

September 1, 2010



Office of Facility Planning and Control

for Non-State Entities

CAPITAL OUTLAY TRAINING SEMINAR

POINTS TO REMEMBER

- Capital Outlay Bill Development is a statutory process
- Funding for Capital Outlay projects is extremely competitive
- Understanding the requirements is your best chance for success
- × There are resources available to you

PERCEPTION OF CAPITAL OUTLAY

Submit Capital Outlay Request

Capital Outlay Process "Black Box"



Included in the Act and received funding

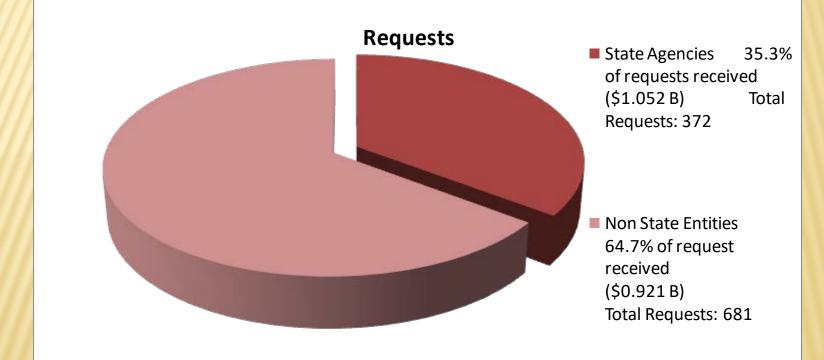


Included the Act, but did not receive funding



Not included in the Act

FY 10-11 CAPITAL OUTLAY REQUESTS FOR DISCRETIONARY FUNDING TOTAL \$2.0 BILLION



Capital Outlay Process

PROCESS OVERVIEW

HOW LONG DOES THE PROCESS TAKE?

Funds Requested Nov 2009 Capital Outlay Request submitted in SCENARIO **eCORTS Funds** Appropriated July 2010 Project included in Capital Outlay Act **Project Funded BEST CASE** Sep 2010 Oct 2010 **Cooperative Endeavor Agreement Executed** Nov 2010 **Funds Available**

CAPITAL OUTLAY BUDGET PROCESS

- Capital Outlay Requests Submission (August/September through November)
- Governor's Budget Development (November through March)
- Original bill submitted to House (8th day of Regular Session)
- ★ Legislature modifies and approves bill (throughout the Regular Session)
- ★ Governor signs bill into law (within 20 days of receipt of the bill)

CAPITAL OUTLAY BUDGET PROCESS

- **×** Commissioner's Appropriation Memo (July)
- **×** Reauthorized Lines of Credit (July)
- × New Lines of Credit (usually August or September)
- Commissioner's Memo Regarding Unfunded Projects (late September, early October)

CAPITAL OUTLAY DEADLINES

Requests due November 1R.S.39: 101 A

- Requests submitted after November 1 must be:
 - certified as economic development by Secretary of DED; OR
 - > approved by Commissioner of Administration as an emergency project; OR
 - approved by the Joint Legislative Committee On Capital Outlay prior to last day for introducing bills in session

R.S. 39:112 C

HOUSE BILL 2: THE CAPITAL OUTLAY BILL

- Originally proposed by Governor and later amended by the Legislature
- × Always House Bill 2 (HB 2)
- × Introduced in House Ways & Means
- Considered by two House Committees (Ways and Means, Appropriations) then moves to the House floor.
- Considered by two Senate Committees (Revenue and Fiscal Affairs, Finance) then moves to the Senate floor.
- Goes back to House floor for concurrence

EXECUTIVE ACTIONS

Typically, the governor has 20 days act on bill (after receiving it from the Legislature).

The governor can line item veto appropriations

NOTIFICATION LETTER FROM COMMISSIONER

× Sent in July

- Goes to all entities who receive an appropriation, even if it has not yet been funded
- Will include a Request for Line of Credit form as an enclosure if your request may be considered for a new line of credit
- Will include a Cooperative Endeavor Agreement Data form as an enclosure if there is not an executed cooperative endeavor agreement for your project

"FUNDING" OF CAPITAL OUTLAY REQUESTS

Requests that are shown in the Capital Outlay Act have been appropriated

Requests have been <u>funded</u> when the appropriated funds become available.

×General Fund appropriations are funded when the Act becomes effective.

