728<br>Site Development/Land Acquisition \$ _____<br>Utility Extensions \$ _____<br>Construction \$ 151,660<br>Equipment - Fixed \$ _____<br>Furnishings - Movable Equipment \$ _____<br>Contingency \$ _____<br>Financing Cost \$ _____<br>Artwork \$ _____<br>Demolition \$ _____ | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Operations & Maintenance \$ _____<br>Salaries \$ _____<br>Utilities \$ _____<br>All Other \$ _____<br>Total \$ _____ |
|--|--|

|   |  |
|---|--|
| 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual<br>Requesting Agency: _____ Other: _____ | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Operations & Maintenance \$ _____<br>Salaries \$ _____<br>Utilities \$ _____<br>All Other \$ _____<br>Total \$ _____ |
|---|--|

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**FY2009 Major Maintenance Project Request**

|                          |            |
|--------------------------|------------|
| Total Project Estimate   | \$ 177,388 |
| Major Maintenance Amount | \$ 0       |

22. Cost to Other Agencies (optional; explain if applicable): None

|   |                       |   |                               |   |  |  |
|---|-----------------------|---|-------------------------------|---|--|--|
| 1. Agency<br>Human Services   | 2. Agency Code<br>409 | 3. Institution Location<br>Independence MHI   | 4. Agency Priority<br>9 of 85 | 5. Institution Priority<br>4 of 8   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>-Select From List- | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Witte Building Tuckpointing Phase V (FY2007)  |                       | 9. Critical Level Category<br>F. Scheduled Periodic Renovation  |                               | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 5.0 Month(s) |  | 11. Contact Person<br>Name: Kevin Jimmerson<br>Title: Business Manager<br>Phone: (319) 334-5221      |
| 8a. Existing Project Number/Rank<br>Number: 3041.00 Rank: 019.5   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Continued tuckpointing work on Witte Building |                               | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ |
| 14. Statement of Need & Justification: Witte Building requires tuckpointing to prevent further deterioration of structure<br>Alternatives to Project: none<br>Consequences of Deferral: Further deterioration of the building's exterior walls  |                       |   |                               |   |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |   |                               |   |  |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |   |                               |   |  |  |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-   |                       |   |                               |   |  |  |
| 19. Project Cost Summary  |                       |   |                               |   |  |  |
| Design & Supervision  | \$                    | 40,000  |                               |   |  |  |
| Site Development/Land Acquisition   | \$                    | 0   |                               |   |  |  |
| Utility Extensions  | \$                    | 0   |                               |   |  |  |
| Construction  | \$                    | 360,000   |                               |   |  |  |
| Equipment - Fixed   | \$                    | 0   |                               |   |  |  |
| Furnishings - Movable Equipment   | \$                    | 0   |                               |   |  |  |
| Contingency   | \$                    | 0   |                               |   |  |  |
| Financing Cost  | \$                    | 0   |                               |   |  |  |
| Artwork   | \$                    | 0   |                               |   |  |  |
| Demolition  | \$                    | 0   |                               |   |  |  |
| Total Project Estimate  | \$                    | 400,000   |                               |   |  |  |
| Major Maintenance Amount  | \$                    | 400,000   |                               |   |  |  |
| 20. Operating Cost Summary (optional)   |                       |   |                               |   |  |  |
|   |                       | Requesting Agency   | Other                         | Requesting Agency   | Other  |  |
| Operations & Maintenance  | \$                    | 0   | \$                            | 0   | \$   | 0  |
| Salaries  | \$                    | 0   | \$                            | 0   | \$   | 0  |
| Utilities   | \$                    | 0   | \$                            | 0   | \$   | 0  |
| All Other   | \$                    | 0   | \$                            | 0   | \$   | 0  |
| Total   | \$                    | 0   | \$                            | 0   | \$   | 0  |
| New FTEs  | 0 FTEs                | 0 FTEs  | 0 FTEs                        | 0 FTEs  | 0 FTEs   |  |
| 21. Cost Savings Summary (optional)   |                       |   |                               |   |  |  |
|   |                       | Requesting Agency   | Other                         |   |  |  |
| Operations & Maintenance  | \$                    | 0   | \$                            | 0   | \$   | 0  |
| Salaries  | \$                    | 0   | \$                            | 0   | \$   | 0  |
| Utilities   | \$                    | 0   | \$                            | 0   | \$   | 0  |
| All Other   | \$                    | 0   | \$                            | 0   | \$   | 0  |
| Total   | \$                    | 0   | \$                            | 0   | \$   | 0  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |   |                               |   |  |  |

**FY2009 Major Maintenance Project Request**

| 1. Agency<br>Human Services   | 2. Agency Code<br>410 | 3. Institution /Location<br>Mental Health Institute<br>Mt. Pleasant   | 4. Agency Priority<br>10 of 85 | 5. Institution Priority<br>3 of 3   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
|---|-----------------------|---|--------------------------------|---|--|--|-------------------|--|--------|--|--------------------------|-------|-------------------|-------|--------------------------|------|------|------|-----------|------|------|------|-----------|------|------|------|-----------|------|------|------|-------|------|------|------|
| 8. Project<br>Storm Water Separation  |                       | 9. Critical Level Category<br>C. Imminent Economic Loss   |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 16.0 Month(s) |  | 11. Contract Person<br>Name: John Mathes<br>Title: Superintendent<br>Phone: (319) 385-9511 |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Project would involve identifying storm water and processed water that can be discharged to storm drain rather than sanitary sewer. Known sources are roof drains, water cooler and refrigeration equipment, cooling tower blow down, window well drains, and some floor drains.  |                                |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 14. Statement of Need & Justification: In recent years sewage rate charges have increased dramatically. In times of rainy weather, campus sewage doubles over daily norms. Average campus monthly flow is 400,000 gallons, thus approximation of over \$500 per month spent on storm waters for DHS 150,000 gallons, with peak flow at 350,000 gallons.<br>Alternatives to Project: Continual cost of high sewage rates<br>Consequences of Deferral: Violation of City Codes for emptying storm waters into sewer drains. Eminent loss to campus due to continual fines by City due to their risk of citations by DNR perimeters. |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |                                |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 16. Co-Location (Explain):<br>Impacts all campus buildings.   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input checked="" type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input checked="" type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: January, 2004 city agreement<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Refer to #14<br>Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-   |                       | 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <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 &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table> New FTES: 0 FTES    0 FTES    0 FTES    0 FTES                     |                                |   |  |  | First Year        |  | Annual |  | Requesting Agency        | Other | Requesting Agency | Other | Operations & Maintenance | \$ 0 | \$ 0 | \$ 0 | Salaries  | \$ 0 | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 |
| First Year  |                       | Annual  |                                |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Requesting Agency   | Other                 | Requesting Agency   | Other                          |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance  | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries  | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities   | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other   | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total   | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 19. Project Cost Summary<br>Design & Supervision \$ 30,000<br>Site Development/Land Acquisition 0<br>Utility Extensions 0<br>Construction \$ 270,000<br>Equipment - Fixed 0<br>Furnishings - Movable Equipment 0<br>Contingency 0<br>Financing Cost 0<br>Artwork 0<br>Demolition 0<br>Total Project Estimate \$ 300,000<br>Major Maintenance Amount \$ 300,000  |                       | 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th colspan="2">Requesting Agency</th> <th colspan="2">Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table> 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                                |   |  |  | Requesting Agency |  | Other  |  | Operations & Maintenance | \$ 0  | \$ 0              | \$ 0  | Salaries                 | \$ 0 | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | Total     | \$ 0 | \$ 0 | \$ 0 |       |      |      |      |
| Requesting Agency   |                       | Other   |                                |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance  | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries  | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities   | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other   | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total   | \$ 0                  | \$ 0  | \$ 0                           |   |  |  |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |

Version 3/25/2008

**FY2009 Major Maintenance Project Request**

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## FY2009 Major Maintenance Project Request

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|   |  |   |  |                                   |   |   |
|---|--|---|--|-----------------------------------|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>406                                | 3. Institution /Location<br>CCUSO<br>Cherokee, IA   | 4. Agency Priority<br>13 of 84   | 5. Institution Priority<br>1 of 5 | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Security Upgrades   | 8a. Existing Project Number/Rank<br>Number:<br>Rank: | 9. Critical Level Category<br>A. Health and Safety - Class 1  | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 11.0 Month(s) |                                   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |   |
| 12. Description of Project (or Proposed Changes to Existing Project): To address security issues in tunnel area by adding controlled doors and cameras. Address all egress routes by adding controlled doors, cameras, including current industrial area. Add walk-through pedestrian gate to address programmatic concerns and ease wear and tear on vehicle sally port, thus extending its usable lifetime.   |  |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |                                   |   |   |
| 14. Statement of Need & Justification: The CCUSO program is a secure treatment facility that serves sexually violent predators. The program moved from Oakdale to Cherokee in 2003. When the program moved to Cherokee it served 35 patients. Today the program serves 80 patients. Two additional living units have been opened. By statute, the program is required to be a secure, locked facility. The program is required to accept patients that are civilly committed under 229a of the Iowa Code. Mode unit and perimeter doors of the CCUSO facility are monitored via CCTV and operated remotely by a master control center operator. The program has more than doubled in size since moving to Cherokee in 2003. Some treatment and recreational programming is being provided in areas not originally intended for this use. Some areas of the areas do not have doors that are remotely monitored and operated by master control center. Although they meet the minimum requirements, these areas present security risks as well as fire egress risks. The current sally port is utilized for both vehicle and pedestrian traffic. There is no other way to permit pedestrian traffic to the CCUSO facility. The CCUSO sally port is still functional, but its lifetime is limited. When its lifecycle is ended, it will be very costly to replace.<br>Alternatives to Project: None<br>Consequences of Deferral: This makes for unsecured areas that puts staff and other patients in danger and always poses a danger of escape. |  |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                 |                                   |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |  | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |                                   |   |   |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |  |   |  |                                   |   |   |



**FY2009 Major Maintenance Project Request**

|  |                       |  |                                |   |  |   |
|--|-----------------------|--|--------------------------------|---|--|---|
| 1. Agency<br>Human Services  | 2. Agency Code<br>407 | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA  | 4. Agency Priority<br>15 of 84 | 5. Institution Priority<br>3 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Gutter & Downspout Repairs to<br>Campus Building   |                       | 9. Critical Level Category<br>C. Imminent Economic Loss  |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 18.0 Month(s) |  | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |
| 8a. Existing Project Number/Rank<br>Number: Rank: 012.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): As part of the current roofing project on campus at this time, the gutters and downspouts are being replaced on the front part of the Main building. Gimberg building and the Voldeng building. Without the gutter and downspout repairs to these buildings we will continue to have interior damage and mold damage due to the poor drainage around these windows. We are requesting to have the gutters and downspouts replaced on the rest of the main building going to rear center, the powerhouse building and the Donohoe building. Main building to rear center \$302,500, Powerhouse building \$181,500 and Donohoe building \$275,000. The Donohoe building is currently unoccupied. |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  |   |
| 14. Statement of Need & Justification: Currently with the bad and/or missing gutters and downspouts on these buildings, it is causing interior water and severe mold damage to the buildings.<br>Alternatives to Project: None<br>Consequences of Deferral: Loss of use of the building due to severe weather and mold damage. |                       |  |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                  |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-  |                                |   |  |   |
| 18. Advisory Committee Priority:<br><br>3. Project to Reduce Exponential Damage  |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____<br>First Year: _____ Annual: _____<br>Requesting Agency: _____ Other: _____   |                                |   |  |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 69,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 690,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Arwork \$ 0<br>Demolition \$ 0                      |                       | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Operations & Maintenance \$ 0<br>Salaries \$ 0<br>Utilities \$ 0<br>All Other \$ 0<br>Total \$ 0   |                                |   |  |   |
| 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Operations & Maintenance \$ 0<br>Salaries \$ 0<br>Utilities \$ 0<br>All Other \$ 0<br>Total \$ 0   |                       | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Operations & Maintenance \$ 0<br>Salaries \$ 0<br>Utilities \$ 0<br>All Other \$ 0<br>Total \$ 0   |                                |   |  |   |

**FY2009 Major Maintenance Project Request**

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|                          |                   |
|--------------------------|-------------------|
| Total Project Estimate   | \$ 759,000        |
| Major Maintenance Amount | \$ <u>759,000</u> |

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

**FY2009 Major Maintenance Project Request**

|  |                       |   |                                |   |   |  |
|--|-----------------------|---|--------------------------------|---|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>408 | 3. Institution /Location<br>Clarinda Treatment Complex  | 4. Agency Priority<br>16 of 85 | 5. Institution Priority<br>1 of 6   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Roof replacement Boiler Pit room   |                       | 9. Critical Level Category<br>C. Imminent Economic Loss |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 4.0 Month(s)   |   | 11. Contact Person<br>Name: Carl Buck<br>Title: Business Manager<br>Phone: (712) 542-6107                  |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank:  |                       |   |                                |   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF                      |
| 12. Description of Project (or Proposed Changes to Existing Project): Remove and replace existing worn out shingles with new laminate shingles, replace roof venting, relime of gutter systems.  |                       |   |                                |   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: Shingles and gutters have failed and are leaking. This causes interior damage and mechanical component failure. Several high voltage pumps and controls in this area.<br>Alternatives to Project:<br>Consequences of Deferral: Expect damage to exterior structural and interior areas, and mechanical failures of power plant equipment. |                       |   |                                |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |   |                                | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |  |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-  |                       |   |                                |   |   |  |
| 19. Project Cost Summary   |                       |   |                                | 20. Operating Cost Summary (optional)   |   | 21. Cost Savings Summary (optional)  |
| Design & Supervision \$ 13,000   |                       |   |                                | Requesting Agency First Year Other Requesting Agency Annual Other   |   | Requesting Agency Other  |
| Site Development/Land Acquisition \$ 0   |                       |   |                                | Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0  |   | Maintenance \$ 0 \$ 0 \$ 0 \$ 0  |
| Utility Extensions \$ 0  |                       |   |                                | Salaries \$ 0 \$ 0 \$ 0 \$ 0  |   | Salaries \$ 0 \$ 0 \$ 0 \$ 0   |
| Construction \$ 60,000   |                       |   |                                | Utilities \$ 0 \$ 0 \$ 0 \$ 0   |   | Utilities \$ 0 \$ 0 \$ 0 \$ 0  |
| Equipment - Fixed \$ 0   |                       |   |                                | All Other \$ 0 \$ 0 \$ 0 \$ 0   |   | All Other \$ 0 \$ 0 \$ 0 \$ 0  |
| Furnishings - Movable Equipment \$ 0   |                       |   |                                | Total \$ 0 \$ 0 \$ 0 \$ 0   |   | Total \$ 0 \$ 0 \$ 0 \$ 0  |
| Contingency \$ 0   |                       |   |                                | New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |   |  |
| Financing Cost \$ 0  |                       |   |                                |   |   |  |
| Arwork \$ 0  |                       |   |                                |   |   |  |
| Demolition \$ 0  |                       |   |                                |   |   |  |
| Total Project Estimate \$ 73,000   |                       |   |                                |   |   |  |
| Major Maintenance Amount \$ 0  |                       |   |                                |   |   |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |   |                                |   |   |  |

**FY2009 Major Maintenance Project Request**

|  |                       |   |   |   |  |   |
|--|-----------------------|---|---|---|--|---|
| 1. Agency<br>Human Services  | 2. Agency Code<br>408 | 3. Institution/Location<br>Clarinda Treatment Complex   | 4. Agency Priority<br>17 of 85  | 5. Institution Priority<br>1 of 6   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Roof replacement Carpenter shop  |                       | 9. Critical Level Category<br>C. Imminent Economic Loss |   | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 4.0 Month(s) |  | 11. Contact Person<br>Name: Carl Buck<br>Title: Business Manager<br>Phone: (712) 542-6107 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank:  |                       |   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  |   |
| 12. Description of Project (or Proposed Changes to Existing Project): Remove and replace existing worn out shingles with new laminate shingles, replace roof venting, reline of gutter systems.  |                       |   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                |  |   |
| 14. Statement of Need & Justification: hingles and gutters have failed and are leaking. This causes interior damage and will damage the expensive carpentry equipment and tools.<br>Alternatives to Project:<br>Consequences of Deferral: expect damage to exterior structural and interior areas.   |                       |   |   |   |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirement Explanation<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |  |   |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |                       |   | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES   |   |  |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 20,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 125,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Comngency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 145,000<br>Major Maintenance Amount \$ 0 |                       |   | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |   |  |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |   |   |   |  |   |

**FY2009 Major Maintenance Project Request**

|   |                       |   |                                |   |  |   |
|---|-----------------------|---|--------------------------------|---|--|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>408 | 3. Institution /Location<br>Clarinda Treatment Complex  | 4. Agency Priority<br>18 of 85 | 5. Institution Priority<br>1 of 6   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Roof replacement Maintenance Office Heaven  |                       | 9. Critical Level Category<br>C. Imminent Economic Loss   |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 4.0 Month(s) |  | 11. Contact Person<br>Name: Carl Buck<br>Title: Business Manager<br>Phone: (712) 542-6107 |
| 8a. Existing Project Number/Rank<br>Number: 0.00 Rank:  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Remove and replace existing worn out shingles with new laminate shingles, replace roof venting, reline of gutter systems.   |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  |   |
| 14. Statement of Need & Justification: Shingles and gutters have failed and are leaking. This causes interior damage and staff discomfort working in this area. Houses important files and blueprints that will be ruined.<br>Alternatives to Project:<br>Consequences of Deferral: expect damage to exterior structural and interior areas,                                  |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |                                |   |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements:<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |   |  |   |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-   |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTEs 0 FTEs 0 FTEs 0 FTEs 0 FTEs   |                                |   |  |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 5,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 80,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 85,000<br>Major Maintenance Amount \$ 0 |                       | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |                                |   |  |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |   |                                |   |  |   |

|   |  |   |  |   |  |   |                                |                               |                 |                                  |                                     |            |
|---|--|---|--|---|--|---|--------------------------------|-------------------------------|-----------------|----------------------------------|-------------------------------------|------------|
| 1. Agency<br>Human Services   | 2. Agency Code<br>408  | 3. Institution/Location<br>Clarinda Treatment Complex   | 4. Agency Priority<br>19 of 85   | 5. Institution Priority<br>1 of 6   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |                                |                               |                 |                                  |                                     |            |
| 8. Project<br>Roof replacement Paint shop                           | 9. Critical Level Category<br>C. Imminent Economic Loss  | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 4.0 Month(s) | 11. Contact Person<br>Name: Carl Buck<br>Title: Business Manager<br>Phone: (712) 542-6107  | 12. Description of Project (or Proposed Changes to Existing Project): Remove and replace existing worn out shingles with new laminate shingles, replace roof venting, reline of gutter systems. | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF                | 14. Statement of Need & Justification: Shingles and gutters have failed and are leaking. This causes interior damage and discomfort of staff and laborers working in this area.<br>Alternatives to Project:<br>Consequences of Deferral: expect damage to exterior structural and interior areas.   |                                |                               |                 |                                  |                                     |            |
| 8a. Existing Project Number/Rank<br>Number: 0.00 Rank:              | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ | 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |  |   |  | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirements Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |                               |                 |                                  |                                     |            |
| 18. Advisory Committee Priority:<br>-Select One Priority From List- | 19. Project Cost Summary   |   |  |   |  | 20. Operating Cost Summary (optional)   |                                |                               |                 |                                  |                                     |            |
| Design & Supervision \$ 3,000                                       | Site Development/Land Acquisition \$ 0   | Utility Extensions \$ 0   | Construction \$ 40,000   | Furnishings - Fixed \$ 0  | Furnishings - Movable Equipment \$ 0   | Contingency \$ 0  | Financing Cost \$ 0            | Artwork \$ 0                  | Demolition \$ 0 | Total Project Estimate \$ 43,000 | Total Major Maintenance Amount \$ 0 |            |
| 21. Cost Savings Summary (optional)                                 |  |   | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |   |  |   |                                |                               |                 |                                  |                                     |            |
| Requesting Agency Other   |  |   | Requesting Agency Annual Other   |   |  |   |                                |                               |                 |                                  |                                     |            |
| Operations & Maintenance \$ 0                                       | Salaries \$ 0  | Utilities \$ 0  | All Other \$ 0   | Total \$ 0  | New FTES 0   | Other FTES 0  | Requesting Agency Annual Other | Operations & Maintenance \$ 0 | Salaries \$ 0   | Utilities \$ 0                   | All Other \$ 0                      | Total \$ 0 |

**FY2009 Major Maintenance Project Request**

| 1. Agency<br>Human Services  | 2. Agency Code<br>404 | 3. Institution Location<br>Iowa Juvenile Home-<br>Toledo, IA | 4. Agency Priority<br>21 of 85 | 5. Institution Priority<br>4 of 8  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
|--|-----------------------|--|--------------------------------|--|---|---|-------|--------------------------|-------|--------------------------|------|-----------|------|-----------|------|-------|------|-----------|------|------|------|-----------|------|------|------|-------|------|------|------|
| 8. Project<br>Roof replacement for vehicle garage  |                       | 9. Critical Level Category<br>D. Operational Inefficiency    |                                | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 1.0 Month(s)<br>Total: 4.0 Month(s)  |   | 11. Contact Person<br>Name: Karen Connell<br>Title: Business Manager<br>Phone: (641) 484-2560 |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 12. Description of Project (or Proposed Changes to Existing Project): Replace asphalt-shingle roof on vehicle garage and install new gutters.  |                       |  |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 14. Statement of Need & Justification: Replace asphalt-shingle roof on vehicle garage and install new gutters to maintain operational efficiency of 12-day vehicle garage. Alternatives to Project: None<br>Consequences of Deferral: Building system deterioration.   |                       |  |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____   |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 16. Co-Location (Explain):<br>None   |                       |  |                                | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: See item 14 above.<br>Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 18. Advisory Committee Priority:<br>3. Project to Reduce Exponential Damage  |                       |  |                                | 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Annual</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table> New FTES: 0 FTES    0 FTES    0 FTES    0 FTES  |   | Requesting Agency   | Other | Annual                   | Other | Operations & Maintenance | \$ 0 | \$ 0      | \$ 0 | Salaries  | \$ 0 | \$ 0  | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 |
| Requesting Agency  | Other                 | Annual   | Other                          |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance   | \$ 0                  | \$ 0   | \$ 0                           |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries   | \$ 0                  | \$ 0   | \$ 0                           |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities  | \$ 0                  | \$ 0   | \$ 0                           |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other  | \$ 0                  | \$ 0   | \$ 0                           |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total  | \$ 0                  | \$ 0   | \$ 0                           |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 19. Project Cost Summary<br>Design & Supervision \$ 5,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 52,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 57,000<br>Major Maintenance Amount \$ 57,000 |                       |  |                                | 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> </tr> </tbody> </table> 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |   | Requesting Agency   | Other | Operations & Maintenance | \$ 0  | Salaries                 | \$ 0 | Utilities | \$ 0 | All Other | \$ 0 | Total | \$ 0 |           |      |      |      |           |      |      |      |       |      |      |      |
| Requesting Agency  | Other                 |  |                                |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance   | \$ 0                  |  |                                |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries   | \$ 0                  |  |                                |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities  | \$ 0                  |  |                                |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other  | \$ 0                  |  |                                |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total  | \$ 0                  |  |                                |  |   |   |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |

|   |                       |   |                                |  |   |   |   |
|---|-----------------------|---|--------------------------------|--|---|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>408 | 3. Institution /Location<br>Clarinda Treatment Complex  | 4. Agency Priority<br>22 of 85 | 5. Institution Priority<br>3 of 6  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH  | 7. Funding Source(s)<br>Major Maintenance |   |
| 8. Project  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                                |  | 10. Proposed Schedule (in months)<br>Planning: 0.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 24.0 Month(s)<br>Total: 25.0 Month(s) |   | 11. Contact Person<br>Name: Carl Buck<br>Title: Business Manager<br>Phone: (712) 542-6107 |
| 8a. Existing Project Number/Rank<br>Number: 3163.00 Rank:   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Phase 2 Tuckpointing throughout the entire main building to repair and maintain the integrity of the red brick to over the damaged portions and to preventive tuckpointing to areas that are beginning to show need. Architect and Facilities Engineer have looked at the project and the cost is from them. This Request is for re-funding the project for completion as approved in FY 2008. The amount requested represents an amount that is expected to bring the project to completion.   |                                |  |   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF     |
| 14. Statement of Need & Justification: Mortar is failing at a rapid rate and bricks are falling. This allows water and insects to enter the structure. Structural integrity is affected and several mortar areas are pushing out.<br>Alternatives to Project:<br>Consequences of Deferral: Ultimate structural failure and possible personal injury from failure of the walls.          |                       |   |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |   |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |  |   |   |   |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-   |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTEs 0 FTEs 0 FTEs 0 FTEs 0 FTEs   |                                |  |   |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 0<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 1,500,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 1,500,000<br>Major Maintenance Amount \$ 1,500,000 |                       | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |                                |  |   |   |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |   |                                |  |   |   |   |

**FY2009 Major Maintenance Project Request**

|  |                       |  |                                |  |   |  |
|--|-----------------------|--|--------------------------------|--|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>411 | 3. Institution/Location<br>Glenwood  | 4. Agency Priority<br>23 of 85 | 5. Institution Priority<br>1 of 8  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-OTHER CHAN | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Tuckpointing in Buildings 102, 110, 115, 119, 120, and Lacey Complex   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 10.0 Month(s) |   | 11. Contact Person<br>Name: Max L. Cupp<br>Title: Environmental Services Director<br>Phone: (712) 525-1381 |
| 8a. Existing Project Number/Rank<br>Number: 3169.00 Rank: 27.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Remove Building 317 and Building 116 from the scope of this project. |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: This is a health and safety concern for our clients and staff. The completion of tuckpointing will address physical and environmental concerns that have developed from moisture infiltration.<br>Alternatives to Project: None<br>Consequences of Deferral: Buildings will continue to deteriorate and unsafe health conditions will continue to exist.  |                       |  |                                |  |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |  |                                |  |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Same as #14<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D |                       |  |                                |  |   |  |
| 18. Advisory Committee Priority:<br><br>1. Health, Life Safety   |                       |  |                                |  |   |  |
| 19. Project Cost Summary   |                       |  |                                |  |   |  |
| Design & Supervision   |                       | \$ 33,600  |                                |  |   |  |
| Site Development/Land Acquisition  |                       | \$ 0   |                                |  |   |  |
| Utility Extensions   |                       | \$ 0   |                                |  |   |  |
| Construction   |                       | \$ 700,000   |                                |  |   |  |
| Equipment - Fixed  |                       | \$ 0   |                                |  |   |  |
| Furnishings - Movable Equipment  |                       | \$ 0   |                                |  |   |  |
| Contingency  |                       | \$ 0   |                                |  |   |  |
| Financing Cost   |                       | \$ 0   |                                |  |   |  |
| Artwork  |                       | \$ 0   |                                |  |   |  |
| Demolition   |                       | \$ 0   |                                |  |   |  |
| Total Project Estimate   |                       | \$ 733,600   |                                |  |   |  |
| Major Maintenance Amount   |                       | \$ 0   |                                |  |   |  |
| 20. Operating Cost Summary (optional)  |                       |  |                                |  |   |  |
| Requesting Agency  |                       | First Year   |                                | Annual   |   | Other  |
| Operations & Maintenance   |                       | \$ 0   |                                | \$ 0   |   | \$ 0   |
| Salaries   |                       | \$ 0   |                                | \$ 0   |   | \$ 0   |
| Utilities  |                       | \$ 0   |                                | \$ 0   |   | \$ 0   |
| All Other  |                       | \$ 0   |                                | \$ 0   |   | \$ 0   |
| Total  |                       | \$ 0   |                                | \$ 0   |   | \$ 0   |
| New FTES   |                       | 0 FTES   |                                | 0 FTES   |   | 0 FTES   |
| 21. Cost Savings Summary (optional)  |                       |  |                                |  |   |  |
| Requesting Agency  |                       | Other  |                                |  |   |  |
| Operations & Maintenance   |                       | \$ 0   |                                |  |   |  |
| Salaries   |                       | \$ 0   |                                |  |   |  |
| Utilities  |                       | \$ 0   |                                |  |   |  |
| All Other  |                       | \$ 0   |                                |  |   |  |
| Total  |                       | \$ 0   |                                |  |   |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |  |                                |  |   |  |

**FY2009 Major Maintenance Project Request**

|   |                       |   |                                |  |  |  |
|---|-----------------------|---|--------------------------------|--|--|--|
| 1. Agency<br>Human Services   | 2. Agency Code<br>407 | 3. Institution/Location<br>Mental Health Institute<br>Cherokee, IA  | 4. Agency Priority<br>24 of 84 | 5. Institution Priority<br>5 of 22   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Tuckpointing<br>(Phase II-Continuation of on-going Project.)  |                       | 9. Critical Level Category<br>C. Imminent Economic Loss   |                                | 10. Proposed Schedule (in months)<br>Planning: 0.0 Month(s)<br>Bidding: 0.0 Month(s)<br>Construction: <u>120.0 Month(s)</u><br>Total: 120.0 Month(s) |  | 11. Contract Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |
| 8a. Existing Project Number/Rank<br>Number: 3165.00 Rank: 028.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Phase One of this project is in process now with only a portion of our main building being completed this year. In order to keep buildings from deteriorating this needs to be an on-going project to tuckpoint all buildings on campus. Due to the type of weather we have in Iowa and the expense involved we would like to phase this project out over a ten year period. This work would involve repointing damaged mortar joints where missing, badly deteriorated, or broken mortar materials on the MHI main building, old kitchen building & addition, shipping & receiving addition, maintenance building, powerhouse building, Donohoe building, Ginzberg building, Voldeng building and Wirth Hall building. The work area extends from the grade level staircase walls, and from the roof to the eaves, including exterior surfaces of the entire stone foundation, all stone coping or eaves and from the roof to the eaves, including exterior face joints between the copin, window sill, and decorative belt units on all elevations and the defective joints where the decorative belt meets the brick masonry on all elevations. We are receiving \$1.8 million to repair half of the main building. Costs to complete each building: Remaining area of Main bldg \$1.1 million, kitchen bldg & addition \$1.1 million, shipping addition \$1.1 million, Maintenance bldg \$1.1 million, Powerhouse bldg \$1.1 million, Donohoe bldg \$1.1 million, Ginzberg bldg \$1.1 million, Voldeng bldg \$1.1 million, and Wirth Hall bldg \$1.1 million. The Donohoe Building is currently unoccupied. |                                |  |  | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF        |
| 14. Statement of Need & Justification: The buildings are nearly 100 years old and with the mortar coming loose, tuckpointing is necessary to keep water from seeping into the buildings and destroying the interior.<br>Alternatives to Project: None<br>Consequences of Deferral: Buildings will continue to deteriorate |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |                                |  |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-  |                                |  |  |  |
| 18. Advisory Committee Priority:<br>2. Project Already Underway   |                       |   |                                |  |  |  |

**FY2009 Major Maintenance Project Request**

| 19. Project Cost Summary          |              | 20. Operating Cost Summary (optional) |       |                   |       | 21. Cost Savings Summary (optional) |       |
|-----------------------------------|--------------|---------------------------------------|-------|-------------------|-------|-------------------------------------|-------|
|                                   |              | First Year                            |       | Annual            |       | Requesting Agency                   |       |
|                                   |              | Requesting Agency                     | Other | Requesting Agency | Other | Requesting Agency                   | Other |
| Design & Supervision              | \$ 900,000   |                                       |       |                   |       |                                     |       |
| Site Development/Land Acquisition | \$ 0         |                                       |       |                   |       |                                     |       |
| Utility Extensions                | \$ 0         |                                       |       |                   |       |                                     |       |
| Construction                      | \$ 9,000,000 |                                       |       |                   |       |                                     |       |
| Equipment - Fixed                 | \$ 0         |                                       |       |                   |       |                                     |       |
| Furnishings - Movable Equipment   | \$ 0         |                                       |       |                   |       |                                     |       |
| Contingency                       | \$ 0         |                                       |       |                   |       |                                     |       |
| Financing Cost                    | \$ 0         |                                       |       |                   |       |                                     |       |
| Artwork                           | \$ 0         |                                       |       |                   |       |                                     |       |
| Demolition                        | \$ 0         |                                       |       |                   |       |                                     |       |
| Total Project Estimate            | \$ 9,900,000 |                                       |       |                   |       |                                     |       |
| Major Maintenance Amount          | \$ 9,900,000 |                                       |       |                   |       |                                     |       |

| 22. Cost to Other Agencies (optional; explain if applicable); Enter Cost to Other Agencies |          |
|--|----------|
|  | New FTES |
| Operations & Maintenance   | 0 FTES   |
| Salaries   | 0 FTES   |
| Utilities  | 0 FTES   |
| All Other  | 0 FTES   |
| Total  | 0 FTES   |

**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<br>Human Services  | 2. Agency Code<br>409 | 3. Institution/Location<br>Independence MHI  | 4. Agency Priority<br>25 of 85 | 5. Institution Priority<br>6 of 19  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-FUNDING CH                                       | 7. Funding Source(s)<br>Major Maintenance  |   |
| 8. Project<br>Reynolds Building Tuckpointing Phase IV (FY2007)   |                       | 9. Critical Level Category<br>F. Scheduled Periodic Renovation   |                                |   | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 5.0 Month(s) |  | 11. Contact Person<br>Name: Kevin Jimmerson<br>Title: Business Manager<br>Phone: (319) 334-5221 |
| 8a. Existing Project Number/Rank<br>Number: 3126.00 Rank: 018.5  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Continued tuckpointing work on Reynolds Building |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ |   |
| 14. Statement of Need & Justification: Reynolds Building requires tuckpointing to prevent further deterioration of structure<br>Alternatives to Project: none<br>Consequences of Deferral: Further deterioration of the building's exterior walls  |                       |  |                                |   |   |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |  |                                |   |   |  |   |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-  |                       |  |                                |   |   |  |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |  |                                |   |   |  |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 40,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 391,077<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 431,077<br>Major Maintenance Amount \$ 431,077   |                       |  |                                |   |   |  |   |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTEs 0 FTEs 0 FTEs 0 FTEs 0 FTEs  |                       |  |                                |   |   |  |   |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0  |                       |  |                                |   |   |  |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |  |                                |   |   |  |   |

**FY2009 Major Maintenance Project Request**

|   |                       |  |                                |   |  |   |
|---|-----------------------|--|--------------------------------|---|--|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>410 | 3. Institution /Location<br>Mental Health Institute<br>Mt. Pleasant                        | 4. Agency Priority<br>26 of 85 | 5. Institution Priority<br>2 of 3   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Elevator Upgrade in #18 Bldg  |                       | 9. Critical Level Category<br>D. Operational Inefficiency                                  |                                | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 10.0 Month(s)  |  | 11. Contact Person<br>Name: John Mathes<br>Title: Superintendent<br>Phone: (319) 385-9511 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       |  |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  |   |
| 12. Description of Project (or Proposed Changes to Existing Project): Take present elevator and convert to digital technology, with up to date relays and switches.   |                       |  |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per 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. Elevator is used to take clients to classes and sessions on other floors.<br>Alternatives to Project: Enter Alternatives to Project<br>Consequences of Deferral: Programming of facility limited due to accessibility capabilities for handicap clients. |                       |  |                                | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Refer to #14<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 18. Advisory Committee Priority:<br>-Select One Priority From List-                        |                                | 20. Operating Cost Summary (optional)<br>First Year<br>Requesting Agency Other Requesting Agency Other<br>Annual<br>Requesting Agency Other<br>Other  |  | 21. Cost Savings Summary (optional)<br>Requesting Agency Other                            |
| 19. Project Cost Summary<br>Design & Supervision \$ 112,500<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 0<br>Equipment - Fixed \$ 112,500<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 225,000<br>Major Maintenance Amount \$ 0   |                       | 22. Cost to Other Agencies (optional; explain if applicable); Enter Cost to Other Agencies |                                |   |  |   |

| 1. Agency<br>Human Services   | 2. Agency Code<br>408 | 3. Institution/Location<br>Clarinda Treatment Complex   | 4. Agency Priority<br>27 of 85 | 5. Institution Priority<br>6 of 6   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
|---|-----------------------|---|--------------------------------|---|---|--|-------------------|------------|--|-------------------|-------|--------------------------|-------|-------------------|----------|--------------------------|------|-----------|------|------|-----------|------|------|-------|------|-----------|------|------|------|------|-----------|------|------|------|------|-------|------|------|------|------|----------|--------|--------|--------|--------|
| 8. Project<br>Main Bldg Computer Room<br>Utility relocation   |                       | 9. Critical Level Category<br>C. Imminent Economic Loss |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 5.0 Month(s) |   | 11. Contact Person<br>Name: Carl Buck<br>Title: Business Manager<br>Phone: (712) 542-6107                  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 8a. Existing Project Number/Rank<br>Number: 0.00 Rank:  |                       |   |                                |   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF                      |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 12. Description of Project (or Proposed Changes to Existing Project): Relocate the steam and water lines in the computer room to a new safe location out of the computer room. Safety for the sensitive electronic equipment in the event of a steam failure or other water leak.   |                       |   |                                |   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 14. Statement of Need & Justification: Identified by state auditors (non-reportable comment) as a safety concern for the equipment in this area.<br>Alternatives to Project:<br>Consequences of Deferral: Destruction of main frame computers and communications in the event of failure.   |                       |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-                             |                       |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-   |                       |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 19. Project Cost Summary  |                       |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| Design & Supervision \$ 15,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 85,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 100,000<br>Major Maintenance Amount \$ 0   |                       |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 20. Operating Cost Summary (optional)   |                       |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| <table border="1"> <thead> <tr> <th rowspan="2">Requesting Agency</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 &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>New FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </tbody> </table> |                       |   |                                |   |   |  | Requesting Agency | 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 |
| Requesting Agency   | 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  |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 21. Cost Savings Summary (optional)   |                       |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| <table border="1"> <thead> <tr> <th rowspan="2">Requesting Agency</th> <th colspan="2">Other</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table>   |                       |   |                                |   |   |  | Requesting Agency | Other      |  | Requesting Agency | Other | Operations & Maintenance | \$ 0  | \$ 0              | Salaries | \$ 0                     | \$ 0 | Utilities | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0      |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| Requesting Agency   | Other                 |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
|   | Requesting Agency     | Other   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| Operations & Maintenance  | \$ 0                  | \$ 0  |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| Salaries  | \$ 0                  | \$ 0  |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| Utilities   | \$ 0                  | \$ 0  |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| All Other   | \$ 0                  | \$ 0  |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| Total   | \$ 0                  | \$ 0  |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |   |                                |   |   |  |                   |            |  |                   |       |                          |       |                   |          |                          |      |           |      |      |           |      |      |       |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |

**FY2009 Major Maintenance Project Request**

|  |                       |  |                                |   |  |  |
|--|-----------------------|--|--------------------------------|---|--|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>407 | 3. Institution Location<br>Mental Health Institute<br>Cherokee, IA   | 4. Agency Priority<br>28 of 84 | 5. Institution Priority<br>4 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Tunnels Project<br>(Phase II-Continuation of on-going Project)   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 0.0 Month(s)<br>Bidding: 0.0 Month(s)<br>Construction: 0.0 Month(s)<br>Total: 0.0 Month(s) |  | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922                |
| 8a. Existing Project Number/Rank<br>Number: 3162.00 Rank: 022.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Phase I is fully funded and over 50% complete. This request is for Phase II. We completed work on 2,623 linear feet of campus tunnels during Phase I at an approximate cost of \$266.87 per linear foot. We now would complete quite similar repairs to the remaining 1,136 linear feet of tunnels. These tunnels are referred to as Voldeng and Donohoe. Work would consist of repairing and seal masonry tunnel tops and walks and adding drainage tie along tunnel walls. Perform asbestos removal from the existing steam pipes and replace the rusting piping. Insulate new pipes with water tight insulation. There is also some minor mold remediation. |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: These tunnels are to be traveled by Synergy and other staff to transport food and supplies. The tunnels are unhealthy and unsafe. The moisture loosens the wrap around asbestos insulation, forms mold on the walls, has caused the piping to rust, the floors to become slick and potential structural damage. Alternatives to Project: Continue to repair tunnels and pipes as problems occur. Consequences of Deferral: Possibility of collapse of tunnel, causing irreparable damage to steam lines and other lines that go through the tunnel and endangerment of life. At another State Institute a tunnel collapsed recently and repairs costs ran \$4,136.36 per linear foot. |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements:  |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements:  |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                |  |  |
| 18. Advisory Committee Priority:<br>2. Project Already Underway  |                       | <input checked="" type="checkbox"/>  |                                | <input checked="" type="checkbox"/>   |  | <input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D and X            |



