

Corrections
FY2012 Major Maintenance Requests



TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF CORRECTIONS
JOHN BALDWIN, DIRECTOR

April 28, 2011

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

RE: Department of Corrections
FY 2012 Major Maintenance Requests

To Whom It May Concern:

Please find the top ten prioritizes Department of Corrections Major Maintenance Requests for FY 2012. The list includes existing request that are submitted as "Existing with Change Funding". The summary of the top ten DOC ranked Requests for FY 2012 fund are as follows.

Major Maintenance Request for FY 2012

Table with 4 columns: Rank, Agency, Request Description, Amount. Lists 11 items such as LUB Fire Escape (\$2,000,000), Upgrade Life Safety Systems (\$250,000), etc.

New Major Maintenance Requests for FY 2012

Table with 3 columns: Agency, Request Description, Amount. Lists 8 items such as Access School and Library (\$98,000), Tuckpoint R-S Housing (\$660,000), etc.

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

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

MPCF	Ventilation E/W Housing	\$3,570,000
CCF	Replace Prison Roof	\$750,000
NCCF	Update LUC Fire Escape	\$50,000
NCCF	Upgrade Electrical to LUB, Education, and R & D	\$40,000
NCCF	Update Energy Management System	\$40,000

Enclosed for each 1-11 ranked projects and "New" project requests is attached on the Vertical Infrastructure Program (VIP) form.

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

Sincerely,

Mickel D. Edwards, P.E.

MDE/ifo



TERRY E. BRANSTAD, GOVERNOR
 KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF CORRECTIONS
 JOHN R. BALDWIN, INTERIM DIRECTOR

**MAJOR MAINTENANCE REQUESTS
 FY 2012**

<u>Type</u>	<u>DOC Ranking</u>	<u>Institution Ranking</u>	<u>Project</u>	<u>Dollar Amount</u>
EASTERN REGION				
Anamosa State Penitentiary				
	5.	1.	Waste Water Upgrade (\$1,500,000)	\$100,000
	1.	2.	LUB Fire Exits	\$2,000,000
	6.	3.	Luster Heights – New Water Well	\$505,000
ADA New		4.	Access to School and Library	\$98,000
Iowa Medical and Classification Center				
New		1.	Tuckpointing R/S Housing Unit	\$660,000
New		2.	Tuckpointing T/V Housing Unit	\$800,000
		3.	Replace Boiler	\$1,000,000
	10.	4.	Building – Automation Controls – Phase II	\$50,000
		5.	Roof Placement – North Addition	\$1,375,000
		6.	Roof Replacement – North Link	\$125,000
		7.	Building – Automation Controls – Phase III	\$356,000
		8.	Building – Automation Controls – Phase IV	\$359,000

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

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<u>Type</u>	<u>DOC Ranking</u>	<u>Institution Ranking</u>	<u>Project</u>	<u>Dollar Amount</u>
Iowa State Penitentiary				
	3.	1.	Power House Renovation (\$3,000,000)	\$250,000
New	7.	2.	Warehouse Life Safety Systems	\$160,000
New		3.	Water Well Upgrade	\$10,000
New	15.	4.	Skylight Leak – CCU	\$30,000
New		5.	Replace Plumbing Controls - CCU	\$55,000
Mt. Pleasant Correctional Facility				
	8.	1.	Reroof Power House	\$60,800
Elev.		2.	Elevators A, D, MWU Upgrades	\$700,000
New		3.	Telephone Replacement	\$200,000
New		4.	10 Cell Isolation Remodel	\$300,000
	17.	5.	Life Safety Systems Upgrade	\$2,100,000
		6.	East & West Roof Replacement	\$160,000
		7.	Windows Replacement – East and West	\$1,290,000
New		8.	Ventilation of East and West Housing	\$3,570,000

<u>Type</u>	<u>DOC Ranking</u>	<u>Institution Ranking</u>	<u>Project</u>	<u>Dollar Amount</u>
WESTERN REGION				
Newton				
		1.	Electrical Upgrade - CRC	\$1,500,000
New		2.	Roof Replacement – Medium Site	\$2,505,000
New	14.	3.	Replace Structural Columns – CRC	\$40,000
	16.	4.	Sewer Replacement @ Dietary	\$50,000
		5.	Replace Hot Water System	\$169,000
		6.	Replace Metal Doors and Frames	\$150,000
Clarinda Correctional Facility				
		1.	Replace Security System	\$550,000
	9.	2.	Replace Heating & Ventilation System – Lodge	\$410,000
		3.	Dietary Serving	\$310,000
		4.	Heating Boiler Replacement	\$220,000
		5.	Kitchen Upgrade	\$810,00
		6.	New Kitchen and Storeroom	\$4,000,000
		7.	Replace Tunnel Cap	\$500,000
New		8.	Replace Prison Roof	\$750,000
		9.	City Water Connection	\$1,250,000
		10.	Wagon Gate Security	\$206,000
	13.	11.	Replace Gate Opener to Industries	\$30,000
		12.	Replace Laundry Dryers	\$210,000

<u>Type</u>	<u>DOC Ranking</u>	<u>Institution Ranking</u>	<u>Project</u>	<u>Dollar Amount</u>
Fort Dodge Correctional Facility				
		1.	Replace Water Conditioning System	\$70,000
		2.	Rebuild Chiller #3	\$50,000
		3.	Dishwasher Drain Line	\$100,000
	11.	4.	Replace Generator Switch Gear	\$15,000
		5.	Replace Facility Roofs	\$3,120,000
		6.	Replace Main Vehicle Gate	\$175,000
		7.	Replace Building K Sidewalk	\$3,500
		8.	Replace Automation Panels	\$280,000
		9.	Connect Greenhouse to Hot Water Loop	\$20,000
	18.	10.	Replace Front Exterior Doors	\$28,000
		11.	Resurface Parking Lot	\$80,000
		12.	Salt-Sand Building	\$20,000
		13.	Add Industry Building to Automation System	\$42,000
North Central Correctional Facility				
		1.	Replace Entrance/Exit Doors	\$10,000
New	12.	2.	Update LUC Fire Escape	\$50,000
New		3.	Upgrade Electrical to LUB, Kitchen, Education, and R&D	\$40,000
		4.	Update East Education Bldg. Fire Escape	\$60,000
	19.	5.	Repair Showers @ A, B, C, DN and DS	\$100,000
		6.	Construct New Control Station/Salleyport	\$500,000
		7.	Replace Utility Tunnel	\$8,000,000
		8.	Repair Road VR to R&D	\$200,000