×General Obligation Bond appropriations are funded when they receive lines of credit.

FUNDS AVAILABLE FOR NEW LINES OF CREDIT

In 1993, the Legislature started a policy of limiting the authorization of new capital outlay bond lines of credit to \$200 million per year.

×Act 911 of the 2008 Regular Session incorporated this policy into the Revised Statutes.

 This \$200 million, adjusted for inflation puts the limit at \$335 million for FY 09-10.

R.S. 39:112 F

LINES OF CREDIT FOR GENERAL OBLIGATION BONDS

- Priority 1 reauthorizes previous lines of credit
- Priority 2 requires new cash line of credit for funding

× Priority 5

requires noncash line of credit for contract authority – not for cash flow

COOPERATIVE ENDEAVOR AGREEMENTS

- Must have Cooperative Endeavor Agreement with FP&C prior to obligation of state funding
- Contracts entered into prior to execution of Cooperative Endeavor Agreement are not eligible for capital outlay funding
- All projects must follow the Non-State Entity Capital Outlay Administrative Guidelines, which are a part of the Cooperative Endeavor Agreement

DEVELOPMENT AND ENACTMENT

Capital Outlay Process

Should be submitted:

- × By November 1
- For projects falling within the definition of R.S. 39:2(9)
- Through the senator and representative in whose district the proposed capital project will be located
- To the Office of Facility Planning and Control no later than November 1st of each year
 R.S. 39:101

CAPITAL OUTLAY DEFINITION

Capital Outlay is defined by statute as: "expenditures for acquiring lands, buildings, equipment, or other permanent properties, or for their preservation or development or permanent improvement"

R.S 39:2(9)

GUIDELINES FOR CAPITAL OUTLAY PROJECTS

- × Anticipated useful life of 20 years or more
- × Value or cost of at least \$100,000
- **×** Examples include:
 - + land acquisition
 - + site development and improvement
 - + acquisition or construction of buildings
 - + additions or expansions of existing structures

GUIDELINES FOR CAPITAL OUTLAY PROJECTS

- Examples of requests that should not be included:
 - + painting
 - + flooring
 - + minor repair
 - movable equipment and furnishings not associated with a new building
 - + materials and supplies

Shall include a detailed project description and justification including an analysis of need with:

×Corroborative data

*A reasonable estimate of when the project will be needed

The project's proposed location

R.S. 39:102

- The cost of equipping and furnishing the project
- The space utilization plan of the requesting agency
- The cost of opening and operating the facility for the first year
- The estimated annual operating and maintenance costs of the facility

R.S. 39:102

- The method and source of financing for each of the next five years
- The estimated completion date of the project
- *An identification and description of other similar facilities and projects in the given area and an evaluation of their capabilities to meet needs.

R.S. 39:102

REQUIREMENTS FOR CAPITAL OUTLAY REQUESTS

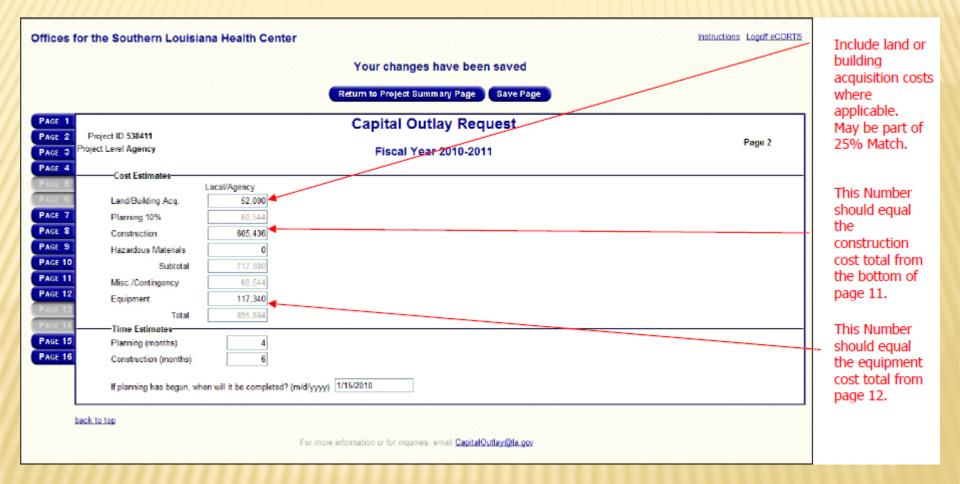
- A Letter of Support from the Senator or Representative for the district where the project is located is required and must be received by November 1st
- R.S. 39:101 B
- Act 911 of the 2008 Regular Session amended the Revised Statutes to required a 25% local match unless the entity can demonstrate an inability to provide this required match
- R.S. 39:112 E(2)