**FY2009 Major Maintenance Project Request**

| 1. Agency<br>Human Services   | 2. Agency Code<br>406 | 3. Institution /Location<br>CCUSO<br>Cherokee, IA   | 4. Agency Priority<br>29 of 84 | 5. Institution Priority<br>4 of 5   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |                   |       |                          |       |                          |          |      |      |           |          |      |           |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |
|---|-----------------------|---|--------------------------------|---|--|---|-------------------|-------|--------------------------|-------|--------------------------|----------|------|------|-----------|----------|------|-----------|------|------|-----------|------|------|------|------|-----------|------|------|------|------|-------|------|------|------|------|
| 8. Project<br>Renovate South 1, S2 and S3 Areas in Main Building  |                       | 9. Critical Level Category<br>D. Operational Inefficiency   |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 18.0 Month(s) |  | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |                   |       |                          |       |                          |          |      |      |           |          |      |           |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |
| 8a. Existing Project Number/Rank<br>Number: _____ Rank: _____   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Replace the old ductwork and air handling units with clean metal ductwork, proper air filtering, and outside air capabilities. Replace the worn carpet on South 1. Replace the old heating convectors, their related valve and steam traps. Repipe the heating supply lines and create several more heating zones for better room temperature control.  |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  |   |                   |       |                          |       |                          |          |      |      |           |          |      |           |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |
| 14. Statement of Need & Justification: The HVAC system is outdated and inefficient. There is no outside air capabilities, no return air and extremely dirty insulation inside the ductwork. The old wall radiant heaters require constant repair. The south 1 carpet is worn. Alternatives to Project: Continue to force air conditioning down dirty ductwork on South 1 and South 3 with improper air return through the filters Continue to have no outside fresh air capability. Continue to have poor temperature control of space heating. South 2 currently has only a limited amount of window air conditioners, with most areas not air conditioned. Consequences of Deferral: The old HVAC systems will at some point fail. The old systems do not promote healthy air to breathe. |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |                                |   |  |   |                   |       |                          |       |                          |          |      |      |           |          |      |           |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-                  |                                |   |  |   |                   |       |                          |       |                          |          |      |      |           |          |      |           |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |
| 18. Advisory Committee Priority:<br>4. Renovation Project   |                       | 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <th></th> <th>First Year</th> <th>Other</th> <th>Annual</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table> Requesting Agency: _____ Other: _____<br>New FTES: 0 FTES Other: 0 FTES |                                |   |  |   | First Year        | Other | Annual                   | 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 |
|   | First Year            | Other   | Annual                         | 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  |  |   |                   |       |                          |       |                          |          |      |      |           |          |      |           |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |
| 19. Project Cost Summary<br>Design & Supervision \$ 46,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 462,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 10,000   |                       | 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 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 |      |      |           |      |      |      |      |       |      |      |      |      |
|   | 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**

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|                          |            |
|--------------------------|------------|
| Total Project Estimate   | \$ 518,000 |
| Major Maintenance Amount | \$ 518,000 |

|  |
|--|
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |
|--|

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

|   |                               |   |  |  |   |   |
|---|-------------------------------|---|--|--|---|---|
| <p>1. Agency<br/>Human Services</p>   | <p>2. Agency Code<br/>409</p> | <p>3. Institution /Location<br/>Independence MHI</p>  | <p>4. Agency Priority<br/>32 of 85</p> | <p>5. Institution Priority<br/>15 of 18</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>NEW REQUEST</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>   |
| <p>8. Project<br/>Replace fire alarm system campus-wide (FY2009)</p>  |                               | <p>9. Critical Level Category<br/>C. Imminent Economic Loss</p>   |  | <p>10. Proposed Schedule (in months)<br/>Planning: 1.0 Month(s)<br/>Bidding: 1.0 Month(s)<br/>Construction: 6.0 Month(s)<br/>Total: 8.0 Month(s)</p>   |   | <p>11. Contact Person<br/>Name: Kevin Jimmerson<br/>Title: Business Manager<br/>Phone: (319) 334-5221</p> |
| <p>8a. Existing Project Number/Rank<br/>Number: 0000.00 Rank: 000.0</p>   |                               | <p>12. Description of Project (or Proposed Changes to Existing Project): Replacement of existing fire alarm system due to age of system and reliability of components; submitted with FY09 Capital Projects</p>   |  | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>   |   |   |
| <p>14. Statement of Need &amp; Justification: Replacement of fire alarm system to avoid failure of system Alternatives to Project: Periodic wiring and replacement of fixtures</p>  |                               | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$</p>  |  |  |   |   |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>   |                               | <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement.<br/><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/>Other Code Enforcement or Other Requirement Explanation<br/><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br/><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/><input type="checkbox"/> Statement of Need: Enter Statement of Need<br/><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p> |  |  |   |   |
| <p>18. Advisory Committee Priority:<br/>-Select One Priority From List-</p>   |                               |   |  |  |   |   |
| <p>19. Project Cost Summary<br/>Design &amp; Supervision \$ 30,000<br/>Site Development/Land Acquisition \$ 0<br/>Utility Extensions \$ 0<br/>Construction \$ 270,000<br/>Equipment - Fixed \$ 0<br/>Furnishings - Movable Equipment \$ 0<br/>Contingency \$ 0<br/>Financing Cost \$ 0<br/>Artwork \$ 0<br/>Demolition \$ 0<br/>Total Project Estimate \$ 300,000<br/>Major Maintenance Amount \$ 300,000</p> |                               | <p>20. Operating Cost Summary (optional)<br/>Requesting Agency First Year Other<br/>Annual<br/>Requesting Agency Other<br/>Operations &amp; Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br/>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br/>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br/>All Other \$ 0 \$ 0 \$ 0 \$ 0<br/>Total \$ 0 \$ 0 \$ 0 \$ 0<br/>New FTEs 0 FTEs 0 FTEs 0 FTEs 0 FTEs</p>   |  | <p>21. Cost Savings Summary (optional)<br/>Requesting Agency Other<br/>Operations &amp; Maintenance \$ 0 \$ 0<br/>Salaries \$ 0 \$ 0<br/>Utilities \$ 0 \$ 0<br/>All Other \$ 0 \$ 0<br/>Total \$ 0 \$ 0</p> |   |   |
| <p>22. Cost to Other Agencies (optional): explain if applicable: Enter Cost to Other Agencies</p>   |                               |   |  |  |   |   |

**FY2009 Major Maintenance Project Request**

|   |                       |  |  |   |  |  |
|---|-----------------------|--|--|---|--|--|
| 1. Agency<br>Human Services   | 2. Agency Code<br>407 | 3. Institution Location<br>Mental Health Institute<br>Cherokee, IA   | 4. Agency Priority<br>32 of 84   | 5. Institution Priority<br>12 of 22   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH   | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Upgrade Fire Alarm System -<br>Campus Wide  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |  | 10. Proposed Schedule (in months)<br>Planning: 6.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 21.0 Month(s) |  | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922                |
| 8a. Existing Project Number/Rank<br>Number: _____ Rank: _____   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Install a new fire alarm system throughout the main building and occupied out buildings. |  | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: Much of the existing system is very outdated and requires extensive maintenance. The new intelligent system is much safer and easier to maintain.<br>Alternatives to Project: None.<br>Consequences of Deferral: Continue to repair outdated and inefficient equipment   |                       |  |  |   |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |  | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements:<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |  |  |
| 18. Advisory Committee Priority:<br><br>1. Health, Life Safety  |                       |  |  |   |  |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 86,500<br>Site Development/L and Acquisition \$ _____<br>Utility Extensions \$ _____<br>Construction \$ _____<br>Equipment - Fixed \$ 865,000<br>Furnishings - Movable Equipment \$ _____<br>Contingency \$ _____<br>Financing Cost \$ _____<br>Artwork \$ _____<br>Demolition \$ _____<br>Total Project Estimate \$ 951,500<br>Major Maintenance Amount \$ 951,500 |                       |  | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ _____<br>Salaries \$ _____<br>Utilities \$ _____<br>All Other \$ _____<br>Total \$ _____<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES   |   | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ _____<br>Salaries \$ _____<br>Utilities \$ _____<br>All Other \$ _____<br>Total \$ _____ |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |  |  |   |  |  |

|   |  |   |                                |                                   |   |   |
|---|--|---|--------------------------------|-----------------------------------|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>404  | 3. Institution/Location<br>Iowa Juvenile Home-<br>Toledo, IA  | 4. Agency Priority<br>35 of 85 | 5. Institution Priority<br>5 of 8 | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST   | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Turner Cottage truck pointing   | 9. Critical Level Category<br>D. Operational Inefficiency  | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 7.0 Month(s) |                                |                                   | 11. Contact Person<br>Name: Karen Connell<br>Title: Business Manager<br>Phone: (641) 484-2560 |   |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   | 12. Description of Project (or Proposed Changes to Existing Project): Turner Cottage truck pointing. |   |                                |                                   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF         |   |
| 14. Statement of Need & Justification: Turner Cottage is a 4,424 sq. ft. unit that houses the activities of the substance abuse treatment program and the activities specialist. Cottage was built in 1929. Truck pointing would preserve structural integrity of the building.<br>Alternatives to Project: None<br>Consequences of Deferral: Building system deterioration.  |  |   |                                |                                   |   |   |
| 16. Co-Location (Explain):<br>None  |  |   |                                |                                   |   |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |   |                                |                                   |   |   |
| 18. Advisory Committee Priority:<br>3. Project to Reduce Exponential Damage   |  |   |                                |                                   |   |   |
| 19. Project Cost Summary  |  |   |                                |                                   |   |   |
| Design & Supervision  | \$   | 5,000   |                                |                                   |   |   |
| Site Development/Land Acquisition   | \$   | 0   |                                |                                   |   |   |
| Utility Extensions  | \$   | 0   |                                |                                   |   |   |
| Construction  | \$   | 67,000  |                                |                                   |   |   |
| Equipment - Fixed   | \$   | 0   |                                |                                   |   |   |
| Furnishings - Movable Equipment   | \$   | 0   |                                |                                   |   |   |
| Contingency   | \$   | 0   |                                |                                   |   |   |
| Financing Cost  | \$   | 0   |                                |                                   |   |   |
| Artwork   | \$   | 0   |                                |                                   |   |   |
| Demolition  | \$   | 0   |                                |                                   |   |   |
| Total Project Estimate  | \$   | 72,000  |                                |                                   |   |   |
| Major Maintenance Amount  | \$   | 72,000  |                                |                                   |   |   |
| 20. Operating Cost Summary (optional)   |  |   |                                |                                   |   |   |
|   |  | Requesting Agency   | Other                          | Requesting Agency                 | Other   |   |
| Operations & Maintenance  | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| Salaries  | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| Utilities   | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| All Other   | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| Total   | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| New FTES  | 0 FTES   | 0 FTES  | 0 FTES                         | 0 FTES                            | 0 FTES  | 0 FTES                                    |
| 21. Cost Savings Summary (optional)   |  |   |                                |                                   |   |   |
|   |  | Requesting Agency   | Other                          |                                   |   |   |
| Operations & Maintenance  | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| Salaries  | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| Utilities   | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| All Other   | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| Total   | \$   | 0   | \$                             | 0                                 | \$  | 0   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |  |   |                                |                                   |   |   |

**FY2009 Major Maintenance Project Request**

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|  |                               |   |   |   |   |  |
|--|-------------------------------|---|---|---|---|--|
| <p>1. Agency<br/>Human Services</p>  | <p>2. Agency Code<br/>407</p> | <p>3. Institution /Location<br/>Mental Health Institute<br/>Cherokee, IA</p>  | <p>4. Agency Priority<br/>37 of 84</p>  | <p>5. Institution Priority<br/>1 of 22</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>EXISTING-PRIORITY and</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |
| <p>8. Project<br/>New Bio Mass boiler and related support equipment.<br/>(Phase II)</p>  |                               | <p>9. Critical Level Category<br/>A. Health and Safety - Class 1</p>  |   | <p>10. Proposed Schedule (in months)<br/>Planning: 3.0 Month(s)<br/>Bidding: 2.0 Month(s)<br/>Construction: 6.0 Month(s)<br/>Total: 11.0 Month(s)</p> |   | <p>11. Contact Person<br/>Name: Tony Morris<br/>Title: Business Manager<br/>Phone: (712) 225-6922</p>              |
| <p>8a. Existing Project Number/Rank Number: Rank: 062.0</p>  |                               | <p>12. Description of Project (or Proposed Changes to Existing Project): Purchase and install the proper sized bio mass boiler after removing the existing gas/oil boiler. Install the necessary related fuel storage bins and related material handling equipment.</p> |   | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>  |   | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p> |
| <p>14. Statement of Need &amp; Justification: We have only one reliable winter boiler. It is extremely important that we have a back up. This time is now right to move forward with our solid waste boiler. The window of opportunity is still present for us to purchase low cost low emission 'RENEWABLE' solid waste fuel produced with recyclables from Cherokee County. With this new boiler we will far surpass E041 expectations, solve landfill problems, dramatically reduce our dependency on fossil fuels, create a dozen full time jobs and solve a host of other environmental concerns. UPDATE: Our back up winter boiler has now suffered major failure. In Phase I we received enough funds to replace this back up boiler and to start the engineering on what will become the primary winter boiler. The primary boiler will be the solid fuel burning unit.</p> <p>15. **IMPORTANT PHASE II UPDATE: We now have a plan in place that will meet all DNR and EPA arequirements for burning the solid fuel. Alternatives to Project: Continue to operate with no back up winter boiler. Continue to ignore the renewable fuels initiative.<br/>Consequences of Deferral: At some point our primary winter boiler will fail and we will have no back up. The State facilities will miss an opportunity to show a path to true renewable fuels and assistance with economic recovery.</p> |                               |   |   |   |   |  |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>  |                               |   | <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement.<br/>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/>Other Code Enforcement or Other Requirements.<br/>Explain: Enter Code Enforcement or Other Requirement Explanation<br/><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/>Statement of Need: Enter Statement of Need<br/><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p> |   |   |  |
| <p>18. Advisory Committee Priority:<br/>1. Health, Life Safety</p>   |                               |   |   |   |   |  |

### FY2009 Major Maintenance Project Request

|  | 19. Project Cost Summary |                   |        |                   | 20. Operating Cost Summary (optional) |                   |        |                   | 21. Cost Savings Summary (optional) |  |
|--|--------------------------|-------------------|--------|-------------------|---------------------------------------|-------------------|--------|-------------------|-------------------------------------|--|
|  |                          | Requesting Agency | Other  | Requesting Agency | Other                                 | Requesting Agency | Other  | Requesting Agency | Other                               |  |
| Design & Supervision   | \$ 200,000               |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Site Development/Land Acquisition  | \$ 0                     |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Utility Extensions   | \$ 0                     |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Construction   | \$ 635,000               |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Equipment - Fixed  | \$ 1,250,000             |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Furnishings - Movable Equipment  | \$ 0                     |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Contingency  | \$ 0                     |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Financing Cost   | \$ 0                     |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Artwork  | \$ 0                     |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Demolition   | \$ 0                     |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Total Project Estimate   | \$ 2,085,000             |                   |        |                   |                                       |                   |        |                   |                                     |  |
| Major Maintenance Amount   | \$ 2,085,000             |                   |        |                   |                                       |                   |        |                   |                                     |  |
|  |                          | Requesting Agency | Other  | Requesting Agency | Other                                 | Requesting Agency | Other  | Requesting Agency | Other                               |  |
|  |                          | 0 FTEs            | 0 FTEs | 0 FTEs            | 0 FTEs                                | 0 FTEs            | 0 FTEs | 0 FTEs            | 0 FTEs                              |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |                          |                   |        |                   |                                       |                   |        |                   |                                     |  |

|  |                       |  |                                |   |   |  |  |
|--|-----------------------|--|--------------------------------|---|---|--|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>404 | 3. Institution Location<br>Iowa Juvenile Home-<br>Toledo, IA | 4. Agency Priority<br>41 of 85 | 5. Institution Priority<br>6 of 8   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |  |
| 8. Project<br>Dietary Building tuck pointing.  |                       | 9. Critical Level Category<br>D. Operational Inefficiency    |                                | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 7.0 Month(s) |   | 11. Contact Person<br>Name: Karen Connell<br>Title: Business Manager<br>Phone: (641) 484-2560              |  |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       |  |                                |   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF                      |  |
| 12. Description of Project (or Proposed Changes to Existing Project): Dietary Building tuck pointing.  |                       |  |                                |   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |  |
| 14. Statement of Need & Justification: Dietary/Recreation Building is a 9,600 sq. ft. building, constructed in 1941, that houses the Dietary Department and the Institution's recreational Canteen. Tuck pointing would preserve the structural integrity of the building.<br>Alternatives to Project: None<br>Consequences of Deferral: Building system deterioration.  |                       |  |                                |   |   |  |  |
| 16. Co-Location (Explain):<br>None   |                       |  |                                |   |   |  |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: See item 14 above.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |  |                                |   |   |  |  |
| 18. Advisory Committee Priority:<br>3. Project to Reduce Exponential Damage  |                       |  |                                |   |   |  |  |
| 19. Project Cost Summary   |                       |  |                                |   |   |  |  |
| Design & Supervision   |                       |  | \$ 5,000                       |   |   |  |  |
| Site Development/Land Acquisition  |                       |  | \$ 0                           |   |   |  |  |
| Utility Extensions   |                       |  | \$ 0                           |   |   |  |  |
| Construction   |                       |  | \$ 205,000                     |   |   |  |  |
| Equipment - Fixed  |                       |  | \$ 0                           |   |   |  |  |
| Furnishings - Movable Equipment  |                       |  | \$ 0                           |   |   |  |  |
| Contingency  |                       |  | \$ 0                           |   |   |  |  |
| Financing Cost   |                       |  | \$ 0                           |   |   |  |  |
| Artwork  |                       |  | \$ 0                           |   |   |  |  |
| Demolition   |                       |  | \$ 0                           |   |   |  |  |
| Total Project Estimate   |                       |  | \$ 210,000                     |   |   |  |  |
| Major Maintenance Amount   |                       |  | \$ 0                           |   |   |  |  |
| 20. Operating Cost Summary (optional)  |                       |  |                                |   |   |  |  |
|  |                       | Requesting Agency  |                                | Other   |   | Annual   |  |
|  |                       | First Year   |                                |   |   | Requesting Agency  |  |
|  |                       | Other  |                                |   |   | Other  |  |
| Operations & Maintenance   |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| Salaries   |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| Utilities  |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| All Other  |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| Total  |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| New FTES   |                       | 0 FTES   |                                | 0 FTES  |   | 0 FTES   |  |
| 21. Cost Savings Summary (optional)  |                       |  |                                |   |   |  |  |
|  |                       | Requesting Agency  |                                | Other   |   | Annual   |  |
|  |                       | First Year   |                                |   |   | Requesting Agency  |  |
|  |                       | Other  |                                |   |   | Other  |  |
| Operations & Maintenance   |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| Salaries   |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| Utilities  |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| All Other  |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| Total  |                       | \$ 0 \$  |                                | \$ 0 \$   |   | \$ 0 \$  |  |
| 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<br>Human Services  | 2. Agency Code<br>411 | 3. Institution /Location<br>Glenwood   | 4. Agency Priority<br>43 of 85 | 5. Institution Priority<br>4 of 9   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-OTHER CHAN | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>HVAC Controls - 710 Lacey Hall   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 7.0 Month(s) |   | 11. Contact Person<br>Name: Max L. Cupp<br>Title: Environmental Services Director<br>Phone: 712-525-1381 |
| 8a. Existing Project Number/Rank<br>Number: 3190.00 Rank: 350.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Glenwood is requesting a proposed change to clarify the scope of this project to include only 710 Lacey Hall rather than the Lacey Hall Complex. The 710 Lacey Hall H.V.A.C. system needs modified to better control the indoor air environment within 710 Lacey Hall. This project will consist of inspection of current system, designing of a new system and installation of new system controls which should address concerns regarding the delivery of H.V.A.C. A study completed in FY07 has determined the scope of needed upgrades for this HVAC Controls project. |                                |   |   |  |
| 14. Statement of Need & Justification: After several stages of construction the H.V.A.C. system has been unable to adequately control the environment. Modifications to control this system will address on-going H.V.A.C. concerns to include temperature regulation, adequate ventilation and increased H.V.A.C. system management.<br>Alternatives to Project: None<br>Consequences of Deterral: The H.V.A.C. system within 710 Lacey Hall Complex will continue to have problems concerning environmental control, posing potential liabilities regarding the health and safety of our clients and staff.  |                       |  |                                |   |   |  |
| 16. Co-Location (Explain):<br>None   |                       |  |                                |   |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input checked="" type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: OSHA (Staff health)<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Same as #14<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D |                       |  |                                |   |   |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                       |  |                                |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 23,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 307,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0   |                       |  |                                |   |   |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Annual Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |                       |  |                                |   |   |  |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0  |                       |  |                                |   |   |  |
| 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____   |                       |  |                                |   |   |  |
| 13. Square Feet (if applicable)<br>Net Square Feet: NA<br>Gross Square Feet: NA  |                       |  |                                |   |   |  |

**FY2009 Major Maintenance Project Request**

|                          |            |  |
|--------------------------|------------|--|
| Total Project Estimate   | \$ 330,000 | 22. Cost to Other Agencies (optional: explain if applicable): None |
| Major Maintenance Amount | \$ 0       |  |

**FY2009 Major Maintenance Project Request**

|  |                       |  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
|--|-----------------------|--|--------------------------------|---|---|--|----------------------|-------------------|------------|-----------------------------------|-------------------|--------|--------------------|--------------------------|----|--------------|----|--------|-------------------|----|----------|---------------------------------|----|----|-------------|----|---|----------------|----|---|---------|----|----|------------|-----------|--------|---|----|---|----|---|-------|----|---|----|---|----|---|
| 1. Agency<br>Human Services  | 2. Agency Code<br>411 | 3. Institution Location<br>Glenwood  | 4. Agency Priority<br>44 of 85 | 5. Institution Priority<br>6 of 8   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-OTHER CHAN | 7. Funding Source(s)<br>Major Maintenance  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| 8. Project<br>HVAC Upgrade in Residential House 361  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 5.0 Month(s) |   | 11. Contact Person<br>Name: Max L. Cupp<br>Title: Environmental Services Director<br>Phone: 712-525-1381   |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| 8a. Existing Project Number/Rank<br>Number: 0.00 Rank: 2010.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Glenwood is requesting a proposed change in the scope of this project to include only Residential House 361, removing Residential House 359 from the project. This project would involve the removal and replacement of outdated existing HVAC equipment to include hydronic boilers, associated pumps, condensing units, air handling units and ceiling-mounted electrical heat panels. This outdated HVAC equipment would be replaced with new and updated equipment which would eliminate problems associated with the age and inefficiency of the current system. Glenwood will adjust the Project Cost Summary to reflect the removal of House 359 from this project. |                                | 13. Square Feet (if applicable)<br>Net Square Feet: NA<br>Gross Square Feet: NA   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| 14. Statement of Need & Justification: This project is needed so that we may provide adequate and efficient HVAC services to Residential House 361. The need for this project is justified by an A & E study.<br>Alternatives to Project: None<br>Consequences of Deferral: Continued inadequate and inefficient delivery of HVAC services, including potential safety concerns with continued operation of present boiler.  |                       |  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| 16. Co-Location (Explain):<br>None   |                       |  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                       |  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| 19. Project Cost Summary<br><table border="0" style="width:100%"> <tr> <td>Design &amp; Supervision</td> <td>\$</td> <td>10,000</td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utility Extensions</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Construction</td> <td>\$</td> <td>45,000</td> </tr> <tr> <td>Equipment - Fixed</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Contingency</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Financing Cost</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Artwork</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Demolition</td> <td>\$</td> <td>35,000</td> </tr> </table>   |                       |  |                                |   |   |  | Design & Supervision | \$                | 10,000     | Site Development/Land Acquisition | \$                | 0      | Utility Extensions | \$                       | 0  | Construction | \$ | 45,000 | Equipment - Fixed | \$ | 0        | Furnishings - Movable Equipment | \$ | 0  | Contingency | \$ | 0 | Financing Cost | \$ | 0 | Artwork | \$ | 0  | Demolition | \$        | 35,000 |   |    |   |    |   |       |    |   |    |   |    |   |
| Design & Supervision   | \$                    | 10,000   |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Site Development/Land Acquisition  | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Utility Extensions   | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Construction   | \$                    | 45,000   |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Equipment - Fixed  | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Furnishings - Movable Equipment  | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Contingency  | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Financing Cost   | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Artwork  | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Demolition   | \$                    | 35,000   |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input checked="" type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input checked="" type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Current systems require Boiler Inspection - New system would not require this inspection.<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Same as #14<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D |                       |  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| 20. Operating Cost Summary (optional)<br><table border="0" style="width:100%"> <tr> <td></td> <td>Requesting Agency</td> <td>First Year</td> <td>Other</td> <td>Requesting Agency</td> <td>Annual</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> </table>  |                       |  |                                |   |   |  |                      | Requesting Agency | First Year | Other                             | Requesting Agency | Annual | Other              | Operations & Maintenance | \$ | 0            | \$ | 0      | \$                | 0  | Salaries | \$                              | 0  | \$ | 0           | \$ | 0 | Utilities      | \$ | 0 | \$      | 0  | \$ | 0          | All Other | \$     | 0 | \$ | 0 | \$ | 0 | Total | \$ | 0 | \$ | 0 | \$ | 0 |
|  | Requesting Agency     | First Year   | Other                          | Requesting Agency   | Annual  | Other  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Operations & Maintenance   | \$                    | 0  | \$                             | 0   | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Salaries   | \$                    | 0  | \$                             | 0   | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Utilities  | \$                    | 0  | \$                             | 0   | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| All Other  | \$                    | 0  | \$                             | 0   | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Total  | \$                    | 0  | \$                             | 0   | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| 21. Cost Savings Summary (optional)<br><table border="0" style="width:100%"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> </tr> </table>  |                       |  |                                |   |   |  |                      | Requesting Agency | Other      | Operations & Maintenance          | \$                | 0      | Salaries           | \$                       | 0  | Utilities    | \$ | 0      | All Other         | \$ | 0        | Total                           | \$ | 0  |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
|  | Requesting Agency     | Other  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Operations & Maintenance   | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Salaries   | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Utilities  | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| All Other  | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |
| Total  | \$                    | 0  |                                |   |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |        |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |        |   |    |   |    |   |       |    |   |    |   |    |   |

### FY2009 Major Maintenance Project Request

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|                          |           |  |
|--------------------------|-----------|--|
| Total Project Estimate   | \$ 90,000 | 22. Cost to Other Agencies (optional; explain if applicable): None |
| Major Maintenance Amount | \$ 0      |  |

|   |                       |   |                                |  |   |   |
|---|-----------------------|---|--------------------------------|--|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>407 | 3. Institution Location<br>Mental Health Institute<br>Cherokee, IA  | 4. Agency Priority<br>45 of 84 | 5. Institution Priority<br>11 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-OTHER CHAN | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Air Conditioning, ductwork, zone valves & convector upgrades to Main Building and Voldeng building.   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                                | 10. Proposed Schedule (in months)<br>Planning: 6.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 15.0 Month(s) |   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |
| 8a. Existing Project Number/Rank<br>Number: Rank: 042.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Air conditioning upgrades to the Main building to include five of our wards, admissions area, lab, clinic and pharmacy and the entire Voldeng building. In addition many of our heating zone valves and convectors are in need of replacement. All four floors of our Administration building have only window air conditioning. Our ductwork and AHU's in our Voldeng building need upgrading.   |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0,<br>Gross Square Feet: 0 GSF   |   |   |
| 14. Statement of Need & Justification: This becomes a health and safety issue as the existing ductwork is lined with dirty fiberglass insulation that has tested positive for mold. Our main building is air conditioned by old inefficient window units and one small air handling unit. We have dirty fiberglass lined ductwork, not correctly sized and with no outside air capabilities. The refrigerants in these sealed systems are not recommended and are being phased out. It is very difficult to keep dirt out of the buildings with so many window air conditioning units. It is also extremely important to replace the old air conditioning units to meet fire regulations. The existing ductwork has no fire dampers installed.<br>Alternatives to Project: Continue to repair and operated these units as is.<br>Consequences of Deferral: Poor use of energy, with additional health and environmental concerns. Mold has been confirmed to be present in some of the dirty fiberglass lined duct work. Refrigerant leaks of old systems are known to damage the environment. Code stipulates that replacement is necessary when leaks are perstant. |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |                                |  |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |  |   |   |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |                       |   |                                |  |   |   |

**FY2009 Major Maintenance Project Request**

|                                   |              |  |        |                   |        |  |  |
|-----------------------------------|--------------|--|--------|-------------------|--------|--|--|
| <b>19. Project Cost Summary</b>   |              | <b>20. Operating Cost Summary (optional)</b>   |        |                   |        | <b>21. Cost Savings Summary (optional)</b> |  |
| Design & Supervision              | \$ 154,000   | Requesting Agency  |        | Annual            |        | Requesting Agency                          |  |
| Site Development/Land Acquisition | 0            | First Year   | Other  | Requesting Agency | Other  |  |  |
| Utility Extensions                | 0            | 0  | 0      | 0                 | 0      |  |  |
| Construction                      | 0            | Maintenance &  |        |                   |        |  |  |
| Equipment - Fixed                 | 0            | Salaries   | \$ 0   | \$ 0              | \$ 0   |  |  |
| Furnishings - Movable Equipment   | 0            | Utilities  | \$ 0   | \$ 0              | \$ 0   |  |  |
| Contingency                       | 1,540,000    | All Other  | \$ 0   | \$ 0              | \$ 0   |  |  |
| Financing Cost                    | 0            | Total  | \$ 0   | \$ 0              | \$ 0   |  |  |
| Artwork                           | 0            | New FTES   | 0 FTES | 0 FTES            | 0 FTES |  |  |
| Demolition                        | 0            |  |        |                   |        |  |  |
| Total Project Estimate            | \$ 1,694,000 |  |        |                   |        |  |  |
| Major Maintenance Amount          | \$ 1,694,000 | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |        |                   |        |  |  |

**FY2009 Major Maintenance Project Request**

| 1. Agency   | 2. Agency Code  | 3. Institution/Location        | 4. Agency Priority | 5. Institution Priority  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding) | 7. Funding Source(s)   |
|---|---|--------------------------------|--------------------|--|--|--|
| Human Services  | 411   | Glenwood                       | 47 of 85           | 8 of 9   | EXISTING-PRIORITY and  | Major Maintenance  |
| 8. Project  |   | 9. Critical Level Category     |                    | 10. Proposed Schedule (in months)  |  | 11. Contact Person   |
| HVAC System - Building 101  |   | A. Health and Safety - Class 1 |                    | Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 8.0 Month(s) |  | Name: Max L. Cupp<br>Title: Environmental Services Director<br>Phone: 712-525-1381 |
| 8a. Existing Project Number/Rank                                      | Number: 3188.00 Rank: 337.0   |                                |                    |  |  | 13. Square Feet (if applicable)  |
|   |   |                                |                    |  |  | Net Square Feet: NA<br>Gross Square Feet: NA                                       |
| 12. Description of Project (or Proposed Changes to Existing Project): | The H.V.A.C. delivery system in Building 101 needs replaced to accommodate delivery of H.V.A.C. to building occupants. The building's chilled water system was abandoned several years ago due to the condensation of supply lines within the buildings walls, which were causing environmental concerns related to condensation and mold management. Currently, the building has multiple window air conditioners that are used to supply cooled air while the delivery of heated air is of marginal efficiency. The building is also lacking adequate mechanical ventilation. This project will include abandonment of the current H.V.A.C. system and installation of a stand-alone internal building system. Due to the scope of this project and identified current operational need for the use of Building 101, Glenwood is proposing that this project receive Design and Supervision funding in FY09 and Construction funding in FY10, which would allow Glenwood to continue the pre-construction use of this building until July 2009. |                                |                    |  |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)   |
|   |   |                                |                    |  |  | Cost Per GSF: \$ _____   |
| 14. Statement of Need & Justification:                                | Current the H.V.A.C. delivery system does not adequately or efficiently supply H.V.A.C. to Building 101 occupants, which are 3 agencies who lease office space from GRC, as well as apartments which are leased to GRC employees for living purposes. The current system needs renovations that would adequately control temperatures and concerns encountered with the past abandoned, as well as current system, such as air quality and mold management issues.  |                                |                    |  |  |  |
|   | Alternatives to Project: None<br>Consequences of Deferral: The H.V.A.C. system within Building 101 will continue to be inadequate, posing potential liabilities regarding the health and safety of our clients and staff.   |                                |                    |  |  |  |
| 16. Co-Location (Explain):  | 17. Advisory Committee Classification:  |                                |                    |  |  |  |
| None  | <input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input checked="" type="checkbox"/> Statement of Need: Same as #14<br><input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: F and X   |                                |                    |  |  |  |
| 18. Advisory Committee Priority:                                      |   |                                |                    |  |  |  |
| 1. Health, Life Safety  |   |                                |                    |  |  |  |

**FY2009 Major Maintenance Project Request**

|                                   |            |  |        |                   |        |  |        |
|-----------------------------------|------------|--|--------|-------------------|--------|--|--------|
| <b>19. Project Cost Summary</b>   |            | <b>20. Operating Cost Summary (optional)</b>                       |        |                   |        | <b>21. Cost Savings Summary (optional)</b> |        |
| Design & Supervision              | \$ 30,000  | First Year   |        | Annual            |        | Requesting Agency                          |        |
| Site Development/Land Acquisition | \$ 0       | Requesting Agency  | Other  | Requesting Agency | Other  | Requesting Agency                          | Other  |
| Utility Extensions                | \$ 0       | 0  | 0      | 0                 | 0      | 0  | 0      |
| Construction                      | \$ 400,000 | 0  | 0      | 0                 | 0      | 0  | 0      |
| Equipment - Fixed                 | \$ 0       | 0  | 0      | 0                 | 0      | 0  | 0      |
| Furnishings - Movable Equipment   | \$ 0       | 0  | 0      | 0                 | 0      | 0  | 0      |
| Contingency                       | \$ 0       | 0  | 0      | 0                 | 0      | 0  | 0      |
| Financing Cost                    | \$ 0       | 0  | 0      | 0                 | 0      | 0  | 0      |
| Artwork                           | \$ 0       | 0  | 0      | 0                 | 0      | 0  | 0      |
| Demolition                        | \$ 0       | 0  | 0      | 0                 | 0      | 0  | 0      |
| Total Project Estimate            | \$ 430,000 | 0 FTEs   | 0 FTEs | 0 FTEs            | 0 FTEs | 0 FTEs                                     | 0 FTEs |
| Major Maintenance Amount          | \$ 30,000  | 22. Cost to Other Agencies (optional; explain if applicable): None |        |                   |        |  |        |

|   |                       |   |                                |   |   |  |
|---|-----------------------|---|--------------------------------|---|---|--|
| 1. Agency<br>Human Services   | 2. Agency Code<br>411 | 3. Institution /Location<br>Glenwood  | 4. Agency Priority<br>48 of 85 | 5. Institution Priority<br>3 of 9   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-FUNDING CH | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Plumbing Upgrade in Building 710 Lacey  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                                | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 8.0 Month(s) |   | 11. Contact Person<br>Name: Max L. Cupp<br>Title: Environmental Services Director<br>Phone: 712-525-1381   |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 2009.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Glenwood is requesting a proposed change to the funding of this project to account for Design & Supervision as well as additional demolition associated with ACM removal. This project would involve the removal and replacement of outdated and deteriorated plumbing fixtures, waste, vent and water lines within all five (5) floor levels of Building 710 Lacey Hall. |                                | 13. Square Feet (if applicable)<br>Net Square Feet: NA<br>Gross Square Feet: NA   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: This project is needed so that we may replace sewer and water lines that are beyond the point of normal repair. In many cases these lines are also unaccessible, being located within walls, between floors and having additional ACM considerations.<br>Alternatives to Project: None<br>Consequences of Deferral: The potential need to vacate departments or floors due to inability to provide water or dispose of waste water. Also concerns with leakage of those pipes within areas of ACM. 710 Lacey is our campus' largest building, making the relocation of the building's occupants and operations, impossible for our facility.                   |                       |   |                                |   |   |  |
| 16. Co-Location (Explain):<br>None  |                       |   |                                |   |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Same as #14<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D and X |                       |   |                                |   |   |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |                       |   |                                |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 73,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 492,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 50,000   |                       |   |                                |   |   |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual<br>Requesting Agency: _____ Other: _____<br>First Year<br>Requesting Agency: _____ Other: _____<br>Other<br>Requesting Agency: _____ Other: _____<br>Total<br>Requesting Agency: _____ Other: _____<br>New FTES: _____ FTES<br>Other FTES: _____ FTES  |                       |   |                                |   |   |  |
| 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual<br>Requesting Agency: _____ Other: _____<br>First Year<br>Requesting Agency: _____ Other: _____<br>Other<br>Requesting Agency: _____ Other: _____<br>Total<br>Requesting Agency: _____ Other: _____  |                       |   |                                |   |   |  |

**FY2009 Major Maintenance Project Request**

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|                          |            |  |
|--------------------------|------------|--|
| Total Project Estimate   | \$ 615,000 | 22. Cost to Other Agencies (optional; explain if applicable): None |
| Major Maintenance Amount | \$ 0       |  |

**FY2009 Major Maintenance Project Request**

|   |                       |  |   |  |  |   |  |  |
|---|-----------------------|--|---|--|--|---|--|--|
| 1. Agency<br>Human Services   | 2. Agency Code<br>407 | 3. Institution/Location<br>Mental Health Institute<br>Cherokee, IA | 4. Agency Priority<br>49 of 84  | 5. Institution Priority<br>13 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |  |  |
| 8. Project<br>Replace Instantaneous Water Heaters   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1       |   | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 12.0 Month(s) |  | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922   |  |  |
| 12. Description of Project (or Proposed Changes to Existing Project): Replace 4 existing heaters and purchase 5 new heaters.  |                       |  |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |  |   |  |  |
| 14. Statement of Need & Justification: Four of our existing heaters are near the end of their life expectancy, temperature control is becoming a concern. These units first scald the water above 151 degrees F. which kills bacteria. This eliminates legionella concerns. The heaters then must maintain discharge temps below 120 degrees F. to prevent burns to patients. In addition, we need to replace water tempering valves which are necessary back up high temperature scald controls. We also need to add one water heater to keep up with our growing campus. Alternatives to Project: Continue to operate units at full capacity with no units in back up status. Continue to permit fluctuating water temperature control.<br>Consequences of Deferral: Improper temperature control increases the possibility of accidental burns. It also increases the potential for legionella formation. As the units continue to age, system failure becomes likely, which will create capacity problems. Failure to control water temperatures can also be a plumbing code violation. |                       |  |   |  |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |  |   |  |  | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements:<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |                       |  |   |  |  |   |  |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 20,000<br>Site Development/L and Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 200,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0   |                       |  | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES |  |  | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |  |  |

**FY2009 Major Maintenance Project Request**

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Total Project Estimate \$ 220,000  
Major Maintenance Amount \$ 220,000

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

**FY2009 Major Maintenance Project Request**

| 1. Agency<br>Human Services  | 2. Agency Code:<br>407 | 3. Institution Location<br>Cherokee, LA  | 4. Agency Priority<br>54 of 84 | 5. Institution Priority<br>15 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |       |                   |       |  |            |        |       |  |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|--|------------------------|--|--------------------------------|--|---|--|-------|-------------------|-------|--|------------|--------|-------|--|--------------------------|------|------|------|------|----------|------|------|------|------|-----------|------|------|------|------|-----------|------|------|------|------|-------|------|------|------|------|----------|--------|--------|--------|--------|---|--|--|-------------------|-------|--------------------------|------|------|----------|------|------|-----------|------|------|-----------|------|------|-------|------|------|
| 8. Project<br>Clean Main Building Attics and Insulate  |                        | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 11.0 Month(s) |   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922                |       |                   |       |  |            |        |       |  |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| 8a. Existing Project Number/Rank<br>Number: Rank:  |                        | 12. Description of Project (or Proposed Changes to Existing Project): To clean attic areas in the main building and reinsulate ceilings. These areas are used as service work areas for our fire alarm systems. This would require having the floors chemically cleaned and disposal, air quality tests and new insulation blown in on the ceilings to prevent bats and pigeons from re-entering the attic areas. With new insulation it would make this work area more energy efficient and save money.   |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0,<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |       |                   |       |  |            |        |       |  |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| 14. Statement of Need & Justification: This becomes a health issue for employees that are required to work on these systems as there is an extreme amount of bat and pigeon droppings on the floors. The fire detecting equipment are located throughout the attic areas and employees are required to perform repairs, preventive maintenance, testing and inspections on this equipment. This equipment must be maintained and be operational at all times for life safety requirements.<br>Alternatives to Project: None<br>Consequences of Deferral: High risk of employee illnesses due to the environment and huge expenses to replace equipment that has been damaged by either bats, pigeons or droppings. |                        |  |                                |  |   |  |       |                   |       |  |            |        |       |  |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                        | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-   |                                |  |   |  |       |                   |       |  |            |        |       |  |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |                        |  |                                |  |   |  |       |                   |       |  |            |        |       |  |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| 19. Project Cost Summary<br>Design & Supervision \$ 33,750<br>Site Development/L and Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 225,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0  |                        | 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <th></th> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> <tr> <th></th> <th>First Year</th> <th>Annual</th> <th>Other</th> <th></th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>New FTES</td> <td>0 FTES</td> <td>0 FTES</td> <td>0 FTES</td> <td>0 FTES</td> </tr> </tbody> </table> |                                |  |   | Requesting Agency  | Other | Requesting Agency | Other |  | First Year | Annual | 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 | 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 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 |
|  | Requesting Agency      | Other  | Requesting Agency              | Other  |   |  |       |                   |       |  |            |        |       |  |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|  | First Year             | Annual   | 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   |   |  |       |                   |       |  |            |        |       |  |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |          |        |        |        |        |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|  | 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**