		9.	Repair Building Exteriors	\$240,000
New	Ranking	Institution	Project	Dollar Amount
New		10.	Update Energy Management System	\$40,000
		11.	Greenhouse Automation	\$30,000
		12.	Training Center Ventilation	\$100,000
		13.	Replace Roofs MPC, Admin., &VR	\$100,000
ADA		14.	Replace Non Standard Walks – ADA	\$36,000
ADA		15.	Education Bldg. Ramp – ADA	\$6,000
		16.	Transition Plan	\$15,000
		17.	Remove Asbestos in Tunnels	\$190,000
		18.	Replace Water Softeners	\$100,000
		19.	Replace Windows	\$100,000
Iowa Correctional Institution for Women				
Demo.		1.	Asbestos Removal	\$85,000
Demo.		2.	Demolish Bldgs. 1 / 2, 3, 4, & 5	\$450,000
	4.	3.	Mechanical System Improvements (\$1,500,000)	\$100,000
	2.	4.	Fire Alarm Upgrade – Phasell	\$250,000

FY2012 Major Maintenance Project Request

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

1. Agency Corrections	2. Agency Code. 243	3. Institution /Location Anamosa State Penitentiary	4. Agency Priority 1 of 10	5. Institution Priority 2 of 4	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 Living Unit B Fire Exit Stairs 8a. Existing Project Number/Rank Number: 2124.00 Rank: 007.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>8.0 Month(s)</u> Total: 12.0 Month(s)		11. Contact Person Name: Harry Brown Title: Business Manager Phone: (319)462-3504																																																																																																								
12. Description of Project (or Proposed Changes to Existing Project): I got an updated construction cost from the Engineers who did the drawings to install fire exit stairs at the two ends of the Lu-B cell house blocks. Living Unit B is the largest cell house in the state of Iowa. The cell house holds around 562 inmates. There are five floors for a total of ten galleys.						13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0 GSF																																																																																																								
14. Statement of Need & Justification: The Fire Marshal has written in at least the last ten inspections to provide an approved exit stairway from each end of the tiers. There is only one means of egress off the upper floors and that is in the center of the cellblock. Alternatives to Project: None Consequences of Deferral: A citation from the Fire Marshal						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																																								
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input checked="" type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																																																												
18. Advisory Committee Priority: 1. Health, Life Safety		19. Project Cost Summary <table style="width: 100%; border-collapse: collapse;"> <tr><td>Design & Supervision</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Site Development/Land Acquisition</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Utility Extensions</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Construction</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">2,000,000</td></tr> <tr><td>Equipment - Fixed</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Furnishings - Movable Equipment</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Contingency</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Financing Cost</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Artwork</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Demolition</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> </table>			Design & Supervision	\$ _____	0	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	20. Operating Cost Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">First Year</th> <th colspan="2">Annual</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr><td>Operations & Maintenance</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Salaries</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Utilities</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>All Other</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Total</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>New FTES</td><td style="text-align: center;">0 FTES</td><td style="text-align: center;">0 FTES</td><td style="text-align: center;">0 FTES</td><td style="text-align: center;">0 FTES</td></tr> </tbody> </table>			First Year		Annual		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ _____	0	\$ _____	0	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) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Requesting Agency</th> <th colspan="2">Other</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr><td>Operations & Maintenance</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Salaries</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Utilities</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>All Other</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> <tr><td>Total</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">0</td></tr> </tbody> </table>		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
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FY2012 Major Maintenance Project Request

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Total Project Estimate	\$ <u>2,000,000</u>
Major Maintenance Amount	\$ <u>0</u>

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

FY2012 Major Maintenance Project Request

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8. Project Fire Alarm Upgrade - Phase II 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>3.0 Month(s)</u> Total: 3.0 Month(s)		11. Contact Person Name: Steve Carroll Title: Business Manager Phone: (515) 967-4236																																																																										
12. Description of Project (or Proposed Changes to Existing Project): Second phase of fire alarm work replaces the out dated equipment that is no longer manufactured. Existing equipment does not meet building code. Security is also incorporated with the existing system. Project will meet today's standards by providing a separate door control tie-in to the facility security.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																										
14. Statement of Need & Justification: To meet current code and possible failure. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Closure of al or portion of use of building.						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																										
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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 242	3. Institution /Location Iowa State Penitentiary	4. Agency Priority 3 of 10	5. Institution Priority 1 of 5	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-FUNDING CH	7. Funding Source(s) MM Plus Other																																																								
8. Project Power House Renovation-PhaseII 8a. Existing Project Number/Rank Number: 2136.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 3.0 Month(s) Bidding: 0.0 Month(s) Construction: 0.0 Month(s) Total: 3.0 Month(s)		11. Contact Person Name: Julia Johnson Title: Business Manager Phone: (319) 372-5432																																																								
12. Description of Project (or Proposed Changes to Existing Project): Request is for design and engineering for the repurposing of the existing power plant systems (\$250,000/\$3.0M project). The power house was previously upgraded in the 1940's. All systems are operating beyond the useful life of the equipment. A power house engineering report states that a decentralized power plant system will provide significant savings over renovation of the existing power house and future energy use.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																								
14. Statement of Need & Justification: Engineering must be performed this year to allow an 18 month construction period to be complete in 2013. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																								
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				18. Advisory Committee Priority: 1. Health, Life Safety																																																								
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FY2012 Major Maintenance Project Request

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Total Project Estimate	\$ <u>250,000</u>
Major Maintenance Amount	\$ <u>0</u>

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies
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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 249	3. Institution /Location Iowa Correctional Institute for Women	4. Agency Priority 4 of 10	5. Institution Priority 3 of 4	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-PRIORITY and	7. Funding Source(s) MM Plus Other																																																																							
8. Project Mechanical System Improvements - Phase I 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 3.0 Month(s) Bidding: 1.0 Month(s) Construction: 8.0 Month(s) Total: 12.0 Month(s)		11. Contact Person Name: Steve Carroll Title: Business Manager Phone: (515) 967-4236																																																																							
12. Description of Project (or Proposed Changes to Existing Project): Phase I requests design and engineering funds only (\$100,000 of a \$1.5M project). Existing ventilation systems do not meet building code and lack reliability required for a confined population. Buildings lack operable windows for security reasons. Systems operate using an ancient technology. Heating uses pressure steam and cooling DX units. Due to the expansion, only four buildings remain on the power house system. Significant savings could be experienced by replacing equipment specific to the building and avoid the power house and tunnel improvements. Also substantial energy saving could be utilized by replacing equipment that does not rely on the power house.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																							
14. Statement of Need & Justification: Equipment is operating well beyond it's useful life. Alternatives to Project: This project has been requested for several years and replacement must happen. Consequences of Deferral: Relocation of services that significantly impact the facility.						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																							
16. Co-Location (Explain): Enter Co-Location Explanation			17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Ventilation standards are not met. <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																										
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FY2012 Major Maintenance Project Request

