



# State Capital Outlay Training Manual

Chapter 3: Completing the eCORTS Form

**This chapter is intended to be a quick reference for completion of eCORTS forms. This information can also be found in the eCORTS instructions.**

## Add New Project

All fields in this form are required unless otherwise noted below. Please do not complete request in all CAPITAL letters.

### Project Title

The project title should be a brief description of the project showing location of the project and can end with descriptive words such as Planning, Construction, Equipment, Acquisition, Land Acquisition, etc. An example would be: Widening of 123 Highway in Smithville, Planning, Construction, and Acquisition. Another example is: Multipurpose Center in Smithville, Planning and Construction. For all requests except those that are for Statewide Programs such as Statewide Major Repairs, Statewide ADA, etc. please make your requests specific to one project.

### Location

The Location is the village, town, city, regional area or nearest intersection in which the project will occur.

### Project Classification

**Please select a project class that gives a reasonable estimate of when the project is needed.**

Only one classification can be selected. If another classification is selected, the currently selected classification is unselected. It is a required field, so you cannot un-select all three.

**Emergency Project:** A capital outlay project can be classified as an "emergency" if it is essential to alleviate conditions that are hazardous to life or property and court mandates. Examples include extensive roof leaks, structural defects, code violations, accreditation, asbestos/hazardous materials abatement, and extensive breakdown of HVAC systems.

**Current Program Requirements:** Projects that would allow an agency to bring its facilities up to program standards set by national or regional accrediting associations. Also, changes necessary to improve the functioning of a program. This would include measures to rectify for program achievement. It would also include provisions for major alterations to meet or maintain current program requirements. Examples include the addition of a new program, and changes or relocation of an existing program.

**Anticipated Program Needs:** Projects anticipated on the basis of increased enrollments, additional service, obsolescence of existing facilities, and changing an agency's role, scope or mission. Examples include the addition of a new program, changes or relocation of an existing program.

### Applicant

**Department:** The Department field is automatically populated based on info provided in your USER ID request.

**Agency:** Choose the appropriate agency from the drop-down list.

**Parish:** Choose one or more parishes in the array of 10 drop-down lists. At least one must be selected. Based on your parish selection, the legislator district codes will only appear for the parishes selected. Choose the correct Senator (<http://senate.legis.state.la.us/Senators/ByDistrict.asp>) or Representative ([http://house.louisiana.gov/H\\_Reps/H\\_Reps\\_ByDistrict.asp](http://house.louisiana.gov/H_Reps/H_Reps_ByDistrict.asp)) in the legislative district in which the project

will occur. Failure to properly identify the correct elected official could result in a delay in review of your submittal. "Statewide" is an option and can be selected at the bottom of the parish list.

**House & Senate District:** Please enter the district number of a legislator who represents the parish in which the project is located. If you selected "Statewide" or "Multi-Parish" for parish, you will not enter Senate or House Districts.

### Local/Agency

The contact information is very important. This information will be used to contact your entity should there be questions. Please provide accurate, up-to-date, contact information for the entity in the below fields. Please do not use the consulting firm's information as the contact information for the project.

**User:** User is the name of the agency. This field accepts only 20 characters. You may have to abbreviate. Please do not use any other name but the name of the entity requesting funding.

**Contact:** Enter the name of someone at the agency, who can be contacted with questions, or for more information. Please do not use the name of a consultant. Contact information needs to be an employee with the agency.

**Address:** Enter the address of the entity.

**Project Address:** Enter the address of the actual project or the nearest intersection.

**City/State/Zip:** Although these fields are self-explanatory, you may notice that the State field requires two characters conforming to the USPS state code convention. Any lower case letters will be converted automatically to upper case. The Zip Code field will accept either 5 or 9-digit zip codes and will automatically convert 9-digit entries to xxxxx-xxxx format.

**Phone/Fax:** The Phone field requires a 10-digit phone number (xxx-xxx-xxxx). It is not necessary to enter the dashes as the field will be automatically formatted. The Fax field is not required but it is highly requested that a fax number be provided.