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|                          |                   |  |
|--------------------------|-------------------|--|
| Total Project Estimate   | \$ <u>258,750</u> | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |
| Major Maintenance Amount | \$ <u>258,750</u> |  |

**FY2009 Major Maintenance Project Request**

|   |                       |  |                                |   |  |   |
|---|-----------------------|--|--------------------------------|---|--|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>407 | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA  | 4. Agency Priority<br>56 of 84 | 5. Institution Priority<br>7 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>New Interior Electrical Wiring  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 18.0 Month(s)   |  | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |
| 8a. Existing Project Number/Rank<br>Number: Rank: 053.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): To upgrade all interior electrical needs due to more demand of added electrical equipment such as computers, printers, copy machines and fax machines with the addition of the CCUSO program on campus. This becomes a fire/safety issue when the wiring becomes overloaded due to more equipment. Main building \$780,000; Ginzberg Bldg \$351,000; Wirth Hall \$351,000; Voldeng Bdg \$390,000.  |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  |   |
| 14. Statement of Need & Justification: Wiring in the buildings is old and not properly sized to meet demands of equipment added throughout the years.<br>Alternatives to Project: Continue to repair as problems arise.<br>Consequences of Deferral: Risk of electrical fires and damages to equipment and in some instances safety problems.   |                       |  |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |   |  |   |
| 18. Advisory Committee Priority:<br><br>1. Health, Life Safety  |                       |  |                                |   |  |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 187,200<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 1,872,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 2,059,200<br>Major Maintenance Amount \$ 2,059,200 |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTEs 0 FTEs 0 FTEs 0 FTEs 0 FTEs  |                                | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |  |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |  |                                |   |  |   |

**FY2009 Major Maintenance Project Request**

|   |  |   |   |                                     |  |   |
|---|--|---|---|-------------------------------------|--|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>406  | 3. Institution /Location<br>CCUSO<br>Cherokee, IA | 4. Agency Priority<br>57 of 83  | 5. Institution Priority<br>3 of 5   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and      | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Renovate a Campus Building for Expanding Programs   | 9. Critical Level Category<br>B. Health and Safety - Class 2   |   | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 18.0 Month(s)<br>Total: 23.0 Month(s) |                                     | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922                |   |
| 8a. Existing Project Number/Rank<br>Number: Rank:   | 12. Description of Project (or Proposed Changes to Existing Project): New Changes-We propose Phase I as a \$100,000 feasibility study of other space on campus. Renovate one of the empty campus buildings to house CCUSO expanding programs and facilities such as a medical facility, transition apartments, training and conference rooms. This study is ranked priority #5 of 83 in the FY 2010 request. This request represents an estimation for work that includes renovating 2 floors consisting of 6 wards, new fence surrounding the building with a sally port entrance and repair/replace the existing elevator. This would also include all mold and lead paint removal. The project could be split up as a multi-year project. |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |                                     | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |   |
| 14. Statement of Need & Justification: The CCUSO Program continues to grow and we now have all available space engineered for patient living areas. CCUSO patients that progress to transition currently reside on South 2 ward. There is no room for additional transitional rooms on South 2.<br>Alternatives to Project: None<br>Consequences of Deferral: Not enough room to continue to take patients and create overcrowding in existing areas. We also lose the effectiveness of the entire transition program. We have nowhere to expand services and therapies.  |  |   |   |                                     |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |  |   |   |                                     |  |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |   |   |                                     |  |   |
| 18. Advisory Committee Priority:<br>4. Renovation Project   |  |   |   |                                     |  |   |
| 19. Project Cost Summary  |  |   |   |                                     |  |   |
| Design & Supervision  | \$ 443,000   | 20. Operating Cost Summary (optional)             |   | 21. Cost Savings Summary (optional) |  |   |
| Site Development/L and Acquisition  | \$ 0   | Requesting Agency                                 | Other   | Requesting Agency                   | Other  |   |
| Utility Extensions  | \$ 0   | First Year  | Annual  |                                     |  |   |
| Construction  | \$ 4,430,000   | Operations &                                      | Maintenance   | \$ 0                                | \$ 0   | 0   |
| Equipment - Fixed   | \$ 0   | Salaries  | Salaries  | \$ 0                                | \$ 0   | 0   |
| Furnishings - Movable Equipment   | \$ 0   | Utilities   | Utilities   | \$ 0                                | \$ 0   | 0   |
| Contingency   | \$ 0   | All Other   | All Other   | \$ 0                                | \$ 0   | 0   |
| Financing Cost  | \$ 0   | Total   | Total   | \$ 0                                | \$ 0   | 0   |
| Artwork   | \$ 0   | New FTES  | 0 FTES  | 0 FTES                              | 0 FTES   | 0 FTES                                    |
| Demolition  | \$ 0   |   |   |                                     |  |   |

**FY2009 Major Maintenance Project Request**

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|                          |                     |
|--------------------------|---------------------|
| Total Project Estimate   | \$ 4,873,000        |
| Major Maintenance Amount | \$ <u>4,873,000</u> |

|  |
|--|
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |
|--|

**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

|  |                               |   |  |   |   |  |  |
|--|-------------------------------|---|--|---|---|--|--|
| <p>1. Agency<br/>Human Services</p>  | <p>2. Agency Code<br/>406</p> | <p>3. Institution Location<br/>CCUSO<br/>Cherokee, IA</p>   | <p>4. Agency Priority<br/>58 of 84</p> | <p>5. Institution Priority<br/>of</p>   | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>EXISTING-PRIORITY and</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |  |
| <p>8. Project<br/>Yard Expansion with Industrial Arts/Recreation Building. Includes 1600 linear ft. of fencing. (Study-Phase I)</p>  |                               | <p>9. Critical Level Category<br/>D. Operational Inefficiency</p>   |  | <p>10. Proposed Schedule (in months)<br/>Planning: 3.0 Month(s)<br/>Bidding: 3.0 Month(s)<br/>Construction: 6.0 Month(s)<br/>Total: 12.0 Month(s)</p> |   | <p>11. Contact Person<br/>Name: Tony Morris<br/>Title: Business Manager<br/>Phone: (712) 225-6922</p>  |  |
| <p>8a. Existing Project Number/Rank<br/>Number: 0000.00 Rank: 9999.0</p>   |                               | <p>12. Description of Project (or Proposed Changes to Existing Project): As Phase I we are requesting this request be part of the buildings feasibility study. Expansion of yard and purchase of an 80' X 160' metal building to house industrial arts programs, dining area, classrooms and office space. This would include the price of the building, fencing and all interior work such as air conditioning, heating, and interior walls. We have to revise this request due to inflation.</p>  |  | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>  |   |  |  |
| <p>14. Statement of Need &amp; Justification: Need to accommodate expanding programs and increase in patient census. Current dining area is inadequate and crowded. CCUSO patients currently have no access to indoor recreation areas. Alternatives to Project: None<br/>Consequences of Deferral: Patients will be restrict to small areas of yard with less time in yard. Area currently used for dining area will not be able to meet patient census. No office space for CCUSO staff.</p> |                               | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p>  |  |   |   |  |  |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>  |                               | <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement<br/><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/>Other Code Enforcement or Other Requirements.<br/>Explain: Enter Code Enforcement or Other Requirement Explanation<br/>Program/Project/Plant Manager Determination of Need.<br/>Statement of Need: Enter Statement of Need<br/>Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p> |  |   |   |  |  |
| <p>18. Advisory Committee Priority:<br/><br/>4. Renovation Project</p>   |                               |   |  |   |   |  |  |
| <p>19. Project Cost Summary<br/>Design &amp; Supervision \$ 275,000<br/>Site Development/Land Acquisition \$ 0<br/>Utility Extensions \$ 0<br/>Construction \$ 2,725,000<br/>Equipment - Fixed \$ 0<br/>Furnishings - Movable Equipment \$ 0<br/>Contingency \$ 0<br/>Financing Cost \$ 0<br/>Artwork \$ 0<br/>Demolition \$ 0</p>   |                               | <p>20. Operating Cost Summary (optional)<br/>Requesting Agency First Year Other<br/>Operations &amp; Maintenance \$ 0 \$ 0<br/>Salaries \$ 0 \$ 0<br/>Utilities \$ 0 \$ 0<br/>All Other \$ 0 \$ 0<br/>Total \$ 0 \$ 0</p>   |  | <p>Annual Requesting Agency Other<br/>New FTES 0 FTES 0 FTES 0 FTES 0 FTES</p>  |   | <p>21. Cost Savings Summary (optional)<br/>Requesting Agency Other<br/>Operations &amp; Maintenance \$ 0 \$ 0<br/>Salaries \$ 0 \$ 0<br/>Utilities \$ 0 \$ 0<br/>All Other \$ 0 \$ 0<br/>Total \$ 0 \$ 0</p> |  |

**FY2009 Major Maintenance Project Request**

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

|                          |              |  |
|--------------------------|--------------|--|
| Total Project Estimate   | \$ 3,000,000 | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |
| Major Maintenance Amount | \$ 3,000,000 |  |

**FY2009 Major Maintenance Project Request**

|  |                               |  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
|--|-------------------------------|--|--|---|---|--|----------------------|----|--------|--|--|--|--|----------------------------------|----|---|--|--|--|--|--------------------|----|---|--|--|--|--|--------------|----|---------|--|--|--|--|-------------------|----|---|--|--|--|--|---------------------------------|----|---|--|--|--|--|-------------|----|---|--|--|--|--|----------------|----|---|--|--|--|--|---------|----|---|--|--|--|--|------------|----|---|--|--|--|--|------------------------|----|---|--|--|--|--|--------------------------|----|---------|--|--|--|--|--|-------------------|------------|-------|-------------------|--------|-------|--------------------------|----|---|----|---|----|---|----------|----|---|----|---|----|---|-----------|----|---|----|---|----|---|-----------|----|---|----|---|----|---|-------|----|---|----|---|----|---|--|-------------------|-------|--------------------------|----|---|----------|----|---|-----------|----|---|-----------|----|---|-------|----|---|
| <p>1. Agency<br/>Human Services</p>  | <p>2. Agency Code<br/>406</p> | <p>3. Institution /Location<br/>CCUSO<br/>Cherokee, IA</p>           | <p>4. Agency Priority<br/>59 of 84</p> | <p>5. Institution Priority<br/>5 of 5</p>   | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>EXISTING-PRIORITY and</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>8. Project<br/>Outdoor Recreation Facilities</p>  |                               | <p>9. Critical Level Category<br/>A. Health and Safety - Class 1</p> |  | <p>10. Proposed Schedule (in months)<br/>                 Planning: 3.0 Month(s)<br/>                 Bidding: 3.0 Month(s)<br/>                 Construction: 6.0 Month(s)<br/>                 Total: 12.0 Month(s)</p> |   | <p>11. Contact Person<br/>                 Name: Tony Morris<br/>                 Title: Business Manager<br/>                 Phone: (712) 225-6922</p> |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>12. Description of Project (or Proposed Changes to Existing Project): To create tennis court, volleyball court and weight yard within existing fenced area.</p>   |                               |  |  | <p>13. Square Feet (if applicable)<br/>                 Net Square Feet: 0 NSF<br/>                 Gross Square Feet: 0 GSF</p>  |   | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>                 Cost Per GSF: \$ _____</p>                      |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>14. Statement of Need &amp; Justification: Patients only have access to a small basketball court. There is an indoor weight room that is small and insufficient Alternatives to Project None Consequences of Deferral: Inadequate resources for recreation and exercise. Patients that have access to recreational outlets are less apt to act out, creating a safer work environment.</p>  |                               |  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>16. Co-Location (Explain):<br/>                 Enter Co-Location Explanation</p>   |                               |  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>18. Advisory Committee Priority:<br/>                 1. Health, Life Safety</p>  |                               |  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>17. Advisory Committee Classification:<br/> <input type="checkbox"/> ADA Requirement<br/> <input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/> <input type="checkbox"/> Fire Marshal Report or Citation.<br/>                 Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/> <input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/>                 Explain: Enter Code Enforcement or Other Requirement Explanation<br/> <input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/>                 Statement of Need: Enter Statement of Need<br/> <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p>  |                               |  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>19. Project Cost Summary</p> <table border="0"> <tr> <td>Design &amp; Supervision</td> <td>\$</td> <td>17,500</td> <td colspan="4"></td> </tr> <tr> <td>Site Development/and Acquisition</td> <td>\$</td> <td>0</td> <td colspan="4"></td> </tr> <tr> <td>Utility Extensions</td> <td>\$</td> <td>0</td> <td colspan="4"></td> </tr> <tr> <td>Construction</td> <td>\$</td> <td>157,500</td> <td colspan="4"></td> </tr> <tr> <td>Equipment - Fixed</td> <td>\$</td> <td>0</td> <td colspan="4"></td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td>\$</td> <td>0</td> <td colspan="4"></td> </tr> <tr> <td>Contingency</td> <td>\$</td> <td>0</td> <td colspan="4"></td> </tr> <tr> <td>Financing Cost</td> <td>\$</td> <td>0</td> <td colspan="4"></td> </tr> <tr> <td>Artwork</td> <td>\$</td> <td>0</td> <td colspan="4"></td> </tr> <tr> <td>Demolition</td> <td>\$</td> <td>0</td> <td colspan="4"></td> </tr> <tr> <td>Total Project Estimate</td> <td>\$</td> <td>0</td> <td colspan="4"></td> </tr> <tr> <td>Major Maintenance Amount</td> <td>\$</td> <td>175,000</td> <td colspan="4"></td> </tr> </table> <p>20. Operating Cost Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>First Year</td> <td>Other</td> <td>Requesting Agency</td> <td>Annual</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> </table> <p>21. Cost Savings Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> </tr> </table> <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p> |                               |  |  |   |   |  | Design & Supervision | \$ | 17,500 |  |  |  |  | Site Development/and Acquisition | \$ | 0 |  |  |  |  | Utility Extensions | \$ | 0 |  |  |  |  | Construction | \$ | 157,500 |  |  |  |  | Equipment - Fixed | \$ | 0 |  |  |  |  | Furnishings - Movable Equipment | \$ | 0 |  |  |  |  | Contingency | \$ | 0 |  |  |  |  | Financing Cost | \$ | 0 |  |  |  |  | Artwork | \$ | 0 |  |  |  |  | Demolition | \$ | 0 |  |  |  |  | Total Project Estimate | \$ | 0 |  |  |  |  | Major Maintenance Amount | \$ | 175,000 |  |  |  |  |  | Requesting Agency | First Year | Other | Requesting Agency | Annual | Other | Operations & Maintenance | \$ | 0 | \$ | 0 | \$ | 0 | Salaries | \$ | 0 | \$ | 0 | \$ | 0 | Utilities | \$ | 0 | \$ | 0 | \$ | 0 | All Other | \$ | 0 | \$ | 0 | \$ | 0 | Total | \$ | 0 | \$ | 0 | \$ | 0 |  | Requesting Agency | Other | Operations & Maintenance | \$ | 0 | Salaries | \$ | 0 | Utilities | \$ | 0 | All Other | \$ | 0 | Total | \$ | 0 |
| Design & Supervision   | \$                            | 17,500   |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Site Development/and Acquisition   | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Utility Extensions   | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Construction   | \$                            | 157,500  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Equipment - Fixed  | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Furnishings - Movable Equipment  | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Contingency  | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Financing Cost   | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Artwork  | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Demolition   | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Total Project Estimate   | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Major Maintenance Amount   | \$                            | 175,000  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
|  | Requesting Agency             | First Year   | Other                                  | Requesting Agency   | Annual  | Other  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Operations & Maintenance   | \$                            | 0  | \$                                     | 0   | \$  | 0  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Salaries   | \$                            | 0  | \$                                     | 0   | \$  | 0  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Utilities  | \$                            | 0  | \$                                     | 0   | \$  | 0  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| All Other  | \$                            | 0  | \$                                     | 0   | \$  | 0  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Total  | \$                            | 0  | \$                                     | 0   | \$  | 0  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
|  | Requesting Agency             | Other  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Operations & Maintenance   | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Salaries   | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Utilities  | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| All Other  | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Total  | \$                            | 0  |  |   |   |  |                      |    |        |  |  |  |  |                                  |    |   |  |  |  |  |                    |    |   |  |  |  |  |              |    |         |  |  |  |  |                   |    |   |  |  |  |  |                                 |    |   |  |  |  |  |             |    |   |  |  |  |  |                |    |   |  |  |  |  |         |    |   |  |  |  |  |            |    |   |  |  |  |  |                        |    |   |  |  |  |  |                          |    |         |  |  |  |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |

**FY2009 Major Maintenance Project Request**

|  |                       |   |                                |   |   |  |
|--|-----------------------|---|--------------------------------|---|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>411 | 3. Institution /Location<br>Glenwood  | 4. Agency Priority<br>60 of 85 | 5. Institution Priority<br>7 of 9   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-OTHER CHAN | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Window Replacement - Buildings 101, 106, 111, 119 and 121  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 5.0 Month(s)<br>Total: 8.0 Month(s) |   | 11. Contact Person<br>Name: Max L. Cupp<br>Title: Environmental Services Director<br>Phone: 712-525-1381 |
| 8a. Existing Project Number/Rank<br>Number: 3248.00 Rank: 2010.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Glenwood is requesting a proposed change to the scope of this project to include only Buildings 101, 106, 111, 119 and 121, removing Buildings 104 and 105 from the project. The Buildings noted presently have windows which have badly deteriorated due to age and are beyond repairs. Many of these present windows have also caused interior damage, due to both moisture and air infiltration. This project will include the installation of thermally efficient windows which will address energy loss concerns as well as H.V.A.C. delivery and control. Glenwood is requesting funding remain as proposed FY2009, due to anticipated additional costs for windows.  |                                | 13. Square Feet (if applicable)<br>Net Square Feet: NA<br>Gross Square Feet: NA   |   |  |
| 14. Statement of Need & Justification: This is a health and safety concern for our clients and staff as the present windows do not provide for adequate H.V.A.C. delivery and control. In addition, air infiltration has resulted in on-going environmental issues within these buildings, causing problems related to mold management.<br>Alternatives to Project: None<br>Consequences of Deferral: These noted building's windows will continue to deteriorate, causing further problems with H.V.A.C. delivery and control, as well as additional expense to the facility related to interior damage and environmental concerns related to mold management. In addition Glenwood will continue to have additional energy expenses related to the inefficiency of the present windows. If these windows are not replaced, the health and safety of our staff will continue to be compromised. |                       |   |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                |   |  |
| 16. Co-Location (Explain):<br>None   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input checked="" type="checkbox"/> Statement of Need: Same as #14<br><input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D |                                |   |   |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                       |   |                                |   |   |  |



**FY2009 Major Maintenance Project Request**

|   |                       |  |                                |   |   |   |
|---|-----------------------|--|--------------------------------|---|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>407 | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA  | 4. Agency Priority<br>61 of 84 | 5. Institution Priority<br>9 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Replace windows for all campus buildings.   |                       | 9. Critical Level Category<br>D. Operational Inefficiency  |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 60.0 Month(s)<br>Total: 66.0 Month(s) |   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |
| 8a. Existing Project Number/Rank<br>Number: Rank: 058.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): This revised project involves replacing windows in all the campus buildings instead of just the Main building. We would like to have this project phased out over a two year period due to the huge amount of windows on campus and the expense. Due to the type of patients we have on campus we are requesting a safety/shatterproof type window for our patient ward areas. Main north patient wing \$748,500, Main south patient wing area \$748,500, Main east ADM wing \$305,000, Main west wing \$245,000, Powerhouse \$123,000. Donohoe building \$260,000 (Donohoe Building is currently unoccupied), Ginzberg building \$408,000, Volderg building \$162,000, Wirth Hall building \$175,000. |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   |   |
| 14. Statement of Need & Justification: All windows in the facility for the most part are original. The wood around the windows is rotting and we incur a great loss of energy as well as have considerable problems with water leaking in various areas. Leaking windows are a problem with regards to patient comfort throughout the winter months. We are also trying to provide a safer environment for out patients.<br>Alternatives to Project: None<br>Consequences of Deferral: The wood jambs around the windows will continue to deteriorate and cause further damage to walls, plaster and masonry. |                       |  |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                  |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements:<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need<br>Statement of Need: Enter Statement of Need<br>Vertical Infrastructure Database Condition. Rating: -Select a Rating-   |                                |   |   |   |
| 18. Advisory Committee Priority:<br><br>3. Project to Reduce Exponential Damage   |                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |                                |   |   |   |



**FY2009 Major Maintenance Project Request**

|  |                       |  |                                |   |   |  |
|--|-----------------------|--|--------------------------------|---|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>408 | 3. Institution /Location<br>Clarinda Treatment Complex   | 4. Agency Priority<br>62 of 85 | 5. Institution Priority<br>4 of 6   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Replace Windows on SW 1-4 patient units  |                       | 9. Critical Level Category<br>C. Imminent Economic Loss  |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 5.0 Month(s)   |   | 11. Contact Person<br>Name: Carl Buck<br>Title: Business Manager<br>Phone: (712) 542-6107                  |
| 8a. Existing Project Number/Rank<br>Number: 0.00 Rank:   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Remove and replace the single pain windows and replace with energy efficient, tempered double hung windows in patient units.   |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: New windows will be energy efficient, easy to clean and have a positive affect on patient housed in these units. Needed in order to comply with Green Government requests.<br>Alternatives to Project<br>Consequences of Deferral: continue using energy wasting windows, many are non functioning.                                       |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                | 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |   | 18. Advisory Committee Priority:<br>-Select One Priority From List-  |
| 19. Project Cost Summary<br>Design & Supervision \$ 50,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 450,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 500,000<br>Major Maintenance Amount \$ 0 |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |                                | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |   | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies                 |

|  |                       |  |   |   |   |  |   |  |
|--|-----------------------|--|---|---|---|--|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>408 | 3. Institution /Location<br>Clarinda Treatment Complex   | 4. Agency Priority<br>63 of 85  | 5. Institution Priority<br>5 of 6   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |   |  |
| 8. Project<br>Replace Windows on Main Bld Administrative area  |                       | 9. Critical Level Category<br>D. Operational Inefficiency  |   | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 5.0 Month(s) |   | 11. Contact Person<br>Name: Carl Buck<br>Title: Business Manager<br>Phone: (712) 542-6107                  |   |  |
| 8a. Existing Project Number/Rank<br>Number: 0.00 Rank:   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Remove and replace the single pain windows and replace with energy efficient, tempered double hung windows in Administrative Area. |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |   |  |
| 14. Statement of Need & Justification: New windows will be energy efficient, easy to clean and improve the looks of the building greatly. Needed in order to comply with Green Government requests.<br>Alternatives to Project:<br>Consequences of Deferral: continue using energy wasting windows, many are non functioning.  |                       |  |   |   |   |  |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |  |   |   |   |  |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |  |   |   |   |  |   |  |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |                       |  |   |   |   |  |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 15,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 185,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 200,000<br>Major Maintenance Amount \$ 200,000   |                       |  | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES |   |   |  | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |  |   |   |   |  |   |  |

**FY2009 Major Maintenance Project Request**

|  |                       |   |                                |   |   |   |
|--|-----------------------|---|--------------------------------|---|---|---|
| 1. Agency<br>Human Services  | 2. Agency Code<br>404 | 3. Institution /Location<br>Iowa Juvenile Home-<br>Toledo, IA   | 4. Agency Priority<br>64 of 85 | 5. Institution Priority<br>7 of 8   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Replace windows & doors in vehicle garage  |                       | 9. Critical Level Category<br>D. Operational Inefficiency   |                                | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 1.0 Month(s)<br>Total: 4.0 Month(s) |   | 11. Contact Person<br>Name: Karen Connell<br>Title: Business Manager<br>Phone: (641) 484-2560 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Replace windows and garage doors for 12-bay vehicle garage.   |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   |   |
| 14. Statement of Need & Justification: Replace windows and garage doors for 12-bay vehicle garage.<br>Alternatives to Project: None<br>Consequences of Deferral: Building system deterioration.  |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$  |                                |   |   |   |
| 16. Co-Location (Explain):<br>None   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements:<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: See item 14 above.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |   |   |   |
| 18. Advisory Committee Priority:<br><br>3. Project to Reduce Exponential Damage  |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTEs 0 FTEs 0 FTEs 0 FTEs 0 FTEs   |                                |   |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 5,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 84,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 89,000<br>Major Maintenance Amount \$ 89,000 |                       | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |                                |   |   |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |   |                                |   |   |   |

**FY2009 Major Maintenance Project Request**

|   |   |  |   |  |   |   |
|---|---|--|---|--|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code:<br>407  | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA  | 4. Agency Priority<br>66 of 84  | 5. Institution Priority<br>6 of 22   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Telephone System Upgrade  | 8a. Existing Project Number/Rank<br>Number: 0.00<br>Rank: 0.0 | 9. Critical Level Category<br>A. Health and Safety - Class 1   | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 1.0 Month(s)<br>Total: 5.0 Month(s) |  | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |   |
| 12. Description of Project (or Proposed Changes to Existing Project): With the addition of the CCUSO Unit on the CMHI campus, we used a great number of phones for their operation. With two new CCUSO wards operational and another expansion scheduled for this year, we will be pushing past the limits of our CBX. We also supply service to five outside agencies on campus. This system has failed several times and without communications throughout the hospital this creates a very serious safety and security risk to patients and staff alike such as medical emergencies. Without service we have no way to communicate emergencies. This upgrade should give us the service we need at this time plus the option of adding more lines later, if needed, at a much cheaper cost. This price is higher due to bid increases and inflation. |   |  |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF                      |   |   |
| 14. Statement of Need & Justification: New equipment needed to replace existing phone service as the present system no longer can meet the needs of the operations campuswide.<br>Alternatives to Project: None<br>Consequences of Deferral: Not having reliable telephone service hospital/campus wide in case of emergency and not being able to facilitate all telephone needs.  |   |  |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |  |   |   |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |   |  |   |  |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 55,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 0<br>Equipment - Fixed \$ 360,863<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0  |   | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |   |  |   |   |
|   |   | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0  |   |  |   |   |

**FY2009 Major Maintenance Project Request**

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|                          |    |                |
|--------------------------|----|----------------|
| Total Project Estimate   | \$ | 415,863        |
| Major Maintenance Amount | \$ | <u>415,863</u> |

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

**FY2009 Major Maintenance Project Request**

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|  |                               |   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|--|-------------------------------|---|--|--|---|--|----|---|--------------------|----|---|--------------|----|---|-------------------|----|--------|---------------------------------|----|---|-------------|----|---|----------------|----|---|---------|----|---|------------|----|---|------------------------|----|---------|--------------------------|----|---------|---|--|--|--|--|-------------------|-------|-------------------|-------|--------------------------|------|------|------|------|----------|------|------|------|------|-----------|------|------|------|------|-----------|------|------|------|------|-------|------|------|------|------|---|--|--|-------------------|-------|--------------------------|------|------|----------|------|------|-----------|------|------|-----------|------|------|-------|------|------|
| <p>1. Agency<br/>Human Services</p>  | <p>2. Agency Code<br/>404</p> | <p>3. Institution Location<br/>Iowa Juvenile Home-<br/>Toledo, IA</p>   | <p>4. Agency Priority<br/>67 of 85</p> | <p>5. Institution Priority<br/>3 of 8</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>EXISTING-FUNDING CH</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| <p>8. Project<br/>Cottage Security Camera Replacement</p>  |                               | <p>9. Critical Level Category<br/>A. Health and Safety - Class 1</p>  |  | <p>10. Proposed Schedule (in months)<br/>Planning: 2.0 Month(s)<br/>Bidding: 0.0 Month(s)<br/>Construction: 3.0 Month(s)<br/>Total: 5.0 Month(s)</p> |   | <p>11. Contact Person<br/>Name: Karen Connell<br/>Title: Business Manager<br/>Phone: (641) 484-2560</p>            |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| <p>8a. Existing Project Number/Rank<br/>Number: 0000.00 Rank: 000.0</p>  |                               | <p>12. Description of Project (or Proposed Changes to Existing Project): Replace interior camera systems in 5 living units. Pelco cameras are on a State contract for purchase.</p> |  | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>   |   | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p> |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| <p>14. Statement of Need &amp; Justification: Existing interior cottage camera systems are 10+ years old and in need of replacement. Multiplexers and cameras are blurry and dim, making supervision of youth difficult.<br/>Alternatives to Project: None<br/>Consequences of Deferral: Risk student safety and security.</p>   |                               |   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| <p>16. Co-Location (Explain):<br/>None</p>   |                               |   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement.<br/><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br/><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/><input type="checkbox"/> Statement of Need: See item 14 above.<br/>Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p>                    |                               |   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| <p>18. Advisory Committee Priority:<br/>1. Health, Life Safety</p>   |                               |   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| <p>19. Project Cost Summary</p> <table border="0"> <tr><td>Design &amp; Supervision</td><td>\$</td><td>0</td></tr> <tr><td>Site Development/L and Acquisition</td><td>\$</td><td>0</td></tr> <tr><td>Utility Extensions</td><td>\$</td><td>0</td></tr> <tr><td>Construction</td><td>\$</td><td>0</td></tr> <tr><td>Equipment - Fixed</td><td>\$</td><td>250000</td></tr> <tr><td>Furnishings - Movable Equipment</td><td>\$</td><td>0</td></tr> <tr><td>Contingency</td><td>\$</td><td>0</td></tr> <tr><td>Financing Cost</td><td>\$</td><td>0</td></tr> <tr><td>Artwork</td><td>\$</td><td>0</td></tr> <tr><td>Demolition</td><td>\$</td><td>0</td></tr> <tr><td>Total Project Estimate</td><td>\$</td><td>250,000</td></tr> <tr><td>Major Maintenance Amount</td><td>\$</td><td>250,000</td></tr> </table> |                               |   | Design & Supervision                   | \$   | 0   | Site Development/L and Acquisition   | \$ | 0 | Utility Extensions | \$ | 0 | Construction | \$ | 0 | Equipment - Fixed | \$ | 250000 | Furnishings - Movable Equipment | \$ | 0 | Contingency | \$ | 0 | Financing Cost | \$ | 0 | Artwork | \$ | 0 | Demolition | \$ | 0 | Total Project Estimate | \$ | 250,000 | Major Maintenance Amount | \$ | 250,000 | <p>20. Operating Cost Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table> <p>New FTES: 0 FTES    0 FTES    0 FTES    0 FTES</p> |  |  |  |  | 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 | <p>21. Cost Savings Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table> |  |  | Requesting Agency | Other | Operations & Maintenance | \$ 0 | \$ 0 | Salaries | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 |
| Design & Supervision   | \$                            | 0   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Site Development/L and Acquisition   | \$                            | 0   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Utility Extensions   | \$                            | 0   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Construction   | \$                            | 0   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Equipment - Fixed  | \$                            | 250000  |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Furnishings - Movable Equipment  | \$                            | 0   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Contingency  | \$                            | 0   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Financing Cost   | \$                            | 0   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Artwork  | \$                            | 0   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Demolition   | \$                            | 0   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Total Project Estimate   | \$                            | 250,000   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Major Maintenance Amount   | \$                            | 250,000   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|  | 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   |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
|  | Requesting Agency             | Other   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Operations & Maintenance   | \$ 0                          | \$ 0  |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Salaries   | \$ 0                          | \$ 0  |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Utilities  | \$ 0                          | \$ 0  |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| All Other  | \$ 0                          | \$ 0  |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| Total  | \$ 0                          | \$ 0  |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |
| <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>  |                               |   |  |  |   |  |    |   |                    |    |   |              |    |   |                   |    |        |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |   |  |  |  |  |                   |       |                   |       |                          |      |      |      |      |          |      |      |      |      |           |      |      |      |      |           |      |      |      |      |       |      |      |      |      |   |  |  |                   |       |                          |      |      |          |      |      |           |      |      |           |      |      |       |      |      |

**FY2009 Major Maintenance Project Request**

| 1. Agency<br>Human Services  | 2. Agency Code<br>407 | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA  | 4. Agency Priority<br>68 of 84 | 5. Institution Priority<br>10 of 22   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and | 7. Funding Source(s)<br>Major Maintenance   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
|--|-----------------------|--|--------------------------------|---|---|---|-------------------|------------|--------------------------|-------------------|----------|-------|--------------------------|------|-----------|------|-------|------|----------|------|------|------|------|------|-----------|------|------|------|------|------|-----------|------|------|------|------|------|-------|------|------|------|------|------|----------|--------|--------|--------|--------|--------|
| 8. Project<br>Build Enclosed Stair Towers  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 18.0 Month(s) |   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 8a. Existing Project Number/Rank<br>Number: Rank: 066.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Build enclosed stair towers at the front of ADM building on the North side; Donohoe building (Donohoe building is currently unoccupied), both east and west; Ginzberg building, both east and west; Wirth building, both east and west. Due to inflation prices have been adjusted. Costs for building stair towers on the Donohoe building will be \$350,000 plus design and supervision costs.   |                                |   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF       |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 14. Statement of Need & Justification: These stair towers are needed to assure safe evacuation in case of fire or other disaster. Alternatives to Project: Leave open steel steps to these buildings and risk personal injury and safety problems. Consequences of Deferral: Risk of unnecessary injury due to open steel steps.   |                       |  |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$  |   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input checked="" type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: Select a Rating-  |                                |   |   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                       | 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <th>Requesting Agency</th> <th>First Year</th> <th>Other</th> <th>Requesting Agency</th> <th>Annual</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>New FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </tbody> </table> |                                |   |   |   | Requesting Agency | First Year | Other                    | Requesting Agency | Annual   | Other | Operations & Maintenance | \$ 0 | \$ 0      | \$ 0 | \$ 0  | \$ 0 | Salaries | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | New FTEs | 0 FTEs |
| Requesting Agency  | First Year            | Other  | Requesting Agency              | Annual  | Other   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Operations & Maintenance   | \$ 0                  | \$ 0   | \$ 0                           | \$ 0  | \$ 0  |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Salaries   | \$ 0                  | \$ 0   | \$ 0                           | \$ 0  | \$ 0  |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Utilities  | \$ 0                  | \$ 0   | \$ 0                           | \$ 0  | \$ 0  |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| All Other  | \$ 0                  | \$ 0   | \$ 0                           | \$ 0  | \$ 0  |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Total  | \$ 0                  | \$ 0   | \$ 0                           | \$ 0  | \$ 0  |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| New FTEs   | 0 FTEs                | 0 FTEs   | 0 FTEs                         | 0 FTEs  | 0 FTEs  |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 19. Project Cost Summary<br>Design & Supervision \$ 346,500<br>Site Development/and Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 3,465,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 3,811,500<br>Major Maintenance Amount \$ 3,811,500 |                       | 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> </tr> </tbody> </table>  |                                |   |   |   | Requesting Agency | Other      | Operations & Maintenance | \$ 0              | Salaries | \$ 0  | Utilities                | \$ 0 | All Other | \$ 0 | Total | \$ 0 |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Requesting Agency  | Other                 |  |                                |   |   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Operations & Maintenance   | \$ 0                  |  |                                |   |   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Salaries   | \$ 0                  |  |                                |   |   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Utilities  | \$ 0                  |  |                                |   |   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| All Other  | \$ 0                  |  |                                |   |   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Total  | \$ 0                  |  |                                |   |   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |  |                                |   |   |   |                   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |

**FY2009 Major Maintenance Project Request**

|  |                       |  |                                |  |  |   |
|--|-----------------------|--|--------------------------------|--|--|---|
| 1. Agency<br>Human Services  | 2. Agency Code<br>407 | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA  | 4. Agency Priority<br>69 of 84 | 5. Institution Priority<br>16 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Sidewalk Replacement Campus Wide   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                |  | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922          |   |
| 8a. Existing Project Number/Rank<br>Number: Rank: 067.0  |                       | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 12.0 Month(s) |                                |  | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF                |   |
| 12. Description of Project (or Proposed Changes to Existing Project): Replace Sidewalks throughout much of campus.   |                       |  |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |  |   |
| 14. Statement of Need & Justification: Many sidewalks are cracking and have seperations, causing trip hazards. They are also too narrow and do not meet handicapped regulations.<br>Alternatives to Project: None.<br>Consequences of Deferral: Trip hazard to patients employees and visitors.  |                       |  |                                |  |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |  |                                |  |  |   |
| 17. Advisory Committee Classification:<br><input checked="" type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |  |                                |  |  |   |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                       |  |                                |  |  |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 53,500<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 535,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 588,500<br>Major Maintenance Amount \$ 588,500   |                       |  |                                |  |  |   |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |                       |  |                                |  |  |   |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0  |                       |  |                                |  |  |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |  |                                |  |  |   |

**FY2009 Major Maintenance Project Request**

|  |                       |  |                                |   |   |   |  |
|--|-----------------------|--|--------------------------------|---|---|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>407 | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA  | 4. Agency Priority<br>70 of 84 | 5. Institution Priority<br>17 of 22   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH  | 7. Funding Source(s)<br>Major Maintenance |  |
| 8. Project<br>Security Cameras for Interior/Exterior Viewing - Campus Wide   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                |   | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 18.0 Month(s) |   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922                |
| 8a. Existing Project Number/Rank<br>Number: Rank: 068.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Install Security cameras in the main building, powerhouse and selected parking lots.   |                                |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: This is part of the Homeland Security recommendations and would provide more security to our patients, staff and visitors.<br>Alternatives to Project: None<br>Consequences of Deferral: Not knowing if unauthorized people have entered the building.  |                       |  |                                |   |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classifications:<br><input type="checkbox"/> ADA Requirement<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |   |   |   |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                       |  |                                |   |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 32,500<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 325,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 357,500<br>Major Maintenance Amount \$ 357,500 |                       |  |                                |   |   |   |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES   |                       |  |                                | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |   |   |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |  |                                |   |   |   |  |

### FY2009 Major Maintenance Project Request

|  |                       |   |                                |  |   |   |
|--|-----------------------|---|--------------------------------|--|---|---|
| 1. Agency<br>Human Services  | 2. Agency Code<br>407 | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA   | 4. Agency Priority<br>71 of 84 | 5. Institution Priority<br>19 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Repair Campus Garages and Doors/Including Duplex Garages   |                       | 9. Critical Level Category<br>C. Imminent Economic Loss   |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 12.0 Month(s) |   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |
| 8a. Existing Project Number/Rank<br>Number: Rank: 069.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Repair rotting wood and doors on many garages on campus. The pricing has changed due to inflation costs.  |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |   |   |
| 14. Statement of Need & Justification: Maintenance required to keep buildings in good state of repair. Alternatives to Project: None. Consequences of Deferral: Buildings will become unusable   |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$  |                                |  |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |  |   |   |
| 18. Advisory Committee Priority:<br><br>3. Project to Reduce Exponential Damage  |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES   |                                |  |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 6,200<br>Site Development/Land Acquisition 0<br>Utility Extensions 0<br>Construction \$ 62,000<br>Equipment - Fixed 0<br>Furnishings - Movable Equipment 0<br>Contingency 0<br>Financing Cost 0<br>Artwork 0<br>Demolition 0<br>Total Project Estimate \$ 68,200<br>Major Maintenance Amount \$ 68,200 |                       | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |                                |  |   |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |   |                                |  |   |   |

|  |                       |   |                                |  |  |  |
|--|-----------------------|---|--------------------------------|--|--|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>407 | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA   | 4. Agency Priority<br>72 of 84 | 5. Institution Priority<br>20 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Replace Stair Treads   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                                | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 11.0 Month(s) |  | 11. Contract Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |
| 8a. Existing Project Number/Rank<br>Number: Rank: 070.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Replace existing stair treads on stair wells in 3 areas of the hospital. This would include 7 stairwells. These steps are used by patients, employees and any visitors to our main building. Due to inflation prices have been adjusted.  |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |  |  |
| 14. Statement of Need & Justification: The present treads are getting very worn and are beginning to crack and fall apart. It has become a trip hazard and they are also very slick because they are so worn.<br>Alternatives to Project: None.<br>Consequences of Deferral: They will continue to deteriorate and could become a major safety issue in the near future.           |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |                                |  |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirement Explanation<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br>Vertical Infrastructure Database Condition. Rating: Select a Rating- |                                |  |  |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES   |                                |  |  |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 1,965<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 19,650<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 21,615<br>Major Maintenance Amount \$ 21,615 |                       | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |                                |  |  |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |   |                                |  |  |  |

**FY2009 Major Maintenance Project Request**

|   |                       |   |                                |  |   |   |
|---|-----------------------|---|--------------------------------|--|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>406 | 3. Institution /Location<br>CCUSO<br>Cherokee, IA   | 4. Agency Priority<br>73 of 84 | 5. Institution Priority<br>of  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and                                       | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Repair and Resurface Existing Parking Lots  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1                                |                                |  | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 20.0 Month(s)<br>Total: 24.0 Month(s) |   |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF                      |   |   |
| 12. Description of Project (or Proposed Changes to Existing Project): Repair and resurface existing parking lots campus wide and add containment for our fuel oil tanks. This includes Ginzberg, North ADM, Power House, Volding and Wirth parking lots. We would like to have this project phased out over a 2 year period due to the length of season work cannot be completed in one year.   |                       |   |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |   |   |
| 14. Statement of Need & Justification: Many lots are cracking and have major potholes. New parking areas are needed due to the addition of the CCUSO unit and expansion. Our containment for our fuel tanks actually is our roadway. We need to build something to contain this in a proper manner -Health and Safety issue.<br>Alternatives to Project: None<br>Consequences of Deferral: The lots will get worse and the cost of the repairs will continue to go up. It could also pose a safety issue, people are tripping and injuring ankles. It may also come to the point where people park on the grass as there is no room to park, causing damage to the grass and lawn areas.                          |                       |   |                                |  |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |   |                                |  |   |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |   |                                |  |   |   |
| 18. Advisory Committee Priority:<br><br>1. Health, Life Safety  |                       |   |                                |  |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 100,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 950,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0   |                       |   |                                |  |   |   |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES   |                       |   |                                |  |   |   |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |                       |   |                                |  |   |   |