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

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

FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 243	3. Institution /Location Anamosa State Penitentiary	4. Agency Priority 5 of 10	5. Institution Priority 1 of 4	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-PRIORITY CH	7. Funding Source(s) Major Maintenance
8. Project Waste Water Upgrade 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: 4.0 Month(s) Total: 6.0 Month(s)		11. Contact Person Name: Harry Brown Title: Business Manager Phone: (319) 462-3504
12. Description of Project (or Proposed Changes to Existing Project): The project only requests costs of design / engineering necessary to define the solution and refine the budget (\$100,000/ \$1.5M project). The Penitentiary continues to send raw sewage to the local landfill which contains raw fecal material. We need to install a sanitary system so staff do not have to handle the raw sewage. The device needs to clean the sewage to enable the fecal material to travel to the city's waste water plant. The other debris (sheets, pillow cases, etc) needs to be hauled to the landfill free of the fecal material. This project will include a building to house the machine with proper atmospheric testing equipment to monitor for hazardous gases in the building. Staff are currently handling raw sewage and have a very good chance of contracting infectious diseases utilizing existing system. Rules set forth by EPA do not allow raw sewage to be transported and accepted at landfills. The fecal material needs to be removed. A Study was performed 5/19/10 by Shive Hattery. The current building does not meet current code requirements. Insufficient air changes, as well as air monitoring are included in the findings. Could pose life threatening conditions due to explosive atmosphere, toxic fumes or disease from improper and inability to properly handle waste. The study proposes major changes and additions to the entire waste water treatment building. This project would also include diverting blowdown from PH boilers which currently discharge to a creek and direct that waste to the sanitary sewer					13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0,	
14. Statement of Need & Justification: Create a safe working environment for employees and meet current regulations of handling raw sewage waste. Alternatives to Project: None Consequences of Deferral: Violations will cause fines. Infectious disease could cause death of employees.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input checked="" type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: EPA/IDNR regulation requirements <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Regulations have changed since adding existing equipment. We are handling and sending raw sewage to local landfill. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				
18. Advisory Committee Priority: 1. Health, Life Safety						

FY2012 Major Maintenance Project Request

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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 243	3. Institution /Location Anamosa State Penitentiary / Luster Heights Camp	4. Agency Priority 6 of 10	5. Institution Priority 3 of 4	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 New Water Well 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>8.0 Month(s)</u> Total: 12.0 Month(s)		11. Contact Person Name: Harry Brown Title: Business Manager Phone: (319) 462-3504
12. Description of Project (or Proposed Changes to Existing Project): Drill one well and add storage tank at Luster Heights. FY08 \$91,300 was received to start this project. IIW Engineering was awarded the contract and the plans are done with the IDNR approval and are awaiting to go out for bids. This project has been needed for a number of years. The initial cost projected was to perform initial study and plans for IDNR approval. In FY09 we ask for additional funds of \$445,000 that would be needed to complete. This project would drill an additional well and add a pump house with a 15,000 gallon storage tank in it and install a new emergency generator. The new updated cost as of 1-11-2011 is \$503,680.00					13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0,	
14. Statement of Need & Justification: IDNR requires an additional well for back up in case of contamination. Luster Heights also does not have large enough water storage for the population. The reasons we are needing the new well at Luster Heights is that the old well pump is running non-stop. The old well pump is not big enough to supply the water pressure needed during normal working hours. The pressure runs from 42-48 lbs. It has to pump up to 65lbs before shutting off. The pump control trips out and they lose water pressure. Then they have to go down and reset the control sometimes several times daily. We have had to replace the pump twice. DNR said we are not meeting the Standards for water works 7.2.2.a Alternatives to Project: Securing a water supply from a nearby community water system. But the distances of nearest communities make this prospect costly and impractical. Consequences of Deferral: Inmates would need to be relocated or water trucked in if well is contaminated.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input checked="" type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: EPA/IDNR regulation require replacement. <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: We will be replacing pumps and or controls often. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				
18. Advisory Committee Priority: 1. Health, Life Safety						

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8. Project Warehouse Life Safety Systems		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>3 Month(s)</u> Total: 0.0 Month(s)		11. Contact Person Name: Julia Johnson Title: Business Manager Phone: (319) 372-5432																																																	
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): State Fire Marshall's Office requires the warehouse integrate with the campus wide automation, fire, and security systems. Current systems are not reliable. Budget reductions have the warehouse minimally staffed and for life safety considerations requires an efficient and reliable automation, fire, and security systems. Modern technology will link the systems to a 24/7 staffed location.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																	
14. Statement of Need & Justification: Asure safety, good working conditions, security, and prevent theft and food loss. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																		
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FY2011 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 246	3. Institution /Location Mt. Pleasant Correctional Facility	4. Agency Priority 8 of 10	5. Institution Priority 1 of 8	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 Re-Roof Power House		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 4.0 Month(s) Bidding: 3.0 Month(s) Construction: <u>2.0 Month(s)</u> Total: 9.0 Month(s)		11. Contact Person Name: Ron Mullen Title: Superintendent Phone: (319) 385-9511																																																									
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): 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. nter				13. Square Feet (if applicable) Net Square Feet: 7,600 NSF Gross Square Feet: 0 GSF																																																									
14. Statement of Need & Justification: There have been leaks on the control panel Alternatives to Project: Replace control panels if the leaks are not stopped as the roof is over 25 years old. Consequences of Deferral: Significantly higher costs due to damage					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																										
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Current roof is over 25 years old and the cost due to damage of equipment far outweighs the cost of a new roof <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																													
18. Advisory Committee Priority: 3. Project to Reduce Exponential Damage																																																															
19. Project Cost Summary		20. Operating Cost Summary (optional)			21. Cost Savings Summary (optional)																																																										
Design & Supervision \$ _____ 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		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">First Year</th> <th colspan="2">Annual</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ _____ 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	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ _____ 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
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FY2011 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 248	3. Institution /Location Clarinda Correctional Facility	4. Agency Priority 9 of 10	5. Institution Priority 2 of 12	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-FUNDING CH	7. Funding Source(s) Major Maintenance
8. Project CCF Lodge HVAC		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>5.0 Month(s)</u> Total: 6.0 Month(s)		11. Contact Person Name: Steve Jenkins Title: Acting Business Manager Phone: (712) 542-6107
8a. Existing Project Number/Rank Number: 2133.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): This was a funded project. Legislation temporarily closed the Lodge. Funds were redistributed. The housing unit was reopened within the year. The system was designed and bid. As a resubmittal: New heating and air conditioning system to be installed in the CCF Lodge. This system will be chilled water and hot water system utilizing the existing chiller system and steam system at the MHI power plant. New fan coils and controls to be installed to replace the current steam only radiators. Design is 100% completed and ready to bid for construction. This is the final phase and was previously approved to be done but not completed.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF
14. Statement of Need & Justification: CCF Lodge is not air conditioned at all and has the original steam radiators. New fan coil units need to be installed and the building will be chilled water cooling and steam to hot water heating. The Lodge will be increasing from 140 to 200 offenders plus staff. Efficiency of the system will increase substantially Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Please see number 12 and 14 on this sheet. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				
18. Advisory Committee Priority: 1. Health, Life Safety						