### Applicant Mailing Address

Please populate all fields: Facility, Address, City/State/Zip, Phone/Fax and Email. Facility name is the name of the entity requesting the funds.

### Save New Project

After the field blanks on page 1 are filled in, press the **SAVE NEW PROJECT** button. If any information in required fields is left unfilled, or any invalid data was entered, you will see an error message. Go back and make corrections as indicated by the error message and then click **SAVE NEW PROJECT**. After a successful save of the first page, the project will be assigned a Project ID number and then loaded into Page 1. At this point, additional data can be entered on page 1, or you can navigate to other pages. You may wish to note the Project ID number displayed in the window header.

After filling out the first page, the request is not considered finished and is not yet submitted. Please open all the pages of the request and fill out the request in its entirety, perform the check for errors function, and electronically submit by selecting the appropriate button after successful error check.

## Select Prior Year Projects

The Select Prior Year Projects allows the user to copy a project from a previous year forward to edit. This keeps the user from entering the same request from year to year if resubmission is necessary. To perform the function, log into eCORTS and click "**Select Prior Year Projects.**"

In the Select Prior Year Projects section, select the year the request was submitted from the years listed under "**Choose a Prior Fiscal Year.**" After you have done that, the list of project titles will appear from that year. Click on the title of the project to copy forward to the current year. A confirmation box will appear asking if you are sure you would like to copy project from a previous year to the current year, click "**Copy Project.**"

You have copied that project forward. It is not submitted yet, just copied to the current year for you to edit. When you are finished copying projects and would like to return to the active year to edit the projects you copied forward, click "**Return to Active Year.**" You will be directed back to the current year. The projects you copied will be there to click on to edit.

## Check Project for Errors

### Purpose

This Page is designed to allow you to analyze the entries that you have made into this application. Each project must be analyzed separately before it can be moved up to a higher stage.

There is a checkbox next to every page that is required for the selected project. Click the checkbox next to each page that you want to check for errors, then click the "Check for Errors" button. If you want to check all pages, click on the "check all" link. Clicking on the "uncheck all" link will uncheck all checkboxes.

### Checking

If any errors are present, a list will appear on the screen with a corresponding page number to the left, indicating the page on which the error can be found. Click on the page number to display the page. Correct the error and click SAVE. Then press ALT + TAB on your keyboard to return to the list of errors. To generate a new error list, click "Check for Errors" again.

### Printing

If you want to print the list of errors, you use the browser's menu. Click on File, then Print.

### Close Window

When you are finished checking the project for errors, you can click on "Close Window". This will not exit the application, or log you off.

## Print Requests

Once the first page of the request has been filled out and saved in eCORTS, you may print the project at any point while filling out the request. Once you have submitted the request electronically, the request can still be retrieved to view and print only in the "View Projects to Print" section. When the project is error free, submit the request electronically. **Do not mail paper copies of the request.**

Your computer must have Adobe Acrobat to print the request. There is a link to a free download for Adobe Acrobat on the eCORTS Home Page at <http://www.doa.la.gov/ecorts/>.

## Submit Requests

The link to submit electronically will appear on the project's main menu screen where all the page numbers are listed for that project on the lower right side of the menu. The link to submit electronically will not appear for you to click on UNTIL the request is ERROR FREE. If this link has not appeared, you need to run the Check for Errors. If the link is on your menu screen, that means your project is error free. Click this button to submit electronically when you are finished with the request. Please do this promptly after you finish. Once your project has been submitted, it will not be listed in eCORTS to edit.

## Page 1

### Project Title

The project title should be a brief description of the project showing location of the project and can end with descriptive words such as Planning, Construction, Equipment, Acquisition, Land Acquisition, etc. An example would be: Widening of 123 Highway in Smithville, Planning, Construction, and Acquisition. Another example is: Multipurpose Center in Smithville, Planning and Construction.