### FY2009 Major Maintenance Project Request

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|                          |                     |
|--------------------------|---------------------|
| Total Project Estimate   | \$ <u>1,050,000</u> |
| Major Maintenance Amount | \$ <u>1,050,000</u> |

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

**FY2008 Major Maintenance Project Request**

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|   |                               |  |  |  |   |   |
|---|-------------------------------|--|--|--|---|---|
| <p>1. Agency<br/>Human Services</p>   | <p>2. Agency Code<br/>405</p> | <p>3. Institution /Location<br/>State Training School - Eldora, IA</p> | <p>4. Agency Priority<br/>75 of 84</p>   | <p>5. Institution Priority<br/>17 of 24</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>NEW REQUEST</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>   |
| <p>8. Project<br/>Auto/Mechanics Renovation</p>   |                               | <p>9. Critical Level Category<br/>A. Health and Safety - Class 1</p>   |  | <p>10. Proposed Schedule (in months)<br/>Planning: 1.0 Month(s)<br/>Bidding: 1.5 Month(s)<br/>Construction: 2.5 Month(s)<br/>Total: 5.0 Month(s)</p> |   | <p>11. Contact Person<br/>Name: Kip Knutzon<br/>Title: Business Manager<br/>Phone: (641) 858-5402</p> |
| <p>12. Description of Project (or Proposed Changes to Existing Project): Project would return the building back to proper codes in electrical, and plumbing. It would also replace a window air conditioning system with new HVAC energy efficient system. Installation of new duct work would require a rework of some interior false ceilings and also the replacement of some trough lighting where appropriate. Asbestos removal or encapsulation would also be associated with the installation of the HVAC system or with the window removal. Windows have failed and need to be replaced. Estimates for project costs are based on projects similar in nature and 1999 the vertical infrastructure database.</p>   |                               |  |  |  |   |   |
| <p>14. Statement of Need &amp; Justification: This building was built in 1952 but still serves as a primary education building for two vocational programs. The interior electrical and plumbing systems do not meet code. Replacement of doors/windows in the entire building, installing a HVAC system, and tuckpointing would greatly improve energy efficiency, and improve quality of life for students &amp; staff working in these vocational programs. The building's appearance is also severely degraded with dilapidated windows and is in great need of tuckpointing. Repairs are long overdue and need to be done now to ensure building functionality for the future. Proper air-conditioning is needed since the building operates year-round.<br/>Alternatives to Project: Continue as is and allow systems to go to failure or building functionality to deteriorate to an unusable condition. Project could be phased in over multiple fiscal years.<br/>Consequences of Deterioration: Building will continue to deteriorate which may cause greater renovation costs in the future.</p> |                               |  |  |  |   |   |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>   |                               |  | <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement<br/>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/>Other Code Enforcement or Other Requirements.<br/>Explain: Enter Code Enforcement or Other Requirement Explanation<br/>Program/Project/Plant Manager Determination of Need.<br/>Statement of Need: See Item 14 above<br/><input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: F and X</p> |  |   |   |
| <p>18. Advisory Committee Priority:<br/>1. Health, Life Safety</p>  |                               |  |  |  |   |   |
| <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ 58.83</p>  |                               |  |  |  |   |   |



**FY2008 Major Maintenance Project Request**

|  |                        |  |                                |   |   |  |
|--|------------------------|--|--------------------------------|---|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code:<br>405 | 3. Institution /Location<br>State Training School - Eldora, IA   | 4. Agency Priority<br>76 of 84 | 5. Institution Priority<br>3 of 24  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Catholic Chapel Renovation   |                        | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 5.0 Month(s) |   | 11. Contact Person<br>Name: Kip Knutzon<br>Title: Business Manager<br>Phone: (641) 858-5402                |
| 8a. Existing Project Number/Rank<br>Number: 9999.00 Rank:  |                        | 12. Description of Project (or Proposed Changes to Existing Project): Project would return the building back to proper codes in electrical, and plumbing. The upstairs would be remodeled into 6 counseling classrooms and 2 staff offices. The existing upstairs restroom would be remodeling and a staff restroom would be added. It would also replace a window air conditioning system with new HVAC energy efficient system. Installation of new duct work would require a rework of some interior false ceilings and also the replacement of some trough lighting where appropriate. Asbestos removal or encapsulation would potentially be associated with the installation of the HVAC system or with the window removal. Windows have failed and need to be replaced. Estimates for project costs are based on projects similar in nature and 1999 the vertical infrastructure database. Renovation would focus on the main chapel area and offices. Lower level storage would not be part of this renovation which reduces square footage of renovation to approx. 2200 sq. ft. - overall costs would be reduced by involving facility maintenance staff in project. |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: This building was built in 1906 but still serves as an counseling, vocational training area and storage building. The interior electrical and plumbing systems do not meet code. Replacement of doors/windows in the entire building, installing a HVAC system, and tuckpointing would greatly improve energy efficiency, and improve quality of life for students & staff working in this area. The building's appearance is also severely degraded with dilapidated windows and is in great need of tuckpointing. Vertical infrastructure survey completed in 1999 rated many areas of the building as D, and the electrical as F. Repairs are long overdue and need to be done now to ensure building functionality for the future.<br>Alternatives to Project: Continue as is and allow systems to go to failure or building functionality to deteriorate to an unuseable condition. Project could be phased in over multiple fiscal years.<br>Consequences of Deferral: Building will continue to deteriorate which may cause greater renovation costs in the future. Potential risks to sanitation and safety will still exist. |                        |  |                                |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                        | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements:<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input checked="" type="checkbox"/> Statement of Need: See Item 14 above<br><input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: F and X   |                                |   |   |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                        |  |                                |   |   |  |

### FY2008 Major Maintenance Project Request

|                                   |            |  |        |                   |        |  |        |
|-----------------------------------|------------|--|--------|-------------------|--------|--|--------|
| <b>19. Project Cost Summary</b>   |            | <b>20. Operating Cost Summary (optional)</b>   |        |                   |        | <b>21. Cost Savings Summary (optional)</b> |        |
| Design & Supervision              | \$ 20,000  | First Year   |        | Annual            |        | Requesting Agency                          |        |
| Site Development/Land Acquisition | \$ 0       | Requesting Agency  | Other  | Requesting Agency | Other  | Requesting Agency                          | Other  |
| Utility Extensions                | \$ 0       |  |        |                   |        |  |        |
| Construction                      | \$ 116,250 | Maintenance &  |        |                   |        |  |        |
| Equipment - Fixed                 | \$ 0       | Salaries   | \$ 0   | \$ 0              | \$ 0   | \$ 0                                       | \$ 0   |
| Furnishings - Movable Equipment   | \$ 0       | Utilities  | \$ 0   | \$ 0              | \$ 0   | \$ 0                                       | \$ 0   |
| Contingency                       | \$ 0       | All Other  | \$ 0   | \$ 0              | \$ 0   | \$ 0                                       | \$ 0   |
| Financing Cost                    | \$ 0       | Total  | \$ 0   | \$ 0              | \$ 0   | \$ 0                                       | \$ 0   |
| Artwork                           | \$ 0       | New FTES   | 0 FTES | 0 FTES            | 0 FTES | 0 FTES                                     | 0 FTES |
| Demolition                        | \$ 0       |  |        |                   |        |  |        |
| Total Project Estimate            | \$ 136,250 | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |        |                   |        |  |        |
| Major Maintenance Amount          | \$ 0       |  |        |                   |        |  |        |

**FY2008 Major Maintenance Project Request**

|   |                       |   |                                |   |   |   |
|---|-----------------------|---|--------------------------------|---|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>405 | 3. Institution /Location<br>State Training School - Eldora, IA  | 4. Agency Priority<br>77 of 84 | 5. Institution Priority<br>15 of 24   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Administration Renovation   |                       | 9. Critical Level Category<br>F. Scheduled Periodic Renovation  |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.5 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 6.5 Month(s) |   | 11. Contact Person<br>Name: Kip Knutzon<br>Title: Business Manager<br>Phone: (641) 858-5402               |
| 8a. Existing Project Number/Rank<br>Number: 9999.00 Rank:   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Project would involve truckpointing, electrical and plumbing repairs, window replacements, replacement of air conditioning system, restroom repairs, and improvement of interior finishes. Asbestos removal or encapsulation would also be associated with the restroom repairs, HVAC systems, or with the window removal. Estimates for project costs are based on projects similar in nature and 1999 the vertical infrastructure database. |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 15,104 NSF<br>Gross Square Feet: 15,104 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$28.67 |
| 14. Statement of Need & Justification: This building was built in 1961 but still serves as a primary location for administrative offices, switchboard, phone and computer systems. Improvement would greatly improve energy efficiency, and improve quality of life for staff working in these offices. Repairs are long overdue and need to be done now to ensure building functionality for the future. Proper air-conditioning is needed since the building operates year-round. Alternatives to Project: Continue as is and allow systems to go to failure or building functionality to deteriorate to an unusable condition. Project could be phased in over multiple fiscal years.<br>Consequences of Deferral: Building will continue to deteriorate which may cause greater renovation costs in the future. |                       |   |                                |   |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |   |                                |   |   |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: See Item 14 above   |                       |   |                                |   |   |   |
| 18. Advisory Committee Priority:<br><br>4. Renovation Project   |                       |   |                                |   |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 50,000<br>Site Development/L and Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 383,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0   |                       |   |                                |   |   |   |
| 20. Operating Cost Summary (optional)<br><input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |                       |   |                                |   |   |   |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |                       |   |                                |   |   |   |

### FY2008 Major Maintenance Project Request

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|--------------------------|----|---------|
| Total Project Estimate   | \$ | 433,000 |
| Major Maintenance Amount | \$ | 0       |

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

|   |                       |   |                                |   |   |   |
|---|-----------------------|---|--------------------------------|---|---|---|
| 1. Agency<br>Human Services                               | 2. Agency Code<br>405 | 3. Institution Location<br>State Training School - Eldora, IA | 4. Agency Priority<br>78 of 85 | 5. Institution Priority<br>16 of 24   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Powerhouse Renovation                       |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.5 Month(s)<br>Construction: 4.5 Month(s)<br>Total: 7.0 Month(s) |   | 11. Contact Person<br>Name: Kip Knutzon<br>Title: Business Manager<br>Phone: (641) 858-5402 |
| 8a. Existing Project Number/Rank<br>Number: 9999.00 Rank: |                       |   |                                |   |   |   |

12. Description of Project (or Proposed Changes to Existing Project): Project would return the building back to proper codes in structural, and interior/exterior wall systems. Estimates for project costs are based on projects similar in nature and 1999 the vertical infrastructure database that identified the deficiencies.

14. Statement of Need & Justification: This building was built in 1901 but still serves as a primary area for the facility's steam boilers and associated equipment, water softeners, and hot water heaters. It also houses a 100KW emergency generator. Vertical infrastructure survey completed in 1999 rated the building structural integrity as an D & X. Repairs are long overdue and need to be done now to ensure building functionality for the future. Building operates year-round. Repair costs are based on vertical infrastructure survey in 1999. Alternatives to Project: Continue as is and allow systems to go to failure or building functionality to deteriorate to an unseizable condition. Project could be phased in over multiple fiscal years. Consequences of Deferral: Building will continue to deteriorate which may cause greater renovation costs in the future.

16. Co-Location (Explain):  
 Enter Co-Location Explanation

17. Advisory Committee Classification:  
 ADA Requirement  
 ADA Transition Plan or Complaint Filing: Explain ADA Requirement  
 Fire Marshal Report or Citation  
 Date of Inspection and Explanation: Enter Date of Inspection and Explanation  
 Other Code Enforcement or Other Requirements  
 Explain: Enter Code Enforcement or Other Requirement Explanation  
 Program/Project/Plant Manager Determination of Need.  
 Statement of Need: See Item 14 above  
 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 & Supervisor               | \$ 200,000   | Requesting Agency                     | Other  | Requesting Agency                   | Other  |
| Site Development/Land Acquisition | \$ 0         | First Year                            | Annual |                                     |        |
| Utility Extensions                | \$ 0         |                                       |        |                                     |        |
| Construction                      | \$ 2,210,278 | Operations & Maintenance              | \$ 0   | \$ 0                                | \$ 0   |
| Equipment - Fixed                 | \$ 0         | Salaries                              | \$ 0   | \$ 0                                | \$ 0   |
| Furnishings - Movable Equipment   | \$ 0         | Utilities                             | \$ 0   | \$ 0                                | \$ 0   |
| Contingency                       | \$ 0         | All Other                             | \$ 0   | \$ 0                                | \$ 0   |
| Financing Cost                    | \$ 0         | Total                                 | \$ 0   | \$ 0                                | \$ 0   |
| Artwork                           | \$ 0         | New FTES                              | 0 FTES | 0 FTES                              | 0 FTES |
| Demolition                        | \$ 0         |                                       |        |                                     |        |

### FY2008 Major Maintenance Project Request

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|                          |              |  |
|--------------------------|--------------|--|
| Total Project Estimate   | \$ 2,410,278 | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |
| Major Maintenance Amount | \$ 0         |  |

**FY2009 Major Maintenance Project Request**

|  |                       |   |   |   |   |  |
|--|-----------------------|---|---|---|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code<br>407 | 3. Institution /Location<br>Mental Health Institute<br>Cherokee, IA   | 4. Agency Priority<br>79 of 84  | 5. Institution Priority<br>21 of 22   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and   | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Motor Pool Renovation Project  |                       | 9. Critical Level Category<br>D. Operational Inefficiency   |   | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 18.0 Month(s) |   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922                |
| 8a. Existing Project Number/Rank<br>Number: Rank: 077.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Work to include updated vehicle lift, building exhaust system, tire changer, tire balancer, air compressor and supply lines. Constant air monitoring is a very important concern. |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: All of our systems need updating. Vehicle exhaust is a constant concern. Also safety while working under some vehicles.<br>Alternatives to Project: Continue to deal with problems on an as needed basis<br>Consequences of Deferral: Inability for staff to properly make repairs and work safely.   |                       |   |   |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |   |   |   |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |   |   |   |   |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                       |   |   |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 78,500<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 785,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 863,500<br>Major Maintenance Amount \$ 863,500   |                       |   | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES |   | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |   |   |   |   |  |

**FY2009 Major Maintenance Project Request**

|   |                       |  |   |  |   |   |
|---|-----------------------|--|---|--|---|---|
| 1. Agency<br>Human Services   | 2. Agency Code<br>407 | 3. Institution Location<br>Mental Health Institute<br>Cherokee, IA   | 4. Agency Priority<br>80 of 84  | 5. Institution Priority<br>22 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Remodel Laundry   |                       | 9. Critical Level Category<br>D. Operational Inefficiency  |   | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 12.0 Month(s) |   | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922   |
| 8a. Existing Project Number/Rank<br>Number: Rank: 078.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Area needs to be properly air conditioned. 3 washers and 3 dryers will need replacement. |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$  |
| 14. Statement of Need & Justification: Working conditions for staff and reliable machinery. Alternatives to Project: Repair equipment ans necessary. Consequences of Deferral: Air conditioning failure creating difficult working conditions and equipment failures.   |                       |  |   |  |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |  |   |  |   |   |
| 18. Advisory Committee Priority:<br>4. Renovation Project   |                       |  |   |  |   |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |  |   |  |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 17,500<br>Site Development/Land Acquisition 0<br>Utility Extensions 0<br>Construction 0<br>Equipment - Fixed 0<br>Furnishings - Movable Equipment 175,000<br>Contingency 0<br>Financing Cost 0<br>Artwork 0<br>Demolition 0<br>Total Project Estimate \$ 192,500<br>Major Maintenance Amount \$ 192,500   |                       |  | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES |  |   | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |  |   |  |   |   |

### FY2009 Major Maintenance Project Request

|   |                       |   |                                |  |   |   |  |
|---|-----------------------|---|--------------------------------|--|---|---|--|
| 1. Agency<br>Human Services   | 2. Agency Code<br>407 | 3. Institution Location<br>Mental Health Institute<br>Cherokee, IA                          | 4. Agency Priority<br>81 of 84 | 5. Institution Priority<br>14 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY and | 7. Funding Source(s)<br>Major Maintenance |  |
| 8. Project<br>Renovate Powerhouse to meet Boiler Codes  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1                                |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 12.0 Month(s) |   |   |  |
| 8a. Existing Project Number/Rank<br>Number: Rank: 079_0   |                       | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922 |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |   |   |  |
| 12. Description of Project (or Proposed Changes to Existing Project): We must replace our de-aeration (DA) system, boiler feed pumps and lines. We must also update our boiler electrical and shut down systems to meet current code.   |                       |   |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                 |   |   |  |
| 14. Statement of Need & Justification: Our current boiler water de-aeration (DA) system is outdated and extremely inefficient. Constant steam and, therefore energy, is lost from our old open air condensate receiver pit. The boiler room electrical systems do not meet current code. We need the ability to shut off all boiler component power at a single electrical panel. We also need emergency electrical shut down switches at the exit doors. The boiler feed pumps and supply lines are deteriorating and must be replaced. Alternatives to Project: Continues to operate out of boiler code requirements. Continue to operate inefficiently and risk system failures. Consequences of Deferral: Damage our boilers by not properly driving the oxygen out of our boiler feed water. In the event of feed water system failure, it may be impossible to operate our boilers. We will not be able to shut the boiler down from the needed exit door switches. |                       |   |                                |  |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |   |                                |  |   |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-   |                       |   |                                |  |   |   |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |                       |   |                                |  |   |   |  |
| 19. Project Cost Summary  |                       |   |                                |  |   |   |  |
| Design & Supervision  |                       | \$ 14,000   |                                |  |   |   |  |
| Site Development/Land Acquisition   |                       | \$ 0  |                                |  |   |   |  |
| Utility Extensions  |                       | \$ 0  |                                |  |   |   |  |
| Construction  |                       | \$ 139,000  |                                |  |   |   |  |
| Equipment - Fixed   |                       | \$ 0  |                                |  |   |   |  |
| Furnishings - Movable Equipment   |                       | \$ 0  |                                |  |   |   |  |
| Contingency   |                       | \$ 0  |                                |  |   |   |  |
| Financing Cost  |                       | \$ 0  |                                |  |   |   |  |
| Artwork   |                       | \$ 0  |                                |  |   |   |  |
| Demolition  |                       | \$ 0  |                                |  |   |   |  |
| 20. Operating Cost Summary (optional)   |                       |   |                                |  |   |   |  |
| Requesting Agency   |                       | First Year  |                                | Other  |   | Annual                                    |  |
| Requesting Agency   |                       | Requesting Agency   |                                | Requesting Agency  |   | Requesting Agency                         |  |
| Operations & Maintenance  |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |
| Salaries  |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |
| Utilities   |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |
| All Other   |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |
| Total   |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |
| New FTEs  |                       | 0 FTEs  |                                | 0 FTEs   |   | 0 FTEs                                    |  |
| 21. Cost Savings Summary (optional)   |                       |   |                                |  |   |   |  |
| Requesting Agency   |                       | Other   |                                | Requesting Agency  |   | Other                                     |  |
| Operations & Maintenance  |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |
| Salaries  |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |
| Utilities   |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |
| All Other   |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |
| Total   |                       | \$ 0  |                                | \$ 0   |   | \$ 0                                      |  |

**FY2009 Major Maintenance Project Request**

|                          |                   |
|--------------------------|-------------------|
| Total Project Estimate   | \$ <u>153,000</u> |
| Major Maintenance Amount | \$ <u>153,000</u> |

|  |
|--|
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |
|--|

| 1. Agency<br>Human Services   | 2. Agency Code<br>404 | 3. Institution Location<br>Iowa Juvenile Home-<br>Toledo, IA   | 4. Agency Priority<br>82 of 85 | 5. Institution Priority<br>8 of 8   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
|---|-----------------------|--|--------------------------------|---|---|--|----------------------|------------|------|-----------------------------------|-------|--------------------------|--------------------|-------------------|----------|--------------------------|------|-----------|-------------------|------|-----------|---------------------------------|------|-------|-------------|-----------|------|----------------|------|------|-----------|------|------|------------|------|-------|------------------------|------|--------|--------------------------|----|--------|
| 8. Project<br>Demolish IJH Chapel   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 1.0 Month(s)<br>Total: 4.0 Month(s) |   | 11. Contact Person<br>Name: Karen Connell<br>Title: Business Manager<br>Phone: (641) 484-2560              |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Demolish chapel and backfill to grade. |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 4,424 NSF<br>Gross Square Feet: 4,424 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ 13.56 |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| 14. Statement of Need & Justification: This is an unused cottage of 4,424 sq. ft., with an overall D rating. The basement is in very poor condition. The new geothermal heating and cooling system does not serve the cottage. Remaining mechanical systems are in poor condition. Masonry has suffered erosion. Cost estimates are based on recent demolition bids accepted for IJH Wilson Cottage. Alternatives to Project: The building has deteriorated to an unuseable condition. Lack of heat to this building will hasten the deterioration to an unsafe condition. Consequences of Deferral: Continued deterioration and building failure posing a risk to staff and students   |                       |  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| 16. Co-Location (Explain):<br>None  |                       |  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements:<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input checked="" type="checkbox"/> Statement of Need: Enter Statement of Need.<br>Vertical Infrastructure Database Condition. Rating: D   |                       |  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |                       |  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| 19. Project Cost Summary<br><table border="1"> <tr> <td>Design &amp; Supervision</td> <td>\$</td> <td>5000</td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utility Extensions</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Construction</td> <td>\$</td> <td>55000</td> </tr> <tr> <td>Equipment - Fixed</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Contingency</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Financing Cost</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Artwork</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Demolition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total Project Estimate</td> <td>\$</td> <td>60,000</td> </tr> <tr> <td>Major Maintenance Amount</td> <td>\$</td> <td>60,000</td> </tr> </table> |                       |  |                                |   |   |  | Design & Supervision | \$         | 5000 | Site Development/Land Acquisition | \$    | 0                        | Utility Extensions | \$                | 0        | Construction             | \$   | 55000     | Equipment - Fixed | \$   | 0         | Furnishings - Movable Equipment | \$   | 0     | Contingency | \$        | 0    | Financing Cost | \$   | 0    | Artwork   | \$   | 0    | Demolition | \$   | 0     | Total Project Estimate | \$   | 60,000 | Major Maintenance Amount | \$ | 60,000 |
| Design & Supervision  | \$                    | 5000   |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Site Development/Land Acquisition   | \$                    | 0  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Utility Extensions  | \$                    | 0  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Construction  | \$                    | 55000  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Equipment - Fixed   | \$                    | 0  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Furnishings - Movable Equipment   | \$                    | 0  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Contingency   | \$                    | 0  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Financing Cost  | \$                    | 0  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Artwork   | \$                    | 0  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Demolition  | \$                    | 0  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Total Project Estimate  | \$                    | 60,000   |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Major Maintenance Amount  | \$                    | 60,000   |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <th rowspan="2">Requesting Agency</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 &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table>   |                       |  |                                |   |   |  | Requesting Agency    | 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                     |    |        |
| Requesting Agency   | 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  |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th rowspan="2">Requesting Agency</th> <th colspan="2">Other</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table>  |                       |  |                                |   |   |  | Requesting Agency    | Other      |      | Requesting Agency                 | Other | Operations & Maintenance | \$ 0               | \$ 0              | Salaries | \$ 0                     | \$ 0 | Utilities | \$ 0              | \$ 0 | All Other | \$ 0                            | \$ 0 | Total | \$ 0        | \$ 0      |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Requesting Agency   | Other                 |  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
|   | Requesting Agency     | Other  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Operations & Maintenance  | \$ 0                  | \$ 0   |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Salaries  | \$ 0                  | \$ 0   |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Utilities   | \$ 0                  | \$ 0   |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| All Other   | \$ 0                  | \$ 0   |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| Total   | \$ 0                  | \$ 0   |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |
| 22. Cost to Other Agencies (optional; explain if applicable): None  |                       |  |                                |   |   |  |                      |            |      |                                   |       |                          |                    |                   |          |                          |      |           |                   |      |           |                                 |      |       |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |        |

**FY2009 Major Maintenance Project Request**

|  |                        |  |                                |  |  |   |  |
|--|------------------------|--|--------------------------------|--|--|---|--|
| 1. Agency<br>Human Services  | 2. Agency Code:<br>407 | 3. Institution/Location<br>Mental Health Institute<br>Cherokee, IA   | 4. Agency Priority<br>85 of 85 | 5. Institution Priority<br>18 of 22  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance   |  |
| 8. Project<br>Install Elevator In Wirth Hall Building.   |                        | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 12.0 Month(s)   |  | 11. Contact Person<br>Name: Tony Morris<br>Title: Business Manager<br>Phone: (712) 225-6922   |  |
| 8a. Existing Project Number/Rank<br>Number: _____ Rank: _____  |                        | 12. Description of Project (or Proposed Changes to Existing Project): Attach an elevator to the exterior of the existing building that gives access to all levels of the building and meets all handicap regulations.  |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |  |
| 14. Statement of Need & Justification: This building is used for on campus housing. Currently it has no elevator and has no handicapped access at all. A new elevator would address this problem.<br>Alternatives to Project: None<br>Consequences of Deferral: Not being in compliance. |                        | 17. Advisory Committee Classification:<br><input checked="" type="checkbox"/> ADA Requirement<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |  | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                        | 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                                | 19. Project Cost Summary<br>Design & Supervision \$ 65,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 650,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 715,000<br>Major Maintenance Amount \$ 715,000 |  | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |  |

|   |                       |  |                              |   |   |  |
|---|-----------------------|--|------------------------------|---|---|--|
| 1. Agency<br>Human Services   | 2. Agency Code<br>411 | 3. Institution/Location<br>Glenwood  | 4. Agency Priority<br>0 of 0 | 5. Institution Priority<br>0 of 0   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-OTHER CHAN | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Expansion Joints in Steam System  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                              | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 0.0 Month(s)<br>Total: 4.0 Month(s)   |   | 11. Contact Person<br>Name: Max L. Cupp<br>Title: Environmental Services Director<br>Phone: (712) 525-1381 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 2010.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Funds are no longer needed for this project, as Glenwood has completed the major portion of this project during FY09 and will complete the remainder of this project in FY10.  |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$       |
| 14. Statement of Need & Justification:<br>Alternatives to Project:<br>Consequences of Deferral:   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing:<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation:<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain:<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need:<br><input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D and X |                              | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$  |   |  |
| 16. Co-Location (Explain):  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing:<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation:<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain:<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need:<br><input checked="" type="checkbox"/> Vertical Infrastructure Database Condition. Rating: D and X |                              |   |   |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |                       |  |                              |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ _____ 0<br>Site Development/Land Acquisition \$ _____ 0<br>Utility Extensions \$ _____ 0<br>Construction \$ _____ 0<br>Equipment - Fixed \$ _____ 0<br>Furnishings - Movable Equipment \$ _____ 0<br>Contingency \$ _____ 0<br>Financing Cost \$ _____ 0<br>Artwork \$ _____ 0<br>Demolition \$ _____ 0<br>Total Project Estimate \$ _____ 0<br>Major Maintenance Amount \$ _____ 0 |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Salaries \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Utilities \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>All Other \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Total \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>New FTES _____ 0 FTES _____ 0 FTES _____ 0 FTES _____ 0 FTES  |                              | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ _____ 0 \$ _____ 0<br>Salaries \$ _____ 0 \$ _____ 0<br>Utilities \$ _____ 0 \$ _____ 0<br>All Other \$ _____ 0 \$ _____ 0<br>Total \$ _____ 0 \$ _____ 0 |   | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies                 |

**FY2009 Major Maintenance Project Request**

|   |                       |  |                               |  |   |   |  |
|---|-----------------------|--|-------------------------------|--|---|---|--|
| 1. Agency<br>Human Services   | 2. Agency Code<br>408 | 3. Institution /Location<br>Clarinda Treatment Complex       | 4. Agency Priority<br>0 of 85 | 5. Institution Priority<br>of  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>-Select From List-  |  |
| 8. Project<br>Tunnel Replacement SW Main  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1 |                               | 10. Proposed Schedule (in months)<br>Planning: 4.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 10.0 Month(s)<br>Total: 16.0 Month(s)  |   | 11. Contact Person<br>Name: Carl Buck<br>Title: Asst. Business Manager<br>Phone: (712) 542-6106 |  |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       |  |                               |  |   |   |  |
| 12. Description of Project (or Proposed Changes to Existing Project): Demo existing tunnel and construct new tunnel serving utilities from the power plant to the South West Wing of the main building. 400 feet of underground tunnel with new utility lines.    |                       |  |                               | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |   |   |  |
| 14. Statement of Need & Justification: tunnel walls are horizontally fractured and tunnel is in danger of collapse. Alternatives to Project: direct burial<br>Consequences of Deferral: Personal injury to the clients and public. Essential utilities shut down. |                       |  |                               | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$   |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |  |                               | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: One tunnel has collapsed, this one is similar in age and condition of the collapsed tunnel<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |  |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-   |                       |  |                               |  |   |   |  |
| 19. Project Cost Summary  |                       |  |                               | 20. Operating Cost Summary (optional)  |   | 21. Cost Savings Summary (optional)   |  |
| Design & Supervision \$ 200,000   |                       |  |                               | Requesting Agency First Year   |   | Requesting Agency Annual  |  |
| Site Development/Land Acquisition \$ 0  |                       |  |                               | Other  |   | Other   |  |
| Utility Extensions \$ 200,000   |                       |  |                               |  |   |   |  |
| Construction \$ 820,000   |                       |  |                               |  |   |   |  |
| Equipment - Fixed \$ 0  |                       |  |                               |  |   |   |  |
| Furnishings - Movable Equipment \$ 0  |                       |  |                               |  |   |   |  |
| Contingency \$ 0  |                       |  |                               |  |   |   |  |
| Financing Cost \$ 0   |                       |  |                               |  |   |   |  |
| Artwork \$ 0  |                       |  |                               |  |   |   |  |
| Demolition \$ 300,000   |                       |  |                               |  |   |   |  |
| Total Project Estimate \$ 1,520,000   |                       |  |                               |  |   |   |  |
| Major Maintenance Amount \$ 0   |                       |  |                               |  |   |   |  |
| 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<br>Human Services   | 2. Agency Code<br>408 | 3. Institution / Location<br>Clarinda Treatment Complex   | 4. Agency Priority<br>0 of 85 | 5. Institution Priority of   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>-Select From List-   |
| 8. Project<br>Tunnel Replacement Southview  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                               | 10. Proposed Schedule (in months)<br>Planning: 4.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 10.0 Month(s)<br>Total: 16.0 Month(s)  |   | 11. Contact Person<br>Name: Carl Buck<br>Title: Asst. Business Manager<br>Phone: (712) 542-6102      |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Demo Existing tunnel and construct new tunnel with utilities serving from the power plant to the Southview building. 420 feet of underground tunnel with new utility lines. |                               | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ |
| 14. Statement of Need & Justification: Tunnel walls are horizontally cracked through and structurally weak. Alternatives to Project: direct burial of new utilities<br>Consequences of Deferral: Personal injury to clients and or public, loss of essential utilities  |                       | 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                               | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: One tunnel collapsed, this tunnel is similar in condition and age of the collapsed tunnel.<br>Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-   |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual<br>First Year<br>Requesting Agency: _____ Other: _____   |                               | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____   |   | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____                         |
| 19. Project Cost Summary<br>Design & Supervision \$ 200,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 200,000<br>Construction \$ 850,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 400,000<br>Total Project Estimate \$ 1,650,000<br>Major Maintenance Amount \$ 0 |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual<br>First Year<br>Requesting Agency: _____ Other: _____   |                               | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____   |   | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____                         |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |   |                               |  |   |  |

Cultural Affairs  
FY2009 Major Maintenance Requests

Iowa Vertical Infrastructure Program

May 2009

|   |                       |  |                              |                                   |  |  |
|---|-----------------------|--|------------------------------|-----------------------------------|--|--|
| 1. Agency<br>Cultural Affairs   | 2. Agency Code<br>259 | 3. Institution/Location<br>Plum Grove Historic Site, Iowa City | 4. Agency Priority<br>1 of 2 | 5. Institution Priority<br>1 of 1 | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST  | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Plum Grove Moisture Mitigation Phase 2  |                       | 9. Critical Level Category<br>C. Imminent Economic Loss        |                              |                                   | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 11.0 Month(s) | 11. Contact Person<br>Name: Jerome Thompson<br>Title: State Curator<br>Phone: (515) 281-4221 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       |  |                              |                                   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |  |
| 12. Description of Project (or Proposed Changes to Existing Project): Tuckpointing of the site will be underway this spring in phase 1. A study conducted in 2003 identified several other issues relating to moisture problems at this site. This second phase will address issues with the exterior window sashes and sills, chimney flashings, mold mitigation in the attic insulation, interior plaster repairs, regrading around the structure |                       |  |                              |                                   |  |  |

14. Statement of Need & Justification: More than 50% of the windows require work on sashes and sills to prevent additional moisture problems, the mold situation in the attic insulation indicates another moisture problem that must be mitigated for health and safety reasons along with possible damage to roof elements.  
 Alternatives to Project: sub-phase work over a period of years with routine maintenance funding  
 Consequences of Deferral: loss and damage to interior elementment of the building will occur

16. Co-Location (Explain):  
 Enter Co-Location Explanation

17. Advisory Committee Classification:  
 ADA Requirement  
 Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement  
 Fire Marshal Report or Citation.  
 Date of Inspection and Explanation: Enter Date of Inspection and Explanation  
 Other Code Enforcement or Other Requirements.  
 Explain: Enter Code Enforcement or Other Requirement Explanation  
 Program/Project/Plant Manager Determination of Need.  
 Statement of Need: reduce exponential damage  
 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              | \$ 10,500 | Requesting Agency  | Other  | Requesting Agency                   | Other  |
| Site Development/Land Acquisition | \$ 0      | First Year   | Annual |                                     |        |
| Utility Extensions                | \$ 0      |  |        |                                     |        |
| Construction                      | \$ 25,000 | Operations & Maintenance   | \$ 0   | \$ 0                                | \$ 0   |
| Equipment - Fixed                 | \$ 0      | Salaries   | \$ 0   | \$ 0                                | \$ 0   |
| Furnishings - Movable Equipment   | \$ 0      | Utilities  | \$ 0   | \$ 0                                | \$ 0   |
| Contingency                       | \$ 0      | All Other  | \$ 0   | \$ 0                                | \$ 0   |
| Financing Cost                    | \$ 0      | Total  | \$ 0   | \$ 0                                | \$ 0   |
| Artwork                           | \$ 0      | New FTES   | 0 FTES | 0 FTES                              | 0 FTES |
| Demolition                        | \$ 0      |  |        |                                     |        |
| Total Project Estimate            | \$ 35,500 | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |        |                                     |        |
| Major Maintenance Amount          | \$ 35,500 |  |        |                                     |        |

**FY2009 Major Maintenance Project Request**

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| 1. Agency<br>Cultural Affairs   | 2. Agency Code<br>259 | 3. Institution/Location<br>Residence House, Edel<br>Blacksmith Shop,<br>Haverhill, IA  | 4. Agency Priority<br>2 of 2 | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
|---|-----------------------|--|------------------------------|---|---|--|-------|--------------------------|-------|--------------------------|------|-----------|------|-----------|------|-------|------|-----------|------|------|------|-----------|------|------|------|-------|------|------|------|
| 8. Project<br>Building envelope study, specifications and cost estimates  |                       | 9. Critical Level Category<br>F. Scheduled Periodic Renovation   |                              | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: _____ Month(s)<br>Construction: _____ Month(s)<br>Total: 2.0 Month(s) |   | 11. Contact Person<br>Name: Jerome Thompson<br>Title: State Curator<br>Phone: (515) 281-4221 |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): The residence house at the Edel Blacksmith Shop is showing mortar losses in the stone foundation, deterioration of some wooden storm windows, and other signs that indicate potential moisture problems that need to be corrected. This study would provide recommendations, specifications, and cost estimates.   |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 14. Statement of Need & Justification: This structure is a contributing element to a National Register Historic Property of state significance. The appearance of the property reflects on the state's stewardship. The study will be the first step in addressing preservation of this structure<br>Alternatives to Project: Defer<br>Consequences of Deferral: Deterioration of window will continue, structural problems are possible if the foundation is breached. |                       |  |                              | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                    |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: The study will result in recommendations and costs for future work<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                              |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 18. Advisory Committee Priority:<br><br>3. Project to Reduce Exponential Damage   |                       | 20. Operating Cost Summary (optional)<br><table border="1"> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table><br>New FTES: _____ Other FTES: _____   |                              |   |   | Requesting Agency  | Other | Requesting Agency        | Other | Operations & Maintenance | \$ 0 | \$ 0      | \$ 0 | Salaries  | \$ 0 | \$ 0  | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 |
| Requesting Agency   | Other                 | Requesting Agency  | Other                        |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance  | \$ 0                  | \$ 0   | \$ 0                         |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries  | \$ 0                  | \$ 0   | \$ 0                         |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities   | \$ 0                  | \$ 0   | \$ 0                         |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other   | \$ 0                  | \$ 0   | \$ 0                         |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total   | \$ 0                  | \$ 0   | \$ 0                         |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 19. Project Cost Summary<br>Design & Supervision \$ 7,500<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 0<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 7,500<br>Major Maintenance Amount \$ 7,500   |                       | 21. Cost Savings Summary (optional)<br><table border="1"> <tr> <th>Requesting Agency</th> <th>Other</th> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> </tr> </table><br>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                              |   |   | Requesting Agency  | Other | Operations & Maintenance | \$ 0  | Salaries                 | \$ 0 | Utilities | \$ 0 | All Other | \$ 0 | Total | \$ 0 |           |      |      |      |           |      |      |      |       |      |      |      |
| Requesting Agency   | Other                 |  |                              |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance  | \$ 0                  |  |                              |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries  | \$ 0                  |  |                              |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities   | \$ 0                  |  |                              |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other   | \$ 0                  |  |                              |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total   | \$ 0                  |  |                              |   |   |  |       |                          |       |                          |      |           |      |           |      |       |      |           |      |      |      |           |      |      |      |       |      |      |      |

Version 3/25/2008

**FY2009 Major Maintenance Project Request**

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Iowa Workforce Development  
FY2010 Major Maintenance Requests

Iowa Vertical Infrastructure Program

May 2009

**FY2009 Major Maintenance Project Request**

|   |                     |  |                              |   |  |  |
|---|---------------------|--|------------------------------|---|--|--|
| 1. Agency IWD   | 2. Agency Code: 309 | 3. Institution /Location<br>1000 E Grand Ave,<br>Des Moines, IA  | 4. Agency Priority<br>1 of 1 | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-FUNDING CHL | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Replace windows @ 1000 E Grand bldg   |                     | 9. Critical Level Category<br>C. Imminent Economic Loss  |                              | 10. Proposed Schedule (in months)<br>Planning: 0.0 Month(s)<br>Bidding: 0.0 Month(s)<br>Construction: 0.0 Month(s)<br>Total: 0.0 Month(s) |  | 11. Contract Person<br>Name: Kristin Macey/Tony Schmitz<br>Title: Project Manager<br>Phone: (515) 281-5423 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                     | 12. Description of Project (or Proposed Changes to Existing Project): Replace windows in 1962 building. Current windows are leaking, not thermally broken, some single pane. Loss of heating/cooling efficiency in 110,000+ SF facility. The plaster wall areas around these windows demonstrate water damage.   |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0,<br>Gross Square Feet: 0 GSF  |  |  |
| 14. Statement of Need & Justification: Heating/cooling inefficiencies, wall damage Alternatives to Project: phase over 3 years to do one side per year Consequences of Deferral: continued loss of energy efficiency & wall damage  |                     | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____   |                              |   |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                     | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: potentially reduce energy consumption, stop wall damage<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                              |   |  |  |
| 18. Advisory Committee Priority:<br><br>3. Project to Reduce Exponential Damage   |                     | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Annual Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |                              |   |  |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 90,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 650,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 50,000<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 250,000<br>Total Project Estimate \$ 1,040,000<br>Major Maintenance Amount \$ 1,040,000 |                     | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0  |                              |   |  |  |
| 22. Cost to Other Agencies (optional: explain if applicable): Enter Cost to Other Agencies  |                     |  |                              |   |  |  |

