

Cultural Affairs
FY2012 Major Maintenance Requests

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 Cultural Affairs	2. Agency Code. 259	3. Institution /Location Montauk	4. Agency Priority 1 of 4	5. Institution Priority 1 of 1	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																																																																									
8. Project Guttering system and re-pointing 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category F. Scheduled Periodic Renovation		10. Proposed Schedule (in months) Planning: 6.0 Month(s) Bidding: 3.0 Month(s) Construction: <u>6.0 Month(s)</u> Total: 15.0 Month(s)		11. Contact Person Name: Jerome Thompson Title: Interim Administrator Phone: (515) 281-4221																																																																																																									
12. Description of Project (or Proposed Changes to Existing Project): Replacement of guttering system and re-pinting the Montauk mansion recommended as high priority in the building envelope study conducted through Major Maintenance						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): Not Applicable		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: Projects will reduce damage to the interior and building cornice <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																																																													
18. Advisory Committee Priority: 3. Project to Reduce Exponential Damage		<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">19. Project Cost Summary</td> <td colspan="4" style="text-align: center;">20. Operating Cost Summary (optional)</td> <td colspan="2" style="text-align: center;">21. Cost Savings Summary (optional)</td> </tr> <tr> <td style="width: 20%;">Design & Supervision</td> <td style="width: 10%; text-align: right;">\$ 6,500</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;">\$ 60,000</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;">\$ 66,500</td> <td colspan="6"></td> </tr> <tr> <td>Major Maintenance Amount</td> <td style="text-align: right;">\$ 66,500</td> <td colspan="6"></td> </tr> </table>						19. Project Cost Summary		20. Operating Cost Summary (optional)				21. Cost Savings Summary (optional)		Design & Supervision	\$ 6,500	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	\$ 60,000	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	\$ 66,500							Major Maintenance Amount	\$ 66,500						
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1. Agency Cultural Affairs	2. Agency Code. 259	3. Institution /Location American Gothic House/Eldon	4. Agency Priority 2 of 5	5. Institution Priority 1 of 1	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																																																																																																															
8. Project Priority 1 and 2 Repairs 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category F. Scheduled Periodic Renovation		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>3.0 Month(s)</u> Total: 7.0 Month(s)		11. Contact Person Name: Jerome Thompson Title: Interim Administrator Phone: (515) 281-4221																																																																																																																																															
12. Description of Project (or Proposed Changes to Existing Project): These are a variety of prioritized repairs identified in the building envelope study conducted in 2009. They include porch and roof repairs						13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																																																																																															
14. Statement of Need & Justification: These repair are necessary to avoid damage to the building envelope and to ensure good appearance to a significant state tourist attraction Alternatives to Project: Delay Consequences of Deferral: More expense due to delays and deterioration						15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																																																																															
16. Co-Location (Explain): N/A		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: 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: Avoid more expensive repairs later <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																																																																																																			
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8. Project Roof and Tuck Pointing		9. Critical Level Category F. Scheduled Periodic Renovation		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>6.0 Month(s)</u> Total: 10.0 Month(s)		11. Contact Person Name: Jerome Thompson Title: Interim Administrator Phone: (515) 281-4221																																																																																																												
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Re-roof the building and tuck-point the exterior as identified and prioritized in the building envelope study				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																																																												
14. Statement of Need & Justification: These needs if done now will prevent interior damage Alternatives to Project: Delay work Consequences of Deferral: damage to the building interior					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																																													
16. Co-Location (Explain): N/A		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: 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: Work was identified in the property study and are high priority to prevent interior damage <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																																																																																
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1. Agency Cultural Affairs	2. Agency Code. 259	3. Institution /Location Clermont Museum/Clermont	4. Agency Priority 4 of 4	5. Institution Priority 1 of 1	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																																																																									
8. Project Clermont Museum Repairs		9. Critical Level Category F. Scheduled Periodic Renovation		10. Proposed Schedule (in months) Planning: 2.0 Month(s) Bidding: 2.0 Month(s) Construction: <u>6.0 Month(s)</u> Total: 10.0 Month(s)		11. Contact Person Name: Jerome Thompson Title: Interim Administrator Phone: (515) 281-4221																																																																																																									
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): The project involves making a brick side wall repair and re-tuck pointing the two story building and some other minor repairs identified as a priority in the building envelope study conducted for the site.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																																																									
14. Statement of Need & Justification: These were identified as high priority repair in the Vertical Infrastructure study conducted in 2008 Alternatives to Project: Delay Consequences of Deferral: Further deterioration leading to interior damage					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																																																																										
16. Co-Location (Explain): N/A		17. Advisory Committee Classification: <input type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: 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: Repairs to prevent further damage <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)																																																																																																										
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Iowa Workforce Development
FY2012 Major Maintenance Requests