### Location

The Location is the city in which the project will occur. This field only holds 15 characters, so choose them wisely.

### Project Class

**Emergency:** A capital outlay project can be classified as an "emergency" if it is essential to alleviate conditions that are hazardous to life or property. Examples include extensive roof leaks, structural defects, code violations, accreditation, asbestos/hazardous materials abatement, and extensive breakdown of HVAC systems.

**Current Program Requirements:** Projects that would allow an agency to bring its facilities up to program standards set by national or regional accrediting associations. Also, changes necessary to improve the functioning of a program. This would include measures to rectify for program achievement. It would also include provisions for major alterations to meet or maintain current program requirements. Examples include the addition of a new program, and changes or relocation of an existing program.

**Anticipated Program Needs:** Projects anticipated on the basis of increased enrollments, additional service, obsolescence of existing facilities, and changing an agency's role, scope or mission. Examples include the addition of a new program, changes or relocation of an existing program.

These radio buttons are mutually exclusive, i.e., when one is clicked another will be un-clicked, so that only one is selected at a time. It is a required field, so you cannot un-select all three. At least one must be selected.

### Priority Number

A priority number is to be assigned to each new project request in keeping with the relative importance to the achievement of overall department goals. Prioritize your requests by number. For example, if you have 3 requests, one will be 1 of 3, two will be 2 of 3, and three will be 3 of 3. Indicate the priority in the "Local/Agency" field in the Project section of Page 1. If your entity is only submitting one request, the priority will be 1 of 1.

### Site Code / State ID

Site Code and State ID numbers have been assigned to all existing state facilities, and can be found in your SLABS (State Land and Buildings) report or your Asbestos Management Plan. These fields contain six (6) characters. Proper format for a State ID is a letter, either "L" or "S", and a five-digit number.

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Page 1

### Capital Outlay Request

Fiscal Year 2011-2012

Project ID 538165  
Project Level Agency

Project: Offices for Southern Louisiana Health Center

Title:

Location:

Emergency Project  
 Current Project Requirements  
 Anticipated Program Needs

State IDs:

Priority:  of

Local/Agency:  of

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Applicant: Department 01 EXECUTIVE

Parish:

Senate District:   
 Site Code:

Agency:

House District:   
 Schedule:

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Local/Agency

User:   
 Contact:   
 Phone:   
 Fax:   
 Email:

Address:   
 City/State/Zip:

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Rank this project in order of importance out of the total number of projects submitted by your Agency. In this case, the project is #2 in importance out of 6 projects submitted by the agency.

**Hint: Users** should compile and rank their projects before entering or enter all projects and then rank in order to have the correct project total.

State ID's for State agencies only. Can be found in SLABS and contain six characters beginning with L or S.

## Page 2

### Order of Completing Capital Outlay Request

Information on the estimated project as a whole is entered on computer page 2. The total under cost estimates should equal the total Proposed New Funding on computer page 3. Also, the construction estimate furnished on computer page 2 should match the Total Construction Cost at the bottom of computer page 11. **We recommend that your agency complete computer pages 9, 11, and 12 before completing computer pages 2 and 3.** The information for construction costs, equipment costs, and facility requirements is completed on computer pages 9, 11, and 12 and will need to be transferred or duplicated in the fields on page 2 in construction and equipment costs. On page 3, the amount requested is entered, and after having completed the computer pages 9, 11, and 12, the amount you need to request and the amount you have as a match, if any, need to match the amount estimated for the project on computer page 2. It is recommended that you print out the request after you have completed computer page 1, and use that to organize your project costs so you'll have the information you need to enter into eCORTS on those pages.

### Planning/Misc Cost:

Planning Cost is a fee for professional services for planning/ designing. This figure should be 10% of construction cost. If you know that planning costs are not 10%, the information may be entered into the comment fields located at the bottom of Page 4 in the Comments Field below the Agency Impact Statement. Miscellaneous or incidental expenses not already listed, including insurance, legal fees and testing are calculated as 10% of construction cost. The program will automatically calculate these costs as a percentage of the construction cost.