Education—Iowa Public Television  
FY2009 Major Maintenance Requests

Iowa Vertical Infrastructure Program

May 2009



|  |                        |  |                              |  |   |   |
|--|------------------------|--|------------------------------|--|---|---|
| 1. Agency Code:<br>IPTV  | 2. Agency Code:<br>285 | 3. Institution/Location<br>KYIN Transmitter Site   | 4. Agency Priority<br>2 of 2 | 5. Institution Priority<br>2 of 2  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>KYIN Analog Antenna Removal  |                        | 9. Critical Level Category<br>C. Imminent Economic Loss  |                              | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 6.0 Month(s)  |   | 11. Contact Person<br>Name: William T. Hayes<br>Title: Director of Engineering<br>Phone: (515) 242-3116 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                        |  |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0,<br>Gross Square Feet: 0,  |   |   |
| 12. Description of Project (or Proposed Changes to Existing Project): Removal of the KYIN analog antenna and transmission line from the 1500 foot tower owned by KIMT TV. This system will go out of service when analog broadcasting ends on June 9, 2009.  |                        |  |                              | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____   |   |   |
| 14. Statement of Need & Justification: Removal of the antenna and transmission line is required by the tower owner. The removal will also eliminate the monthly rent that IPTV currently pays for the tower space.<br>Alternatives to Project: None proposed<br>Consequences of Deferral: On-going unbudgeted expenditure for rent. Tower owner may not allow IPTV to leave the antenna and transmission line in place, regardless of funding. |                        |  |                              | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br><input checked="" type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Lease with tower owner requires the removal of the antenna and transmission line at the end of service life.<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |
| 16. Go-Location (Explain):<br>Enter Co-Location Explanation  |                        | 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____ Annual: _____ Other: _____<br>First Year: _____ Other: _____<br>Operations & Maintenance: \$ _____<br>Salaries: \$ _____<br>Utilities: \$ _____<br>All Other: \$ _____<br>Total: \$ _____ |                              |  |   |   |
| 18. Advisory Committee Priority:<br>2. Project Already Underway  |                        | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Operations & Maintenance: \$ 23,665<br>Salaries: \$ 0<br>Utilities: \$ 0<br>All Other: \$ 0<br>Total: \$ 23,665  |                              |  |   |   |
| 19. Project Cost Summary<br>Design & Supervision: \$ _____<br>Site Development/Land Acquisition: \$ _____<br>Utility Extensions: \$ _____<br>Construction: \$ _____<br>Equipment - Fixed: \$ _____<br>Furnishings - Movable Equipment: \$ _____<br>Contingency: \$ _____<br>Financing Cost: \$ _____<br>Artwork: \$ _____<br>Demolition: \$ 68,000<br>Total Project Estimate: \$ 68,000<br>Major Maintenance Amount: \$ 0                      |                        | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                              |  |   |   |

Terrace Hill  
FY2009 Major Maintenance Requests

Iowa Vertical Infrastructure Program

May 2009

**FY2009 Major Maintenance Project Request**

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| <p>1. Agency<br/>Terrace Hill</p>  | <p>2. Agency Code<br/>000</p> | <p>3. Institution Location<br/>Enter Institution Or Location</p>     | <p>4. Agency Priority<br/>1 of 1</p>   | <p>5. Institution Priority<br/>1 of 1</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>EXISTING-PRIORITY CH</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
|--|-------------------------------|--|--|--|--|--|----------------------|-------------------|-------|----------------------------------|------|-------------------|--------------------|-------------------|-------|--------------------------|------|------|-------------------|------|----------|---------------------------------|------|------|-------------|-----------|------|----------------|------|------|-----------|------|------|------------|------|-------|------------------------|------|--------|--------------------------|----|-------|
| <p>8. Project<br/>Geothermal conversion HVAC engineering plan/bid specs</p>  |                               | <p>9. Critical Level Category<br/>B. Health and Safety - Class 2</p> |  | <p>10. Proposed Schedule (in months)<br/>Planning: 1.0 Month(s)<br/>Bidding: 1.0 Month(s)<br/>Construction: 0.0 Month(s)<br/>Total: 2.0 Month(s)</p> |  | <p>11. Contact Person<br/>Name: Brian Browning<br/>Title: Administrator<br/>Phone: (000) 000-0000</p>              |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| <p>12. Description of Project (or Proposed Changes to Existing Project): Enter Description of Project</p>  |                               |  | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p> |  |  | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p> |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| <p>14. Statement of Need &amp; Justification: Will enable the TH Foundation to raise funds for a 50/50 match with appropriation to do a geothermal conversion. Geothermal will improve environmental conditions in the mansion, making Alternatives to Project no alternatives currently available<br/>Consequences of Deferral: retain old boiler system: lose momentum for private fundraising; continue to have poor environmental/museum temperature &amp; humidity control</p>  |                               |  |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>  |                               |  |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement<br/>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/>Explain: Enter Code Enforcement or Other Requirement Explanation<br/><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/>Statement of Need: Enter Statement of Need<br/><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p>  |                               |  |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| <p>18. Advisory Committee Priority:<br/>-Select One Priority From List-</p>  |                               |  |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| <p>19. Project Cost Summary</p> <table border="1"> <tr> <td>Design &amp; Supervision</td> <td>\$</td> <td>25000</td> </tr> <tr> <td>Site Development/and Acquisition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utility Extensions</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Construction</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Equipment - Fixed</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Contingency</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Financing Cost</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Artwork</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Demolition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total Project Estimate</td> <td>\$</td> <td>25,000</td> </tr> <tr> <td>Major Maintenance Amount</td> <td>\$</td> <td>25000</td> </tr> </table> |                               |  |  |  |  |  | Design & Supervision | \$                | 25000 | Site Development/and 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 | \$   | 25,000 | Major Maintenance Amount | \$ | 25000 |
| Design & Supervision   | \$                            | 25000  |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| Site Development/and 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   | \$                            | 25,000   |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| Major Maintenance Amount   | \$                            | 25000  |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| <p>20. Operating Cost Summary (optional)</p> <table border="1"> <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 &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table> <p>New FTES: 0 FTES      0 FTES      0 FTES      0 FTES</p>                         |                               |  |  |  |  |  |                      | 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                     |    |       |
|  | 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   |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| <p>21. Cost Savings Summary (optional)</p> <table border="1"> <thead> <tr> <th></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 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 |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
|  | Requesting Agency             | Other  |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| Operations & Maintenance   | \$ 0                          | \$ 0   |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| Salaries   | \$ 0                          | \$ 0   |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| Utilities  | \$ 0                          | \$ 0   |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| All Other  | \$ 0                          | \$ 0   |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| Total  | \$ 0                          | \$ 0   |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |
| <p>22. Cost to Other Agencies (optional): explain if applicable): Enter Cost to Other Agencies</p>   |                               |  |  |  |  |  |                      |                   |       |                                  |      |                   |                    |                   |       |                          |      |      |                   |      |          |                                 |      |      |             |           |      |                |      |      |           |      |      |            |      |       |                        |      |        |                          |    |       |

**FY2009 Major Maintenance Project Request**

|   |   |  |  |                                   |  |   |
|---|---|--|--|-----------------------------------|--|---|
| 1. Agency<br>Terrace Hill   | 2. Agency Code<br>000   | 3. Institution/Location<br>Enter Institution Or Location       | 4. Agency Priority<br>1 of 1   | 5. Institution Priority<br>1 of 1 | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH       | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Painting  | 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0 | 9. Critical Level Category<br>F. Scheduled Periodic Renovation | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 6.0 Month(s)  |                                   | 11. Contact Person<br>Name: Brian Browning<br>Title: Administrator<br>Phone: (000) 000-0000                |   |
| 12. Description of Project (or Proposed Changes to Existing Project): Paint exterior woodwork   |   |  | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |                                   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |   |
| 14. Statement of Need & Justification: FY09 funding had been requested for interior historic paint restoration, but the exterior woodwork is deteriorating because paint has aged, chipped and flaked. Propose using funds requested for interior painting to be transferred to exterior work. Along with painting, any necessary architectural repairs necessary (e.g. replace bottom sash on a window, repair railing) would be included.<br>Alternatives to Project: defer exterior painting<br>Consequences of Deferral: continued deterioration of exterior wood, particularly the porches |   |  |  |                                   |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |   |  | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                   |  |   |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-   |   |  |  |                                   |  |   |
| 19. Project Cost Summary  |   |  | 20. Operating Cost Summary (optional)  |                                   | 21. Cost Savings Summary (optional)  |   |
| Design & Supervision \$ 5,000   |   |  | Requesting Agency First Year Other Annual Requesting Agency Other  |                                   | Requesting Agency Other  |   |
| Site Development/Land Acquisition \$ 0  |   |  | Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0   |                                   | Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0   |   |
| Utility Extensions \$ 0   |   |  | Salaries \$ 0 \$ 0 \$ 0 \$ 0   |                                   | Salaries \$ 0 \$ 0 \$ 0 \$ 0   |   |
| Construction \$ 75,000  |   |  | Utilities \$ 0 \$ 0 \$ 0 \$ 0  |                                   | Utilities \$ 0 \$ 0 \$ 0 \$ 0  |   |
| Equipment - Fixed \$ 0  |   |  | All Other \$ 0 \$ 0 \$ 0 \$ 0  |                                   | All Other \$ 0 \$ 0 \$ 0 \$ 0  |   |
| Furnishings - Movable Equipment \$ 20,000   |   |  | Total \$ 0 \$ 0 \$ 0 \$ 0  |                                   | Total \$ 0 \$ 0 \$ 0 \$ 0  |   |
| Contingency \$ 0  |   |  | New FTES 0 FTES 0 FTES 0 FTES 0 FTES   |                                   |  |   |
| Financing Cost \$ 0   |   |  |  |                                   |  |   |
| Artwork \$ 0  |   |  |  |                                   |  |   |
| Demolition \$ 0   |   |  |  |                                   |  |   |
| Total Project Estimate \$ 100,000   |   |  |  |                                   |  |   |
| Major Maintenance Amount \$ 100,000   |   |  | 22. Cost to Other Agencies (optional: explain if applicable): Enter Cost to Other Agencies   |                                   |  |   |

|   |                       |  |                              |   |  |  |
|---|-----------------------|--|------------------------------|---|--|--|
| 1. Agency<br>Terrace Hill   | 2. Agency Code<br>000 | 3. Institution Location<br>Enter Institution Or Location                               | 4. Agency Priority<br>1 of 1 | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Elevator renovation   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1                           |                              | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 6.0 Month(s) |  | 11. Contact Person<br>Name: Brian Browning<br>Title: Administrator<br>Phone: (000) 000-0000                |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Upgrade elevator |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: Elevator renovation will upgrade the 30-year-old existing system, providing a safer and more comfortable elevator for use by the Governor, first Family and TH Staff. Renovation will include the addition of a braking system, a safety feature now required, which would stop the car in the case of a catastrophic failure of the oil reservoir or hydraulic seals.<br>Alternatives to Project: continue using existing elevator; no alternative for safety/brake<br>Consequences of Deferral: Continue to repair aging elevator system; inconvenience and possible safety issues   |                       |  |                              |   |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |  |                              |   |  |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirements:<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |  |                              |   |  |  |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-   |                       |  |                              |   |  |  |
| 19. Project Cost Summary<br>Design & Supervision \$ _____ 0<br>Site Development/Land Acquisition \$ _____ 0<br>Utility Extensions \$ _____ 0<br>Construction \$ _____ 0<br>Equipment - Fixed \$ _____ 100,000<br>Furnishings - Movable Equipment \$ _____ 0<br>Contingency \$ _____ 0<br>Financing Cost \$ _____ 0<br>Artwork \$ _____ 0<br>Demolition \$ _____ 0<br>Total Project Estimate \$ _____ 100,000<br>Major Maintenance Amount \$ _____ 100,000   |                       |  |                              |   |  |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Salaries \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Utilities \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>All Other \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Total \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>New FTES _____ 0 FTES _____ 0 FTES _____ 0 FTES _____ 0 FTES   |                       |  |                              |   |  |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |  |                              |   |  |  |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ _____ 0 \$ _____ 0<br>Salaries \$ _____ 0 \$ _____ 0<br>Utilities \$ _____ 0 \$ _____ 0<br>All Other \$ _____ 0 \$ _____ 0<br>Total \$ _____ 0 \$ _____ 0   |                       |  |                              |   |  |  |

**FY2009 Major Maintenance Project Request**

|   |                       |   |                              |   |  |  |
|---|-----------------------|---|------------------------------|---|--|--|
| 1. Agency<br>Terrace Hill   | 2. Agency Code<br>000 | 3. Institution/Location<br>Enter Institution Or Location  | 4. Agency Priority<br>1 of 1 | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Geothermal conversion HVAC engineering plan/bid specs   |                       | 9. Critical Level Category<br>B. Health and Safety - Class 2  |                              | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 0.0 Month(s)<br>Total: 2.0 Month(s) |  | 11. Contact Person<br>Name: Brian Browning<br>Title: Administrator<br>Phone: (000) 000-0000                |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): hire an engineering firm to create a plan that we can use to estimate costs for a geothermal HVAC conversion of Terrace Hill and then raise half or more of the money privately, with the intention of requesting matching funding from the legislature in FY10 |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: Will enable the TH Foundation to raise funds for a 50/50 match with appropriation to do a geothermal conversion. Geothermal will improve environmental conditions in the mansion, making Alternatives to Project: no alternatives currently available<br>Consequences of Deferral: retain old boiler system: lose momentum for private fundraising, continue to have poor environmental/museum temperature & humidity control  |                       |   |                              |   |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |   |                              |   |  |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |   |                              |   |  |  |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-   |                       |   |                              |   |  |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 25000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 0<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 25,000<br>Major Maintenance Amount \$ 25000  |                       |   |                              |   |  |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES<br>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |   |                              |   |  |  |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |                       |   |                              |   |  |  |

**FY2009 Major Maintenance Project Request**

|   |  |   |   |                                     |  |   |
|---|--|---|---|-------------------------------------|--|---|
| 1. Agency<br>Terrace Hill   | 2. Agency Code<br>000  | 3. Institution/Location<br>Enter Institution Or Location  | 4. Agency Priority<br>1 of 1  | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Commercial kitchen remodel  | 9. Critical Level Category<br>B. Health and Safety - Class 2   | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 9.0 Month(s) | 11. Contact Person<br>Name: Brian Browning<br>Title: Administrator<br>Phone: (000) 000-0000 |                                     |  |   |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   | 12. Description of Project (or Proposed Changes to Existing Project): Remodel commercial kitchen in basement, bringing equipment and plumbing up to code requirements; the Terrace Hill Foundation to raise half or more of the money privately, with this request matching the private funding  |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF       |                                     |  |   |
| 14. Statement of Need & Justification: the kitchen remodel which will eliminate health and safety hazards posed by aging equipment and will create workspace necessary for the current demands of public and governor events<br>Alternatives to Project: no alternatives currently available<br>Consequences of Deferral: retain existing kitchen; safety/health issues | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____   |   |   |                                     |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |                                     |  |   |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-   |  |   |   |                                     |  |   |
| 19. Project Cost Summary  | 20. Operating Cost Summary (optional)  |   |   | 21. Cost Savings Summary (optional) |  |   |
| Design & Supervision \$ 20000   | Requesting Agency First Year   |   |   | Requesting Agency Annual            |  |   |
| Site Development/Land Acquisition \$ 0  | Other  |   |   | Other                               |  |   |
| Utility Extensions \$ 0   | Requesting Agency  |   |   | Requesting Agency                   |  |   |
| Construction \$ 100,000   | Other  |   |   | Other                               |  |   |
| Equipment - Fixed \$ 0  | Maintenance \$ 0   |   |   | Maintenance \$ 0                    |  |   |
| Furnishings - Movable Equipment \$ 20,000   | Salaries \$ 0  |   |   | Salaries \$ 0                       |  |   |
| Contingency \$ 10,000   | Utilities \$ 0   |   |   | Utilities \$ 0                      |  |   |
| Financing Cost \$ 0   | All Other \$ 0   |   |   | All Other \$ 0                      |  |   |
| Artwork \$ 0  | Total \$ 0   |   |   | Total \$ 0                          |  |   |
| Demolition \$ 50,000  | New FTES 0 FTES  |   |   | 0 FTES                              |  |   |
| Total Project Estimate \$ 200,000   | 0 FTES   |   |   | 0 FTES                              |  |   |
| Major Maintenance Amount \$ 300,000   | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |   |   |                                     |  |   |

**FY2009 Major Maintenance Project Request**

|  |                       |   |                              |   |  |  |
|--|-----------------------|---|------------------------------|---|--|--|
| 1. Agency<br>Terrace Hill  | 2. Agency Code<br>000 | 3. Institution/Location<br>Enter Institution Or Location  | 4. Agency Priority<br>1 of 1 | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Geothermal conversion of HVAC system (follows from FY09 engineering plan/bid specs   |                       | 9. Critical Level Category<br>B. Health and Safety - Class 2  |                              | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 9.0 Month(s) |  | 11. Contact Person<br>Name: Brian Browning<br>Title: Administrator<br>Phone: (000) 000-0000                |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Convert Terrace Hill HVAC to geothermal; the Terrace Hill Foundation to raise half or more of the money privately, with this request matching the private funding |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: Replacement of the heating and cooling system with geothermal will significantly decrease energy use and will greatly improve the museum and human environment in rooms above the existing boiler system. The kitchen HVAC unit will be replaced and relocated, making room for the kitchen remodel which will eliminate health and safety hazards posed by aging equipment and will create workspace necessary for the current demands of public and governor events. The TH Foundation expects to raise funds for a 50/50 match with this appropriation to do the geothermal conversion.<br>Alternatives to Project no alternatives currently available<br>Consequences of Deferral: retain old boiler system; lose momentum for private fundraising; continue to have poor environmental/museum temperature & humidity control |                       |   |                              |   |  |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |   |                              |   |  |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: Select a Rating-   |                       |   |                              |   |  |  |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |                       |   |                              |   |  |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 10,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 190,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0   |                       |   |                              |   |  |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |                       |   |                              |   |  |  |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0  |                       |   |                              |   |  |  |

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**FY2009 Major Maintenance Project Request**

Total Project Estimate \$ 200,000  
Major Maintenance Amount \$ 200,000

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

Commerce—Alcoholic Beverages Division  
FY2009 Major Maintenance Requests

Iowa Vertical Infrastructure Program

May 2009

**FY2009 Major Maintenance Project Request**

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|   |                       |   |                              |   |   |   |  |
|---|-----------------------|---|------------------------------|---|---|---|--|
| 1. Agency<br>Commerce   | 2. Agency Code<br>212 | 3. Institution /Location<br>ABD Warehouse   | 4. Agency Priority<br>1 of 1 | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |  |
| 8. Project<br>Parking Lot Reconstruction  |                       | 9. Critical Level Category<br>B. Health and Safety - Class 2  |                              | 10. Proposed Schedule (in months)<br>Planning: 0.0 Month(s)<br>Bidding: 0.0 Month(s)<br>Construction: 0.0 Month(s)<br>Total: 0.0 Month(s)   |   | 11. Contact Person<br>Name: Steve Kuzynowski<br>Title: Title of Contact Person<br>Phone: (000) 000-0000   |  |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Reconstruction of parking lot, including ADA improvements, as described in letter received from Howard R. Green Company   |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$  |  |
| 14. Statement of Need & Justification: Enter Statement of Justification Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Fire ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                              | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$  |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 18. Advisory Committee Priority:<br><br>3. Project to Reduce Exponential Damage   |                              | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTEs 0 FTEs 0 FTEs 0 FTEs 0 FTEs |   | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 46,100<br>Site Development/Land Acquisition \$ 306,900<br>Utility Extensions \$ 0<br>Construction \$ 0<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 36,900<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 389,900<br>Major Maintenance Amount \$ 389,900 |                       |   |                              |   |   |   |  |
|   |                       |   |                              | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |   |   |  |

Public Safety  
FY2009 Major Maintenance Requests

Iowa Vertical Infrastructure Program

May 2009

## FY2009 Major Maintenance Project Request

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|   |                       |  |   |   |  |   |
|---|-----------------------|--|---|---|--|---|
| 1. Agency<br>Public Safety  | 2. Agency Code<br>595 | 3. Institution/Location<br>Iowa State Patrol Post #12<br>22365 20 <sup>th</sup> Ave.<br>Stockton, IA. 52769  | 4. Agency Priority<br>1 of 2  | 5. Institution Priority<br>1 of 2   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST                      | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Water infiltration into the facility due to facility elevation that is at the lowest point on the property. There is no natural run-off of water away from the facility. Water infiltration into the facility continues on a routine basis. A drainage assessment and site survey is needed to determine the best solution for water flow around this facility in order to alleviate the current ongoing water infiltration problems. Once the assessment is completed, re-grading around the facility in order to direct the water flow and alleviate the water infiltration will be required.   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 5.0 Month(s) |   | 11. Contact Person<br>Name: Captain Mark Probst #355<br>Title: Fleet & Supply Commander<br>Phone: (515) 281-3392 |   |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): To repair and control the water infiltration into the facility. A drainage assessment and site survey will be needed in order to determine the best solution for water flow around this facility in order to alleviate the current water infiltration problems. Once the assessment and the surveys are completed, re-grading around the facility will most likely be required in order to re-direct the water flow and thus alleviate the current water infiltration that is occurring into the facility. |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF |  |   |
| 14. Statement of Need & Justification: This facility was originally built in 1996. There have been ongoing problems with water infiltration into this facility, but this has recently heightened with severe water infiltration into the facility on a routine basis. This water infiltration has damaged flooring, wallboards, insulation, and has caused concern for mold within the facility. Without the drainage assessment and subsequent re-grading to direct the water away from this facility, their will be a continued deterioration of the facility along with health and safety concerns that come with this. Alternatives to Project: Without acting, employees working within this facility are subjected to working in an unsafe environment with health and safety concerns from the repeated water infiltration. Consequences of Deferral: Employees within this facility will continue to be subjected to water infiltration into the facility thus causing health and safety concerns from mold. In addition the facility will continue to deteriorate from repeated water infiltration that is causing potential structural concerns to this facility. |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____   |   |   |  |   |

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### FY2009 Major Maintenance Project Request

**16. Co-Location (Explain):**  
In addition to the Iowa State Patrol who has a total of twenty eight (28) personnel working within this facility, members of the Division of Criminal Investigation, Division of Narcotics Enforcement, State Fire Marshall's Office and the Intel Bureau work out of this facility. This facility is also designated as a Forward Command Post for disasters thru Homeland Security, and work with Cordova Nuclear Power Plant needs.

**17. Advisory Committee Classification:**  
 ADA Requirement  
 ADA Transition Plan or Complaint Filing: Explain ADA Requirement  
 Fire Marshal Report or Citation.  
 Date of Inspection and Explanation: Enter Date of Inspection and Explanation  
 Other Code Enforcement or Other Requirements.  
 Explain: Enter Code Enforcement or Other Requirement Explanation  
 Program/Project/Plant Manager Determination of Need.  
 Statement of Need: Enter Statement of Need  
 Vertical Infrastructure Database Condition. Rating: -Select a Rating-

**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          | \$ | 25,000 |

**20. Operating Cost Summary (optional)**

|                          | First Year        |        | Annual            |        |
|--------------------------|-------------------|--------|-------------------|--------|
|                          | Requesting Agency | Other  | 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 |

**21. Cost Savings Summary (optional)**

|                          | Requesting Agency |       | Other             |       |
|--------------------------|-------------------|-------|-------------------|-------|
|                          | Requesting Agency | Other | Requesting Agency | Other |
| Operations & Maintenance | \$                | 0     | \$                | 0     |
| Salaries                 | \$                | 0     | \$                | 0     |
| Utilities                | \$                | 0     | \$                | 0     |
| All Other                | \$                | 0     | \$                | 0     |
| Total                    | \$                | 0     | \$                | 0     |

**22. Cost to Other Agencies (optional; explain if applicable):** Enter Cost to Other Agencies

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**FY2009 Major Maintenance Project Request**

|  |                               |   |                                      |  |   |  |
|--|-------------------------------|---|--------------------------------------|--|---|--|
| <p>1. Agency<br/>Public Safety</p>   | <p>2. Agency Code<br/>595</p> | <p>3. Institution Location<br/>Iowa State Patrol Post #6<br/>503 W. 44<sup>th</sup> St.<br/>Spencer, IA. 51301</p>  | <p>4. Agency Priority<br/>2 of 2</p> | <p>5. Institution Priority<br/>2 of 2</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>NEW REQUEST</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |
| <p>8. Project<br/>Water infiltration into the facility continues on a routine basis. A drainage assessment and site survey is needed to determine the best solution for water flow around this facility in order to alleviate the current ongoing water infiltration problems. Once the assessment is completed, re-grading around the facility in order to direct the water flow and alleviate the water infiltration will be required.</p>   |                               | <p>9. Critical Level Category<br/>A. Health and Safety - Class 1</p>  |                                      | <p>10. Proposed Schedule (in months)<br/>Planning: 3.0 Month(s)<br/>Bidding: 2.0 Month(s)<br/>Construction: 2.0 Month(s)<br/>Total: 7.0 Month(s)</p> |   | <p>11. Contact Person<br/>Name: Captain Mark Probst #355<br/>Title: Fleet and Supply Commander<br/>Phone: (515) 281-3392</p> |
| <p>8a. Existing Project Number/Rank<br/>Number: 0000.00 Rank: 000.0</p>  |                               | <p>12. Description of Project (or Proposed Changes to Existing Project): To repair and control the water infiltration into the facility. A drainage assessment and site survey will be needed in order to determine the best solution for water flow around this facility in order to alleviate the current water infiltration problems. Once the assessment and the surveys are completed, re-grading around the facility will most likely be required in order to re-direct the water flow and thus alleviate the current water infiltration that is occurring into the facility.</p> |                                      | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>   |   | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p>           |
| <p>14. Statement of Need &amp; Justification: This facility was originally built in 1976. There have been ongoing problems with water infiltration into this facility, but this has recently heightened with severe water infiltration into the facility in two out of the last three years. This water infiltration has damaged flooring, wallboards, insulation, and has caused concern for mold within the facility. Without the drainage assessment and subsequent re-grading to direct the water away from this facility, their will be a continued deterioration of the facility along with health and safety concerns that come with this.<br/>Alternatives to Project: Without acting, employees working within this facility are subjected to working in an unsafe environment with health and safety concerns from the repeated water infiltration.<br/>Consequences of Deferral: Employees within this facility will continue to be subjected to water infiltration into the facility thus causing health and safety concerns from mold. In addition the facility will continue to deteriorate from repeated water infiltration that is causing potential structural concerns to this facility.</p> |                               |   |                                      |  |   |  |

**FY2009 Major Maintenance Project Request**

16. Co-Location (Explain):  
In addition to the Iowa State Patrol who has a total of nineteen (19) personnel working within this facility, members of the Division of Criminal Investigation, Division of Narcotics Enforcement and the State Fire Marshall's Office work out of this facility.

18. Advisory Committee Priority:  
1. Health, Life Safety

17. Advisory Committee Classification:  
 ADA Requirement  
Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement  
Fire Marshal Report or Citation.  
Date of Inspection and Explanation: Enter Date of Inspection and Explanation  
Other Code Enforcement or Other Requirements.  
Explain: Enter Code Enforcement or Other Requirement Explanation  
Program/Project/Plant Manager Determination of Need.  
Statement of Need: Enter Statement of Need  
Vertical Infrastructure Database Condition. Rating: -Select a Rating-

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          | \$ | 25,000 |

20. Operating Cost Summary (optional)

|                          | 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 |

21. Cost Savings Summary (optional)

|                          | 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 |

22. Cost to Other Agencies (optional; explain if applicable); Enter Cost to Other Agencies

Iowa Law Enforcement Academy  
FY2009 Major Maintenance Requests

Iowa Vertical Infrastructure Program

May 2009

Veterans Affairs—Iowa Veterans Home  
FY2009 Major Maintenance Requests

Iowa Vertical Infrastructure Program

May 2009

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|  |                       |  |                              |   |   |  |
|--|-----------------------|--|------------------------------|---|---|--|
| 1. Agency<br>Veterans Affairs  | 2. Agency Code<br>671 | 3. Institution Location<br>Iowa Veterans Home  | 4. Agency Priority<br>1 of 1 | 5. Institution Priority<br>1 of 8   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Relocation of Bulk Oxygen Tank and Lines   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                              | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 6.0 Month(s) |   | 11. Contact Person<br>Name: Kathy Shannon<br>Title: Director of Facilities Management<br>Phone: (641) 753-4411 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Relocate bulk oxygen tank to new location north of the Carpenter Shop to allow a 50' clearance between tank and any flammable materials or buildings and installation of a security fence.   |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   |  |
| 14. Statement of Need & Justification: Current bulk oxygen tank is located adjacent to the Sheeler building. This location does not include any safety buffer zone between the building and the tank. The current tank size does not allow for a 30 day supply in case of a statewide emergency.<br>Alternatives to Project: None<br>Consequences of Deferral: Continue with current location, risking personal injury and building damage should a fire or explosion occur. |                       |  |                              | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need.<br>Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                              |   |   |  |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-  |                       | 20. Operating Cost Summary (optional)<br>First Year<br>Requesting Agency Other Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTEs 0 FTEs 0 FTEs 0 FTEs 0 FTEs  |                              |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 10,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 68,000<br>Equipment - Fixed \$ 15,000<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 12,000<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 105,000<br>Major Maintenance Amount \$ 105,000  |                       | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0  |                              |   |   |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |  |                              |   |   |  |

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**FY2009 Major Maintenance Project Request**

|  |                       |   |                              |   |   |  |
|--|-----------------------|---|------------------------------|---|---|--|
| 1. Agency<br>Veterans Affairs  | 2. Agency Code<br>671 | 3. Institution /Location<br>Iowa Veterans Home  | 4. Agency Priority<br>1 of 1 | 5. Institution Priority<br>2 of 8   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Dietary Dishroom Floor Replacement and Dishroom and Plumbing Upgrade in the Malloy Building  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                              | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 8.0 Month(s) |   | 11. Contact Person<br>Name: Kathy Shannon<br>Title: Director of Facilities Management<br>Phone: (641) 753-4411 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Replace dietary floor and enlarge drain lines underneath floor. The concrete under the vinyl flooring is decomposing in fairly large areas and the drain lines need to be increased to 4" lines. Remove pulper and a portion of the dish conveyor and replace with food scraper, new dish conveyor and trough with water jets.  |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   |  |
| 14. Statement of Need & Justification: The dietary section prepares food for approximately 725 residents daily. The concrete sub-floor is decomposing, causing the vinyl flooring to loose adhesion. This is causing a tripping hazard as vinyl pops up. The decomposition is also allowing water to run through the floor into the ceiling of the floor below, sometimes causing water to pool in light fixtures or drip onto equipment and people working in the space below.. The drain lines are not large enough, causing drain lines to become plugged often. The pulper and a portion of the dish conveyor needs to be replaced with a food scraper, new dish conveyor and trough with water jets. Alternatives to Project: Enter Alternatives to Project<br>Consequences of Deferral: Trip and slip hazards causing worker comp claims, inability to keep floor sanitized in the dietary area, water standing in electrical fixtures causing the possibility of a shock hazard, plugged drain lines. |                       | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |                              |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                              |   |   |  |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-  |                       |   |                              |   |   |  |

**FY2009 Major Maintenance Project Request**

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|   |                   |                      |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
|---|-------------------|----------------------|--------|--------|-----------------------------------|----|---|--------------------|----|---|--------------|----|---------|-------------------|----|--------|---------------------------------|----|---|-------------|----|-------|----------------|----|---|---------|----|---|------------|----|---|------------------------|----|---------|--------------------------|----|---------|--|--|--|--|--|-------------------|--|-------|--|--|------------|--|--------|--|--------------------------|----|---|----|---|----------|----|---|----|---|-----------|----|---|----|---|-----------|----|---|----|---|-------|----|---|----|---|----------|--------|--------|--------|--------|--|--|--|-------------------|--|-------|--|--------------------------|----|---|----|---|----------|----|---|----|---|-----------|----|---|----|---|-----------|----|---|----|---|-------|----|---|----|---|
| <p><b>19. Project Cost Summary</b></p> <table border="0"> <tr> <td>Design &amp; Supervision</td> <td>\$</td> <td>36,000</td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utility Extensions</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Construction</td> <td>\$</td> <td>270,000</td> </tr> <tr> <td>Equipment - Fixed</td> <td>\$</td> <td>90,000</td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Contingency</td> <td>\$</td> <td>5,000</td> </tr> <tr> <td>Financing Cost</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Artwork</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Demolition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total Project Estimate</td> <td>\$</td> <td>401,000</td> </tr> <tr> <td>Major Maintenance Amount</td> <td>\$</td> <td>401,000</td> </tr> </table> |                   | Design & Supervision | \$     | 36,000 | Site Development/Land Acquisition | \$ | 0 | Utility Extensions | \$ | 0 | Construction | \$ | 270,000 | Equipment - Fixed | \$ | 90,000 | Furnishings - Movable Equipment | \$ | 0 | Contingency | \$ | 5,000 | Financing Cost | \$ | 0 | Artwork | \$ | 0 | Demolition | \$ | 0 | Total Project Estimate | \$ | 401,000 | Major Maintenance Amount | \$ | 401,000 | <p><b>20. Operating Cost Summary (optional)</b></p> <table border="0"> <tr> <td></td> <td colspan="2">Requesting Agency</td> <td colspan="2">Other</td> </tr> <tr> <td></td> <td colspan="2">First Year</td> <td colspan="2">Annual</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>New FTES</td> <td>0 FTES</td> <td>0 FTES</td> <td>0 FTES</td> <td>0 FTES</td> </tr> </table> |  |  |  |  | Requesting Agency |  | Other |  |  | First Year |  | Annual |  | 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 | <p><b>21. Cost Savings Summary (optional)</b></p> <table border="0"> <tr> <td></td> <td colspan="2">Requesting Agency</td> <td colspan="2">Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> </table> |  |  | Requesting Agency |  | Other |  | Operations & Maintenance | \$ | 0 | \$ | 0 | Salaries | \$ | 0 | \$ | 0 | Utilities | \$ | 0 | \$ | 0 | All Other | \$ | 0 | \$ | 0 | Total | \$ | 0 | \$ | 0 |
| Design & Supervision  | \$                | 36,000               |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Site Development/Land Acquisition   | \$                | 0                    |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Utility Extensions  | \$                | 0                    |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Construction  | \$                | 270,000              |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Equipment - Fixed   | \$                | 90,000               |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Furnishings - Movable Equipment   | \$                | 0                    |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Contingency   | \$                | 5,000                |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Financing Cost  | \$                | 0                    |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Artwork   | \$                | 0                    |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Demolition  | \$                | 0                    |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Total Project Estimate  | \$                | 401,000              |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Major Maintenance Amount  | \$                | 401,000              |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
|   | Requesting Agency |                      | Other  |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
|   | First Year        |                      | Annual |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| 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 |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
|   | Requesting Agency |                      | Other  |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Operations & Maintenance  | \$                | 0                    | \$     | 0      |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Salaries  | \$                | 0                    | \$     | 0      |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Utilities   | \$                | 0                    | \$     | 0      |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| All Other   | \$                | 0                    | \$     | 0      |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Total   | \$                | 0                    | \$     | 0      |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| <p><b>22. Cost to Other Agencies (optional; explain if applicable):</b> Enter Cost to Other Agencies</p>  |                   |                      |        |        |                                   |    |   |                    |    |   |              |    |         |                   |    |        |                                 |    |   |             |    |       |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |         |  |  |  |  |  |                   |  |       |  |  |            |  |        |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |          |        |        |        |        |  |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |



Version 3/25/2008  
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**FY2009 Major Maintenance Project Request**

**FY2009 Major Maintenance Project Request**

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|  |                       |  |                              |   |   |  |
|--|-----------------------|--|------------------------------|---|---|--|
| 1. Agency<br>Veterans Affairs  | 2. Agency Code<br>671 | 3. Institution /Location<br>Iowa Veterans Home   | 4. Agency Priority<br>1 of 1 | 5. Institution Priority<br>4 of 8   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Sanitary Sewer Line Replacement  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1                               |                              | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 8.0 Month(s) |   | 11. Contact Person<br>Name: Kathy Shannon<br>Title: Director of Facilities Management<br>Phone: (641) 753-4411 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Replace sewer lines. |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____     |
| 14. Statement of Need & Justification: IVH has repaired two recent sewer line breaks. The lines are aged and allow either ground water infiltration or collapse. This increases the sewage flowing into the treatment plant from this facility due to ground water or allows sewage to flow on the ground. As two new buildings are constructed in the next two years, there will be increased pressure to these lines.<br>Alternatives to Project: Enter Alternatives to Project  |                       |  |                              |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |  |                              |   |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |  |                              |   |   |  |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |                       |  |                              |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 30,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 275,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 5,000<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 310,000<br>Major Maintenance Amount \$ 310,000   |                       |  |                              |   |   |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |                       |  |                              |   |   |  |
| 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0  |                       |  |                              |   |   |  |
| 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<br>Veterans Affairs   | 2. Agency Code<br>671 | 3. Institution/Location<br>Iowa Veterans Home  | 4. Agency Priority<br>1 of 1 | 5. Institution Priority<br>5 of 8  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST   | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Tunnel Top Replacement  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                              |  | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 8.0 Month(s) |   |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 11. Contact Person<br>Name: Kathy Shannon<br>Title: Director of Facilities Management<br>Phone: (641) 753-4411 |                              | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF                |   |   |
| 12. Description of Project (or Proposed Changes to Existing Project): Replace sewer lines.  |                       |  |                              | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ |   |   |
| 14. Statement of Need & Justification: The concrete tunnel tops are breaking down allowing water infiltration. Alternatives to Project: Enter Alternatives to Project<br>Consequences of Deferral: Continued water infiltration causing increased breakdown of the tunnel top.  |                       |  |                              |  |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |  |                              |  |   |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |  |                              |  |   |   |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-   |                       |  |                              |  |   |   |
| 19. Project Cost Summary  |                       |  |                              |  |   |   |
| Design & Supervision  |                       | \$ 20,000  |                              |  |   |   |
| Site Development/Land Acquisition   |                       | \$ 0   |                              |  |   |   |
| Utility Extensions  |                       | \$ 0   |                              |  |   |   |
| Construction  |                       | \$ 100,000   |                              |  |   |   |
| Equipment - Fixed   |                       | \$ 0   |                              |  |   |   |
| Furnishings - Movable Equipment   |                       | \$ 0   |                              |  |   |   |
| Contingency   |                       | \$ 5,000   |                              |  |   |   |
| Financing Cost  |                       | \$ 0   |                              |  |   |   |
| Artwork   |                       | \$ 0   |                              |  |   |   |
| Demolition  |                       | \$ 0   |                              |  |   |   |
| Total Project Estimate  |                       | \$ 125,000   |                              |  |   |   |
| Major Maintenance Amount  |                       | \$ 125,000   |                              |  |   |   |
| 20. Operating Cost Summary (optional)   |                       |  |                              |  |   |   |
| Operations & Maintenance  |                       | Requesting Agency  |                              | Other  |   | Annual                                    |
| Salaries  |                       | \$ 0   |                              | \$ 0   |   | \$ 0                                      |
| Utilities   |                       | \$ 0   |                              | \$ 0   |   | \$ 0                                      |
| All Other   |                       | \$ 0   |                              | \$ 0   |   | \$ 0                                      |
| Total   |                       | \$ 0   |                              | \$ 0   |   | \$ 0                                      |
| New FTES  |                       | 0 FTES   |                              | 0 FTES   |   | 0 FTES                                    |
| 21. Cost Savings Summary (optional)   |                       |  |                              |  |   |   |
| Operations & Maintenance  |                       | Requesting Agency  |                              | Other  |   |   |
| Salaries  |                       | \$ 0   |                              | \$ 0   |   | \$ 0                                      |
| Utilities   |                       | \$ 0   |                              | \$ 0   |   | \$ 0                                      |
| All Other   |                       | \$ 0   |                              | \$ 0   |   | \$ 0                                      |
| Total   |                       | \$ 0   |                              | \$ 0   |   | \$ 0                                      |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |  |                              |  |   |   |

**FY2009 Major Maintenance Project Request**

|  |                       |   |  |   |   |   |
|--|-----------------------|---|--|---|---|---|
| 1. Agency<br>Veterans Affairs  | 2. Agency Code<br>671 | 3. Institution Location<br>Iowa Veterans Home   | 4. Agency Priority<br>1 of 1   | 5. Institution Priority<br>6 of 8   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Sidewalk and Concrete Repairs  |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |  | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 8.0 Month(s) |   | 11. Contract Person<br>Name: Kathy Shannon<br>Title: Director of Facilities Management<br>Phone: (641) 753-4411 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Replace sidewalks or concrete areas that are difficult for residents to navigate with their wheel chairs. |  | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____      |
| 14. Statement of Need & Justification: Over 50% of the 727 residents at IVH are in wheel chairs or utilize other mobility devices. Sidewalks are too difficult for residents to traverse where the concrete has rased or broken during the freeze thaw cycle of Iowa's winters. Alternatives to Project: Enter Alternatives to Project<br>Consequences of Deferral: Residents injured as they attempt to navigate raised sidewalk areas, creating the potential for lawsuits. Residents may be unable to travel across certain areas of campus utilizing their wheel chairs or other mobility devices. |                       |   |  |   |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |   |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-  |                       |   | 20. Operating Cost Summary (optional)<br>Requesting Agency Other Requesting Agency Other<br>Annual<br>First Year<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |   |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 20,000<br>Site Development/and Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 175,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 5,000<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 200,000<br>Major Maintenance Amount \$ 200,000  |                       |   | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Annual<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0  |   |   |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |   |  |   |   |   |

Version 3/25/2008

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**FY2009 Major Maintenance Project Request**