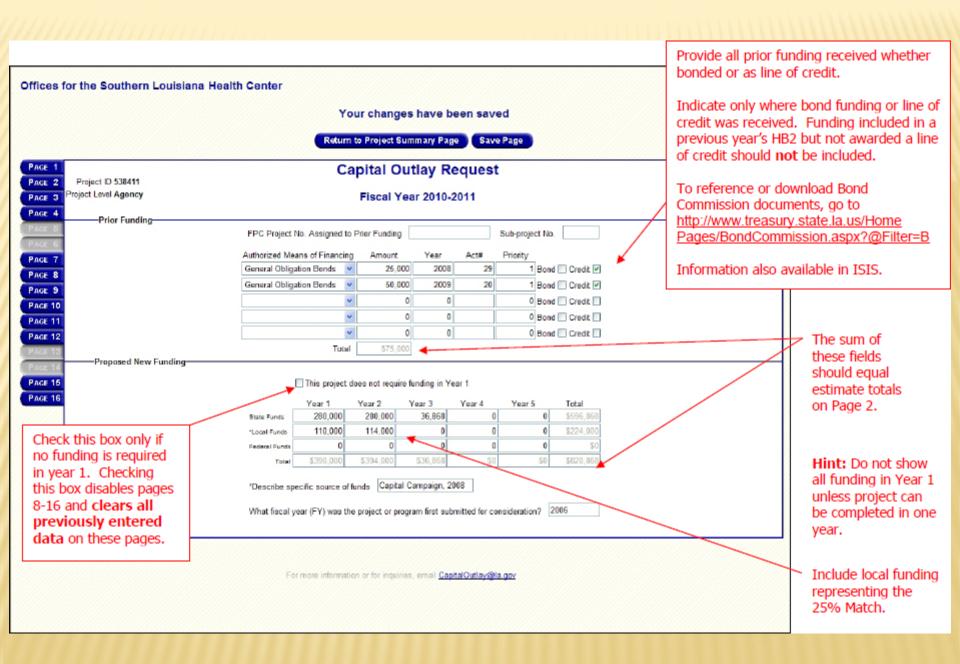
COMPLETING THE ECORTS FORM

Capital Outlay Process

eCORTS Illustrated Sample **Non-State Project**

s for the Southern Louisiana Health Center	etum to Project Summary Page Save Page	Instructions Logoff eCORTS	importance ou of the total number of projects
Project ID 538411 Project Level Agency	Capital Outlay Request Fiscal Year 2010-2011	Page 1	submitted by your Agency. this case, the project is #2 i
Project Offices for the Southern Louisiana Health Center Title Location New Orleans Emergency Project Current Project Requirements Anticipated Program Needs		Priority Local/Agency 2 of 6	of 6 projects w2 i of 6 projects submitted by t agency. Hint: Users should compile
Applicant Department 50 MISC-NONSTAT	Agency C01 LLGFCDA V		and rank their projects befor entering –or - enter all proje and then rank order to have
Senate District 1	House District 100 🛩 Schedule 50-C01		the correct project total.
User VFA Contact Robert Smith Phone 225-555-2651 Fax 225-350-4070 Email remith@yshoo.com	Address 266 Summer Street City/State/Zip New Orleans LA 70130		