### Equipment:

Enter the dollars you plan to spend capital outlay funds on equipment. The amount you put here must be the same as the total for equipment on page 12 Equipment Costs. If no dollars of capital outlay funds will be used for equipment, please leave the Equipment field on page 2 blank and do not fill out page 12 at all.

### Time Estimates:

Please enter an estimated number of months for planning and construction. This is a required field. If you do not have this information yet, or it is not applicable to your project, please enter "1".

Your changes have been saved

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### Capital Outlay Request Fiscal Year 2011-2012

Project ID 538412  
Project Level Agency

Page 2

**Cost Estimates**

|                     |         |
|---------------------|---------|
| Land/Building Acq   | 52,000  |
| Planning 10%        | 60,544  |
| Construction        | 605,436 |
| Hazardous Materials | 0       |
| Subtotal            | 717,980 |
| Misc./Contingency   | 60,544  |
| Equipment           | 117,340 |
| Total               | 895,864 |

Local/Agency

This Number should equal the construction cost total from the bottom of page 11.

**Time Estimates**

|                       |   |
|-----------------------|---|
| Planning (months)     | 4 |
| Construction (months) | 6 |

If planning has begun, when will it be completed? (m/d/yyyy) [1/15/2011]

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Include land or building acquisition costs where applicable

This Number should equal the construction cost total from the bottom of page 11.

This Number should equal the equipment cost total from page 12.

## Page 3

### Prior Funding

Prior funding refers to prior years actual funding (i.e. cash and lines of credit); and all funding in the current Capital Outlay Act (i.e. cash or lines of credit). The funding source (means of financing), amount, year, act number and bond priority level should be identified. Only prior funding for the project being submitted need be listed. Check off Bond if the project was a General Obligation Bond project.

If your project received an appropriation for General Obligation Bonds in a prior year, but did not receive a line of credit from the State Bond Commission, do not enter that funding under "Prior Funding". Prior Funding is only funding actually committed for the project.

### Proposed New Funding

This is where you put how much you are requesting from capital outlay: either new funding or funding that got in a previous year's capital outlay bill and didn't get a line of credit. Proposed new funding refers to the funding required in addition to actual funding in prior years and current year (i.e. cash, bonds sold or lines of credit). Proposed new funding should include current year bond funding which was not granted a line of credit by the October Bond Commission, plus any additional funding you would like to request.

Please make sure you have reflected all project funding on computer page 3. **Prior Funding total plus Proposed New Funding total should be equal to the Cost Estimates total on computer page 2.**

### Funding Sources

1. **State Funds:** Please enter the amount you are CURRENTLY requesting from the state. Bonds or other evidences of indebtedness whose debt service is payable from the Bond Security and Redemption Fund, and for which the full faith and credit of the state is pledged to the repayment; or reallocation/reappropriation of the proceeds from previously sold bonds; or inter-agency transfer; or reallocation/reappropriation of previously appropriated cash.
2. **Local Funds:** For departments of the State of Louisiana: Any other type of financing not covered in the list of proposed new funding sources, including donations, etc.
3. **Reimbursement Bonds (State Departments Only):** General obligation bonds whose debt service is payable, through a reimbursement agreement, by revenues derived from the operation of the agency for which the bonds or other indebtedness are issued.
4. **Fees/Self-Gen Rev (State Departments Only):** Self-generated cash from revenues derived from the operation of the agency.
5. **Revenue Bonds (State Departments Only):** Bonds whose debt service is payable from revenues derived from the operation of the agency for which the bonds or other evidences of indebtedness are issued. The full faith and credit of the state is not pledged to the repayment of Revenue Bonds.
6. **Statutory Dedications (State Departments Only):** Cash from revenues derived from statutory dedications, awarded, or received for the project. The specific name of the statutory fund should be identified.
7. **Federal Funds:** Any federal grant, loan, etc., that has been applied for, awarded, or received for the project.