**FY2009 Major Maintenance Project Request**

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|   |                               |  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
|---|-------------------------------|--|--------------------------------------|--|---|--|----------------------|-------------------|--------|----------------------------------|-------|--------------------------|--------------------|------|------|--------------|----------|---------|-------------------|------|--------|---------------------------------|------|------|-------------|------|-----------|----------------|------|------|---------|-------|------|------------|------|------|------------------------|----|---------|--------------------------|----|---------|
| <p>1. Agency<br/>Veterans Affairs</p>   | <p>2. Agency Code<br/>671</p> | <p>3. Institution/Location<br/>Iowa Veterans Home</p>  | <p>4. Agency Priority<br/>1 of 1</p> | <p>5. Institution Priority<br/>7 of 8</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>NEW REQUEST</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>8. Project<br/>Bus Barn &amp; Car Wash</p>   |                               | <p>9. Critical Level Category<br/>C. Imminent Economic Loss</p>  |                                      | <p>10. Proposed Schedule (in months)<br/>Planning: 2.0 Month(s)<br/>Bidding: 2.0 Month(s)<br/>Construction: 2.0 Month(s)<br/>Total: 6.0 Month(s)</p> |   | <p>11. Contact Person<br/>Name: Kathy Shannon<br/>Title: Director of Facilities Management<br/>Phone: (641) 753-4411</p> |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0</p>   |                               | <p>12. Description of Project (or Proposed Changes to Existing Project): Build bus barn and car wash to replace existing inadequate "lean-to" storage for large passenger buses.</p> |                                      | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>   |   | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p>       |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>14. Statement of Need &amp; Justification: Buses not currently stored in a closed facility and we do not have the ability to clean the larger equipment.<br/>Alternatives to Project: Enter Alternatives to Project<br/>Consequences of Deferral: Buses don't start on very cold days causing difficulties in transporting larger groups of residents.</p>   |                               |  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>   |                               |  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement<br/><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/>Explain: Enter Code Enforcement or Other Requirement Explanation<br/><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/>Statement of Need: Enter Statement of Need<br/><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p>  |                               |  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>18. Advisory Committee Priority:<br/>-Select One Priority From List-</p>   |                               |  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>19. Project Cost Summary</p> <table border="0"> <tr> <td>Design &amp; Supervision</td> <td>\$</td> <td>20,000</td> </tr> <tr> <td>Site Development/and Acquisition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utility Extensions</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Construction</td> <td>\$</td> <td>190,000</td> </tr> <tr> <td>Equipment - Fixed</td> <td>\$</td> <td>40,000</td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Contingency</td> <td>\$</td> <td>5,000</td> </tr> <tr> <td>Financing Cost</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Artwork</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Demolition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total Project Estimate</td> <td>\$</td> <td>255,000</td> </tr> <tr> <td>Major Maintenance Amount</td> <td>\$</td> <td>255,000</td> </tr> </table> |                               |  |                                      |  |   |  | Design & Supervision | \$                | 20,000 | Site Development/and Acquisition | \$    | 0                        | Utility Extensions | \$   | 0    | Construction | \$       | 190,000 | Equipment - Fixed | \$   | 40,000 | Furnishings - Movable Equipment | \$   | 0    | Contingency | \$   | 5,000     | Financing Cost | \$   | 0    | Artwork | \$    | 0    | Demolition | \$   | 0    | Total Project Estimate | \$ | 255,000 | Major Maintenance Amount | \$ | 255,000 |
| Design & Supervision  | \$                            | 20,000   |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Site Development/and Acquisition  | \$                            | 0  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Utility Extensions  | \$                            | 0  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Construction  | \$                            | 190,000  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Equipment - Fixed   | \$                            | 40,000   |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Furnishings - Movable Equipment   | \$                            | 0  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Contingency   | \$                            | 5,000  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Financing Cost  | \$                            | 0  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Artwork   | \$                            | 0  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Demolition  | \$                            | 0  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Total Project Estimate  | \$                            | 255,000  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Major Maintenance Amount  | \$                            | 255,000  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>20. Operating Cost Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table> <p>New FTES: 0 FTES      0 FTES      0 FTES      0 FTES</p>   |                               |  |                                      |  |   |  |                      | 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 |                        |    |         |                          |    |         |
|   | 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   |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>21. Cost Savings Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table>   |                               |  |                                      |  |   |  |                      | Requesting Agency | Other  | Operations & Maintenance         | \$ 0  | \$ 0                     | Salaries           | \$ 0 | \$ 0 | Utilities    | \$ 0     | \$ 0    | All Other         | \$ 0 | \$ 0   | Total                           | \$ 0 | \$ 0 |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
|   | Requesting Agency             | Other  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Operations & Maintenance  | \$ 0                          | \$ 0   |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Salaries  | \$ 0                          | \$ 0   |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Utilities   | \$ 0                          | \$ 0   |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| All Other   | \$ 0                          | \$ 0   |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| Total   | \$ 0                          | \$ 0   |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |
| <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>   |                               |  |                                      |  |   |  |                      |                   |        |                                  |       |                          |                    |      |      |              |          |         |                   |      |        |                                 |      |      |             |      |           |                |      |      |         |       |      |            |      |      |                        |    |         |                          |    |         |

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**FY2009 Major Maintenance Project Request**

|   |                               |   |                                      |  |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
|---|-------------------------------|---|--------------------------------------|--|---|--|------|------|----------|------|----------|-----------|------|------|-----------|-----------|------|-------|------|------|-----------|------|------|------|------|-------|------|------|------|------|
| <p>1. Agency<br/>Veterans Affairs</p>   | <p>2. Agency Code<br/>671</p> | <p>3. Institution/Location<br/>Iowa Veterans Home</p>             | <p>4. Agency Priority<br/>1 of 1</p> | <p>5. Institution Priority<br/>8 of 8</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>NEW REQUEST</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| <p>8. Project<br/>E-85 Fuel Tank Installation</p>   |                               | <p>9. Critical Level Category<br/>D. Operational Inefficiency</p> |                                      | <p>10. Proposed Schedule (in months)<br/>Planning: 2.0 Month(s)<br/>Bidding: 2.0 Month(s)<br/>Construction: 1.0 Month(s)<br/>Total: 5.0 Month(s)</p>   |   | <p>11. Contact Person<br/>Name: Kathy Shannon<br/>Title: Director of Facilities Management<br/>Phone: (641) 753-4411</p> |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| <p>12. Description of Project (or Proposed Changes to Existing Project): Install new underground 3,000 gallon E-85 fuel tank, dispensing equipment, observation wells, electronic monitoring and lighting.</p>  |                               |   |                                      | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>   |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| <p>14. Statement of Need &amp; Justification: Install new 3,000 gallon E-85 fuel tank. E-85 fuel usage has been mandated by the Governor's office. There is no public E-85 dispensing station nearby. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Continue with the inability to meet the governor's mandate.</p>  |                               |   |                                      | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p>   |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>   |                               |   |                                      | <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement<br/><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/>Explain: Enter Code Enforcement or Other Requirement Explanation<br/><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/>Statement of Need: Enter Statement of Need<br/><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p> |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| <p>18. Advisory Committee Priority:<br/>-Select One Priority From List-</p>   |                               |   |                                      | <p>20. Operating Cost Summary (optional)<br/>Requesting Agency    Other    Requesting Agency    Other</p> <table border="1"> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table>  |   | 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 |
| 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   |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| <p>19. Project Cost Summary<br/>Design &amp; Supervision \$ 10,000<br/>Site Development/Land Acquisition \$ 0<br/>Utility Extensions \$ 0<br/>Construction \$ 60,000<br/>Equipment - Fixed \$ 35,000<br/>Furnishings - Movable Equipment \$ 0<br/>Contingency \$ 5,000<br/>Financing Cost \$ 0<br/>Artwork \$ 0<br/>Demolition \$ 0<br/>Total Project Estimate \$ 110,000<br/>Major Maintenance Amount \$ 110,000</p> |                               |   |                                      | <p>21. Cost Savings Summary (optional)<br/>Requesting Agency    Other</p> <table border="1"> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table>  |   | Operations & Maintenance   | \$ 0 | \$ 0 | Salaries | \$ 0 | \$ 0     | Utilities | \$ 0 | \$ 0 | All Other | \$ 0      | \$ 0 | Total | \$ 0 | \$ 0 |           |      |      |      |      |       |      |      |      |      |
| Operations & Maintenance  | \$ 0                          | \$ 0  |                                      |  |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| Salaries  | \$ 0                          | \$ 0  |                                      |  |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| Utilities   | \$ 0                          | \$ 0  |                                      |  |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| All Other   | \$ 0                          | \$ 0  |                                      |  |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| Total   | \$ 0                          | \$ 0  |                                      |  |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |
| <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>   |                               |   |                                      |  |   |  |      |      |          |      |          |           |      |      |           |           |      |       |      |      |           |      |      |      |      |       |      |      |      |      |

*Administrative Services—General Services Enterprise  
FY2009 Major Maintenance Requests*

*Iowa Vertical Infrastructure Program*

*May 2009*

**FY2009 Major Maintenance Project Request**

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|  |                     |   |                            |   |  |   |
|--|---------------------|---|----------------------------|---|--|---|
| 1. Agency Administrative Service   | 2. Agency Code: 005 | 3. Institution/Location GSE/ Sub Tunnel   | 4. Agency Priority 1 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 Re-Pipe stream in sub tunnel  |                     | 9. Critical Level Category A. Health and Safety - Class 1   |                            | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 10.0 Month(s)  |  | 11. Contact Person<br>Name: Ken Thornton<br>Title: Operations Mgr.<br>Phone: (515) 242-5123 |
| 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0   |                     | 12. Description of Project (or Proposed Changes to Existing Project): High pressure steam piping in the Capitol Complex sub-tunnel is old, leaking and is in poor shape due to contact with water during previous tunnel flooding incidents. Piping needs to be replaced to avoid a catastrophic rupture that could harm Complex employees.   |                            | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  |   |
| 14. Statement of Need & Justification: To prevent a catastrophic steam rupture Alternatives to Project: None Consequences of Deferral: Possibility for harm to employees   |                     |   |                            | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____  |  |   |
| 16. Co-Location (Explain): Enter Co-Location Explanation   |                     | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                            |   |  |   |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-  |                     |   |                            |   |  |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 5,700<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 57,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 5,000<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 28,000<br>Total Project Estimate \$ 95,700<br>Major Maintenance Amount \$ 0 |                     | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other<br>Annual<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES   |                            | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |  |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                     |   |                            |   |  |   |

**FY2009 Major Maintenance Project Request**

|  |                       |  |                               |   |   |   |
|--|-----------------------|--|-------------------------------|---|---|---|
| 1. Agency<br>Administrative Service  | 2. Agency Code<br>005 | 3. Institution/Location<br>GSE/Hoover Building   | 4. Agency Priority<br>2 of 10 | 5. Institution Priority<br>2 of 10  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-FUNDING CH | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Repair exterior walkway on the Hoover building pursuant to phase 1 recommendations.  |                       | 9. Critical Level Category<br>B. Health and Safety - Class 2   |                               | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 4.0 Month(s) |   | 11. Contact Person<br>Name: Ken Thornton<br>Title: Operations Mgr.<br>Phone: (515) 242-5123 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Major maintenance funded a structural review of the exterior walkway of the Hoover building. It was the recommendation of the structural engineer that the cracks be routed out and grouted back in to prevent further structural damage. Replace stone veneer by the walkway.   |                               | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   |   |
| 14. Statement of Need & Justification: Hoover walkway has been damaged by cracking Alternatives to Project: None Consequences of Deferral: The cracks could worsen causing a structural deficiency and collapse of the walkway   |                       |  |                               | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$                                      |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements<br>Other Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                               |   |   |   |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-  |                       | 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual<br>First Year<br>Requesting Agency: _____ Other: _____  |                               |   |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 20,200<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 180,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 8,000<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 208,200<br>Major Maintenance Amount \$ 0 |                       | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Operations & Maintenance \$ 0<br>Salaries \$ 0<br>Utilities \$ 0<br>All Other \$ 0<br>Total \$ 0   |                               | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |   |   |

**FY2009 Major Maintenance Project Request**

|  |                       |  |                               |   |   |  |
|--|-----------------------|--|-------------------------------|---|---|--|
| 1. Agency<br>Administrative Service  | 2. Agency Code<br>005 | 3. Institution /Location<br>State Historical Building, Des Moines  | 4. Agency Priority<br>3 of 10 | 5. Institution Priority<br>3 of 10  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Remodel electrical feed to cafeteria   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1   |                               | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 4.0 Month(s)   |   | 11. Contact Person<br>Name: Ken Thornton<br>Title: Operations Mgr<br>Phone: (515) 242-5123                 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Currently the electrical system feeding the cafeteria at the historical comes from 3 different panels and is of marginal size at best. The space originally was only designed to have vending machines and now it has a full operating cafeteria. A patchwork of feeds from at least 3 different panels feed the system and there are many breaker trips from undersized circuits. This affects the operations and safety of the building occupants and the public. This proposal would install a new dedicated feed to the cafeteria  |                               | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: It is necessary under the code to provide a working fire alarm system for the Historical building<br>Alternatives to Project: None<br>Consequences of Deferral: The current electrical system could fail with the inability to make repairs and the public may not be able to visit the facility. Also the system could fail causing a fire resulting in loss of facility and possibly life |                       |  |                               |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                               |   |   |  |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |                       |  |                               |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 4500.00<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 45,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 5,000<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 3,000   |                       |  |                               |   |   |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES 0 FTES 0 FTES 0 FTES 0 FTES  |                       |  |                               | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0 |   |  |

### FY2009 Major Maintenance Project Request

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|                          |           |  |
|--------------------------|-----------|--|
| Total Project Estimate   | \$ 57,500 | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |
| Major Maintenance Amount | \$ 0      |  |

**FY2009 Major Maintenance Project Request**

|  |                       |   |   |   |   |  |   |
|--|-----------------------|---|---|---|---|--|---|
| 1. Agency<br>Administrative Service  | 2. Agency Code<br>005 | 3. Institution/Location<br>GSE/ Miller Building                       | 4. Agency Priority<br>4 of 10   | 5. Institution Priority<br>4 of 10  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-FUNDING CH                                       | 7. Funding Source(s)<br>Major Maintenance  |   |
| 8. Project<br>Area of Refuge/Relocation of fire annunciacion panel   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1          |   |   | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 5.0 Month(s) |  | 11. Contact Person<br>Name: Ken Thornton<br>Title: Operations Mgr.<br>Phone: (515) 242-5123 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ |   |
| 14. Statement of Need & Justification: Citation by the State Fire Marshal Alternatives to Project: None<br>Consequences of Deferral: Code Violation  |                       |   |   |   |   |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input checked="" type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |  |   |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-  |                       |   | 20. Operating Cost Summary (optional)<br>First Year<br>Requesting Agency: Other: Requesting Agency: Other:<br>Annual<br>Requesting Agency: Other:<br>New FTES: 0 FTES 0 FTES 0 FTES 0 FTES  |   |   |  |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 8500<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 85,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 5,000<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 98,500<br>Major Maintenance Amount \$ 0 |                       |   | 21. Cost Savings Summary (optional)<br>Requesting Agency: Other:<br>Operations & Maintenance \$ 0 \$ 0<br>Salaries \$ 0 \$ 0<br>Utilities \$ 0 \$ 0<br>All Other \$ 0 \$ 0<br>Total \$ 0 \$ 0   |   |   |  |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |   |   |   |   |  |   |

**FY2009 Major Maintenance Project Request**

|  |  |   |   |  |   |  |  |   |  |
|--|--|---|---|--|---|--|--|---|--|
| 1. Agency Administrative Service   |  | 2. Agency Code: 005   | 3. Institution/Location: DAS/ Jessie Parker |  | 4. Agency Priority: 5 of 10   | 5. Institution Priority: 5 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: Retrofit 2 Hydraulic Elevators to Meet new Code Requirements   |  | 9. Critical Level Category: B. Health and Safety - Class 2  |   |  | 10. Proposed Schedule (in months):<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 10.0 Month(s) |  | 11. Contact Person:<br>Name: Ken Thornton<br>Title: Title of Contact Person<br>Phone: (000) 000-0000 |   |  |
| 8a. Existing Project Number/Rank: Number: 0000.00 Rank: 000.0  |  | 12. Description of Project (or Proposed Changes to Existing Project): The Iowa Division of Labor Services has placed DAS on notice that hydraulic elevators installed prior to January 1, 1975, must upgrade their equipment to prevent the uncontrolled descent of the elevator car caused by the rapid release of hydraulic fluid in the event of a catastrophic failure. Currently the Capitol Complex has three units in operations |   | 13. Square Feet (if applicable):<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |  |   |  |
| 14. Statement of Need & Justification: Retrofitting these three elevators are and need to be in compliance with code requirements<br>Alternatives to Project: Close elevators<br>Consequences of Deferral: Agency will be sited for code violations  |  |   |   |  |   |  |  |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |  |   |   |  |   |  |  |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements<br>Explain: The American Society of Mechanical Engineers' code A17.1-2000, Rule 8.6.5.8, requires that all below ground hydraulic cylinders have a safety bulkhead, a plunger gripper, or safeties with conforming guide rails and fastenings. For elevators installed prior to January 1, 1975, the deadline to comply with this rule is July 1, 2011.<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |   |   |  |   |  |  |   |  |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |  |   |   |  |   |  |  |   |  |
| 19. Project Cost Summary   |  |   |   |  |   |  |  |   |  |
| Design & Supervision   |  | \$ 15,000   |   | 20. Operating Cost Summary (optional)  |   | 21. Cost Savings Summary (optional)  |  |   |  |
| Site Development/Land Acquisition  |  | \$ 0  |   | Requesting Agency  |   | Annual   |  | Requesting Agency                       |  |
| Utility Extensions   |  | \$ 0  |   | First Year   |   | Other  |  | Other                                   |  |
| Construction   |  | \$ 95,000   |   | Operations &   |   | Maintenance  |  | Maintenance                             |  |
| Equipment - Fixed  |  | \$ 0  |   | Salaries   |   | Salaries   |  | Salaries                                |  |
| Furnishings - Movable Equipment  |  | \$ 0  |   | Utilities  |   | Utilities  |  | Utilities                               |  |
| Contingency  |  | \$ 5,300  |   | All Other  |   | All Other  |  | All Other                               |  |
| Financing Cost   |  | \$ 0  |   | Total  |   | Total  |  | Total                                   |  |
| Network  |  | \$ 0  |   | New FTES   |   | 0 FTES   |  | 0 FTES                                  |  |
| Demolition   |  | \$ 0  |   | Requesting Agency  |   | Other  |  | Requesting Agency                       |  |
|  |  |   |   | Other  |   | Other  |  | Other                                   |  |

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Total Project Estimate \$ 115,300  
Major Maintenance Amount \$ 0

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

**FY2009 Major Maintenance Project Request**

|   |                            |   |   |   |  |   |
|---|----------------------------|---|---|---|--|---|
| <p>1. Agency Administrative Service</p>   | <p>2. Agency Code: 005</p> | <p>3. Institution /Location GSE/Soldiers and Sailors Monument</p> | <p>4. Agency Priority 6 of 10</p>   | <p>5. Institution Priority 6 of 10</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding) <b>NEW REQUEST</b></p> | <p>7. Funding Source(s) Major Maintenance</p>   |
| <p>8. Project Maintenance to Soldiers and Sailors Monument</p>  |                            | <p>9. Critical Level Category B. Health and Safety - Class 2</p>  |   | <p>10. Proposed Schedule (in months)<br/>Planning: 2.0 Month(s)<br/>Bidding: 3.0 Month(s)<br/>Construction: 6.0 Month(s)<br/>Total: 11.0 Month(s)</p> |  | <p>11. Contact Person<br/>Name: Ken Thornton<br/>Title: Operations Mgr.<br/>Phone: (515) 242-5123</p> |
| <p>12. Description of Project (or Proposed Changes to Existing Project): Renovate the soldiers and Sailors Monument on the Capitol Complex.</p>   |                            |   | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>  |   |  |   |
| <p>14. Statement of Need &amp; Justification: Currently there are pieces of stone falling off the monument causing a peril to citizens visiting the monument<br/>Alternatives to Project: None<br/>Consequences of Deferral: Continues to be a safety concern and a highly visible monument continues to deteriorate.</p>   |                            |   | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p>  |   |  |   |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>   |                            |   | <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement.<br/>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/>Other Code Enforcement or Other Requirement Explanation<br/><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br/>Program/Project/Plant Manager Determination of Need.<br/><input type="checkbox"/> Statement of Need: Enter Statement of Need<br/><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p> |   |  |   |
| <p>18. Advisory Committee Priority:<br/><br/>-Select One Priority From List-</p>  |                            |   | <p>20. Operating Cost Summary (optional)<br/>Requesting Agency First Year Other Requesting Agency Annual Other<br/>Operations &amp; Maintenance \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____<br/>Salaries \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____<br/>Utilities \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____<br/>All Other \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____<br/>Total \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____<br/>New FTES _____ 0 FTES _____ 0 FTES _____ 0 FTES _____ 0 FTES</p>   |   |  |   |
| <p>19. Project Cost Summary<br/>Design &amp; Supervision \$ _____ 22,000<br/>Site Development/Land Acquisition \$ _____ 0<br/>Utility Extensions \$ _____ 0<br/>Construction \$ _____ 222,000<br/>Equipment - Fixed \$ _____ 0<br/>Furnishings - Movable Equipment \$ _____ 0<br/>Contingency \$ _____ 0<br/>Financing Cost \$ _____ 0<br/>Artwork \$ _____ 0<br/>Demolition \$ _____ 0<br/>Total Project Estimate \$ _____ 244,000<br/>Major Maintenance Amount \$ _____ 0</p> |                            |   | <p>21. Cost Savings Summary (optional)<br/>Requesting Agency Other<br/>Operations &amp; Maintenance \$ _____ 0 \$ _____ 0<br/>Salaries \$ _____ 0 \$ _____ 0<br/>Utilities \$ _____ 0 \$ _____ 0<br/>All Other \$ _____ 0 \$ _____ 0<br/>Total \$ _____ 0 \$ _____ 0</p> <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>  |   |  |   |

|   |                       |   |  |  |   |   |
|---|-----------------------|---|--|--|---|---|
| 1. Agency<br>Administrative Service   | 2. Agency Code<br>005 | 3. Institution /Location<br>GSE/ Hoover Building  | 4. Agency Priority<br>7 of 10  | 5. Institution Priority<br>7 of 10   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-OTHER CHAN | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Exterior Renovations Hoover State Office Building   |                       | 9. Critical Level Category<br>D. Operational Inefficiency   |  | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 12.0 Month(s) |   | 11. Contact Person<br>Name: Ken Thornton<br>Title: Operations Mgr.<br>Phone: (515) 242-5123 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Renovate exterior of the Hoover building to include cleaning stone, re-calk and repair windows. |  | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |   |   |
| 14. Statement of Need & Justification: The exterior of the Hoover building is weathered and the windows are leaking water into the facility.<br>Alternatives to Project: None<br>Consequences of Deferral: The structure will continue to deteriorate and the entry of water will cause more significant damage.  |                       |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____   |  |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |   |   |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-   |                       |   | 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual: _____ Other: _____<br>First Year: _____<br>Maintenance \$ _____<br>Salaries \$ _____<br>Utilities \$ _____<br>All Other \$ _____<br>Total \$ _____   |  |   |   |
| 19. Project Cost Summary<br>Design & Supervision \$ 62,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 626,972<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 31,348<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 720,320<br>Major Maintenance Amount \$ 0 |                       |   | 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Maintenance \$ _____<br>Salaries \$ _____<br>Utilities \$ _____<br>All Other \$ _____<br>Total \$ _____  |  |   |   |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |   |  |  |   |   |

**FY2009 Major Maintenance Project Request**

| <p>1. Agency Administrative Service Code: 005</p>   | <p>2. Agency Code: 005</p> | <p>3. Institution/Location: GSE/Historical Building</p>  | <p>4. Agency Priority: 8 of 10</p> | <p>5. Institution Priority: 8 of 10</p>   | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding): NEW REQUEST</p> | <p>7. Funding Source(s): Major Maintenance</p>  |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
|---|----------------------------|--|------------------------------------|---|--|---|----|------|--------------------|----|---|--------------|----|-----------|-------------------|----|---|---------------------------------|----|---|-------------|----|--------|----------------|----|---|---------|----|---|------------|----|---------|------------------------|----|-----------|--------------------------|----|---|---|--|--|--|-------------------|--|-------|--|-------------------|--|-------|--|------------|--|--|--|--------|--|--|--|--------------------------|----|---|----|---|----|---|----|---|----------|----|---|----|---|----|---|----|---|-----------|----|---|----|---|----|---|----|---|-----------|----|---|----|---|----|---|----|---|-------|----|---|----|---|----|---|----|---|----------|---|------|---|------|---|------|---|------|--|--|-------------------|--|-------|--|--------------------------|----|---|----|---|----------|----|---|----|---|-----------|----|---|----|---|-----------|----|---|----|---|-------|----|---|----|---|
| <p>8. Project: Repair broken granite wall panels</p>  |                            | <p>9. Critical Level Category: A. Health and Safety - Class 1</p>  |                                    | <p>10. Proposed Schedule (in months):<br/>Planning: 3.0 Month(s)<br/>Bidding: 3.0 Month(s)<br/>Construction: 12.0 Month(s)<br/>Total: 18.0 Month(s)</p> |  | <p>11. Contact Person:<br/>Name: Randall Howard<br/>Title: Executive Officer<br/>Phone: (515) 281-4964</p>          |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| <p>8a. Existing Project Number/Rank: 0000.00<br/>Rank: 000.0</p>  |                            | <p>12. Description of Project (or Proposed Changes to Existing Project): Remove broken panels and install new panels with appropriate backer, install backer on all unbroken base panels</p> |                                    | <p>13. Square Feet (if applicable):<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>   |  | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically):<br/>Cost Per GSF: \$ _____</p> |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| <p>14. Statement of Need &amp; Justification: Granite panels are broken and falling on pedestrian walkway, creating a severe hazard to the public.<br/>Alternatives to Project: None<br/>Consequences of Deferral: Exterior panels will continue to fall of and be hazzardous to the public</p>   |                            |  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>   |                            |  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement.<br/><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/>Explain: Enter Code Enforcement or Other Requirement Explanation<br/><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/>Statement of Need: Enter Statement of Need<br/><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p>   |                            |  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| <p>18. Advisory Committee Priority:<br/>-Select One Priority From List-</p>   |                            |  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| <p>19. Project Cost Summary</p> <table border="0"> <tr><td>Design &amp; Supervision</td><td>\$</td><td>130,000</td></tr> <tr><td>Site Development/Land Acquisition</td><td>\$</td><td>0</td></tr> <tr><td>Utility Extensions</td><td>\$</td><td>0</td></tr> <tr><td>Construction</td><td>\$</td><td>1,100,000</td></tr> <tr><td>Equipment - Fixed</td><td>\$</td><td>0</td></tr> <tr><td>Furnishings - Movable Equipment</td><td>\$</td><td>0</td></tr> <tr><td>Contingency</td><td>\$</td><td>90,000</td></tr> <tr><td>Financing Cost</td><td>\$</td><td>0</td></tr> <tr><td>Artwork</td><td>\$</td><td>0</td></tr> <tr><td>Demolition</td><td>\$</td><td>110,000</td></tr> <tr><td>Total Project Estimate</td><td>\$</td><td>1,430,000</td></tr> <tr><td>Major Maintenance Amount</td><td>\$</td><td>0</td></tr> </table> |                            |  | Design & Supervision               | \$  | 130,000  | Site Development/Land Acquisition   | \$ | 0    | Utility Extensions | \$ | 0 | Construction | \$ | 1,100,000 | Equipment - Fixed | \$ | 0 | Furnishings - Movable Equipment | \$ | 0 | Contingency | \$ | 90,000 | Financing Cost | \$ | 0 | Artwork | \$ | 0 | Demolition | \$ | 110,000 | Total Project Estimate | \$ | 1,430,000 | Major Maintenance Amount | \$ | 0 | <p>20. Operating Cost Summary (optional)</p> <table border="0"> <tr><th colspan="2">Requesting Agency</th><th colspan="2">Other</th><th colspan="2">Requesting Agency</th><th colspan="2">Other</th></tr> <tr><th colspan="4">First Year</th><th colspan="4">Annual</th></tr> <tr><td>Operations &amp; Maintenance</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> <tr><td>Salaries</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> <tr><td>Utilities</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> <tr><td>All Other</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> <tr><td>Total</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> <tr><td>New FTES</td><td>0</td><td>FTES</td><td>0</td><td>FTES</td><td>0</td><td>FTES</td><td>0</td><td>FTES</td></tr> </table> |  |  |  | Requesting Agency |  | Other |  | Requesting Agency |  | Other |  | First Year |  |  |  | Annual |  |  |  | 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 | <p>21. Cost Savings Summary (optional)</p> <table border="0"> <tr><th colspan="2">Requesting Agency</th><th colspan="2">Other</th></tr> <tr><td>Operations &amp; Maintenance</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> <tr><td>Salaries</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> <tr><td>Utilities</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> <tr><td>All Other</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> <tr><td>Total</td><td>\$</td><td>0</td><td>\$</td><td>0</td></tr> </table> |  | Requesting Agency |  | Other |  | Operations & Maintenance | \$ | 0 | \$ | 0 | Salaries | \$ | 0 | \$ | 0 | Utilities | \$ | 0 | \$ | 0 | All Other | \$ | 0 | \$ | 0 | Total | \$ | 0 | \$ | 0 |
| Design & Supervision  | \$                         | 130,000  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Site Development/Land Acquisition   | \$                         | 0  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Utility Extensions  | \$                         | 0  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Construction  | \$                         | 1,100,000  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Equipment - Fixed   | \$                         | 0  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Furnishings - Movable Equipment   | \$                         | 0  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Contingency   | \$                         | 90,000   |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Financing Cost  | \$                         | 0  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Artwork   | \$                         | 0  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Demolition  | \$                         | 110,000  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Total Project Estimate  | \$                         | 1,430,000  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Major Maintenance Amount  | \$                         | 0  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Requesting Agency   |                            | Other  |                                    | Requesting Agency   |  | Other   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| First Year  |                            |  |                                    | Annual  |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| 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 |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Requesting Agency   |                            | Other  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Operations & Maintenance  | \$                         | 0  | \$                                 | 0   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Salaries  | \$                         | 0  | \$                                 | 0   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Utilities   | \$                         | 0  | \$                                 | 0   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| All Other   | \$                         | 0  | \$                                 | 0   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| Total   | \$                         | 0  | \$                                 | 0   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |
| <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>   |                            |  |                                    |   |  |   |    |      |                    |    |   |              |    |           |                   |    |   |                                 |    |   |             |    |        |                |    |   |         |    |   |            |    |         |                        |    |           |                          |    |   |   |  |  |  |                   |  |       |  |                   |  |       |  |            |  |  |  |        |  |  |  |                          |    |   |    |   |    |   |    |   |          |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |           |    |   |    |   |    |   |    |   |       |    |   |    |   |    |   |    |   |          |   |      |   |      |   |      |   |      |  |  |                   |  |       |  |                          |    |   |    |   |          |    |   |    |   |           |    |   |    |   |           |    |   |    |   |       |    |   |    |   |

### FY2009 Major Maintenance Project Request

|  |   |   |   |  |   |   |
|--|---|---|---|--|---|---|
| 1. Agency Administrative Service   | 2. Agency Code: 005                                   | 3. Institution/Location: GSE/Central Energy Plant                     | 4. Agency Priority: 9 of 10   | 5. Institution Priority: 9 of 10   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding): EXISTING-PRIORITY and | 7. Funding Source(s): Major Maintenance   |
| 8. Project: Replace fuel tank at Central Energy Plant  | 9. Critical Level Category: C. Imminent Economic Loss |   | 10. Proposed Schedule (in months):<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 8.0 Month(s)<br>Total: 14.0 Month(s) |  | 11. Contact Person:<br>Name: Ken Thornton<br>Title: Operations Mgr.<br>Phone: (515) 242-5123        |   |
| 8a. Existing Project Number/Rank: 0000.00  | Rank: 000.0   | 12. Description of Project (or Proposed Changes to Existing Project): |   | 13. Square Feet (if applicable):<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically):<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: Replace 320,000 gallon single wall fuel tank with 200,000 gallon UL-142 stainless steel double wall fuel tank with agitation to meet new EPA guidelines and allow the use of bio-diesel as a heating fuel.<br>Alternatives to Project: None<br>Consequences of Deferral: Fuel tank could leak costing the State substantial money for clean up and fines by EPA   |   |   |   |  |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |   |   |   |  |   |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |   |  |   |   |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |   |   |   |  |   |   |
| 19. Project Cost Summary   |   |   |   |  |   |   |
| Design & Supervision   | \$ 82,000   | 20. Operating Cost Summary (optional)                                 |   |  |   |   |
| Site Development/Land Acquisition  | \$ 35,000   | Requesting Agency First Year Other Requesting Agency Annual Other     |   |  |   |   |
| Utility Extensions   | \$ 15,000   | Operations & Maintenance  | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
| Construction   | \$ 823,000  | Salaries  | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
| Equipment - Fixed  | \$ 0  | Utilities   | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
| Furnishings - Movable Equipment  | \$ 0  | All Other   | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
| Contingency  | \$ 50,000   | Total   | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
| Financing Cost   | \$ 0  | New FTEs  | 0 FTEs  | 0 FTEs   | 0 FTEs  | 0 FTEs  |
| Artwork  | \$ 0  | 21. Cost Savings Summary (optional)                                   |   |  |   |   |
| Demolition   | \$ 180,000  | Requesting Agency Other   |   |  |   |   |
| Total Project Estimate   | \$ 1,185,000  | Operations & Maintenance  | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
| Major Maintenance Amount   | \$ 0  | Salaries  | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
|  |   | Utilities   | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
|  |   | All Other   | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
|  |   | Total   | \$ 0  | \$ 0   | \$ 0  | \$ 0  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |   |   |   |  |   |   |

|   |                       |   |                                |   |   |   |
|---|-----------------------|---|--------------------------------|---|---|---|
| 1. Agency<br>Administrative Service   | 2. Agency Code<br>000 | 3. Institution/Location<br>DAS/GSE                        | 4. Agency Priority<br>10 of 10 | 5. Institution Priority<br>10 of 10   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Jessie Parker Building<br>Renovation SOUTH BUILDING<br>CEILING RENOVATION |                       | 9. Critical Level Category<br>D. Operational Inefficiency |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 18.0 Month(s) |   | 11. Contact Person<br>Name: Ken Thornton<br>Title: Administrator<br>Phone: (515) 242-5123 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0                         |                       |   |                                |   |   |   |

12. Description of Project (or Proposed Changes to Existing Project): Removal of the metal ceilings in the Jessie Parker South Building occupied by Iowa Vocational and Rehabilitation Services (IVRS) to improve appearance and acoustical properties of the office environment. The metal ceiling system is part of the original building construction dating from the 1970s.

13. Square Feet (if applicable)  
 Net Square Feet: 0,  
 Gross Square Feet: 0 GSF

14. Statement of Need & Justification: Operational inefficiency  
 Alternatives to Project: Clean, prepare and repaint the existing ceiling system using a flat finish oil-based paint system to prevent rust from bleeding through the final finish coat. There would be no changes to the existing grid, light fixtures or air distribution system.  
 Consequences of Deferral: Continued deterioration

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:  
 ADA Requirement  
 Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement  
 Fire Marshal Report or Citation.  
 Date of Inspection and Explanation: Enter Date of Inspection and Explanation  
 Other Code Enforcement or Other Requirements.  
 Explain: Enter Code Enforcement or Other Requirement Explanation  
 Program/Project/Plant Manager Determination of Need.  
 Statement of Need: Enter Statement of Need  
 Vertical Infrastructure Database Condition. Rating: -Select a Rating-

18. Advisory Committee Priority:  
 -Select One Priority From List-

19. Project Cost Summary

|                                   |              |
|-----------------------------------|--------------|
| Design & Supervision              | \$ 30,000    |
| Site Development/Land Acquisition | \$ 0         |
| Utility Extensions                | \$ 0         |
| Construction                      | \$ 800,000   |
| Equipment - Fixed                 | \$ 0         |
| Furnishings - Movable Equipment   | \$ 0         |
| Contingency                       | \$ 80,000    |
| Financing Cost                    | \$ 0         |
| Artwork                           | \$ 0         |
| Demolition                        | \$ 100,000   |
| Total Project Estimate            | \$ 1,010,000 |
| Major Maintenance Amount          | \$ 0         |

20. Operating Cost Summary (optional)

|                          | 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

21. Cost Savings Summary (optional)

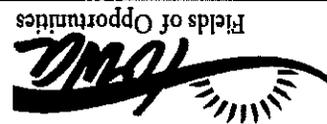
|                          | Requesting Agency |       | Other             |       |
|--------------------------|-------------------|-------|-------------------|-------|
|                          | Requesting Agency | Other | Requesting Agency | Other |
| Operations & Maintenance | \$ 0              | \$ 0  | \$ 0              | \$ 0  |
| Salaries                 | \$ 0              | \$ 0  | \$ 0              | \$ 0  |
| Utilities                | \$ 0              | \$ 0  | \$ 0              | \$ 0  |
| All Other                | \$ 0              | \$ 0  | \$ 0              | \$ 0  |
| Total                    | \$ 0              | \$ 0  | \$ 0              | \$ 0  |

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

**Corrections  
FY2009 Major Maintenance Requests**

Iowa Vertical Infrastructure Program

May 2009



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

DEPARTMENT OF CORRECTIONS  
JOHN R. BALDWIN, INTERIM DIRECTOR

April 30, 2009

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

RE: Department of Corrections  
FY 2009/2010 Major Maintenance Requests

To Whom It May Concern:

Please find the seventy-five prioritized Department of Corrections (DOC) Major Maintenance Requests for FY 2009 funding. The list includes the FY2009 DOC requests receiving funding in the order approved by the Vertical Infrastructure Program (VIP). There is one modification to that list caused by the completion of two projects. The existing and new requests that are prioritized based on DOC maintenance need and importance.

**FY 2009 Funded Project Modification**

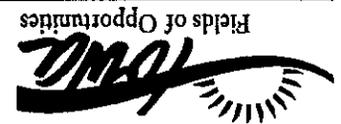
The electrical work was completed under an FY2008 project. The ISP Critical Structural Repair FY 2008 requires \$500,000 to complete the entire project. The next critical electrical work is the ICIW Electrical Upgrade.

Please change the ISP, Electrical Phase V, project ISP, Critical Repairs, for \$500,000, and send the balance (\$500,000) to ICIW, Electrical Upgrade Phase II, at \$800,000.

The summary of the funded DOC projects approved by the VIP for FY 2009 funds including the above modification as follows:

The mission of the Iowa Department of Corrections is to:  
**Protect the Public, the Employees, and the Offenders.**

(Office) 515-725-5701 - 510 East 12th Street, Des Moines, Iowa 50319 - (FAX) 515-725-5798



**Major Maintenance Requests Approved for FY 2009 Funding  
With above modification**

|      |                                       |             |
|------|---------------------------------------|-------------|
| ASP  | Domestic Water System                 | \$1,300,000 |
| ISP  | Perimeter Security Upgrades           | \$395,000   |
| MPCF | Medical Clinic Ventilation            | \$1,01,080  |
| ICIW | 6B & 9 Roof/Wall Repairs              | \$650,000   |
| ICIW | Electrical Upgrade Phase I            | \$800,000   |
| ISP  | Replace Farm #1 Furnace               | \$120,000   |
| ASP  | New Fire Escapes                      | \$800,000   |
| ASP  | LUB & Replace Locking System - Design | \$50,000    |
| ISP  | Critical Structural Repair - Tunnel   | \$500,000   |
| IMCC | Replace TV Roof                       | \$320,000   |
| ASP  | Replace E. Admin Roof                 | \$150,000   |
| ASP  | Replace Print Roof                    | \$150,000   |
| ASP  | Replace Sign Roof                     | \$100,000   |
| ASP  | Electrical Upgrade - Phase V          | \$950,000   |
| IMCC | Life Safety System Phase II           | \$200,000   |

**New Major Maintenance Request**

|      |                       |             |
|------|-----------------------|-------------|
| ASP  | Waste Water Treatment | \$1,500,000 |
| ASP  | Cistern Repairs       | \$100,000   |
| ASP  | Replace Tunnel Cap    | \$100,000   |
| ASP  | Security Lighting     | \$50,000    |
| ASP  | Exercise Pens         | \$50,000    |
| ASP  | Remodel Laundry       | \$700,000   |
| ISP  | Replace Industry Roof | \$500,000   |
| ISP  | JBU Water Heater      | \$70,000    |
| ISP  | Replace Farm #3 Roof  | \$50,000    |
| ICIW | Building Demolition   | \$450,000   |
| IMCC | Replace Boilers       | \$2,200,000 |
| MPCF | Power House Roof      | \$60,800    |
| MPCF | Security System       | \$550,000   |
| MPCF | Replace Towers 2 & 4  | \$250,000   |
| MPCF | Elevator Upgrades     | \$675,000   |
| NCGF | Replace Roofs         | \$555,000   |

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**Changes to Existing FY 2009 Requests**

|      |   |             |
|------|---|-------------|
| FDCF | Main Gate Repair / Replace<br>(increase project cost) | \$129,000   |
| IMCC | Administration Roof<br>(Delete. Facility funded)      | \$201,000   |
| MPCF | Electrical Repairs<br>(Delete Project)                | \$2,100,000 |
| MPCF | Storm Water Separation<br>(Delete Project)            | \$250,000   |

Attached are each of new major maintenance requests on the Vertical Infrastructure program form and supporting documents. Both items have been added to the attached FY 2009 DOC Ranking Summary.