Offices f	or the Southern Louisi	ana Health Center			Instructions Logoff eCORTS
			Return to Project S	ummary Page Save Page	
PAGE 0	Project ID 538411 Project Level Agency			utlay Request ear 2010-2011	Page 4
PAGE 4 PAGE 5 PAGE 6 PAGE 7 PAGE 8	Agency Impact Stateme I hereby certify that this proje budget has been approved. Name Robert Smith Comments		ved, and integrated into our depa	artment's long range strategic plan an]	d five year budget. The impact of this project's operating
PAGE 9 PAGE 10 PAGE 11 PAGE 12 PAGE 13 PAGE 14 PAGE 15 PAGE 16	This project will enable the a community in accordance wi costs have been estimated a orgoing outpatient treament displacement, loss, addiction from hurricane affected areas location. The growth in distr remain in place or continue t agency's mission and are no 10) Renovate existing secon new finishes and relocation or replaced. Restrooms will be	th our charter and strategic p and budgeted through 2015 of emotionally disturbed post- tant abuse. Due to the infli- there is a need to implement essed population in the past o grow. Services are require t available elsewhere in the a diftor space to support treat of some partitions. Electrical retrofitted to meet full ADA of accommodate 20 clients, ar eatment rooms, 6 offices, 6 r space is aged and will need t of finish systems to support	plan. Ongoing operational (From Page 7) To provide ulation due to victimization, ux of distressed population in services of this type at this two years is expected to d in accordance with the area presently. (From Page timent program. Work includes I and HVAC systems will be compliance. The space will reception area suitable for two restrooms and a file/recodr to be significantly renovated t the program needs. Costs		Provide any necessary comments in the space provided. Note that if more space is required from fields on other pages, supplemental comments can be entered here. (See example from pages 7 and 10. This field is the best place to describe the project in depth and justify the need. Plea provide as much detail as possible. A qual submission will show a significant amount narrative and commentary in this box.

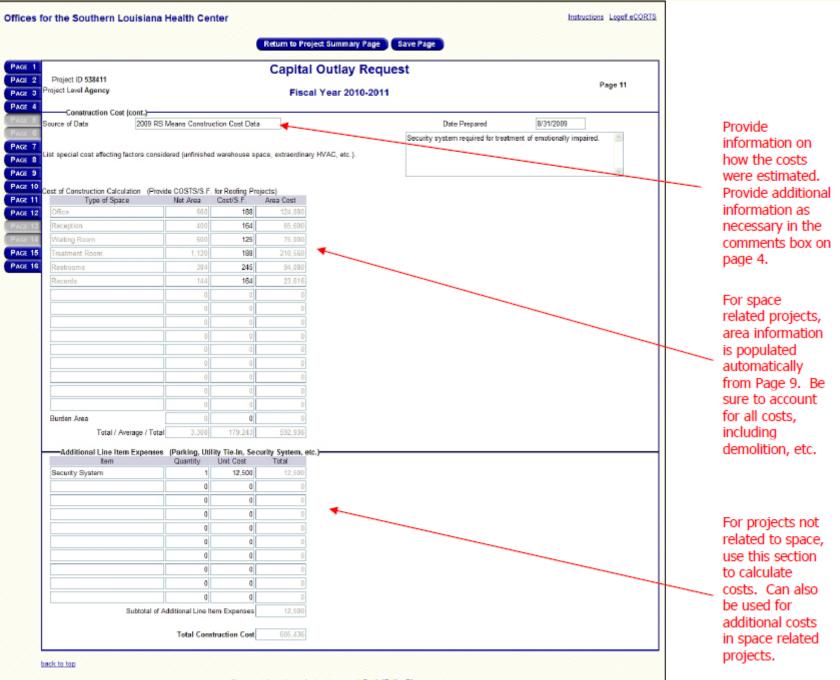
For more information or for inquiries, email CapitalOutlay@la.gov

	e Page	Return to Project Summary Page Sa	
	t	Capital Outlay Reque	
	Page 7	Fiscal Year 2010-2011	Project ID 538411 Project Level Agency
Provide a brief		1000110012010-2011	
description of			Demonstration of Need Title Offices for the Southern Louisian
			B 1.1
how this project		second floor space, currently used for treatment facility for emotionally	Renovate existing 11,500 square to record storage and partially vacant, disturbed persons.
supports your		Present Empl. 0	Location New Orleans
agency's long		Future Empl. 8	Project Type Health Infrastructure
range strategic		Citizens Served 200	Facility Type Health/Medical 🖌
plans.		Daily Users 40	Program/Service Treatment Desc.
Note that additional space is		nt of emotionally disturbed population	Describe the long range strategic plan (5-yr) for the program
available for			Purpose (Check all that apply)
use on Page	Address Actual	Changes in Mission	Expand Existing Pgm
4.	Changes in Standards	Changes in Existing	Relocate Existing Pgm
	Promote Economic Dev	Changes in Population	Add New Pgm
	Address Code Violations	Generate Employment	Attract Business
			Other