FY2012 Major Maintenance Project Request

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1. Agency IWD	2. Agency Code. 309	3. Institution /Location IWD / 1000 East Grand, Des Moines	4. Agency Priority 1 of 1	5. Institution Priority 1 of 1	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance
8. Project Emergency Generator and Enclosure		9. Critical Level Category C. Imminent Economic Loss		10. Proposed Schedule (in months) Planning: 6.0 Month(s) Bidding: 4.0 Month(s) Construction: 8.0 Month(s) Total: 18.0 Month(s)		11. Contact Person Name: Robert Fulton Title: Exec. Officer 1 Phone: (515) 242-5197
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Replace Emergency Generator and Enclosure to reconnect to existing transfer switch feeding the East Building, IWD 1000 East Grand. This Generator supplies the IWD Server Room and the cooling units for the server room. Also the airhandling units, elevators and house power and lighting for the East Building.				13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0,
14. Statement of Need & Justification: Continuity of Operations for IWD and uninterrupted service for the taxpayers of the State of Iowa. Economic Loss for Iowa citizens in form of the following disrupted IWD services: 1. Unemployment Insurance (UI) benefits/claims disaster relief benefits (cash payments to citizens of Iowa). 2. UI Appeals. 3. Financial Management to support rest of IWD Priorities listed. 4. Employer Contributions (to fund UI benefits). 5. WIA and Promise Jobs programs to help public get jobs and new skills/education. In any disaster (no matter how big or small), money for food/shelter and finding jobs are critical to Iowa's economy. This will give IWD the ability to recover from a building power failure so we can continue to provide services. Alternatives to Project: None Consequences of Deferral: Loss of 24/7 IWD services for above listed items with a possibility of mutiple service outages before repair is accomplished.					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						

FY2012 Major Maintenance Project Request

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<p>19. Project Cost Summary</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Design & Supervision</td> <td style="text-align: right;">\$ <u>28,711</u></td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td style="text-align: right;">\$ <u>11,500</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>218,108</u></td> </tr> <tr> <td>Equipment - Fixed</td> <td style="text-align: right;">\$ <u>140,129</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>54,164</u></td> </tr> <tr> <td>Financing Cost</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Artwork</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Demolition</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Total Project Estimate</td> <td style="text-align: right;">\$ <u>452,612</u></td> </tr> <tr> <td>Major Maintenance Amount</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> </table>	Design & Supervision	\$ <u>28,711</u>	Site Development/Land Acquisition	\$ <u>11,500</u>	Utility Extensions	\$ <u>0</u>	Construction	\$ <u>218,108</u>	Equipment - Fixed	\$ <u>140,129</u>	Furnishings - Movable Equipment	\$ <u>0</u>	Contingency	\$ <u>54,164</u>	Financing Cost	\$ <u>0</u>	Artwork	\$ <u>0</u>	Demolition	\$ <u>0</u>	Total Project Estimate	\$ <u>452,612</u>	Major Maintenance Amount	\$ <u>0</u>	<p>20. 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FY2012 Major Maintenance Project Request

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1. Agency IWD	2. Agency Code. 309	3. Institution /Location IWD 150 Des Moines Street, Des Moines Iowa 50309	4. Agency Priority 2 of 2	5. Institution Priority 2 of 2	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance
8. Project Emergency Public Address System		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: Robert Fulton Title: Executive Officer 1 Phone: (515) 242-5197
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Installation of an Emergency Public Address System at IWD 150 Des Moines Street that has the ability to be accessed by Homeland Security through the State of Iowa computer network, and the Building Emergency Coordinator through the building telephone system.				13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0,
14. Statement of Need & Justification: At this time, IWD 150 Des Moines Street is not connected to the Homeland Security Emergency Network that serves the Capitol Complex and does not have the Public Address System to broadcast the emergencies Homeland Security announces to the Capitol Complex. The Life, Health, and Safety of the employees and citizens of the State of Iowa using this building is compromised if these emergency announcements do not reach them. Because of its location next to the Des Moines River this facility has been evacuated several times due to high water. Without an active Public Address System the task of evacuation was difficult to safely achieve. Alternatives to Project: None Consequences of Deferral: During any emergency that is not weather related, this facility would not receive timely notification from Homeland Security.					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						