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

Sincerely,

Mickel D. Edwards, P.E.

MDE/ito

The mission of the Iowa Department of Corrections is to:  
**Protect the Public, the Employees, and the Offenders.**

(Office) 515-725-5701 - 510 East 12th Street, Des Moines, Iowa 50319 - (FAX) 515-725-5798

## Department of Corrections Major Maintenance Requests FY 2009 Prioritized List

| Institution | Project                                 | Dollar Amount |
|-------------|---|---------------|
| ASP         | Domestic Water System                   | \$1,300,000   |
| ISP         | Perimeter Security Upgrades             | \$395,000     |
| MPCF        | Medical Clinic Ventilation              | \$1,01,080    |
| ICIW        | 6B & 9 Roof/Wall Repairs                | \$650,000     |
| ICIW        | Electrical Upgrade Phase I              | \$800,000     |
| ISP         | Replace Farm #1 Furnace                 | \$120,000     |
| ASP         | New Fire Escapes                        | \$800,000     |
| ASP         | LUB & Replace Locking System - Design   | \$50,000      |
| ISP         | Critical Structural Repair - Tunnel     | \$500,000     |
| IMCC        | Replace TV Roof                         | \$320,000     |
| ASP         | Replace E. Admin Roof                   | \$150,000     |
| ASP         | Replace Print Roof                      | \$150,000     |
| ASP         | Replace Sign Roof                       | \$100,000     |
| ASP         | Electrical Upgrade - Phase V            | \$4,000,000   |
| IMCC        | Life Safety System Phase II             | \$2,000,000   |
| NCGF        | Tunnel / Shower Repairs - Design        | \$100,000     |
| ICIW        | Fire Alarm Upgrade - Phase II           | \$150,000     |
| IMCC        | Replace Pneumatic Controls              | \$2,000,000   |
| ICIW        | Replace Tunnel Cap                      | \$305,000     |
| ASP         | Install Sewage Cleaner                  | \$360,000     |
| ICIW        | Electrical Upgrade - Phase III          | \$2,500,000   |
| ASP         | Control Room Locking                    | \$100,000     |
| ICIW        | Upgrade HVAC Systems                    | \$150,000     |
| ICIW        | Asbestos Abatement Phase I              | \$150,000     |
| ISP         | Boiler Controls                         | \$435,000     |
| ICIW        | Replace Phone System                    | \$150,000     |
| ICIW        | Replace Admin Windows                   | \$255,000     |
| ISP         | Fire Alarm Farm #1 & #3                 | \$101,000     |
| ASP         | Replace LUB & D Locking Phase II        | \$2,950,000   |
| ASP         | Waste Water Treatment                   | \$1,500,000   |
| ISP         | Replace Fuel Tanks                      | \$1,150,000   |
| MPCF        | RR / Shower Ventilation                 | \$300,000     |
| NCF         | Electrical Upgrade & CRC                | \$2,100,000   |
| ISP         | Replace Industry Roof                   | \$500,000     |
| ISP         | Replace Farm #3 Roof                    | \$50,000      |
| ICIW        | Building Demolition                     | \$450,000     |
| MPCF        | Security System                         | \$550,000     |
| ASP         | Cistern Repairs                         | \$100,000     |
| IMCC        | Replace Roots Corridors 2 & 3 & W-slope | \$195,000     |
| MPCF        | South & Main Bldgs. Ventilation         | \$1,640,000   |
| CCF         | HVAC Equipment replacement              | \$515,000     |
| NCF         | Replace Water Heater                    | \$150,000     |

|    |      |                                   |             |
|----|------|-----------------------------------|-------------|
| 43 | NCCF | Replace Showers                   | \$500,000   |
| 44 | GCF  | Perimeter Security Fence          | \$440,000   |
| 45 | MPCF | Reroof East Wing                  | \$375,000   |
| 46 | NGF  | Replace Bldg. H Roof              | \$505,000   |
| 47 | CCF  | Wagon Bollards                    | \$206,000   |
| 48 | GCF  | Replace Security System           | \$530,000   |
| 49 | NCCF | Replace Tunnel Phase II           | \$2,000,000 |
| 50 | GCF  | Gate Operators                    | \$60,000    |
| 51 | ASP  | Luster Height Well                | \$445,000   |
| 52 | NGF  | Column Replacement                | \$40,000    |
| 53 | FDCF | Replace Security System           | \$642,000   |
| 54 | ASP  | Tuck pointing Phase II            | \$2,000,000 |
| 55 | NCF  | Dietary Sewer Replacement         | \$50,000    |
| 56 | GCF  | Lodge Tunnel Cap Replacement      | \$490,000   |
| 57 | ISP  | JBU Water Heater                  | \$70,000    |
| 58 | MPCF | Power House Roof                  | \$60,800    |
| 59 | CCF  | Replace Heating Boiler            | \$190,000   |
| 60 | MPCF | Replace Towers 2 & 4              | \$250,000   |
| 61 | MPCF | Elevator Upgrades                 | \$675,000   |
| 62 | NCCF | Replace Roofs                     | \$555,000   |
| 63 | ASP  | Replace Tunnel Cap                | \$100,000   |
| 64 | MPCF | Replace East & West Windows       | \$1,290,000 |
| 65 | ASP  | Tuck pointing Dining & LUC        | \$1,400,000 |
| 66 | FDCF | Replace Main Gate                 | \$80,000    |
| 67 | ASP  | Security Lighting                 | \$50,000    |
| 68 | NCCF | Replace Windows                   | \$175,000   |
| 69 | ASP  | Exercise Pens                     | \$50,000    |
| 70 | FDCF | Replace Roofs Phase I             | \$1,000,000 |
| 71 | IMCC | Replace Boilers                   | \$2,200,000 |
| 72 | NCF  | Door Frames                       | \$15,000    |
| 73 | FDCF | Replace Roof for Balance of Roofs | \$2,000,000 |
| 74 | FDCF | Upgrade Automation System H & I   | \$50,000    |
| 75 | ASP  | Remodel Laundry                   | \$700,000   |
| 76 | FDCF | Connect Greenhouse to Water loop  | \$20,000    |
| 77 | NCCF | Replace Doors @ LUA, B, & C       | \$40,000    |
| 78 | NCCF | Emergency Road Inside Perimeter   | \$50,000    |

|  |  |   |   |   |  |   |
|--|--|---|---|---|--|---|
| 1. Agency<br>Corrections   | 2. Agency Code<br>242  | 3. Institution/Location<br>Iowa State Penitentiary<br>- Fort Madison  | 4. Agency Priority<br>5 of 5  | 5. Institution Priority<br>2 of 6   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-OTHER CHAN  | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Critical Structure Phase V   | 9. Critical Level Category<br>A. Health and Safety - Class 1   | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 11.0 Month(s)<br>Total: 14.0 Month(s) |   | 11. Contact Person<br>Name: Brad Hier<br>Title: Associate Warden<br>Administration<br>Phone: (319) 372-5432 |  |   |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 014.0  | 12. Description of Project (or Proposed Changes to Existing Project): Phase V will address the remaining kitchen ventilation issues within our mainline serving area, structural repairs around and underneath the cooler area, critical exterior structural repairs to the Industries Building, Montrose Farm 3 Well, JBU ventilation, CCU life safety and final structural repairs to the main utility tunnel. |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ |   |
| 14. Statement of Need & Justification: Master project approved and it is in the 5th phase Alternatives to Project: NA<br>Consequences of Deferral: Risk life safety and critical life needs of offender and staff population and safe community.   |  |   |   |   |  |   |
| 16. Co-Location (Explain):<br>NA   |  |   |   |   |  |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirements Explanation<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br>Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |   |   |   |  |   |
| 18. Advisory Committee Priority:<br>2. Project Already Underway  |  |   |   |   |  |   |
| 19. Project Cost Summary   |  |   |   |   |  |   |
| Design & Supervision   | \$ 121,749   | 20. Operating Cost Summary (optional)   |   | 21. Cost Savings Summary (optional)   |  |   |
| Site Development/Land Acquisition  | \$ 0   | Requesting Agency   | Other   | Requesting Agency   | Other  |   |
| Utility Extensions   | \$ 0   | Operations &  |   | Maintenance &   |  |   |
| Construction   | \$ 1,217,493   | Maintenance   | \$ 0 \$ 0 \$ 0 \$ 0   | Salaries  | \$ 0 \$ 0 \$ 0 \$ 0  |   |
| Equipment - Fixed  | \$ 0   | Salaries  | \$ 0 \$ 0 \$ 0 \$ 0   | Utilities   | \$ 0 \$ 0 \$ 0 \$ 0  |   |
| Furnishings - Movable Equipment  | \$ 0   | Utilities   | \$ 0 \$ 0 \$ 0 \$ 0   | All Other   | \$ 0 \$ 0 \$ 0 \$ 0  |   |
| Contingency  | \$ 121,749   | All Other   | \$ 0 \$ 0 \$ 0 \$ 0   | Total   | \$ 0 \$ 0 \$ 0 \$ 0  |   |
| Financing Cost   | \$ 0   | Total   | \$ 0 \$ 0 \$ 0 \$ 0   |   |  |   |
| Attwork  | \$ 0   | New FTES  | 0 FTES  | 0 FTES  | 0 FTES   | 0 FTES                                    |
| Demolition   | \$ 0   |   |   |   |  |   |
| Total Project Estimate   | \$ 1,460,991   | 22. Cost to Other Agencies (optional; explain if applicable): NA  |   |   |  |   |
| Major Maintenance Amount   | \$ 0   |   |   |   |  |   |

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**FY2008 Major Maintenance Project Request**

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This view illustrates a section of the kitchen basement floor / basement ceiling where deterioration has occurred.

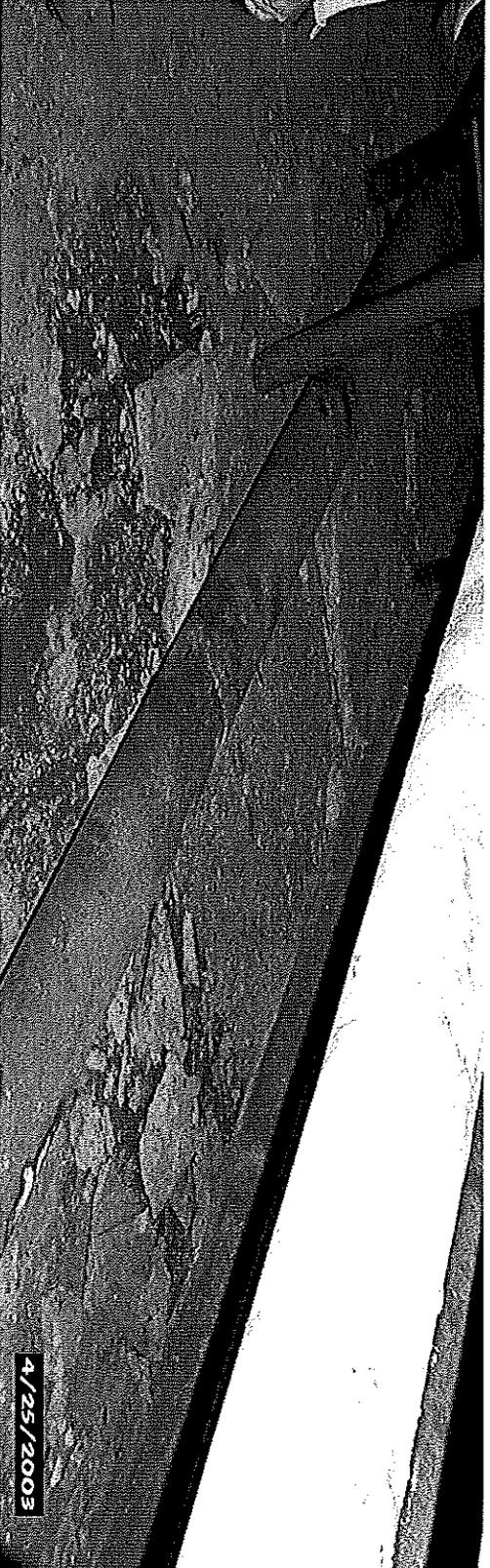
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**FY2008 Major Maintenance Project Request**

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Here is a view of the deteriorated structure within the main utility tunnel.



This illustration highlights the debris that has fallen from the area displayed in the previously.

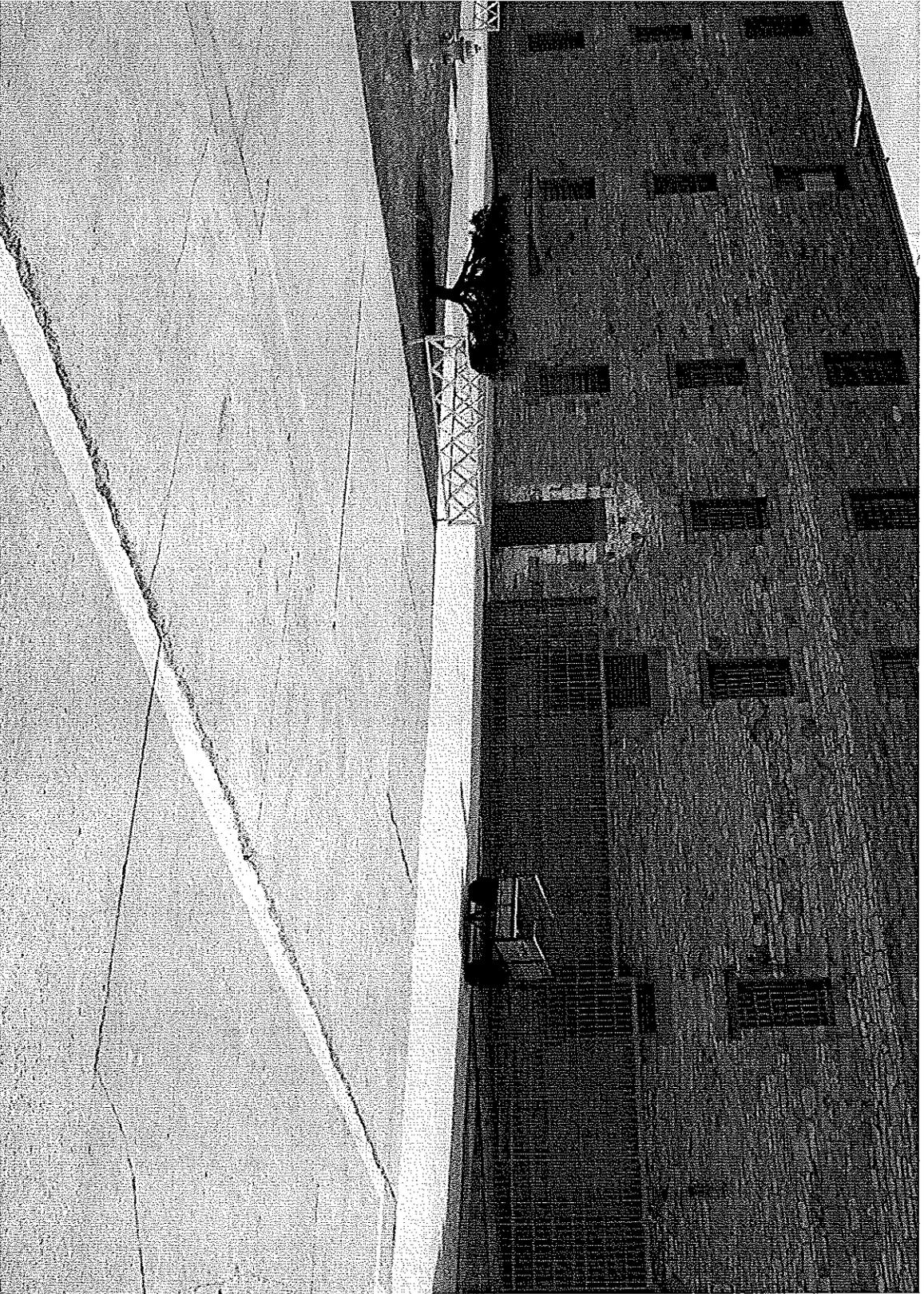
**FY2008 Major Maintenance Project Request**



Here is a view of the tunnel structure south of dietary.

**FY2008 Major Maintenance Project Request**

---



View of Cell House 17 and critical tuck pointing needed.

Submitted By: Brad Hier, Associate Warden Administration

April 10, 2007

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**FY2008 Major Maintenance Project Request**

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West side view of the Industries Building that warrant's critical attention.

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**FY2008 Major Maintenance Project Request**



South side view of the Industries Building that Warrant's critical attention.

---

FY2008 Major Maintenance Project Request



South West view of the Industries Building that warrant's critical attention.

FY2008 Major Maintenance Project Request



West tunnel section where trucks pass over today and need critical repairs completed.

---

**FY2008 Major Maintenance Project Request**



**DISCUSSION OF STRUCTURAL FINDINGS  
FOR  
FOUNDATIONS OF THE INDUSTRIAL/DIETARY BUILDING,  
UTILITY TUNNELS,  
AND SITE STORM WATER**

**AT**

**IOWA STATE PENITENTIARY  
FT. MADISON, IOWA**

**For**

**DEPARTMENT OF GENERAL SERVICES  
State of Iowa  
AMEC Project No.**

**Prepared by**

**AMEC  
800 Marquette Ave.  
Suite 1200  
Minneapolis, MN 55402**

**April 4, 2007**

**FY2008 Major Maintenance Project Request**

**ISP Structural and Critical Infrastructure Fiscal '08 Projects**

Project Activities

Cost

Kitchen Serving Area Structural & Ventilation Modifications:

S.S. Roll-up Doors

- 1 South Wall - two doors 8' wide
- 2 East Wall - four doors at varying widths
- 3 North Wall - two doors 8' wide
- 4 Eng. C.A.

\$12,584.00  
\$25,167.00  
\$12,584.00  
\$2,500.00  
**\$52,835.00**

CCU Life Safety and A & B Pods Emergency Exit

AMEC to provide eng study, calcs and sketches to allow  
Materials and Supplies

\$12,000.00  
\$22,400.00  
**\$34,400.00**

Cell House 17 Tuck Pointing & Critical Structural Repairs

- 1) Remove the deteriorated mortar joints 100%,
- 2) Tuck-point all stone masonry joints,
- 3) Power wash the entire wall,
- 4) Remove all debris from the work area daily,
- 5) Eng. C.A.

**\$85,413.00**

Replacement of Farm #3 Well

- 1 AMEC to visit site and obtain field info
- 2 AMEC to design well system
- 3 AMEC to assist ISP in obtaining all req'd permits
- 4 Well Replacement
- 5 Eng. C.A.

\$2,500.00  
\$5,000.00  
\$5,000.00  
\$18,750.00  
\$2,500.00  
**\$33,750.00**

Lateral Tunnel to Dietary

Necessary mats to complete

Eng. C.A.

\$24,850.00  
\$2,500.00  
**\$27,350.00**

## FY2008 Major Maintenance Project Request

|   |              |                     |
|---|--------------|---------------------|
| <u>West Utility Tunnel Complex</u>                              |              |                     |
| AMEC engineering, design and cost estimate                      |              | \$45,000.00         |
| Contractor Materials, Construction and Installation             |              | \$350,000.00        |
| SPS assistance for tunnel pipe design and rerouting             |              | \$5,300.00          |
|   |              | <b>\$400,300.00</b> |
| <u>Industries/Dietary Exterior Structural Critical Repairs</u>  |              |                     |
| Structural restoration Estimate of Basic exterior repairs       |              | \$20,245.00         |
| Ref SRI proposal dated 08Feb07                                  |              |                     |
| Engineering support, mat'l spec review and C.A. support         |              | \$11,600.00         |
|   |              | <b>\$108,445.00</b> |
| <u>Flooring and Floor Drain Repairs to 'Old Freezer/Cooler'</u> |              |                     |
| SPS   |              |                     |
| 1 Install and repair floor drains and plumbing                  |              | \$9,500.00          |
| 2 Prep and install new concrete slab sloping to drains          |              | \$13,500.00         |
| AMEC  |              |                     |
| Eng. Review of mats and design plus C.A.                        |              | \$3,500.00          |
|   |              | <b>\$26,500.00</b>  |
| <u>JBCC Dormitory Ventilation/Controls and Roof Framing</u>     |              |                     |
| Shower area ventilation improvements (SPS/Arnold                |              |                     |
| 1 Ref)  |              | \$7,500.00          |
| Ventilation units w/Ductwork and ctrls                          |              | \$350,000.00        |
| 2 Engineering, design and Contract Admin for                    |              |                     |
| a Ventilation   |              | \$26,000.00         |
| b Unit, ductwork  |              | \$65,000.00         |
|   |              | <b>\$448,500.00</b> |
|   | <b>Total</b> | <b>\$1,217,493</b>  |

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

### FY2009 Major Maintenance Project Request

|  |                               |  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
|--|-------------------------------|--|--|---|---|--|----------------------|-------------------|---------|--------------------------|-------|--------------------------|----------|-----------------------------------|------|-----------|----------|------|-----------|------|--------------------|-----------|-------|------|------|------|-----------|--------------|------|-----------|------|-------|------|------|-------------------|------|----------|--------|--------|--------|--------|---------------------------------|----|-------|--|--|--|--|-------------|----|-------|--|--|--|--|----------------|----|-------|--|--|--|--|---------|----|-------|--|--|--|--|------------|----|-------|--|--|--|--|------------------------|----|-----------|--|--|--|--|--------------------------|----|-------|--|--|--|--|
| <p>1. Agency<br/>Corrections</p>   | <p>2. Agency Code<br/>243</p> | <p>3. Institution /Location<br/>Anamosa State Penitentiary</p>       | <p>4. Agency Priority<br/>30 of 78</p> | <p>5. Institution Priority<br/>4 of 10</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>NEW REQUEST</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>8. Project<br/>Wastewater Modification/Retreatment</p>  |                               | <p>9. Critical Level Category<br/>A. Health and Safety - Class 1</p> |  | <p>10. Proposed Schedule (in months)<br/>Planning: 3.0 Month(s)<br/>Bidding: 2.0 Month(s)<br/>Construction: 6.0 Month(s)<br/>Total: 11.0 Month(s)</p> |   | <p>11. Contact Person<br/>Name: Harry Brown<br/>Title: Business Manager<br/>Phone: (319) 462-3504</p>              |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>12. Description of Project (or Proposed Changes to Existing Project): This project would involve engineering and implementation of a system designed to reduce the BOD and grease levels to the parameters allowed by the current City Agreement.</p>   |                               |  |  | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>  |   | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p> |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>14. Statement of Need &amp; Justification: Presently our wastewater is placing a burden on the municipal waste water treatment facility. The municipality has placed a penalty of approximately \$900 per month on our bill as an interim stop gap measure. In January '07 penalty was 23K for over strength charge. The options the city has presented is to either buy capacity with a capital expenditure between \$700 - \$800,000 or to pretreat the wastewater. Alternatives to Project: Increase the fees paid to the municipality for treatment. Consequences of Deferral: See above!</p>   |                               |  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>  |                               |  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement<br/><input type="checkbox"/> ADA Transition Plan or Complainer Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/>Other Code Enforcement or Other Requirements.<br/>Explain: Enter Code Enforcement or Other Requirement Explanation<br/><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/>Statement of Need: Refer to #14<br/><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p>   |                               |  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>18. Advisory Committee Priority:<br/>-Select One Priority From List-</p>  |                               |  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>19. Project Cost Summary</p> <table border="0"> <tr> <td>Design &amp; Supervision</td> <td>\$</td> <td>100,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td>\$</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Utility Extensions</td> <td>\$</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Construction</td> <td>\$</td> <td>1,400,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Equipment - Fixed</td> <td>\$</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td>\$</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contingency</td> <td>\$</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Financing Cost</td> <td>\$</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Artwork</td> <td>\$</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Demolition</td> <td>\$</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Project Estimate</td> <td>\$</td> <td>1,500,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Major Maintenance Amount</td> <td>\$</td> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                               |  |  |   |   |  | Design & Supervision | \$                | 100,000 |                          |       |                          |          | Site Development/Land Acquisition | \$   | _____     |          |      |           |      | Utility Extensions | \$        | _____ |      |      |      |           | Construction | \$   | 1,400,000 |      |       |      |      | Equipment - Fixed | \$   | _____    |        |        |        |        | Furnishings - Movable Equipment | \$ | _____ |  |  |  |  | Contingency | \$ | _____ |  |  |  |  | Financing Cost | \$ | _____ |  |  |  |  | Artwork | \$ | _____ |  |  |  |  | Demolition | \$ | _____ |  |  |  |  | Total Project Estimate | \$ | 1,500,000 |  |  |  |  | Major Maintenance Amount | \$ | _____ |  |  |  |  |
| Design & Supervision   | \$                            | 100,000  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Site Development/Land Acquisition  | \$                            | _____  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Utility Extensions   | \$                            | _____  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Construction   | \$                            | 1,400,000  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Equipment - Fixed  | \$                            | _____  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Furnishings - Movable Equipment  | \$                            | _____  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Contingency  | \$                            | _____  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Financing Cost   | \$                            | _____  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Artwork  | \$                            | _____  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Demolition   | \$                            | _____  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Total Project Estimate   | \$                            | 1,500,000  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Major Maintenance Amount   | \$                            | _____  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>20. Operating Cost Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>New FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </table>   |                               |  |  |   |   |  |                      | 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 |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
|  | 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  |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>21. Cost Savings Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table>  |                               |  |  |   |   |  |                      | Requesting Agency | Other   | Operations & Maintenance | \$ 0  | \$ 0                     | Salaries | \$ 0                              | \$ 0 | Utilities | \$ 0     | \$ 0 | All Other | \$ 0 | \$ 0               | Total     | \$ 0  | \$ 0 |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
|  | Requesting Agency             | Other  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Operations & Maintenance   | \$ 0                          | \$ 0   |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Salaries   | \$ 0                          | \$ 0   |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Utilities  | \$ 0                          | \$ 0   |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| All Other  | \$ 0                          | \$ 0   |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| Total  | \$ 0                          | \$ 0   |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |
| <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>  |                               |  |  |   |   |  |                      |                   |         |                          |       |                          |          |                                   |      |           |          |      |           |      |                    |           |       |      |      |      |           |              |      |           |      |       |      |      |                   |      |          |        |        |        |        |                                 |    |       |  |  |  |  |             |    |       |  |  |  |  |                |    |       |  |  |  |  |         |    |       |  |  |  |  |            |    |       |  |  |  |  |                        |    |           |  |  |  |  |                          |    |       |  |  |  |  |

**FY2009 Major Maintenance Project Request**

| 1. Agency<br>Corrections  | 2. Agency Code<br>242 | 3. Institution Location<br>Iowa State Penitentiary  | 4. Agency Priority<br><b>35</b> of <b>78</b>  | 5. Institution Priority<br>8 of 10   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
|---|-----------------------|---|---|--|---|--|-------------------|-------|-------|--------------------------|--------|------|------------|----------|-------------------|-------|-------------------|-----------|--------------------------|------|------|-----------|------|------|----------|-------|------|------|------|--|-----------|------|------|------|------|------|-----------|------|------|------|------|------|-------|------|------|------|------|------|----------|--------|--------|--------|--------|--------|
| 8. Project<br>Farm 3 Roof Replacement   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |   | 10. Proposed Schedule (in months)<br>Planning: 6.0 Month(s)<br>Bidding: 4.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 16.0 Month(s) |   | 11. Contact Person<br>Name: Julia Johnson<br>Title: Associate Warden - Administration<br>Phone: (319) 372-5432   |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Replace existing roof at Farm 3 as old is in poor condition and has many leaks. |   |  |   |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 14. Statement of Need & Justification: Old roof is in disrepair and in need of replacement.<br>Alternatives to Project: NA<br>Consequences of Deferral: Risk life safety and critical life needs of offender and staff population and safe community.   |                       |   |   |  |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0,<br>Gross Square Feet: 0,<br>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 16. Co-Location (Explain):<br>NA  |                       |   |   |  |   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety  |                       |   |   |  |   | 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <th colspan="2">Requesting Agency</th> <th colspan="2">Other</th> <th colspan="2">Annual</th> </tr> <tr> <th>First Year</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>New FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> <td>0 FTEs</td> </tr> </tbody> </table> | Requesting Agency |       | Other |                          | Annual |      | First Year | Other    | Requesting Agency | Other | Requesting Agency | Other     | Operations & Maintenance | \$ 0 | \$ 0 | \$ 0      | \$ 0 | \$ 0 | Salaries | \$ 0  | \$ 0 | \$ 0 | \$ 0 | \$ 0   | Utilities | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | New FTEs | 0 FTEs |
| Requesting Agency   |                       | Other   |   | Annual   |   |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| First Year  | Other                 | Requesting Agency   | Other   | Requesting Agency  | Other   |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Operations & Maintenance  | \$ 0                  | \$ 0  | \$ 0  | \$ 0   | \$ 0  |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Salaries  | \$ 0                  | \$ 0  | \$ 0  | \$ 0   | \$ 0  |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Utilities   | \$ 0                  | \$ 0  | \$ 0  | \$ 0   | \$ 0  |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| All Other   | \$ 0                  | \$ 0  | \$ 0  | \$ 0   | \$ 0  |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Total   | \$ 0                  | \$ 0  | \$ 0  | \$ 0   | \$ 0  |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| New FTEs  | 0 FTEs                | 0 FTEs  | 0 FTEs  | 0 FTEs   | 0 FTEs  |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| 19. Project Cost Summary<br>Design & Supervision \$<br>Site Development/Land Acquisition \$<br>Utility Extensions \$<br>Construction \$<br>Equipment - Fixed \$<br>Furnishings - Movable Equipment \$<br>Contingency \$<br>Financing Cost \$<br>Artwork \$<br>Demolition \$<br>Total Project Estimate \$<br>Major Maintenance Amount \$ |                       |   | 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th colspan="2">Requesting Agency</th> <th colspan="2">Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table> |  |   | Requesting Agency  |                   | Other |       | Operations & Maintenance | \$ 0   | \$ 0 | \$ 0       | Salaries | \$ 0              | \$ 0  | \$ 0              | Utilities | \$ 0                     | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0     | Total | \$ 0 | \$ 0 | \$ 0 | 22. Cost to Other Agencies (optional); explain if applicable; Enter Cost to Other Agencies |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Requesting Agency   |                       | Other   |   |  |   |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Operations & Maintenance  | \$ 0                  | \$ 0  | \$ 0  |  |   |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Salaries  | \$ 0                  | \$ 0  | \$ 0  |  |   |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Utilities   | \$ 0                  | \$ 0  | \$ 0  |  |   |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| All Other   | \$ 0                  | \$ 0  | \$ 0  |  |   |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |
| Total   | \$ 0                  | \$ 0  | \$ 0  |  |   |  |                   |       |       |                          |        |      |            |          |                   |       |                   |           |                          |      |      |           |      |      |          |       |      |      |      |  |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |          |        |        |        |        |        |

### FY2009 Major Maintenance Project Request

| 1. Agency Corrections<br>2. Agency Code: 249   | 3. Institution/Location<br>Iowa Correctional Institute for Women | 4. Agency Priority<br>36 of 78  | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST    | 7. Funding Source(s)<br>Major Maintenance |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
|--|--|---|---|--|---|--|--------|--|--------------------------|-------|-------------------|-------|--------------------------|------|------|------|-----------|------|------|------|-----------|------|------|------|-----------|------|------|------|-------|------|------|------|
| 8. Project Building Demolition<br>8a. Existing Project Number/Rank: 0000.00<br>Rank: 000.0   | 9. Critical Level Category<br>A. Health and Safety - Class 1     | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 1.0 Month(s)<br>Total: 3.0 Month(s) |   | 11. Contract Person<br>Name: Steve Carroll<br>Title: Business Manager<br>Phone: (515) 967-4236 |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 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)<br>Net Square Feet: 0 NSF<br>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<br>Consequences of Delay: Bldg#5 is unhabited, other buildings will soon follow.  |  |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |  |   | 17. Advisory Committee Classification:<br><input checked="" type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Unaccessible and meet no ADA requirements<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |  |   | 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <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 &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table>  |  | First Year                                |  | Annual |  | Requesting Agency        | Other | Requesting Agency | Other | Operations & Maintenance | \$ 0 | \$ 0 | \$ 0 | Salaries  | \$ 0 | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 |
| First Year   |  | Annual  |   |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Requesting Agency  | Other  | Requesting Agency   | Other   |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance   | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries   | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities  | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other  | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total  | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 19. Project Cost Summary<br>Design & Supervision \$ 0<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 450,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 450,000<br>Major Maintenance Amount \$ 0  |  |   | 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th colspan="2">Requesting Agency</th> <th colspan="2">Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table>   |  | Requesting Agency                         |  | Other  |  | Operations & Maintenance | \$ 0  | \$ 0              | \$ 0  | Salaries                 | \$ 0 | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | Total     | \$ 0 | \$ 0 | \$ 0 |       |      |      |      |
| Requesting Agency  |  | Other   |   |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance   | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries   | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities  | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other  | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total  | \$ 0   | \$ 0  | \$ 0  |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |  |   |   |  |   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |

| 1. Agency<br>Corrections  | 2. Agency Code<br>246 | 3. Institution Location<br>Mt. Pleasant Correctional Facility   | 4. Agency Priority<br>37 of 78 | 5. Institution Priority<br>5 of 11  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
|---|-----------------------|---|--------------------------------|---|---|--|-------------------|--|-------|--|--------------------------|------|------------|------|----------|------|-------------------|-------|--------------------------|------|------|------|-----------|------|----------|------|-------|------|------|------|-----------|------|------|------|------|------|-----------|------|------|------|------|------|-------|------|------|------|------|------|
| 8. Project<br>Converting CCTV Recording System from VHS to Digital  |                       | 9. Critical Level Category<br>G. New Construction - Replacement |                                | 10. Proposed Schedule (in months)<br>Planning: 3.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 3.0 Month(s)<br>Total: 9.0 Month(s) |   | 11. Contact Person<br>Name: John Mathes<br>Title: Superintendent<br>Phone: (319) 385-9511  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       |   |                                |   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 12. Description of Project (or Proposed Changes to Existing Project): The project would consist of converting our present CCTV system which is used for Security from VHS recording capability to digital.  |                       |   |                                |   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____   |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 14. Statement of Need & Justification: Present system is VHS. Since this fall VHS tape production will cease we will no longer have a medium in which to record the video from our 130 plus cameras. This recording is a valuable tool in documenting incidences that occur on a random basis in the facility. These recordings have been used as evidence in the court system of this state. If we do not upgrade our system, we will be greatly hindered in providing a safe and secure environment.<br>Alternatives to Project: None<br>Consequences of Deferral: See above. |                       |   |                                |   |   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       |   |                                |   |   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input checked="" type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: ACA accreditation needs.<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Refer to #14 for explanation.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-   |                       |   |                                |   |   | 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <th colspan="2">Requesting Agency</th> <th colspan="2">Other</th> <th colspan="2">Annual</th> </tr> <tr> <th>First Year</th> <th></th> <th></th> <th></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table> | Requesting Agency |  | Other |  | Annual                   |      | First Year |      |          |      | Requesting Agency | Other | Operations & Maintenance | \$ 0 | \$ 0 | \$ 0 | \$ 0      | \$ 0 | Salaries | \$ 0 | \$ 0  | \$ 0 | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Requesting Agency   |                       | Other   |                                | Annual  |   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| First Year  |                       |   |                                | Requesting Agency   | Other   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Operations & Maintenance  | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Salaries  | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Utilities   | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| All Other   | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Total   | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 19. Project Cost Summary<br>Design & Supervision \$ 50,000<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 100,000<br>Equipment - Fixed \$ 400,000<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 550,000<br>Major Maintenance Amount \$ 0  |                       |   |                                |   |   | 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th colspan="2">Requesting Agency</th> <th colspan="2">Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table>  | Requesting Agency |  | Other |  | Operations & Maintenance | \$ 0 | \$ 0       | \$ 0 | Salaries | \$ 0 | \$ 0              | \$ 0  | Utilities                | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0     | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Requesting Agency   |                       | Other   |                                |   |   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Operations & Maintenance  | \$ 0                  | \$ 0  | \$ 0                           |   |   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Salaries  | \$ 0                  | \$ 0  | \$ 0                           |   |   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Utilities   | \$ 0                  | \$ 0  | \$ 0                           |   |   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| All Other   | \$ 0                  | \$ 0  | \$ 0                           |   |   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Total   | \$ 0                  | \$ 0  | \$ 0                           |   |   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |                       |   |                                |   |   |  |                   |  |       |  |                          |      |            |      |          |      |                   |       |                          |      |      |      |           |      |          |      |       |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |



| 1. Agency<br>Corrections  | 2. Agency Code<br>243 | 3. Institution Location<br>Anamosa State<br>Penitentiary, Anamosa   | 4. Agency Priority<br>38 of 78 | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
|---|-----------------------|---|--------------------------------|---|---|---|------------|--------------------------|-------------------|----------|-------|--------------------------|------|-----------|------|-------|------|----------|------|------|------|------|------|-----------|------|------|------|------|------|-----------|------|------|------|------|------|-------|------|------|------|------|------|
| 8. Project<br>Repair 2 Big Cisterns   |                       | 9. Critical Level Category<br>C. Imminent Economic Loss   |                                | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 4.0 Month(s) |   | 11. Contact Person<br>Name: Harry Brown<br>Title: Business Manager<br>Phone: (319) 462-3504 |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0   |                       | 12. Description of Project (or Proposed Changes to Existing Project): Rebuild the two big cisterns right outside of the mail room that the rain water from several buildings go into. The cisterns were designed to hold a certain amount of rain water while the 6" main drain drains the water to the storm drain, so there will always be water in the cisterns. The problem is the cement top caps on the cisterns have deteriorated to the point that the rebar in the concrete is falling out and most of it is in the bottom of the cisterns. With most of the rebar gone there is no support left in the caps. Each one of these cisterns are 40ft x 45ft x 12ft deep.  |                                | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 14. Statement of Need & Justification: With no support left in the cap, it is only time before the cap falls into the cistern. There are a lot of staff and inmates that have to walk across these cisterns to get different places in the Institution. The caps could collapse while people are on them.<br>Alternatives to Project: None<br>Consequences of Deferral: If the cisterns don't get repaired it will cause more deterioration to the structure and sooner than later the top cap is going to fall in. Hopefully no one will be on it when it happens. |                       |   |                                | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____                                |   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |                       | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirement Explanation<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-   |                                |   |   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 18. Advisory Committee Priority:<br><br>1. Health, Life Safety  |                       | 20. Operating Cost Summary (optional)<br><table border="1"> <thead> <tr> <th>Requesting Agency</th> <th>First Year</th> <th>Other</th> <th>Requesting Agency</th> <th>Annual</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </tbody> </table><br>New FTES: 0 FTES    0 FTES    0 FTES    0 FTES |                                |   |   | Requesting Agency   | First Year | Other                    | Requesting Agency | Annual   | Other | Operations & Maintenance | \$ 0 | \$ 0      | \$ 0 | \$ 0  | \$ 0 | Salaries | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| Requesting Agency   | First Year            | Other   | Requesting Agency              | Annual  | Other   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Operations & Maintenance  | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Salaries  | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Utilities   | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| All Other   | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Total   | \$ 0                  | \$ 0  | \$ 0                           | \$ 0  | \$ 0  |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| 19. Project Cost Summary<br>Design & Supervision \$ 0<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 100,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0   |                       | 21. Cost Savings Summary (optional)<br><table border="1"> <thead> <tr> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> </tr> </tbody> </table>   |                                |   |   | Requesting Agency   | Other      | Operations & Maintenance | \$ 0              | Salaries | \$ 0  | Utilities                | \$ 0 | All Other | \$ 0 | Total | \$ 0 |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Requesting Agency   | Other                 |   |                                |   |   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Operations & Maintenance  | \$ 0                  |   |                                |   |   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Salaries  | \$ 0                  |   |                                |   |   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Utilities   | \$ 0                  |   |                                |   |   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| All Other   | \$ 0                  |   |                                |   |   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |
| Total   | \$ 0                  |   |                                |   |   |   |            |                          |                   |          |       |                          |      |           |      |       |      |          |      |      |      |      |      |           |      |      |      |      |      |           |      |      |      |      |      |       |      |      |      |      |      |

**FY2009 Major Maintenance Project Request**

|                          |            |  |
|--------------------------|------------|--|
| Total Project Estimate   | \$ 100,000 | 22. Cost to Other Agencies (optional: explain if applicable): Enter Cost to Other Agencies |
| Major Maintenance Amount | \$ 0       |  |

**FY2009 Major Maintenance Project Request**

|  |                       |   |                                |                                    |   |   |  |
|--|-----------------------|---|--------------------------------|------------------------------------|---|---|--|
| 1. Agency<br>Corrections   | 2. Agency Code<br>242 | 3. Institution/Location<br>Iowa State Penitentiary  | 4. Agency Priority<br>57 of 76 | 5. Institution Priority<br>2 of 10 | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST   | 7. Funding Source(s)<br>Major Maintenance |  |
| 8. Project<br>IBU Hot Water Heater Replacement   |                       | 9. Critical Level Category<br>A. Health and Safety - Class 1  |                                |                                    | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 4.0 Month(s)<br>Total: 8.0 Month(s) |   | 11. Contact Person<br>Name: Julia Johnson<br>Title: Associate Warden - Administration<br>Phone: (319) 372-5432 |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Replace existing hot water heater as old is in disrepair. This housing unit currently houses up to 180 offenders. |                                |                                    |   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0,<br>Gross Square Feet: 0,                                |
| 14. Statement of Need & Justification: Old water heater is in disrepair and in need of replacement. Alternatives to Project: NA<br>Consequences of Deferral: Risk life safety and critical life needs of offender and staff population and safe community.   |                       |   |                                |                                    | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$                                      |   |  |
| 16. Co-Location (Explain):<br>NA   |                       |   |                                |                                    |   |   |  |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                       |   |                                |                                    |   |   |  |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                       |   |                                |                                    |   |   |  |
| 19. Project Cost Summary<br>Design & Supervision \$ 40,000<br>Site Development/and Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 30,000<br>Equipment - Fixed \$ 0<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 70,000<br>Major Maintenance Amount \$ 0  |                       |   |                                |                                    |   |   |  |
| 20. Operating Cost Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0<br>New FTES: 0 FTES 0 FTES 0 FTES 0 FTES   |                       |   |                                |                                    |   |   |  |
| 21. Cost Savings Summary (optional)<br>Requesting Agency: _____ Other: _____<br>Annual<br>Operations & Maintenance \$ 0 \$ 0 \$ 0 \$ 0<br>Salaries \$ 0 \$ 0 \$ 0 \$ 0<br>Utilities \$ 0 \$ 0 \$ 0 \$ 0<br>All Other \$ 0 \$ 0 \$ 0 \$ 0<br>Total \$ 0 \$ 0 \$ 0 \$ 0  |                       |   |                                |                                    |   |   |  |
| 22. Cost to Other Agencies (optional): explain if applicable): Enter Cost to Other Agencies  |                       |   |                                |                                    |   |   |  |

|   |  |   |   |                                    |   |   |
|---|--|---|---|------------------------------------|---|---|
| 1. Agency Corrections   | 2. Agency Code: 246  | 3. Institution Location<br>Mt. Pleasant Correctional Facility   | 4. Agency Priority<br>58 of 78  | 5. Institution Priority<br>3 of 11 | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST | 7. Funding Source(s)<br>Major Maintenance   |
| 8. Project<br>Re-Roof Power House                               | 9. Critical Level Category<br>A. Health and Safety - Class 1 | 10. Proposed Schedule (in months)<br>Planning: 4.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 2.0 Month(s)<br>Total: 9.0 Month(s) | 11. Contact Person<br>Name: John Mathes<br>Title: Superintendent<br>Phone: (319) 385-9511 |                                    |   |   |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0 |  |   |   |                                    |   | 13. Square Feet (if applicable)<br>Net Square Feet: 7,600 NSF<br>Gross Square Feet: 0 GSF |

12. Description of Project (or Proposed Changes to Existing Project): This project would involve replacing salvage edge roofing materials on roof of Power House. The roof is presently 25 years old and is leaking in 10-12 places. These leaks are located through out the building but concern has developed when leaks are on motor control center and control boxes for boilers. The loss of this equipment would mean ceasing steam production for the facility. This steam is used for heating and domestic hot water and the facility could not function with this loss.