ffices for the South	ern Louisiana Health Center Instructions Logoff eCORTS Return to Project Summary Page Save Page	Enter specific requirements
PAGE 5 Publications, regulatory agencies PAGE 7 guidelines for the program	Page 8	related to this project. Do not include general requirements for all projects such as ADA or fire codes.
PAGE 14 PAGE 15 PAGE 16 Hew was the b Were feasibilit Preparer's Nam	To allow program to continue to be in compliance with the nules, regulations and standards set forth by the above agencies and to continue to receive reimbursement for the services provided.	Select all alternatives that were considered, whether in a formal study or as part of project development.
Identify and de Existing facilit lacking in serv	acribe other similar facilities in your area and evaluate their capabilities to meet needs es on floors 1, 3 and 4 currently support program. Rental space evaluated but ce area. Undeveloped floor available in bldg.	If formal study not completed, describe the decision process in this box. Input is limited in this box, continue on Page 4 if necessary.

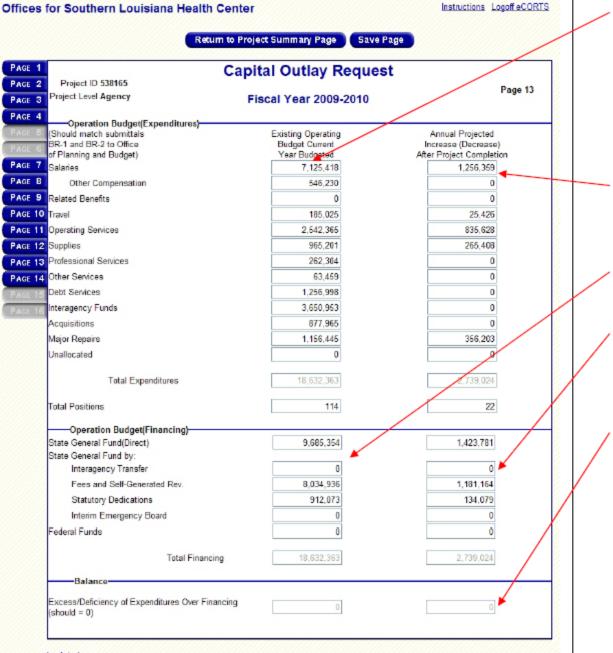
ithern Louisiana Health Center	Instructions Logoff eCORTS Hint: Net areas calculated on this
Return to Project Summary Page Save Page	page are used in the construction
Capital Outlay Request	cost calculations
38411	Page 9 is important to
gency Fiscal Year 2010-2011	show accurate
y Requirements	total net area fo
Prepared By Robert Smith Date Prepared (m/d/yyy) 8/31	1/2009 each space.
Space Requirements: New Space	
of Space Number of Type of NA/Per Net Occupants Occupants	
6 Employees 110 660	For each occupa
2 Employees 200 400	type, the total in
m 20 Visitors / Clients 30 600	the bottom box
com 14 Visitors / Clients 50 1,120	should equal th
6 Visitors / Clients 64 384	should equal un
1 Students / Assistants 144 144	type above. Fo
0	
0 0	example, there
	22 employees
	identified which
	equal to 6+2+1
	(in this case eac
	employee is
	assigned to a
0 0	treatment room
Area Burden Factor Total Gross Area Total Het Area 3,308	
308 X 1.00 = 3.308 Burden Area 0	Note that transi
	A Employees and common an
22 Contract Employees 0 Temporary ents 20 Students / Assistants 1 Others	like restrooms a
Interest 20 Students / Assistants 1 Others	elevator lobbies
Existing parkin	g lot space for building is adequate to accomodate A should not be
ditional program requirements (Parking, Utilities Tie-In, Location, Shippping / Receiving, Public Access, Site additional parki	ing needs. added to the
kc).	occupant total
	since that would
ppen with the existing facility (demolition, remodeled, other program, etc) and funding if needed?	result in
	redundancy.
	Occupant totals
	should include
For more information or for inquiries, email Capita Cutlav@la.acv	people only onc