FY2011 Major Maintenance Project Request

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19. Project Cost Summary Design & Supervision \$ <u>10,000</u> Site Development/Land Acquisition \$ <u>0</u> Utility Extensions \$ <u>0</u> Construction \$ <u>400,000</u> Equipment - Fixed \$ <u>0</u> Furnishings - Movable Equipment \$ <u>0</u> Contingency \$ <u>0</u> Financing Cost \$ <u>0</u> Artwork \$ <u>0</u> Demolition \$ <u>0</u> Total Project Estimate \$ <u>410,000</u> Major Maintenance Amount \$ <u>0</u>	20. Operating Cost Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">First Year</th> <th colspan="2" style="text-align: center;">Annual</th> </tr> <tr> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td> New FTES</td> <td style="text-align: center;"><u>0 FTEs</u></td> <td style="text-align: center;"><u>0 FTEs</u></td> <td style="text-align: center;"><u>0 FTEs</u></td> <td style="text-align: center;"><u>0 FTEs</u></td> </tr> </tbody> </table>		First Year		Annual		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	 New FTES	<u>0 FTEs</u>	<u>0 FTEs</u>	<u>0 FTEs</u>	<u>0 FTEs</u>	21. Cost Savings Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">Requesting Agency</th> <th colspan="2" style="text-align: center;">Other</th> </tr> <tr> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> </tbody> </table>		Requesting Agency		Other		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code 000	3. Institution /Location Enter Institution Or Location IMCC	4. Agency Priority 10 of 10	5. Institution Priority 4 of 8	6. New or Existing Request (New or Existing w/Change to Priority or Funding -Select From List-	7. Funding Source(s) -Select From List-
8. Project Building Automation Controls - Phase II		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>3.0 Month(s)</u> Total: 4.0 Month(s)		11. Contact Person Name: Ty Doermann Title: Business Manager Phone: (319) 626-2391
8a. Existing Project Number/Rank Number: 2112.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Phase II of a four part project phasing. Existing system is unreliable. Demolition of pneumatic controls on air handlers, replacement of valves and install new DDC controls. Installation of VFD motors to replace 30 year old motors to reduce energy usage. In addition, current combination fire/smoke dampers would be removed and replaced with recommended 120 VAC actuators. For security reasons, the facility does not have operable windows. Operable ventilation is critical for the offender and staff health.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF
14. Statement of Need & Justification: Enter Statement of Justification Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				
18. Advisory Committee Priority: 1. Health, Life Safety						
19. Project Cost Summary		20. Operating Cost Summary (optional)			21. Cost Savings Summary (optional)	
Design & Supervision	\$ _____ 0	First Year			Annual	
Site Development/Land Acquisition	\$ _____ 0	Requesting Agency	Other	Requesting Agency	Other	
Utility Extensions	\$ _____ 0	Operations & Maintenance		Operations & Maintenance		
Construction	\$ _____ 50,000	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Equipment - Fixed	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Furnishings - Movable Equipment	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Contingency	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Financing Cost	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
Artwork	\$ _____ 0	Total		Total		
Demolition	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0
		New FTEs	0 FTEs	0 FTEs	0 FTEs	0 FTEs

FY2012 Major Maintenance Project Request

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Total Project Estimate	\$	<u>50,000</u>
Major Maintenance Amount	\$	<u>0</u>

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

FY2011 Major Maintenance Project Request

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

1. Agency Corrections	2. Agency Code. 252	3. Institution /Location Fort Dodge Correctional Facility	4. Agency Priority 11 of 11	5. Institution Priority 4 of 13	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																										
8. Project Repair Generator 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.5 Month(s) Construction: <u>0.5 Month(s)</u> Total: 1.0 Month(s)		11. Contact Person Name: Don Halligan Title: Plant Operations Manager 3 Phone: (515) 574-4716																																																										
12. Description of Project (or Proposed Changes to Existing Project): Processor has failed in the switch gear and needs repaired. Reliability of Generator performance is highly suspect.						13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0,																																																										
14. Statement of Need & Justification: Provides back-up power to the facility. It has lost automated capability. Alternatives to Project: Continue manual operation. Consequences of Deferral: Further damage / total failure						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																										
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Automation has been lost. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																														
18. Advisory Committee Priority: 3. Project to Reduce Exponential Damage																																																																
19. Project Cost Summary Design & Supervision \$ _____ 0 Site Development/Land Acquisition \$ _____ 0 Utility Extensions \$ _____ 0 Construction \$ _____ 0 Equipment - Fixed \$ _____ 15,000 Furnishings - Movable Equipment \$ _____ 0 Contingency \$ _____ 0 Financing Cost \$ _____ 0 Artwork \$ _____ 0 Demolition \$ _____ 0 Total Project Estimate \$ _____ 15,000 Major Maintenance Amount \$ _____ 15,000		20. Operating Cost Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">First Year</th> <th colspan="2">Annual</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ _____ 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	21. Cost Savings Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & 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
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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 243	3. Institution /Location Anamosa State Penitentiary	4. Agency Priority 1 of 1	5. Institution Priority 4 of 4	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																											
8. Project Access to School & Library 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class I		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>4.0 Month(s)</u> Total: 7.0 Month(s)		11. Contact Person Name: Harry Brown Title: Business Manager Phone: 319- 462-3504																																																											
12. Description of Project (or Proposed Changes to Existing Project): The old kitchen area consists of three areas that are approx. a total of 4,915 sq. ft. The area has ground floor access which would also allow handicap people to access the school and library. This would be a more secure place by put teaching staff on one floor in the same area. We would do most of the work in house with out maintenance staff. We would strip everything down to the walls and floor and build some offices and classrooms in two of the areas. The third area would be for the library.						13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0 GSF																																																											
14. Statement of Need & Justification: Our school and small library are located in a building that has steps to get to the first floor. The school is on floors 2 &3. The small library is on the first floor. Last year we failed the Correctional Education Association accreditation inspection because the library was not accessible to all inmates and the size was way too small for the number of inmates we have in the institution. Having the school and library being on different floors puts the teachers in a less secure environment. Alternatives to Project: None Consequences of Deferral: Not meeting ADA Requirement and the Correctional Education Association accreditation.						15. Project Cost Per-Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																											
16. Co-Location (Explain): Enter Co-Location Explanation			17. Advisory Committee Classification: <input checked="" type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Would allow handicap people to access the school and library. <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input checked="" type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Correctional Education Association <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																														
18. Advisory Committee Priority: -Select One Priority From List-			(This cell is merged with 17 above)																																																														
19. Project Cost Summary Design & Supervision \$ _____ 0 Site Development/Land Acquisition \$ _____ 0 Utility Extensions \$ _____ 0 Construction \$ <u>98,000</u> Equipment - Fixed \$ _____ 0 Furnishings - Movable Equipment \$ _____ 0 Contingency \$ _____ 0 Financing Cost \$ _____ 0 Artwork \$ _____ 0 Demolition \$ _____ 0			20. Operating Cost Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">First Year</th> <th colspan="2">Annual</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ _____ 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	21. Cost Savings Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & 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
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FY2012 Major Maintenance Project Request