FY2012 Major Maintenance Project Request

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<p>19. Project Cost Summary</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Design & Supervision</td> <td style="text-align: right;">\$ <u>7,500</u></td> </tr> <tr> <td>Site Development/Land Acquisition</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Utility Extensions</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Construction</td> <td style="text-align: right;">\$ <u>11,775</u></td> </tr> <tr> <td>Equipment - Fixed</td> <td style="text-align: right;">\$ <u>6,071</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>6,336</u></td> </tr> <tr> <td>Financing Cost</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Artwork</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Demolition</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Total Project Estimate</td> <td style="text-align: right;">\$ <u>31,682</u></td> </tr> <tr> <td>Major Maintenance Amount</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> </table>	Design & Supervision	\$ <u>7,500</u>	Site Development/Land Acquisition	\$ <u>0</u>	Utility Extensions	\$ <u>0</u>	Construction	\$ <u>11,775</u>	Equipment - Fixed	\$ <u>6,071</u>	Furnishings - Movable Equipment	\$ <u>0</u>	Contingency	\$ <u>6,336</u>	Financing Cost	\$ <u>0</u>	Artwork	\$ <u>0</u>	Demolition	\$ <u>0</u>	Total Project Estimate	\$ <u>31,682</u>	Major Maintenance Amount	\$ <u>0</u>	<p>20. Operating Cost Summary (optional)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">First Year</th> <th colspan="2" style="text-align: center;">Annual</th> </tr> <tr> <th style="text-align: center;">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;">0 FTES</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>	0 FTES	<u>0 FTES</u>	<p>21. Cost Savings Summary (optional)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">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> </tr> <tr> <td>Salaries</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Utilities</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>All Other</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ <u>0</u></td> <td style="text-align: right;">\$ <u>0</u></td> </tr> </tbody> </table>		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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Terrace Hill
FY2012 Major Maintenance Requests

FY2012 Major Maintenance Project Request

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1. Agency Terrace Hill	2. Agency Code. 000	3. Institution /Location Terrace Hill Mansion	4. Agency Priority 1 of 1	5. Institution Priority 1 of 1	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																	
8. Project East Porch Newel Post Replacement 8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		9. Critical Level Category B. Health and Safety - Class 2		10. Proposed Schedule (in months) Planning: 0.5 Month(s) Bidding: 0.5 Month(s) Construction: <u>1.0 Month(s)</u> Total: 2.0 Month(s)		11. Contact Person Name: Barb Filer Title: Administrator, Terrace Hill Phone: (515) 242-5841																																																	
12. Description of Project (or Proposed Changes to Existing Project): Newel posts on the east porch are deteriorated and in need of replacement. Work will be done in accordance with historic preservation standards and will include replacement of concrete bases and associated trim.					13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0,																																																		
14. Statement of Need & Justification: The east porch is highly visible and accessible to the public. As deterioration continues the porch will become a safety risk. Alternatives to Project: Defer the work. Consequences of Deferral: Posts will continue to deteriorate and become a safety hazard.					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: This project is the top priority for a number of exterior repair needs. <input type="checkbox"/> Vertical Infrastructure Database Condition. Rating: -Select a Rating-																																																					
18. Advisory Committee Priority: 1. Health, Life Safety																																																							
19. Project Cost Summary Design & Supervision \$ _____ 800 Site Development/Land Acquisition \$ _____ 0 Utility Extensions \$ _____ 0 Construction \$ _____ 12,000 Equipment - Fixed \$ _____ 0 Furnishings - Movable Equipment \$ _____ 0 Contingency \$ _____ 1,200 Financing Cost \$ _____ 0 Artwork \$ _____ 0 Demolition \$ _____ 0 Total Project Estimate \$ _____ 14,000 Major Maintenance Amount \$ _____ 0		20. Operating Cost Summary (optional) First Year <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> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Salaries</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Utilities</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>All Other</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> </tr> </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	21. Cost Savings Summary (optional) <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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Veterans Affairs—Iowa Veterans Home
FY2012 Major Maintenance Requests