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Project ID 538412  
Project Level Agency

### Capital Outlay Request Fiscal Year 2011-2012

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FPC Project No. Assigned to Prior Funding: 523695   Sub-project No.

| Authorized Means of Financing | Amount          | Year | Act# | Priority   |
|-------------------------------|-----------------|------|------|--|
| General Obligation Bonds      | 25,000          | 2009 | 20   | 1 Bond <input type="checkbox"/> Credit <input checked="" type="checkbox"/> |
| General Obligation Bonds      | 50,000          | 2010 | 21   | 1 Bond <input type="checkbox"/> Credit <input checked="" type="checkbox"/> |
|                               |                 |      |      | 0 Bond <input type="checkbox"/> Credit <input type="checkbox"/>            |
|                               |                 |      |      | 0 Bond <input type="checkbox"/> Credit <input type="checkbox"/>            |
|                               |                 |      |      | 0 Bond <input type="checkbox"/> Credit <input type="checkbox"/>            |
| <b>Total</b>                  | <b>\$75,000</b> |      |      |  |

This project does not require funding in Year 1

|                       | Year 1           | Year 2           | Year 3          | Year 4     | Year 5     | Total            |
|-----------------------|------------------|------------------|-----------------|------------|------------|------------------|
| State Funds           | 375,000          | 393,868          | 62,000          | 0          | 0          | \$830,868        |
| MAT                   | 0                | 0                | 0               | 0          | 0          | 0                |
| Reimbursement Bonds   | 0                | 0                | 0               | 0          | 0          | 0                |
| Fees Self-Gen. Rev.   | 0                | 0                | 0               | 0          | 0          | 0                |
| Revenue Bonds         | 0                | 0                | 0               | 0          | 0          | 0                |
| Statutory Dedications | 0                | 0                | 0               | 0          | 0          | 0                |
| Federal Funds         | 0                | 0                | 0               | 0          | 0          | 0                |
| <b>Total</b>          | <b>\$375,000</b> | <b>\$393,868</b> | <b>\$62,000</b> | <b>\$0</b> | <b>\$0</b> | <b>\$830,868</b> |

\*Describe specific source of funds

\*\*Type of Statutory Dedication

What fiscal year (FY) was the project or program first submitted for consideration?

Check this box only if no funding is required in year 1. Checking this box disables pages 8-16 and clears all previously entered data on these pages.

Provide all prior funding received whether bonded or as line of credit.

Indicate only where bond funding or line of credit was received. Funding included in a previous year's HB2 but not awarded a line of credit should **not** be included.

To reference or download Bond Commission documents, go to <http://www.treasury.state.la.us/HomePages/BondCommission.aspx?@Filter=B>

Information also available in ISIS.

The sum of these fields should equal estimate totals on Page 2.

Do not show all funding in Year 1 unless project can be completed in one year.

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## Page 4

### Agency Impact Statement

This statement is a "sign-off" by an appropriate State Department authority or non-state entity. The name, title and date are required fields. It is recommended that you complete this page with information about your project.

The comments field has a variety of functions. You may use this field for a justification of your request. You may also use this field if you run out of room in another field or for any additional information, description, or miscellaneous info you would like to include on the request. In addition, please note discrepancies in funding if there are any in your request. If costs for your project have changed from a previous year's request, please note the difference and reason for increase/decrease. Please note that while you are in eCORTS, the session will time out after approximately twenty (20) minutes, so please save your pages frequently.

This page can be used to list itemized break-out of costs, materials involved, property ownership, timeline for the spending of the funds, etc. Please provide any pertinent information on your request here.

Your changes have been saved

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PAGE 4

Project ID 538165

Project Level Agency

### Capital Outlay Request

Fiscal Year 2011-2012

Page 4

#### Agency Impact Statement

I hereby certify that this project has been reviewed, approved, and integrated into our department's long range strategic plan and five year budget. The impact of this project's operating budget has been approved.