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Total Project Estimate \$ 98,000
Major Maintenance Amount \$ 0

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

FY2012 Major Maintenance Project Request

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

1. Agency Corrections	2. Agency Code. 244	3. Institution /Location Iowa Medical Classification Center	4. Agency Priority 1 of 1	5. Institution Priority 1 of 8	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																											
8. Project Tuckpoint R/S Housing Unit 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category C. Imminent Economic Loss		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>3.0 Month(s)</u> Total: 5.0 Month(s)		11. Contact Person Name: Ty Doermann Title: Business Manager Phone: (319) 626-2391																																																											
12. Description of Project (or Proposed Changes to Existing Project): Past roof damage has caused extensive damage of exterior masonry walls.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																											
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18. Advisory Committee Priority: 3. Project to Reduce Exponential Damage																																																																	
19. Project Cost Summary Design & Supervision \$ <u>60,000</u> Site Development/Land Acquisition \$ <u>0</u> Utility Extensions \$ <u>0</u> Construction \$ <u>600,000</u> Equipment - Fixed \$ <u>0</u> Furnishings - Movable Equipment \$ <u>0</u> Contingency \$ <u>0</u> Financing Cost \$ <u>0</u> Artwork \$ <u>0</u> Demolition \$ <u>0</u> Total Project Estimate \$ <u>660,000</u> Major Maintenance Amount \$ <u>0</u>			20. Operating Cost Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">First Year</th> <th colspan="2">Annual</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>New FTEs</td> <td><u>0 FTEs</u></td> <td><u>0 FTEs</u></td> <td><u>0 FTEs</u></td> <td><u>0 FTEs</u></td> </tr> </tbody> </table>					First Year		Annual		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	New FTEs	<u>0 FTEs</u>	<u>0 FTEs</u>	<u>0 FTEs</u>	<u>0 FTEs</u>	21. Cost Savings Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> </tbody> </table>			Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>
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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 244	3. Institution /Location Iowa Medical Classification Center	4. Agency Priority 1 of 1	5. Institution Priority 1 of 8	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance
8. Project Tuckpoint T/V Housing Unit		9. Critical Level Category C. Imminent Economic Loss		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>3.0 Month(s)</u> Total: 5.0 Month(s)		11. Contact Person Name: Ty Doermann Title: Business Manager Phone: (319) 626-2391
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Past roof damage has caused extensive damage of exterior masonry walls.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF
14. Statement of Need & Justification: Continual wall damage. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				
18. Advisory Committee Priority: 3. Project to Reduce Exponential Damage						
19. Project Cost Summary		20. Operating Cost Summary (optional)			21. Cost Savings Summary (optional)	
Design & Supervision \$ <u>60,000</u> Site Development/Land Acquisition \$ <u>0</u> Utility Extensions \$ <u>0</u> Construction \$ <u>740,000</u> Equipment - Fixed \$ <u>0</u> Furnishings - Movable Equipment \$ <u>0</u> Contingency \$ <u>0</u> Financing Cost \$ <u>0</u> Artwork \$ <u>0</u> Demolition \$ <u>0</u> Total Project Estimate \$ <u>800,000</u> Major Maintenance Amount \$ <u>0</u>		First Year Annual Requesting Agency Other Requesting Agency Other Operations & Maintenance \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> Salaries \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> Utilities \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> All Other \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> Total \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> New FTEs <u>0 FTEs</u> <u>0 FTEs</u> 0 FTEs 0 FTEs			Requesting Agency Other Operations & Maintenance \$ <u>0</u> \$ <u>0</u> Salaries \$ <u>0</u> \$ <u>0</u> Utilities \$ <u>0</u> \$ <u>0</u> All Other \$ <u>0</u> \$ <u>0</u> Total \$ <u>0</u> \$ <u>0</u>	
22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies						

FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 242	3. Institution /Location Iowa State Penitentiary	4. Agency Priority 1 of 1	5. Institution Priority 4 of 5	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																																																																								
8. Project Skylight Leaks 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category C. Imminent Economic Loss		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>2.0 Month(s)</u> Total: 4.0 Month(s)		11. Contact Person Name: Julia Johnson Title: Business Manager Phone: (319) 372-5432																																																																																																								
12. Description of Project (or Proposed Changes to Existing Project): The CCU skylight leaks and adjacent damage is taking place. Leaks restrict use of the offender space below.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																																																								
14. Statement of Need & Justification: Frequent closures of the space during rain events. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																																								
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																																																												
18. Advisory Committee Priority: 3. Project to Reduce Exponential Damage		<table border="0" style="width: 100%;"> <tr> <td colspan="2">19. Project Cost Summary</td> <td colspan="4">20. Operating Cost Summary (optional)</td> <td colspan="2">21. Cost Savings Summary (optional)</td> </tr> <tr> <td style="width: 20%;">Design & Supervision</td> <td style="width: 10%; text-align: right;">\$ 10,000</td> <td colspan="2" style="text-align: center;">First Year</td> <td colspan="2" style="text-align: center;">Annual</td> <td colspan="2"></td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">Requesting Agency</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">Requesting Agency</td> <td style="text-align: center;">Other</td> <td colspan="2"></td> </tr> <tr> <td>Utility Extensions</td> <td style="text-align: right;">\$ 0</td> <td>Operations & Maintenance</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Construction</td> <td style="text-align: right;">\$ 20,000</td> <td>Salaries</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Equipment - Fixed</td> <td style="text-align: right;">\$ 0</td> <td>Utilities</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td style="text-align: right;">\$ 0</td> <td>All Other</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Contingency</td> <td style="text-align: right;">\$ 0</td> <td>Total</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Financing Cost</td> <td style="text-align: right;">\$ 0</td> <td>New FTEs</td> <td style="text-align: center;">0 FTEs</td> <td style="text-align: center;">0 FTEs</td> <td style="text-align: center;">0 FTEs</td> <td style="text-align: center;">0 FTEs</td> <td></td> </tr> <tr> <td>Artwork</td> <td style="text-align: right;">\$ 0</td> <td colspan="6"></td> </tr> <tr> <td>Demolition</td> <td style="text-align: right;">\$ 0</td> <td colspan="6"></td> </tr> <tr> <td>Total Project Estimate</td> <td style="text-align: right;">\$ 30,000</td> <td colspan="6"></td> </tr> <tr> <td>Major Maintenance Amount</td> <td style="text-align: right;">\$ 0</td> <td colspan="6"></td> </tr> </table>					19. Project Cost Summary		20. Operating Cost Summary (optional)				21. Cost Savings Summary (optional)		Design & Supervision	\$ 10,000	First Year		Annual				Site Development/Land Acquisition	\$ 0	Requesting Agency	Other	Requesting Agency	Other			Utility Extensions	\$ 0	Operations & Maintenance	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	Construction	\$ 20,000	Salaries	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	Equipment - Fixed	\$ 0	Utilities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	Furnishings - Movable Equipment	\$ 0	All Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	Contingency	\$ 0	Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	Financing Cost	\$ 0	New FTEs	0 FTEs	0 FTEs	0 FTEs	0 FTEs		Artwork	\$ 0							Demolition	\$ 0							Total Project Estimate	\$ 30,000							Major Maintenance Amount	\$ 0						
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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code 242	3. Institution /Location Iowa State Penitentiary	4. Agency Priority 1 of 1	5. Institution Priority 5 of 5	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 Plumbing Controls -CCU		9. Critical Level Category C. Imminent Economic Loss		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>2.0 Month(s)</u> Total: 2.0 Month(s)		11. Contact Person Name: Julia Johnson Title: Business Manager Phone: 319-372-5432																																																
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): CCU plumbing at offender housing can no longer be controlled.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																
14. Statement of Need & Justification: Enter Statement of Justification Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																				
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Design & Supervision \$ _____ 0 Site Development/Land Acquisition \$ _____ 0 Utility Extensions \$ _____ 0 Construction \$ _____ 55,000 Equipment - Fixed \$ _____ 0 Furnishings - Movable Equipment \$ _____ 0 Contingency \$ _____ 0 Financing Cost \$ _____ 0 Artwork \$ _____ 0 Demolition \$ _____ 0 Total Project Estimate \$ _____ 55,000 Major Maintenance Amount \$ _____ 0		First Year Annual <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td style="text-align: right;">\$ _____ 0</td> </tr> <tr> <td>Salaries</td> <td style="text-align: right;">\$ _____ 0</td> </tr> <tr> <td>Utilities</td> <td style="text-align: right;">\$ _____ 0</td> </tr> <tr> <td>All Other</td> <td style="text-align: right;">\$ _____ 0</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ _____ 0</td> </tr> </tbody> </table> New FTEs <u>0 FTEs</u> <u>0 FTEs</u> 0 FTEs <u>0 FTEs</u>				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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Requesting Agency</th> <th style="text-align: center;">Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td style="text-align: right;">\$ _____ 0</td> <td style="text-align: right;">\$ _____ 0</td> </tr> <tr> <td>Salaries</td> <td style="text-align: right;">\$ _____ 0</td> <td style="text-align: right;">\$ _____ 0</td> </tr> <tr> <td>Utilities</td> <td style="text-align: right;">\$ _____ 0</td> <td style="text-align: right;">\$ _____ 0</td> </tr> <tr> <td>All Other</td> <td style="text-align: right;">\$ _____ 0</td> <td style="text-align: right;">\$ _____ 0</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ _____ 0</td> <td style="text-align: right;">\$ _____ 0</td> </tr> </tbody> </table>			Requesting Agency	Other	Operations & Maintenance	\$ _____ 0	\$ _____ 0	Salaries	\$ _____ 0	\$ _____ 0	Utilities	\$ _____ 0	\$ _____ 0	All Other	\$ _____ 0	\$ _____ 0	Total	\$ _____ 0	\$ _____ 0
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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 242	3. Institution /Location Iowa State Penitentiary	4. Agency Priority 1 of 1	5. Institution Priority 2 of 5	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																																																																																								
8. Project Water Well Upgrade 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 0.0 Month(s) Bidding: 0.0 Month(s) Construction: <u>0.0 Month(s)</u> Total: 0.0 Month(s)		11. Contact Person Name: Julia Johnson Title: Business Manager Phone: (319) 372-5432																																																																																																																								
12. Description of Project (or Proposed Changes to Existing Project): Upgrade existing water well requested for the well pump and well jacked. Shut down will cause water rationing and/or trucking of water.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																																																																								
14. Statement of Need & Justification: Possible well shut down Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																																																								
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18. Advisory Committee Priority: 1. Health, Life Safety		<table border="0" style="width: 100%;"> <tr> <td colspan="2">19. Project Cost Summary</td> <td colspan="4">20. Operating Cost Summary (optional)</td> <td colspan="2">21. Cost Savings Summary (optional)</td> </tr> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%; text-align: center;">0</td> <td colspan="2" style="text-align: center;">First Year</td> <td colspan="2" style="text-align: center;">Annual</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><u>Requesting Agency</u></td> <td style="text-align: center;"><u>Other</u></td> <td style="text-align: center;"><u>Requesting Agency</u></td> <td style="text-align: center;"><u>Other</u></td> <td></td> </tr> <tr> <td>Design & Supervision</td> <td></td> <td style="text-align: right;">0</td> <td></td> <td></td> <td></td> <td></td> <td>Operations &</td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td></td> <td style="text-align: right;">0</td> <td></td> <td></td> <td></td> <td></td> <td>Maintenance \$</td> </tr> <tr> <td>Utility Extensions</td> <td></td> <td style="text-align: right;">0</td> <td>Salaries \$</td> </tr> <tr> <td>Construction</td> <td></td> <td style="text-align: right;">10,000</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> <td>Utilities \$</td> </tr> <tr> <td>Equipment - Fixed</td> <td></td> <td style="text-align: right;">0</td> <td>All Other \$</td> </tr> <tr> <td>Furnishings - Movable Equipment</td> <td></td> <td style="text-align: right;">0</td> <td>Total \$</td> </tr> <tr> <td>Contingency</td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Financing Cost</td> <td></td> <td style="text-align: right;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Artwork</td> <td></td> <td style="text-align: right;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Demolition</td> <td></td> <td style="text-align: right;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Project Estimate</td> <td></td> <td style="text-align: right;">10,000</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Major Maintenance Amount</td> <td></td> <td style="text-align: right;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					19. Project Cost Summary		20. Operating Cost Summary (optional)				21. Cost Savings Summary (optional)			\$	0	First Year		Annual						<u>Requesting Agency</u>	<u>Other</u>	<u>Requesting Agency</u>	<u>Other</u>		Design & Supervision		0					Operations &	Site Development/Land Acquisition		0					Maintenance \$	Utility Extensions		0	0	0	0	0	Salaries \$	Construction		10,000	0	0	0	0	Utilities \$	Equipment - Fixed		0	0	0	0	0	All Other \$	Furnishings - Movable Equipment		0	0	0	0	0	Total \$	Contingency		0	0	0	0	0		Financing Cost		0						Artwork		0						Demolition		0						Total Project Estimate		10,000						Major Maintenance Amount		0					
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FY2011 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 246	3. Institution /Location Mt. Pleasant Correctional Facility	4. Agency Priority 1 of 1	5. Institution Priority 3 of 8	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance	
8. Project Telephone Replacement		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 3.0 Month(s) Bidding: 3.0 Month(s) Construction: <u>2.0 Month(s)</u> Total: 8.0 Month(s)		11. Contact Person Name: Ron Mullen Title: Superintendent Phone: (319) 385-9511	
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): We wish to replace the antiquated and volatile phone system to current technology IP phone system.				13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0,	
14. Statement of Need & Justification: We have been cautioned as to the over extension of the vulnerability of current phone system. Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Loss of phone system would jeopardize not only operational efficiency but safety and health as well. We would need to rely on cell phones.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____		
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Current system is outdated. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-					
18. Advisory Committee Priority: -Select One Priority From List-							
19. Project Cost Summary		20. Operating Cost Summary (optional)			21. Cost Savings Summary (optional)		
Design & Supervision \$ _____ 0 Site Development/Land Acquisition \$ _____ 0 Utility Extensions \$ _____ 0 Construction \$ _____ 0 Equipment - Fixed \$ <u>200,000</u> Furnishings - Movable Equipment \$ _____ 0 Contingency \$ _____ Financing Cost \$ _____ 0 Artwork \$ _____ 0 Demolition \$ _____ 0 Total Project Estimate \$ <u>200,000</u> Major Maintenance Amount \$ _____ 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 <u>0 FTEs</u> <u>0 FTEs</u> 0 FTEs 0 FTEs			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							