	Return to Project Sum	imary Page Save Page	
	Capital Out	ay Request	
Project ID 538411 Project Level Agency	Fiscal Year		Page 10
	Fiscal Teal	2010-2011	
Renovation / Addition			
Describe the condition of the building and previous renovations		The building was constructed in 1982 and consists of four stories above ground. Renovations have been performed on the 1st, 3rd and 4th floors in 1999, 2002 and 2004 respectively. The roof is from 2001, condition is good overall.	•
Describe the extent of the proposed renovation / addition		Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. (See additional comments on page 4.)	
Describe the location of occupants during renovation and required t	unding	Existing record storage will remain in place.	
What amount of the construction budget addresses modifications r	equired to meet the "American	s with Disabilities Act Accessibility Guidelines (ADAAG)"? \$55,000	
Hazardous Materials			
What hazardous materials are addressed in the construction budg	et?		
Underground Storage Tanks	PCB's Lea	d Paint Asbestos Other	
Enter the date if site has been surveyed for underground storage ta	inks.		
Provide contact information if the facility's asbestos management p	olan was consulted for abateme	ent requirements	
Contact Name Robert Smith		Phone 225-555-1818	
Roof			
What is the current age, condition, and type of the existing roof and			
lge of Roof (yrs) 8	Condition	good	
Replacement Date 7/1/2001	Туре	45 Mil EPDM	
Describe roof penetrations, equipment, etc.	Exhaust fa	ns, stainvell skylights, du	



For more information or for inquiries, email CapitalOutlay@la.gov

ж 1 ж 2	Project ID 538411		Capital Outlay Request	
	Project Level Agency		Fiscal Year 2010-2011	Page 12
ж 4 ж 5	Equipment Costs			Provide estimates of moveable equipment
а 6	ltem	Item Costs		here.
ж 7	Moveable furniture	42,000		
æ 8	Portable difibrillator	340		Hint: For projects involving new space, b
E 9	Computer equipment	48,000		sure to include furniture and other
E 10	Telecom equipment	27,000		equipment based on the use of the space
E 10 E 11 E 12	Total Equipment Costs	0 117,340		(computers and office equipment for office space, kitchen equipment for cafeteria, etc.).
e 13 e 14	Check this box if this program is for renovation discontinued.	or relocation of an e	xisting program and the use of existing equipment	
15 16	lf so, explain.			
			down with unit costs and an estimated useful life of the to Facility Planning.	



Should show total current operating budget **before** project. Show operating budget at the level impacted by project. For example, total department budgets are not appropriate for a single location. **Hint:** If the building and program are new, this column should be zero. If a program is being relocated include operating costs at current location.

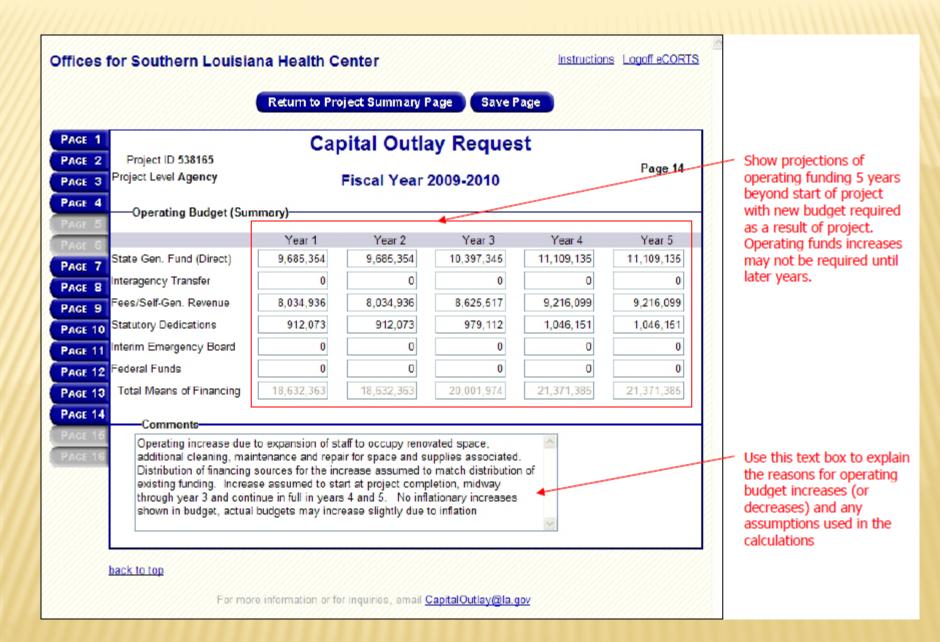
Should show changes in the operating budget line items as a result of requested project completion

Should show distribution of existing operating budget funding sources

Should show changes in operating budget funding as result of requested project completion.