Name

Title

Date

#### Comments

This project will enable the agency to provide necessary ongoing services to the local community in accordance with our charter and strategic plan. Ongoing operational costs have been estimated and budgeted through 2016. (From Page 7) To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. Due to the influx of distressed population from hurricane affected areas there is a need to implement services of this type at this location. The growth in distressed population in the past two years is expected to remain in place or continue to grow. Services are required in accordance with the agency's mission and are not available elsewhere in the area presently. (From Page 10) 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. Restrooms will be retrofitted to meet full ADA compliance. The space will consist of a waiting room to accommodate 20 clients, a reception area suitable for two concurrent employees, 14 treatment rooms, 6 offices, 6 restrooms and a file/recorder keeping area. The existing space is aged and will need to be significantly renovated with electrical, mechanical and finish systems to support the program needs. Costs include all furnishings and equipment necessary to outfit the space.

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. Please provide as much detail as possible. A quality submission will show a significant amount of narrative and commentary in this box.

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## Page 7

### **Title, Location**

These fields are read-only. Make any changes to them on Page 1.

### **Description Field**

The description needs to be a brief sentence or two describing the project. Please put something different than what you have for the title of the project. This field is not for entering a justification or need for the project, only a description of what the project is in a brief form. Use Comments section on computer page 4 to add additional description information.

### **Project Type/Facility Type**

These are drop down boxes. Please select the fields most applicable for this project. You must select Project Type first, then Facility Type second.

### **Program Services Description**

Please enter a brief comment on the service, or program, that will be provided as a result of this project.

### **Long-Range Strategic Plan**

Please enter the project's long-range plan, timeline for the project and/or funding and construction requested timeline. Also give a summary of your agency or organization's strategic plan for the project or program.

### **Purpose**

The purpose field is required. Please check off any that apply to your project.

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## Capital Outlay Request

Fiscal Year 2011-2012

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**Project ID** 538165  
**Project Level Agency**

**Demonstration of Need**  
**Title** Offices for Southern Louisiana Health Center  
**Description** Renovate existing 11,500 square foot second floor space, currently used for record storage and partially vacant, to treatment facility for emotionally disturbed persons.  
**Location** New Orleans  
**Project Type** Health Infrastructure  
**Facility Type** Health/Medical  
**Program/Service Desc.** Treatment  
**Present Empl.** 0  
**Future Empl.** 8  
**Citizens Served** 200  
**Daily Users** 40

**Describe the long range strategic plan (5-yr) for the program**  
 To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. (See additional comments on page 4.)

**Purpose (Check all that apply)**

- Expand Existing Pgm
- Relocate Existing Pgm
- Add New Pgm
- Attract Business
- Other
- Changes in Mission
- Changes in Existing
- Changes in Population
- Generate Employment
- Address Actual
- Changes in Standards
- Promote Economic Dev
- Address Code Violations

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Provide a brief description of how this project supports your agency's long range strategic plans.

**Note that additional space is available for use on Page 4.**

## Page 8

### Applicable Guidelines

"Applicable Guidelines" refers to any mandates that your department or agency must follow to acquire federal funds, grants, etc. that are particular to you. It is not necessary to list NFPA, ADA, etc. in this area because ALL agencies are expected to follow these codes and regulations. For example, if the federal regulatory agencies for correctional facilities require that every inmate has a cell of at least 80 square feet, then this should be listed. This is very important to Corrections, and Facility Planning needs to be aware of this guideline; however, this guideline does not affect any other agency. List the publication and the specific guideline in the blanks provided. If the project is located in an area that has project or other restrictions and/or local or federal requirements, guidelines, etc. please indicate those guidelines.

### Preparer's Name, Phone

This field is to enter the name of the feasibility study preparer. If no feasibility study was performed for this project, leave this field blank. In order to enter data into these two fields, you must first click the checkbox above them on the right.

### Hazardous Materials

Please indicate if it is suspected or known that any part of the project involves hazardous materials. Also, please indicate if that info is unknown.