FY2011 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 246	3. Institution /Location Mt. Pleasant Correctional Facility	4. Agency Priority 1 of 1	5. Institution Priority 4 of 8	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-PRIORITY CH	7. Funding Source(s) Major Maintenance
8. Project 10 Cell Isolation Remodel		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 6.0 Month(s) Bidding: 3.0 Month(s) Construction: <u>12.0 Month(s)</u> Total: 21 Month(s)		11. Contact Person Name: Ron Mullen Title: Superintendent Phone: (319) 385-9511
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): We wish to expand the present 10 cell isolation from 10 to 18 increasing our capacity from 22 to 30 cells. The project would extend the current 10 cell operations to southeast area which will be available due to the new kitchen project.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF
14. Statement of Need & Justification: We are routinely forced to double bunk offenders due to the shortage of isolation cell Alternatives to Project: Double bunking or movement of offenders Consequences of Deferral: Delay of treatment, less effective management of offenders and compromising officer safety					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Security and Treatment directors <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				
18. Advisory Committee Priority: -Select One Priority From List-						
19. Project Cost Summary		20. Operating Cost Summary (optional)			21. Cost Savings Summary (optional)	
Design & Supervision \$ 30,000		First Year			Requesting Agency Other	
Site Development/Land Acquisition \$ 0		Annual			Requesting Agency Other	
Utility Extensions \$ 0		Operations & Maintenance			Requesting Agency Other	
Construction \$ 270,000		Salaries			Requesting Agency Other	
Equipment - Fixed \$ 0		Utilities			Requesting Agency Other	
Furnishings - Movable Equipment \$ 0		All Other			Requesting Agency Other	
Contingency \$ 0		Total			Requesting Agency Other	
Financing Cost \$ 0		New FTES			Requesting Agency Other	
Artwork \$ 0		0 FTES 0 FTES 0 FTES 0 FTES			Requesting Agency Other	
Demolition \$ 0					Requesting Agency Other	
Total Project Estimate \$ 300,000					Requesting Agency Other	
Major Maintenance Amount \$ _____					Requesting Agency Other	
22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies						

FY2011 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 246	3. Institution /Location Mt. Pleasant Correctional Facility	4. Agency Priority 1 of 1	5. Institution Priority 8 of 8	6. New or Existing Request (New or Existing w/Change to Priority or Funding) EXISTING-PRIORITY CH	7. Funding Source(s) Major Maintenance																																																											
8. Project Ventilation of East and West Wings 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 6.0 Month(s) Bidding: 6.0 Month(s) Construction: <u>18.0 Month(s)</u> Total: 30.0 Month(s)		11. Contact Person Name: Ron Mullen Title: Superintendent Phone: (319) 385-9511																																																											
12. Description of Project (or Proposed Changes to Existing Project): This project would involve adding a HVAC system to the three floors of the East and West wings which houses the living units. The project would include a chiller, piping, fan coil units, pumps distribution piping and upgrade of outside air . The area will need to be up to code for ventilation.					13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 129,645.75GSF																																																												
14. Statement of Need & Justification: There is no HVAC system throughout this area, the temperatures are routinely in the range of 85 to 90 degrees. This conditions worsens with the humidity, especially after the units are shut and the door is closed. There is no air movement and it compromises the health of older and frail offenders. Additionally, this is very demanding on staff and offenders who are healthy. These areas are not in compliance with current ventilation code requirements. Alternatives to Project: None Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ <u>27.54</u>																																																												
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: See #14 <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																															
18. Advisory Committee Priority: -Select One Priority From List-		19. Project Cost Summary <table style="width: 100%; border-collapse: collapse;"> <tr><td>Design & Supervision</td><td style="text-align: right;">\$ <u>320,000</u></td></tr> <tr><td>Site Development/Land Acquisition</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Utility Extensions</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Construction</td><td style="text-align: right;">\$ <u>3,250,000</u></td></tr> <tr><td>Equipment - Fixed</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Furnishings - Movable Equipment</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Contingency</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Financing Cost</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Artwork</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Demolition</td><td style="text-align: right;">\$ <u>0</u></td></tr> </table>			Design & Supervision	\$ <u>320,000</u>	Site Development/Land Acquisition	\$ <u>0</u>	Utility Extensions	\$ <u>0</u>	Construction	\$ <u>3,250,000</u>	Equipment - Fixed	\$ <u>0</u>	Furnishings - Movable Equipment	\$ <u>0</u>	Contingency	\$ <u>0</u>	Financing Cost	\$ <u>0</u>	Artwork	\$ <u>0</u>	Demolition	\$ <u>0</u>	20. Operating Cost Summary (optional) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">First Year</th> <th colspan="2">Annual</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr><td>Operations & Maintenance</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Salaries</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Utilities</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>All Other</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Total</td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>New FTES</td><td style="text-align: right;"><u>0 FTES</u></td><td style="text-align: right;"><u>0 FTES</u></td><td style="text-align: right;"><u>0 FTES</u></td><td style="text-align: right;"><u>0 FTES</u></td></tr> </tbody> </table>			First Year		Annual		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	New FTES	<u>0 FTES</u>	<u>0 FTES</u>	<u>0 FTES</u>	<u>0 FTES</u>
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FY2011 Major Maintenance Project Request