Total Expenditures and Total Financing to be the same. Balance is automatically calculated by the system and should be equal to 0.

The impact of a project on operating costs is an important contributor to feasibility and prioritization. In order for a project to be "feasible" it is necessary for ongoing operations costs to be identified and budgeted.



ffices for the Southern Louisiana Health Cent	ter	Instructions Lagoff.eCO	218
	Return to Project Summary Page	Save Page	
Page 1 Page 2 Project ID 536411	Capital Outlay Requ	Page 15	
PAGE 3 Project Level Agency	Fiscal Year 2010-2011		
Acc. 81 Certification Questionnaire 10 What was your budget for capital improvements for the Acc. 82 Current Year 0 Last Ye Acc. 83 2) What was your undesignated/unserved general fund to Current Year 0 Last Ye Acc. 10 3) What was your designated/unserved general fund to Current Year 0 Last Ye Acc. 11 3) What was your designated/unserved general fund to Current Year 0 Last Ye Acc. 12 3) What was your designated/unserved general fund to Current Year 0 Last Ye Acc. 13 3) What was your designated/unserved general fund to Current Year 0 Last Ye Acc. 14 Milage Authorized 0.85 Milage Luvie Acc. 15 When dd you bet have an election to remew or increase Did the electors approve or siget the milage reneval or How much was requested? 0.0000 (mill S) What is your local sales tax? Percent Authorized 0.16 Percent When dd you last have an election to remew or increase Did the electors approve or siget the percent remew or increase Did the electors approve or siget the percent remew or increase	e last 3 years? ear 0 2 Years Ago balance for the last 3 years? ear 0 2 Years Ago nea for the last 3 years? ear 0 2 Years Ago ad 0.00 (mills) = mitage? approve @reject leb ent Levied 0.00 = the parcent? = parcen	E	This information should be filled in as accurately as possible to best inform the project feasibility review.
Did the electors approve or reject the issue?prove Do you plan to have an election to obtain vater approval 7) is this project, for which you are requesting state fundi (i.e. parking free, water, server or other utility fees, etc.) (if so, please describe the source and projected amount.	for a bond issue for this or other projects? Oyea @ no ing. The type for which revenue will be generated? Oyee 1		
Source 1 Arrour	nt 0		
Source 2 Amoun Source 3 Amoun		12) If not a local government antity, describe the legal status of your entity.	10 10
0) How much do you receive from the Parish Transportable Current: Year 6 Last Year 6 2 Years Ago 6	lon l'and?	The above information is certified by: Name:	
	ce 2 IoyiProgram	Contact Person: Date: Phone Number:	
Last Year 0 Last 1	arsi Ago 0	hark to top For more informat	on or for inquires, ernal CastleOutby@ls.co y

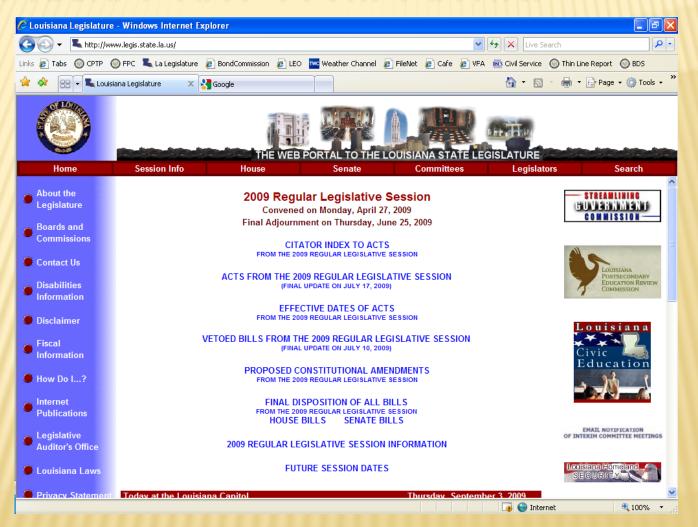
	Capital Outlay Request		
Project ID 538411	Page		
Project Level Agency	Fiscal Year 2010-2011		
Space Utilization P	lan		
Schedule No:	50-C01		
Department:	50 MISCELLANEOUS NON-STATE		
Agency:	C01 LA LCL GVT FAC COMM DEV AUTH		
Local User Facility:	VFA		
Prepared By:	Robert Smith		
Project Title: Offices for the Southern Louisiana Health Center			
Detail plan here:			
requires additional sp building to be fit out it administrative space expanded program, a space. See distribut administrative space addition of the newly 25% administrative a guidelines and indust provider will be 120 is	bused in 1st, 3rd and 4th floors of existing building. Program pace to expand. Currently vacant space on second floor of to accomodate additional area needed. Support and provided on the existing floors can support most of the as a result the focus of the renovation will be on direct service space to an a support overall, which is consistent with agency try standards. When completed the net area per service square faet, which is 10% below industry recommendations, a tolerances to operate.		