14. Statement of Need & Justification: see above  
 Alternatives to Project: No alternative, roof is over 25 years old, needs replaced.  
 Consequences of Deferral: Continued equipment damage.

16. Co-Location (Explain):  
 Enter Co-Location Explanation

17. Advisory Committee Classification:  
 ADA Requirement  
 Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement  
 Fire Marshal Report or Citation.  
 Date of Inspection and Explanation: Enter Date of Inspection and Explanation  
 Other Code Enforcement or Other Requirements.  
 Explain: Enter Code Enforcement or Other Requirement Explanation  
 Program/Project/Plant Manager Determination of Need.  
 Statement of Need: Present roof is over 25 years old, leaks in roof damaging to present equipment.  
 Vertical Infrastructure Database Condition. Rating: -Select a Rating-

18. Advisory Committee Priority:  
 -Select One Priority From List-

19. Project Cost Summary

|                                   |    |        |
|-----------------------------------|----|--------|
| Design & Supervision              | \$ | 0      |
| Site Development/Land Acquisition | \$ | 0      |
| Utility Extensions                | \$ | 0      |
| Construction                      | \$ | 60,800 |
| Equipment - Fixed                 | \$ | 0      |
| Furnishings - Movable Equipment   | \$ | 0      |
| Contingency                       | \$ | 0      |
| Financing Cost                    | \$ | 0      |
| Artwork                           | \$ | 0      |
| Demolition                        | \$ | 0      |
| Total Project Estimate            | \$ | 60,800 |
| Major Maintenance Amount          | \$ | 0      |

20. Operating Cost Summary (optional)

| Operations & Maintenance | Requesting Agency |       | Other             |       | Annual |   |
|--------------------------|-------------------|-------|-------------------|-------|--------|---|
|                          | First Year        | Other | Requesting Agency | Other |        |   |
| Maintenance              | \$ 0              | \$ 0  | \$ 0              | \$ 0  | 0      | 0 |
| Salaries                 | \$ 0              | \$ 0  | \$ 0              | \$ 0  | 0      | 0 |
| Utilities                | \$ 0              | \$ 0  | \$ 0              | \$ 0  | 0      | 0 |
| All Other                | \$ 0              | \$ 0  | \$ 0              | \$ 0  | 0      | 0 |
| Total                    | \$ 0              | \$ 0  | \$ 0              | \$ 0  | 0      | 0 |

21. Cost Savings Summary (optional)

| Operations & Maintenance | Requesting Agency |       | Other             |       |
|--------------------------|-------------------|-------|-------------------|-------|
|                          | Requesting Agency | Other | Requesting Agency | Other |
| 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  |

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies

|  |  |   |  |  |   |   |
|--|--|---|--|--|---|---|
| 1. Agency Corrections  | 2. Agency Code: 246  | 3. Institution/Location: Mt. Pleasant Correctional Facility   | 4. Agency Priority: 60 of 78   | 5. Institution Priority: 6 of 11   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding): NEW REQUEST                   | 7. Funding Source(s): Major Maintenance |
| 8. Project: Tower 2 and 4 Replacements   | 9. Critical Level Category: A. Health and Safety - Class 1   | 10. Proposed Schedule (in months):<br>Planning: 4.0 Month(s)<br>Bidding: 3.0 Month(s)<br>Construction: 6.0 Month(s)<br>Total: 13.0 Month(s) |  | 11. Contact Person:<br>Name: John Mathes<br>Title: Superintendent<br>Phone: (319) 385-9511 |   |   |
| 8a. Existing Project Number/Rank: 0000.00 Rank: 000.0  | 12. Description of Project (or Proposed Changes to Existing Project): Providing towers to supervise West Yard in a new location. |   | 13. Square Feet (if applicable):<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically):<br>Cost Per GSF: \$ _____ |   |
| 14. Statement of Need & Justification: The present functional Tower 4 is a temporary tower with 33 years of age. Structural components of tower has been compromised and building is not weather tight nor bug tight. The Security Director suggests that a new location for Tower 4 would maximize officers vantage and supervision capabilities. Tower 2 will remain in present location but replace the structure. The foundation and utilities are available there.<br>Alternatives to Project: Re-build old towers<br>Consequences of Deferral: Endanger employee's lives as we vacate towers in high wind conditions.  |  |   |  |  |   |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |  |   |  |  |   |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Towers are unstable in high wind conditions. We have experienced infestation of German Hornets the past two years.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |   |  |  |   |   |
| 18. Advisory Committee Priority:<br>-Select One Priority From List-  |  |   |  |  |   |   |
| 19. Project Cost Summary   |  |   |  |  |   |   |
| Design & Supervision   | \$ 25,000  | 20. Operating Cost Summary (optional)   |  | 21. Cost Savings Summary (optional)  |   |   |
| Site Development/Land Acquisition  | \$ 0   | Requesting Agency   | Other  | Requesting Agency  | Other   | Other                                   |
| Utility Extensions   | \$ 0   | Operations & Maintenance  | \$ 0   | \$ 0   | \$ 0  | \$ 0                                    |
| Construction   | \$ 225,000   | Salaries  | \$ 0   | \$ 0   | \$ 0  | \$ 0                                    |
| Equipment - Fixed  | \$ 0   | Utilities   | \$ 0   | \$ 0   | \$ 0  | \$ 0                                    |
| Furnishings - Movable Equipment  | \$ 0   | All Other   | \$ 0   | \$ 0   | \$ 0  | \$ 0                                    |
| Contingency  | \$ 0   | Total   | \$ 0   | \$ 0   | \$ 0  | \$ 0                                    |
| Financing Cost   | \$ 0   | New FTES  | 0 FTES   | 0 FTES   | 0 FTES  | 0 FTES                                  |
| Artwork  | \$ 0   | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies  |  |  |   |   |
| Demolition   | \$ 0   |   |  |  |   |   |
| Total Project Estimate   | \$ 250,000   |   |  |  |   |   |
| Major Maintenance Amount   | \$ 0   |   |  |  |   |   |

**FY2009 Major Maintenance Project Request**

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| 1. Agency Corrections  | 2. Agency Code<br>246                                     | 3. Institution /Location<br>Mt. Pleasant Correctional Facility  | 4. Agency Priority<br>61 of 78 | 5. Institution Priority<br>7 of 11  | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>EXISTING-PRIORITY CH | 7. Funding Source(s)<br>Major Maintenance |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
|--|---|---|--------------------------------|---|--|---|-------------------|--|--------|--|--------------------------|-------|-------------------|-------|--------------------------|------|------|------|-----------|------|------|------|-----------|------|------|------|-----------|------|------|------|-------|------|------|------|
| 8. Project<br>Elevator Upgrades  | 9. Critical Level Category<br>D. Operational Inefficiency | 10. Proposed Schedule (in months)<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 8.0 Month(s)<br>Total: 12.0 Month(s)  |                                |   | 11. Contact Person<br>Name: John Mathes<br>Title: Superintendent<br>Phone: (319) 385-9511            |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 12. Description of Project (or Proposed Changes to Existing Project): aka present elevator and convert to digital technology, with up to date relays and switches.   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>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.<br>Alternatives to Project: Enter Alternatives to Project<br>Consequences of Deferral: Programming of facility limited due to accessibility capabilities for handicap/special needs offenders. |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Other Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Refer to #14<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |                                |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 18. Advisory Committee Priority:<br><br>-Select One Priority From List-  |   | 20. Operating Cost Summary (optional)<br><table border="1"> <tr> <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> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table><br>New FTES: 0 FTES    0 FTES    0 FTES    0 FTES  |                                |   |  |   | First Year        |  | Annual |  | Requesting Agency        | Other | Requesting Agency | Other | Operations & Maintenance | \$ 0 | \$ 0 | \$ 0 | Salaries  | \$ 0 | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | Total | \$ 0 | \$ 0 | \$ 0 |
| First Year   |   | Annual  |                                |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Requesting Agency  | Other   | Requesting Agency   | Other                          |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance   | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries   | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities  | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other  | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total  | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 19. Project Cost Summary<br>Design & Supervision \$ 337,500<br>Site Development/Land Acquisition \$ 0<br>Utility Extensions \$ 0<br>Construction \$ 0<br>Equipment - Fixed 337,500<br>Furnishings - Movable Equipment \$ 0<br>Contingency \$ 0<br>Financing Cost \$ 0<br>Artwork \$ 0<br>Demolition \$ 0<br>Total Project Estimate \$ 675,000<br>Major Maintenance Amount \$ 0 |   | 21. Cost Savings Summary (optional)<br><table border="1"> <tr> <th colspan="2">Requesting Agency</th> <th colspan="2">Other</th> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Salaries</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Utilities</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>All Other</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> <tr> <td>Total</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> </tr> </table>   |                                |   |  |   | Requesting Agency |  | Other  |  | Operations & Maintenance | \$ 0  | \$ 0              | \$ 0  | Salaries                 | \$ 0 | \$ 0 | \$ 0 | Utilities | \$ 0 | \$ 0 | \$ 0 | All Other | \$ 0 | \$ 0 | \$ 0 | Total     | \$ 0 | \$ 0 | \$ 0 |       |      |      |      |
| Requesting Agency  |   | Other   |                                |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Operations & Maintenance   | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Salaries   | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Utilities  | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| All Other  | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| Total  | \$ 0  | \$ 0  | \$ 0                           |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |   |   |                                |   |  |   |                   |  |        |  |                          |       |                   |       |                          |      |      |      |           |      |      |      |           |      |      |      |           |      |      |      |       |      |      |      |

|                              |   |  |                              |  |   |   |
|------------------------------|---|--|------------------------------|--|---|---|
| 1. Agency Corrections        | 2. Agency Code: 247                                   | 3. Institution/Location: North Central Correctional Facility   | 4. Agency Priority: 62 of 78 | 5. Institution Priority: 3 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: Roof Replacement | 9. Critical Level Category: C. Imminent Economic Loss | 10. Proposed Schedule (in months):<br>Planning: 2.0 Month(s)<br>Bidding: 2.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 16.0 Month(s) |                              | 11. Contact Person:<br>Name: Doug Williams<br>Title: Business Manager<br>Phone: (712) 297-9307 |   |   |

12. Description of Project (or Proposed Changes to Existing Project): The roofs on our buildings were damaged by hail some years ago and are now failing. They need to be replaced in the near future to prevent damage to the building envelope. We would recommend that we continue to replace our roofs with steel. Estimated cost of \$700 per square with materials and labor. Total square feet of all buildings is 70,600 or 706 sq. Buildings are as follows: Buildings & Grounds (R&D)-50sq, Unit A-62sq, Unit B-62sq, Unit C-62sq, Security Office-12sq, Visitor Center-14sq, Administration Building-55sq, Treatment Center-50sq, Multi-Purpose Center-100sq, Greenhouse Annex-20sq, Education Building-53sq, Control Center-20sq, Business Office-30sq, Business Office Garage-20sq, Kitchen-40sq, Arcade-16sq, and Vehicle Garage-40sq.

13. Square Feet (if applicable)  
 Net Square Feet:  
 Gross Square Feet:

14. Statement of Need & Justification: Roofs on our buildings are failing due to age and hail damage. Alternatives to Project: Asphalt shingles could be used as an alternative to steel. Consequences of Deferral: Damage to building envelope. Roofs will need to be replaced at some point.

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:  
 ADA Requirement  
 Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement  
 Fire Marshal Report or Citation.  
 Date of Inspection and Explanation: Enter Date of Inspection and Explanation  
 Other Code Enforcement or Other Requirements.  
 Explain: Enter Code Enforcement or Other Requirement Explanation  
 Program/Project/Plant Manager Determination of Need.  
 Statement of Need: Enter Statement of Need.  
 Vertical Infrastructure Database Condition. Rating: -Select a Rating-

18. Advisory Committee Priority:  
 -Select One Priority From List-

19. Project Cost Summary

|                                   |            |
|-----------------------------------|------------|
| Design & Supervision              | \$ 20,000  |
| Site Development/Land Acquisition | \$ 0       |
| Utility Extensions                | \$ 0       |
| Construction                      | \$ 494,200 |
| Equipment - Fixed                 | \$ 0       |
| Furnishings - Movable Equipment   | \$ 0       |
| Contingency                       | \$ 40,000  |
| Financing Cost                    | \$ 0       |
| Artwork                           | \$ 0       |
| Demolition                        | \$ 0       |

20. Operating Cost Summary (optional)

|                          | 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  |

21. Cost Savings Summary (optional)

|           | Requesting Agency        |      | Other |      |
|-----------|--------------------------|------|-------|------|
|           | Operations & Maintenance | \$ 0 | \$ 0  | \$ 0 |
| Salaries  | \$ 0                     | \$ 0 | \$ 0  | \$ 0 |
| Utilities | \$ 0                     | \$ 0 | \$ 0  | \$ 0 |
| All Other | \$ 0                     | \$ 0 | \$ 0  | \$ 0 |
| Total     | \$ 0                     | \$ 0 | \$ 0  | \$ 0 |

**FY2009 Major Maintenance Project Request**

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|                          |            |  |
|--------------------------|------------|--|
| Total Project Estimate   | \$ 554,200 | 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies |
| Major Maintenance Amount | \$ 0       |  |

**FY2009 Major Maintenance Project Request**

|  |                            |  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
|--|----------------------------|--|-------------------------------------|---|--|---|---|--------------------|----|---|--------------|----|---------|-------------------|----|---|---------------------------------|----|---|-------------|----|---|----------------|----|---|---------|----|---|------------|----|---|------------------------|----|---------|--------------------------|----|---|---|--|--|-------------------|------------|-------|-------------------|--------|-------|--------------------------|----|---|----|---|----|---|----------|----|---|----|---|----|---|-----------|----|---|----|---|----|---|-----------|----|---|----|---|----|---|-------|----|---|----|---|----|---|----------|--------|--|--------|--|--------|--|--|--|--|-------------------|-------|--------------------------|----|---|----------|----|---|-----------|----|---|-----------|----|---|-------|----|---|
| <p>1. Agency Code: Corrections</p>   | <p>2. Agency Code: 243</p> | <p>3. Institution Location: Anamosa State Penitentiary, Anamosa</p>  | <p>4. Agency Priority: 63 of 78</p> | <p>5. Institution Priority: 1 of 1</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding): NEW REQUEST</p> | <p>7. Funding Source(s): Major Maintenance</p>  |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>8. Project: Replace the LU-B &amp; D Tunnel Caps</p>  |                            | <p>9. Critical Level Category: C. Imminent Economic Loss</p>   |                                     | <p>10. Proposed Schedule (in months):<br/>                 Planning: 1.0 Month(s)<br/>                 Bidding: 1.0 Month(s)<br/>                 Construction: 2.0 Month(s)<br/>                 Total: 4.0 Month(s)</p> |  | <p>11. Contact Person:<br/>                 Name: Harry Brown<br/>                 Title: Business Manager<br/>                 Phone: (319) 462-3504</p> |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>8a. Existing Project Number/Rank: 0000.00 Rank: 000.0</p>   |                            | <p>12. Description of Project (or Proposed Changes to Existing Project): . Replace the cement top caps on the tunnel that runs in front of Living Unit B &amp; D that has deteriorated to the point that the rebar in the concrete is showing. With most of the rebar showing there is not much support left in the caps.</p>  |                                     | <p>13. Square Feet (if applicable):<br/>                 Net Square Feet: 0 NSF<br/>                 Gross Square Feet: 0 GSF</p>   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>14. Statement of Need &amp; Justification: With the concrete support in the cap deteriorated, it is only time before the cap falls into the tunnels and there are a lot of our utility's running in tunnels.<br/>                 Alternatives to Project: None<br/>                 Consequences of Deferral: If the tunnel cap don't get repaired it will cause more deterioration to the structure and sooner than later the top cap is going to fall in on the utility's ( Steam, Water, Sewer, Phone and Computer lines).</p>  |                            | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically):<br/>                 Cost Per GSF: \$ _____</p>   |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>16. Co-Location (Explain):<br/>                 Enter Co-Location Explanation</p>   |                            | <p>17. Advisory Committee Classification:<br/> <input type="checkbox"/> ADA Requirement<br/> <input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/> <input type="checkbox"/> Fire Marshal Report or Citation.<br/>                 Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/> <input type="checkbox"/> Other Code Enforcement or Other Requirements.<br/>                 Explain: Enter Code Enforcement or Other Requirement Explanation<br/> <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/>                 Statement of Need: Enter Statement of Need<br/> <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating - Select a Rating-</p> |                                     | <p>18. Advisory Committee Priority:<br/>                 3. Project to Reduce Exponential Damage</p>  |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>19. Project Cost Summary</p> <table border="0"> <tr><td>Design &amp; Supervision</td><td>\$</td><td>0</td></tr> <tr><td>Site Development/Land Acquisition</td><td>\$</td><td>0</td></tr> <tr><td>Utility Extensions</td><td>\$</td><td>0</td></tr> <tr><td>Construction</td><td>\$</td><td>100,000</td></tr> <tr><td>Equipment - Fixed</td><td>\$</td><td>0</td></tr> <tr><td>Furnishings - Movable Equipment</td><td>\$</td><td>0</td></tr> <tr><td>Contingency</td><td>\$</td><td>0</td></tr> <tr><td>Financing Cost</td><td>\$</td><td>0</td></tr> <tr><td>Artwork</td><td>\$</td><td>0</td></tr> <tr><td>Demolition</td><td>\$</td><td>0</td></tr> <tr><td>Total Project Estimate</td><td>\$</td><td>100,000</td></tr> <tr><td>Major Maintenance Amount</td><td>\$</td><td>0</td></tr> </table> |                            | Design & Supervision   | \$                                  | 0   | Site Development/Land Acquisition  | \$  | 0 | Utility Extensions | \$ | 0 | Construction | \$ | 100,000 | Equipment - Fixed | \$ | 0 | Furnishings - Movable Equipment | \$ | 0 | Contingency | \$ | 0 | Financing Cost | \$ | 0 | Artwork | \$ | 0 | Demolition | \$ | 0 | Total Project Estimate | \$ | 100,000 | Major Maintenance Amount | \$ | 0 | <p>20. Operating Cost Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>First Year</td> <td>Other</td> <td>Requesting Agency</td> <td>Annual</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>New FTEs</td> <td>0 FTEs</td> <td></td> <td>0 FTEs</td> <td></td> <td>0 FTEs</td> <td></td> </tr> </table> |  |  | Requesting Agency | First Year | Other | Requesting Agency | Annual | Other | Operations & Maintenance | \$ | 0 | \$ | 0 | \$ | 0 | Salaries | \$ | 0 | \$ | 0 | \$ | 0 | Utilities | \$ | 0 | \$ | 0 | \$ | 0 | All Other | \$ | 0 | \$ | 0 | \$ | 0 | Total | \$ | 0 | \$ | 0 | \$ | 0 | New FTEs | 0 FTEs |  | 0 FTEs |  | 0 FTEs |  | <p>21. Cost Savings Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> </tr> </table> |  |  | Requesting Agency | Other | Operations & Maintenance | \$ | 0 | Salaries | \$ | 0 | Utilities | \$ | 0 | All Other | \$ | 0 | Total | \$ | 0 |
| Design & Supervision   | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Site Development/Land Acquisition  | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Utility Extensions   | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Construction   | \$                         | 100,000  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Equipment - Fixed  | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Furnishings - Movable Equipment  | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Contingency  | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Financing Cost   | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Artwork  | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Demolition   | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Total Project Estimate   | \$                         | 100,000  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Major Maintenance Amount   | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
|  | Requesting Agency          | First Year   | Other                               | Requesting Agency   | Annual   | Other   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Operations & Maintenance   | \$                         | 0  | \$                                  | 0   | \$   | 0   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Salaries   | \$                         | 0  | \$                                  | 0   | \$   | 0   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Utilities  | \$                         | 0  | \$                                  | 0   | \$   | 0   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| All Other  | \$                         | 0  | \$                                  | 0   | \$   | 0   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Total  | \$                         | 0  | \$                                  | 0   | \$   | 0   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| New FTEs   | 0 FTEs                     |  | 0 FTEs                              |   | 0 FTEs   |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
|  | Requesting Agency          | Other  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Operations & Maintenance   | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Salaries   | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Utilities  | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| All Other  | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| Total  | \$                         | 0  |                                     |   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |
| <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>  |                            | <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>  |                                     | <p>22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies</p>   |  |   |   |                    |    |   |              |    |         |                   |    |   |                                 |    |   |             |    |   |                |    |   |         |    |   |            |    |   |                        |    |         |                          |    |   |   |  |  |                   |            |       |                   |        |       |                          |    |   |    |   |    |   |          |    |   |    |   |    |   |           |    |   |    |   |    |   |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |  |  |  |  |                   |       |                          |    |   |          |    |   |           |    |   |           |    |   |       |    |   |

|  |                     |   |   |  |  |   |
|--|---------------------|---|---|--|--|---|
| 1. Agency Corrections  | 2. Agency Code: 243 | 3. Institution/Location: Anamosa State Penitentiary, Anamosa  | 4. Agency Priority: 66 of 78  | 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 the Security Searchlights  |                     | 9. Critical Level Category: B. Health and Safety - Class 2  |   | 10. Proposed Schedule (in months):<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 1.0 Month(s)<br>Total: 3.0 Month(s) |  | 11. Contact Person:<br>Name: Harry Brown<br>Title: Business Manager<br>Phone: (319) 462-3504                |
| 8a. Existing Project Number/Rank: 0000.00 Rank: 000.0  |                     | 12. Description of Project (or Proposed Changes to Existing Project): Replace the five Security Searchlights that are mounted on five of our wall towers. The lights are over 50 years old and we can't get any repair parts. |   | 13. Square Feet (if applicable):<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |  | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically):<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: These lights are used at night if there is something suspicious is going on in or outside of the Institution or in the event of a escape.<br>Alternatives to Project: None<br>Consequences of Deferral: If we don't replace them before they are in need of repair when they start to fail the towers will not be able check areas that are suspicious looking. Which puts a big handicap on the Institution. |                     |   |   |  |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                     |   | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br>Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br><input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br>Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |  |  |   |
| 18. Advisory Committee Priority:<br>1. Health, Life Safety   |                     |   |   |  |  |   |
| 19. Project Cost Summary   |                     |   | 20. Operating Cost Summary (optional)   |  | 21. Cost Savings Summary (optional)  |   |
| Design & Supervision \$ _____ 0<br>Site Development/Land Acquisition \$ _____ 0<br>Utility Extensions \$ _____ 0<br>Construction \$ _____ 50,000<br>Equipment - Fixed \$ _____ 0<br>Furnishings - Movable Equipment \$ _____ 0<br>Contingency \$ _____ 0<br>Financing Cost \$ _____ 0<br>Artwork \$ _____ 0<br>Demolition \$ _____ 0<br>Total Project Estimate \$ _____ 50,000<br>Major Maintenance Amount \$ _____ 0                                |                     |   | Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Salaries \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Utilities \$ _____ 0 \$ _____ 0 \$ _____ 0<br>All Other \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Total \$ _____ 0 \$ _____ 0 \$ _____ 0<br>New FTEs _____ 0 FTEs _____ 0 FTEs _____ 0 FTEs _____ 0 FTEs   |  | Requesting Agency Other<br>Operations & Maintenance \$ _____ 0 \$ _____ 0<br>Salaries \$ _____ 0 \$ _____ 0<br>Utilities \$ _____ 0 \$ _____ 0<br>All Other \$ _____ 0 \$ _____ 0<br>Total \$ _____ 0 \$ _____ 0 |   |
| 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<br>Corrections   | 2. Agency Code<br>243 | 3. Institution /Location<br>Anamosa State Penitentiary, Anamosa  | 4. Agency Priority<br>75 of 78<br>6A  | 5. Institution Priority<br>1 of 1   | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST   | 7. Funding Source(s)<br>Major Maintenance  |
| 8. Project<br>Replace the LuD 3 Exercise Pens  |                       | 9. Critical Level Category<br>B. Health and Safety - Class 2   |   | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 1.0 Month(s)<br>Total: 3.0 Month(s) |   | 11. Contact Person<br>Name: Harry Brown<br>Title: Business Manager<br>Phone: (319) 462-3504                |
| 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0  |                       | 12. Description of Project (or Proposed Changes to Existing Project): Replace the chain link fence and pour concrete for Living Unit D-3 exercise pen. The exercise pens are over 25 years old and the chain link fence and poles are rusting out bad. |   | 13. Square Feet (if applicable)<br>Net Square Feet: 0 NSF<br>Gross Square Feet: 0 GSF   |   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ _____ |
| 14. Statement of Need & Justification: These exercise pens are used for inmates that are being discipline for bad behavior. With the fence rusting the inmates can break off pieces of the fence and use it as a weapon or can break their way into another pen. Alternatives to Project: None<br>Consequences of Deferral: When we patch the bad areas it is just a patch, the integrity of the fence is not there.                               |                       |  |   |   |   |  |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation  |                       |  | 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement.<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br>Other Code Enforcement or Other Requirements.<br>Explain: Enter Code Enforcement or Other Requirement Explanation<br>Program/Project/Plant Manager Determination of Need.<br><input checked="" type="checkbox"/> Statement of Need: Enter Statement of Need<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |  |
| 18. Advisory Committee Priority:<br><br>1. Health, Life Safety   |                       |  |   |   |   |  |
| 19. Project Cost Summary:<br>Design & Supervision \$ _____ 0<br>Site Development/Land Acquisition \$ _____ 0<br>Utility Extensions \$ _____ 0<br>Construction \$ _____ 50,000<br>Equipment - Fixed \$ _____ 0<br>Furnishings - Movable Equipment \$ _____ 0<br>Contingency \$ _____ 0<br>Financing Cost \$ _____ 0<br>Artwork \$ _____ 0<br>Demolition \$ _____ 0<br>Total Project Estimate \$ _____ 50,000<br>Major Maintenance Amount \$ _____ 0 |                       |  | 20. Operating Cost Summary (optional)<br>Requesting Agency First Year Other Requesting Agency Annual Other<br>Operations & Maintenance \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Salaries \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Utilities \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>All Other \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>Total \$ _____ 0 \$ _____ 0 \$ _____ 0 \$ _____ 0<br>New FTES _____ 0 FTES _____ 0 FTES _____ 0 FTES _____ 0 FTES   |   | 21. Cost Savings Summary (optional)<br>Requesting Agency Other<br>Operations & Maintenance \$ _____ 0 \$ _____ 0<br>Salaries \$ _____ 0 \$ _____ 0<br>Utilities \$ _____ 0 \$ _____ 0<br>All Other \$ _____ 0 \$ _____ 0<br>Total \$ _____ 0 \$ _____ 0 |  |
| 22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies   |                       |  |   |   |   |  |

|   |   |   |   |                                   |  |   |
|---|---|---|---|-----------------------------------|--|---|
| 1. Agency Corrections   | 2. Agency Code<br>244   | 3. Institution /Location<br>Oakdale, IMCC                 | 4. Agency Priority<br>70 of 78  | 5. Institution Priority<br>1 of 1 | 6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br>NEW REQUEST                  | 7. Funding Source(s)<br>Major Maintenance |
| 8. Project<br>Power House Boiler Replacement  | 8a. Existing Project Number/Rank<br>Number: 0000.00 Rank: 000.0 | 9. Critical Level Category<br>D. Operational Inefficiency | 10. Proposed Schedule (in months)<br>Planning: 1.0 Month(s)<br>Bidding: 1.0 Month(s)<br>Construction: 12.0 Month(s)<br>Total: 14.0 Month(s) |                                   | 11. Contact Person<br>Name: Ty Doermann<br>Title: Associate Warden of Administration<br>Phone: (319)626-4210 |   |
| 12. Description of Project (or Proposed Changes to Existing Project): Boilers installed during initial construction have been proven to be undersized for load demand needed when outside temperature reaches zero degrees. The boilers need to be replaced with larger units. If current 250 horse boiler is lost, cold air could split coils in all the air handlers in the facility.   |   |   | 13. Square Feet (if applicable)<br>Net Square Feet: 457,850 NSF<br>Gross Square Feet: 457,850 GSF   |                                   | 15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br>Cost Per GSF: \$ 4.81    |   |
| 14. Statement of Need & Justification: Ensure the life safety standard of the facility, offenders, patients and staff Alternatives to Project: None<br>Consequences of Deferral: If current 250 horse boiler is lost when temp is below zero, evacuation would be necessary   |   |   |   |                                   |  |   |
| 16. Co-Location (Explain):<br>Enter Co-Location Explanation   |   |   |   |                                   |  |   |
| 17. Advisory Committee Classification:<br><input type="checkbox"/> ADA Requirement<br><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br><input type="checkbox"/> Fire Marshal Report or Citation.<br><input type="checkbox"/> Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br><input type="checkbox"/> Other Code Enforcement or Other Requirements.<br><input checked="" type="checkbox"/> Explain: Enter Code Enforcement or Other Requirement Explanation<br><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br><input type="checkbox"/> Statement of Need: Meeting with DAS, Architect, and Facility on Feb 12, 2009.<br><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating- |   |   |   |                                   |  |   |
| 18. Advisory Committee Priority:<br>3. Project to Reduce Exponential Damage   |   |   |   |                                   |  |   |
| 19. Project Cost Summary  |   |   |   |                                   |  |   |
| Design & Supervision  | \$  | 200,000   |   |                                   |  |   |
| Site Development/Land Acquisition   | \$  | 0   |   |                                   |  |   |
| Utility Extensions  | \$  | 0   |   |                                   |  |   |
| Construction  | \$  | 2,000,000   |   |                                   |  |   |
| Equipment - Fixed   | \$  | 0   |   |                                   |  |   |
| Furnishings - Movable Equipment   | \$  | 0   |   |                                   |  |   |
| Contingency   | \$  | 0   |   |                                   |  |   |
| Financing Cost  | \$  | 0   |   |                                   |  |   |
| Artwork   | \$  | 0   |   |                                   |  |   |
| Demolition  | \$  | 0   |   |                                   |  |   |
| Total Project Estimate  | \$  | 2,200,000   |   |                                   |  |   |
| Major Maintenance Amount  | \$  | 0   |   |                                   |  |   |
| 20. Operating Cost Summary (optional)   |   |   |   |                                   |  |   |
|   |   | First Year  | Other   | Annual                            | Other  |   |
|   |   | Requesting Agency   | Requesting Agency   | Requesting Agency                 | Requesting Agency  | Other                                     |
| Operations & Maintenance  | \$  | 0   | \$  | 0                                 | \$   | 0   |
| Salaries  | \$  | 0   | \$  | 0                                 | \$   | 0   |
| Utilities   | \$  | 0   | \$  | 0                                 | \$   | 0   |
| All Other   | \$  | 0   | \$  | 0                                 | \$   | 0   |
| Total   | \$  | 0   | \$  | 0                                 | \$   | 0   |
| New FTEs  | 0 FTEs  | 0 FTEs  | 0 FTEs  | 0 FTEs                            | 0 FTEs   | 0 FTEs                                    |
| 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                                 |  |   |
| 22. Cost to Other Agencies (optional; explain if applicable); Enter Cost to Other Agencies  |   |   |   |                                   |  |   |

**FY2009 Major Maintenance Project Request**

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|---|-------------------------------|---|--|--|---|--|----------------------|-------------------|------------|-----------------------------------|-------------------|--------|--------------------|--------------------------|----|--------------|----|---------|-------------------|----|----------|---------------------------------|----|----|-------------|----|---|----------------|----|---|---------|----|----|------------|-----------|----|---|----|---|----|---|-------|----|---|----|---|----|---|----------|--------|--|--------|--|--------|--------|
| <p>1. Agency<br/>Corrections</p>  | <p>2. Agency Code<br/>243</p> | <p>3. Institution/Location<br/>Anamosa State Penitentiary, Anamosa</p>  | <p>4. Agency Priority<br/>Top<br/>75 of 78</p> | <p>5. Institution Priority<br/>1 of 1</p>  | <p>6. New or Existing Request (New or Existing w/Change to Priority or Funding)<br/>EXISTING-FUNDING CH</p> | <p>7. Funding Source(s)<br/>Major Maintenance</p>  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| <p>8. Project<br/>Up-Dating the Laundry</p>   |                               | <p>9. Critical Level Category<br/>A. Health and Safety - Class 1</p>  |  | <p>10. Proposed Schedule (in months)<br/>Planning: 2.0 Month(s)<br/>Bidding: 2.0 Month(s)<br/>Construction: 4.0 Month(s)<br/>Total: 8.0 Month(s)</p> |   | <p>11. Contact Person<br/>Name: Harry Brown<br/>Title: Business Manager<br/>Phone: (319) 462-3504</p>              |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| <p>8a. Existing Project Number/Rank<br/>Number: 0000.00 Rank: 000.0</p>   |                               | <p>12. Description of Project (or Proposed Changes to Existing Project): Remodel an area of the New Custom Wood building for the New Laundry and replace 3 Wash Machines that are 20 years old with a new Tunnel Washer. Utilize the old Dryers and Presses along with upgrading the electrical, dryer venting, asbestos removal, piping, pumps and building new walls. The Clothing room and R&amp;D have already been moved into that area.</p> |  | <p>13. Square Feet (if applicable)<br/>Net Square Feet: 0 NSF<br/>Gross Square Feet: 0 GSF</p>   |   | <p>15. Project Cost Per Gross Square Foot (if applicable, calculated automatically)<br/>Cost Per GSF: \$ _____</p> |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| <p>14. Statement of Need &amp; Justification: The washers are so old, they are breaking down more and the parts are obsolete. Upgrading is required to avoid failure resulting in major expense to the State Of Iowa. The Institution does laundry for about 1300 inmates and it would not be cost effective to outsource. These machines don't meet the new regulations on cross contamination or water reclaiming. Alternatives to Project: None<br/>Consequences of Deferral: The building that laundry is in now, has structural problems and needs to be torn down. These machines don't meet the new government regulations on cross contamination.</p>   |                               |   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| <p>16. Co-Location (Explain):<br/>Enter Co-Location Explanation</p>   |                               |   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| <p>17. Advisory Committee Classification:<br/><input type="checkbox"/> ADA Requirement<br/><input type="checkbox"/> Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement<br/><input type="checkbox"/> Fire Marshal Report or Citation.<br/>Date of Inspection and Explanation: Enter Date of Inspection and Explanation<br/>Other Code Enforcement or Other Requirements.<br/><input checked="" type="checkbox"/> Explain: New Government Regulations on cross contamination.<br/><input type="checkbox"/> Program/Project/Plant Manager Determination of Need.<br/><input type="checkbox"/> Statement of Need: Enter Statement of Need<br/><input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-</p>   |                               |   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| <p>18. Advisory Committee Priority:<br/>1. Health, Life Safety</p>  |                               |   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| <p>19. Project Cost Summary</p> <table border="0"> <tr> <td>Design &amp; Supervision</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utility Extensions</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Construction</td> <td>\$</td> <td>150,000</td> </tr> <tr> <td>Equipment - Fixed</td> <td>\$</td> <td>550,000</td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Contingency</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Financing Cost</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Artwork</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Demolition</td> <td>\$</td> <td>0</td> </tr> </table>  |                               |   |  |  |   |  | Design & Supervision | \$                | 0          | Site Development/Land Acquisition | \$                | 0      | Utility Extensions | \$                       | 0  | Construction | \$ | 150,000 | Equipment - Fixed | \$ | 550,000  | Furnishings - Movable Equipment | \$ | 0  | Contingency | \$ | 0 | Financing Cost | \$ | 0 | Artwork | \$ | 0  | Demolition | \$        | 0  |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Design & Supervision  | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Site Development/Land Acquisition   | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Utility Extensions  | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Construction  | \$                            | 150,000   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Equipment - Fixed   | \$                            | 550,000   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Furnishings - Movable Equipment   | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Contingency   | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Financing Cost  | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Artwork   | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Demolition  | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| <p>20. Operating Cost Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>First Year</td> <td>Other</td> <td>Requesting Agency</td> <td>Annual</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> <td>\$</td> <td>0</td> </tr> <tr> <td>New FTES</td> <td>0 FTES</td> <td></td> <td>0 FTES</td> <td></td> <td>0 FTES</td> <td>0 FTES</td> </tr> </table> |                               |   |  |  |   |  |                      | Requesting Agency | First Year | Other                             | Requesting Agency | Annual | Other              | Operations & Maintenance | \$ | 0            | \$ | 0       | \$                | 0  | Salaries | \$                              | 0  | \$ | 0           | \$ | 0 | Utilities      | \$ | 0 | \$      | 0  | \$ | 0          | All Other | \$ | 0 | \$ | 0 | \$ | 0 | Total | \$ | 0 | \$ | 0 | \$ | 0 | New FTES | 0 FTES |  | 0 FTES |  | 0 FTES | 0 FTES |
|   | Requesting Agency             | First Year  | Other  | Requesting Agency  | Annual  | Other  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Operations & Maintenance  | \$                            | 0   | \$   | 0  | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Salaries  | \$                            | 0   | \$   | 0  | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Utilities   | \$                            | 0   | \$   | 0  | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| All Other   | \$                            | 0   | \$   | 0  | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Total   | \$                            | 0   | \$   | 0  | \$  | 0  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| New FTES  | 0 FTES                        |   | 0 FTES   |  | 0 FTES  | 0 FTES   |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| <p>21. Cost Savings Summary (optional)</p> <table border="0"> <tr> <td></td> <td>Requesting Agency</td> <td>Other</td> </tr> <tr> <td>Operations &amp; Maintenance</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Salaries</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Utilities</td> <td>\$</td> <td>0</td> </tr> <tr> <td>All Other</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>0</td> </tr> </table>  |                               |   |  |  |   |  |                      | Requesting Agency | Other      | Operations & Maintenance          | \$                | 0      | Salaries           | \$                       | 0  | Utilities    | \$ | 0       | All Other         | \$ | 0        | Total                           | \$ | 0  |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
|   | Requesting Agency             | Other   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Operations & Maintenance  | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Salaries  | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Utilities   | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| All Other   | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |
| Total   | \$                            | 0   |  |  |   |  |                      |                   |            |                                   |                   |        |                    |                          |    |              |    |         |                   |    |          |                                 |    |    |             |    |   |                |    |   |         |    |    |            |           |    |   |    |   |    |   |       |    |   |    |   |    |   |          |        |  |        |  |        |        |

**FY2009 Major Maintenance Project Request**

Total Project Estimate \$ 700,000  
Major Maintenance Amount \$ 0

22. Cost to Other Agencies (optional; explain if applicable); Enter Cost to Other Agencies