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Total Project Estimate	\$ <u>3,570,000</u>
Major Maintenance Amount	\$ <u>0</u>

22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies
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FY2011 Major Maintenance Project Request

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

1. Agency Corrections	2. Agency Code. 248	3. Institution /Location Clarinda Correctional Facility	4. Agency Priority of	5. Institution Priority 8 of 12	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance
8. Project CCF metal roof replacement		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>3.0 Month(s)</u> Total: 6.0 Month(s)		11. Contact Person Name: Steve Jenkins Title: Acting Business Manager Phone: (712) 542-6107
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): FY2012 CCF metal roof replacement				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF
14. Statement of Need & Justification: Existing metal roof is leaking and needs to have the roofing panels replaced. It is believed that the panels were not correct from new construction. Alternatives to Project: none Consequences of Deferral: continue patching and sealing roof.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input checked="" type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Security Director and Plant Manager recognize the need to update <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-				
18. Advisory Committee Priority: -Select One Priority From List-						
19. Project Cost Summary		20. Operating Cost Summary (optional)			21. Cost Savings Summary (optional)	
Design & Supervision \$ <u>30,000</u>		First Year			Annual	
Site Development/Land Acquisition \$ <u>0</u>		Requesting Agency Other			Requesting Agency Other	
Utility Extensions \$ <u>0</u>		Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Construction \$ <u>0</u>		Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Equipment - Fixed \$ <u>72000</u>		Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Furnishings - Movable Equipment \$ <u>0</u>		All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Contingency \$ <u>0</u>		Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Financing Cost \$ <u>0</u>		New FTEs	<u>0 FTEs</u>	<u>0 FTEs</u>	0 FTEs	<u>0 FTEs</u>
Artwork \$ <u>0</u>						
Demolition \$ <u>0</u>						
Total Project Estimate \$ <u>750,000</u>						
Major Maintenance Amount \$ <u>0</u>		22. Cost to Other Agencies (optional; explain if applicable): Enter Cost to Other Agencies				

FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 247	3. Institution /Location North Central Correctional Facility	4. Agency Priority 1 of 1	5. Institution Priority 2 of 19	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																										
8. Project Update LUC Fire Escape		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>2.0 Month(s)</u> Total: 4.0 Month(s)		11. Contact Person Name: Cornell Smith Title: Warden Phone: (712) 297-7521																																																										
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Repair the LUC fire escape as requires by the State Fire Marshall's Office				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																										
14. Statement of Need & Justification: Required by Fire Marshal Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																											
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input checked="" type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																														
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19. Project Cost Summary		20. Operating Cost Summary (optional)				21. Cost Savings Summary (optional)																																																										
Design & Supervision \$ <u>5,000</u> Site Development/Land Acquisition \$ <u>0</u> Utility Extensions \$ <u>0</u> Construction \$ <u>45000</u> Equipment - Fixed \$ <u>0</u> Furnishings - Movable Equipment \$ <u>0</u> Contingency \$ <u>0</u> Financing Cost \$ <u>0</u> Artwork \$ <u>0</u> Demolition \$ <u>0</u> Total Project Estimate \$ <u>50,000</u> Major Maintenance Amount \$ <u>0</u>		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">First Year</th> <th colspan="2">Annual</th> </tr> <tr> <th>Requesting Agency</th> <th>Other</th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>New FTEs</td> <td><u>0 FTEs</u></td> <td><u>0 FTEs</u></td> <td>0 FTEs</td> <td><u>0 FTEs</u></td> </tr> </tbody> </table>					First Year		Annual		Requesting Agency	Other	Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	New FTEs	<u>0 FTEs</u>	<u>0 FTEs</u>	0 FTEs	<u>0 FTEs</u>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th>Requesting Agency</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Operations & Maintenance</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Salaries</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> </tbody> </table>			Requesting Agency	Other	Operations & Maintenance	\$ <u>0</u>	\$ <u>0</u>	Salaries	\$ <u>0</u>	\$ <u>0</u>	Utilities	\$ <u>0</u>	\$ <u>0</u>	All Other	\$ <u>0</u>	\$ <u>0</u>	Total	\$ <u>0</u>	\$ <u>0</u>
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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 247	3. Institution /Location North Central Correctional Facility	4. Agency Priority 1 of 1	5. Institution Priority 2 of 19	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																																																																									
8. Project Update Electrical LUB, Educ., and R&D		9. Critical Level Category A. Health and Safety - Class 1		10. Proposed Schedule (in months) Planning: 0 Month(s) Bidding: 0.0 Month(s) Construction: <u>2.0 Month(s)</u> Total: 2.0 Month(s)		11. Contact Person Name: Cornell Smith Title: Warden Phone: (712) 297-7521																																																																																																									
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Repair the electrical service and panels to LUB, Education, and R&D buildings. Electrical frequently fails.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																																																									
14. Statement of Need & Justification: Failing equipment Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																																										
16. Co-Location (Explain): Enter Co-Location Explanation		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Explain ADA Requirement <input checked="" type="checkbox"/> Fire Marshal Report or Citation. Date of Inspection and Explanation: Enter Date of Inspection and Explanation <input type="checkbox"/> Other Code Enforcement or Other Requirements. Explain: Enter Code Enforcement or Other Requirement Explanation <input type="checkbox"/> Program/Project/Plant Manager Determination of Need. Statement of Need: Enter Statement of Need <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																																																													
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FY2012 Major Maintenance Project Request

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1. Agency Corrections	2. Agency Code. 247	3. Institution /Location North Central Correctional Facility	4. Agency Priority 1 of 1	5. Institution Priority 2 of 19	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																																										
8. Project Update Energy Management System 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 0 Month(s) Bidding: 0.0 Month(s) Construction: 2.0 Month(s) Total: 2.0 Month(s)		11. Contact Person Name: Cornell Smith Title: Warden Phone: (712) 297-7521																																																																										
12. Description of Project (or Proposed Changes to Existing Project): Repair the electrical service and panels to LUB, Education, and R&D buildings. Electrcial frequently fails.						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																										
14. Statement of Need & Justification: Failing equipment Alternatives to Project: Enter Alternatives to Project Consequences of Deferral: Enter Consequences of Deferral						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																										
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