For more information or for inquiries, email CapitalOutlay@la.gov

Capital Outlay Process



LOUISIANA STATE LEGISLATURE



"VERSIONS" OF HB2 DURING SESSION

- × Original
 - + As proposed by governor
- × Engrossed
 - + After House Ways & Means
- × Re-engrossed
 - + After House Appropriations
- × Re-re-engrossed
 - + After House floor amendments

LEGISLATIVE SESSION

- × Senate cannot reprint bill, must use amendments
- After Senate returns re-re-engrossed with amendments, then House reports as enrolled
- × Conference committee if needed
- Capital Outlay Bill is usually approved near end of session

SAMPLE APPROPRIATION

- 35 36/P33 SOUTH TANGIPAHOA PARISH PORT
- 36 (279) Port Manchac Terminal Roadway Improvements
 37 (Tangipahoa)
- 38Payable from General Obligation Bonds
- 39
 Priority 1
 \$ 10,000

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- 40
 Priority 2
 \$ 25,000

 41
 Total
 \$ 35,000

NOTIFICATION LETTER FROM COMMISSIONER

× Sent in July

- Goes to all entities who receive an appropriation, even if it has not yet been funded
- Will include a Request for Line of Credit form as an enclosure if your request may be considered for a new line of credit
- Will include a Cooperative Endeavor Agreement Data form as an enclosure if there is not an executed cooperative endeavor agreement for your project

UNFUNDED PROJECTS

- ★ Bond <u>appropriations</u> are not <u>funded</u> until they receive lines of credit
- ★ If a Bond appropriation does not receive lines of credit for the entire amount appropriated by <u>October</u>, a capital outlay request should be <u>re-</u> <u>submitted by November 1st</u> for consideration in the subsequent fiscal year

EXAMPLE: TOWN OF MARAIS

Capital Outlay Process

FACILITY PLANNING AND CONTROL



CAPITAL OUTLAY REQUESTS



MARAIS' APPROPRIATION FOR FISCAL YEAR 2010 (ACT 20 OF 2009)

50/MZZ MARAIS

Fire Station Expansion, Acquisition, Planning & Construction (\$50,000 Local Match) Priority 3 \$700,000

The Fire Station Expansion was appropriated \$700,000 in Priority 3 General Obligation Bond funding. Unfortunately, it did not receive a line of credit. No line of credit meant that Mayor Guidry needed to submit a new request for FY2011.

MARAIS' APPROPRIATION FOR ISCAL YEAR 2011 (ACT 21 OF 2010) MARAIS 50/MZZFire Station Expansion, Acquisition, **Planning & Construction** (\$250,000 Local Match) \$200,000 **Priority 2 Priority 5** \$550,000 \$750,000 **Total**

The Fire Station Expansion was appropriated \$750,000 and received both cash and non-cash lines of credit. Since the project is now fully funded, Mayor Guidry does not need to submit a request for FY2012.

MARAIS' APPROPRIATION FOR FISCAL YEAR 2012 (ACT 22 OF 2011)

50/MZZ MARAIS

Fire Station Expansion, Acquisition, Planning & Construction (\$250,000 Local Match) Priority 1 \$750,000

Mayor Guidry would like to start construction in May 2011. He and his Project Manager developed a cash flow projection that they submitted to Capital Outlay. All of the Priority 5 funding was moved up to Priority 1.

STATE BOND COMMISSION



QUESTIONS???



CONTACT CAPITAL OUTLAY

- × Website:
 - http://www.doa.louisiana.gov/fpc/fpc.htm
- x Email: CapitalOutlay@la.gov
- × Phone: 225.342.0823