FY2012 Major Maintenance Project Request

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1. Agency Veterans Affairs	2. Agency Code. 641	3. Institution /Location Iowa Veterans Home	4. Agency Priority 1 of 10	5. Institution Priority 1 of 10	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																									
8. Project ADA Ramp Replacement - Whitehill		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: 3.0 Month(s) Total: 6.0 Month(s)		11. Contact Person Name: Kathy Shannon Title: Director of Facilities Management Phone: (641) 753-4411																																																									
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Replace ADA Access Ramp to Whitehill Auditorium				13. Square Feet (if applicable) Net Square Feet: 0, Gross Square Feet: 0 GSF																																																									
14. Statement of Need & Justification: The current ADA ramp has broken steel support beams and the concrete piers are crumbling. This is the only ADA access to this building. Alternatives to Project: Consequences of Deferral: Collapse of ramp.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____																																																										
16. Co-Location (Explain):		17. Advisory Committee Classification: <input checked="" type="checkbox"/> ADA Requirement. Cite ADA Transition Plan or Complaint Filing: Equal access to the building. <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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Public Safety
FY2012 Major Maintenance Requests

FY2012 Major Maintenance Project Request

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1. Agency Public Safety	2. Agency Code. 595	3. Institution /Location State Patrol District 12 in Stockton	4. Agency Priority 1 of 2	5. Institution Priority 1 of 2	6. New or Existing Request (New or Existing w/Change to Priority or Funding) NEW REQUEST	7. Funding Source(s) Major Maintenance																																																																																							
8. Project Elevator Repairs		9. Critical Level Category D. Operational Inefficiency		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 0.0 Month(s) Construction: 0.0 Month(s) Total: 1.0 Month(s)		11. Contact Person Name: Shane Antle Title: Captain Phone: (515) 281-3392																																																																																							
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Requesting assistance with elevator repairs. It appears to be a hydraulic pressure problem.				13. Square Feet (if applicable) Net Square Feet: 0 NSF Gross Square Feet: 0 GSF																																																																																							
14. Statement of Need & Justification: The Post 12 facility is an ADA approved facility; however, without the elevator working the facility is not in compliance with ADA requirements. Alternatives to Project: Repairs to current elevator or total replacement. Consequences of Deferral: We are not compliant with ADA guidelines.					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 Public Safety	2. Agency Code. 595	3. Institution /Location State Patrol District 4 in Denison	4. Agency Priority 2 of 2	5. Institution Priority 2 of 2	6. New or Existing Request (New or Existing w/Change to Priority or Funding NEW REQUEST	7. Funding Source(s) Major Maintenance
8. Project New Roof		9. Critical Level Category B. Health and Safety - Class 2		10. Proposed Schedule (in months) Planning: 1.0 Month(s) Bidding: 1.0 Month(s) Construction: <u>1.0 Month(s)</u> Total: 3.0 Month(s)		11. Contact Person Name: Shane Antle Title: Captain Phone: (515) 281-3392
8a. Existing Project Number/Rank Number: 0000.00 Rank: 000.0		12. Description of Project (or Proposed Changes to Existing Project): Replacement of existing roof on building.				13. Square Feet (if applicable) Net Square Feet: Gross Square Feet:
14. Statement of Need & Justification: We are currently in the process of replacing the heating and cooling units that serve the facility. The cooling units are located on the roof. Funding for the HVAC project originated from a special request that was submitted November 9 th , 2010 and was subsequently approved thereafter for funding. We would respectfully request that the roof project be approved for funding so that the projects can be combined or coordinated together. Alternatives to Project: Patch the various areas of the roof that appear to be deficient where water appears to be leaking in. Consequences of Deferral: The leaking will continue causing water infiltration problems to the building structure creating a hazardous environment due to the potential of mold infestation.					15. Project Cost Per Gross Square Foot (if applicable, calculated automatically) Cost Per GSF: \$ _____	
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Iowa Law Enforcement Academy
FY2012 Major Maintenance Requests

Commerce—Alcoholic Beverages Division
FY2012 Major Maintenance Requests

Education—Iowa Public Television
FY2012 Major Maintenance Requests