### Identify and Describe other Similar Facilities in Your Area

This is a required field. Please provide this information relative to this project you are proposing in comparison with other similar projects in the area. If no similar projects exist, please indicate that. Evaluate the comparison facility to the facility you are proposing, provide info on how they would be similar, how they would be different, the age, size, useful life for each if a building is involved, etc.

### Requests Endorsed By

These fields are enabled only for non-state entities (Departments 36 or 50).

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**Capital Outlay Request**  
Fiscal Year 2011-2012

Project ID 538165  
Project Level Agency

**Applicable Guidelines / Standards**

Publications, regulatory agencies guidelines for the program  
Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare/Medicaid Services

Minimum or mandatory requirements for above-listed program  
To allow program to continue to be in compliance with the rules, regulations and standards set forth by the above agencies and to continue to receive reimbursement for the services provided

What alternatives were considered? (check all that apply)

Maintaining Status Quo  New Space  Renovations of Existing Space

Use Existing Space  Less Space  Expansion of Similar Program Elsewhere

How was the best option determined (Studies, Etc.)?  
Program requires additional space to expand. Contracted feasibility study by independent source as part of previously funded phase.

Were feasibility studies or needs assessment reports prepared other than this application?  Yes

Preparer's Name: Richard Smith Phone: 225-555-5626

List socioeconomic and environmental effects of the project

Identify and describe other similar facilities in your area and evaluate their capabilities to meet needs  
Existing facilities on floors 1, 3 and 4 currently support program. Rental space evaluated but lacking in service area. Undeveloped floor available in bldg.

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Enter specific requirements related to this project. Do not include general requirements for all projects such as ADA or fire codes.

Select all alternatives that were considered, whether in a formal study or as part of project development.

If formal study not completed, describe the decision process in this box. **Input is limited in this box, continue on Page 4 if necessary.**

## Page 9

### Facility Requirements

If your project does not involve renovation or construction of an existing or new building, check "No Space", fill out the Preparer's Name and the current date and save the page. The rest of the information is not applicable. For any construction project involving a building, this information is required to be filled out, in addition to the table on computer page 11. The information from computer page 9 defaults to computer page 11, so complete computer page 9 first.

In the "Facility Requirements" section, the type of space is to be entered. If several areas are the same, each area does not need to be listed individually. For example, if the area is to be "office" space, it is not necessary to list each office separately. Also, file rooms, break areas or other similar spaces can be lumped into the category "Office". The number (#) column is for the number of people to be housed in this space. It is not the number of rooms. Typically, at this point, most agencies have not prepared programs and do not actually know the number of rooms. They should, however, know the number of people that need to be housed. Examples of occupants are employees, clients, students, etc.

If your project does not have space requirements, does not involve renovation or addition to a new or existing building or space, click the checkbox for "No Space" for Space Requirements. Please check "New Space" or "Existing Space" in reference to the proposed building project.

### Prepared By/Date Prepared

Whether or not you are required to complete this page, these two fields are required. Put the name of the person who is completing the table on that page and the current date the page is being filled out. If this page is not applicable to your project, enter your name and current date in those fields.

### Net Area / Person

Net Area/Person should reflect the area/space needed per person. For example, if the agency requests a classroom to house 30 students at 30 square foot per student, the Net Area Required is 900 square feet. The program will automatically calculate this figure.

### Net Area Required

Net area required for each functional space type (number of people x net area per person required).

### Total Gross Area

The total gross area equals the product of the total net area times the burden factor ("Burden Factor").

### Burden Factor

The burden factor is a percentage that is allowed for building support areas such as lobbies, elevators, stairwells, and primary circulation. An efficient burden factor is usually around 20%. More often, the burden is 25-30%.

**Burden Area**

The burden area is the difference between gross area and net area. The program will calculate this area.

**Additional Program Requirements**

Additional Program Requirements refers to those areas that are not spaces as such. For example, loading docks, public roadways, utility tie-ins, etc. that are required for the project should be listed here.



### Renovation/Addition

If the project is new construction and involves relocation of a program or personnel from an existing facility, please describe what will become of the existing facility. If it is a renovation, please provide a listing of any major renovations that have occurred, such as installation of a new HVAC system. It is not necessary to list minor renovations such as addition of walls, new carpet, etc. To determine whether asbestos is present in the facility, consult the "Asbestos Management Plan" books housed at the site's physical plant or contact Facility Planning at [CapitalOutlay@la.gov](mailto:CapitalOutlay@la.gov). Provide the age and condition of the roof and any rooftop equipment in the blanks provided. If your project does not include renovation or addition to a building, some of the fields on this page may not apply to your project. Fill out what is applicable to your project.

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|                |   |   |
|----------------|---|---|
| <b>PAGE 1</b>  | Project ID 538165   | <b>Page 10</b>  |
| <b>PAGE 2</b>  | Project Level Agency  |   |
| <b>PAGE 3</b>  |   |   |
| <b>PAGE 4</b>  | Renovation / Addition   |   |
| <b>PAGE 7</b>  | 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. |
| <b>PAGE 8</b>  |   |   |
| <b>PAGE 9</b>  | 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.)                   |
| <b>PAGE 10</b> | Describe the location of occupants during renovation and required funding   | Existing record storage will remain in place.   |
| <b>PAGE 11</b> |   |   |
| <b>PAGE 12</b> | What amount of the construction budget addresses modifications required to meet the "Americans with Disabilities Act Accessibility Guidelines (ADAAG)"? | \$55,000  |
| <b>PAGE 13</b> | <b>Hazardous Materials</b>  |   |
| <b>PAGE 14</b> | What hazardous materials are addressed in the construction budget?  | <input type="checkbox"/> Underground Storage Tanks <input type="checkbox"/> PCBs <input type="checkbox"/> Lead Paint <input type="checkbox"/> Asbestos <input type="checkbox"/> Other   |
| <b>PAGE 16</b> | Enter the date if site has been surveyed for underground storage tanks  |   |
|                | Provide contact information if the facility's asbestos management plan was consulted for abatement requirements   | Contact Name Robert Smith    Phone  |
|                | <b>Roof</b>   |   |
|                | What is the current age, condition, and type of the existing roof and anticipated date of replacements?   | Age of Roof (yrs) 8    Condition Good   |
|                | Replacement Date  | 7/1/2001    Type 45 MI EPDM   |
|                | Describe roof penetrations, equipment, etc.   | Exhaust fans, stairwell skylights, etc.   |

Provide a description of the project scope including the general layout, systems involved and equipment / furnishings necessary.

Note that additional space is available for use on Page 4.

## Page 11

This page is required information to show cost break-out for the project. This information is not applicable for equipment-only requests. Otherwise, please use Construction Cost table for space costs and Additional Line Item table for any other itemized costs besides equipment. If your project does not involve a building, the Additional Line Item Expenses table may still be used to enter itemized costs for materials involved in the project.

The total construction cost on page 11 should match the construction cost estimate amount entered on computer page 2. It is recommended that page 9, 11, and 12 be filled out before computer page 2. Computer page 9, 11, and 12 are worksheet pages that help produce figures related to project materials and costs. The figures may then be plugged into the Cost Estimates table so that all figures on the request are consistent.

### **Special Cost Affecting Factors**

Under Construction Costs, "List Special Cost Affecting Factors" refers to any item or requirement that drives the square foot cost to a level that is higher than standard. For example, a laboratory space will require fume hoods, separate zoning of the HVAC, installation of specialized equipment, etc. These requirements are going to affect the overall cost of the project and should be listed here. In this table, the space types that are similar can be grouped as they were in the "Facility Requirements" section. Each type of space that is a different cost, i.e. warehouse, lab, office, etc. should be grouped separately. Space type and net area will be copied for your convenience from Page 9.

### **Construction Cost**

Cost of construction, renovation, repair, demolition or other work, excluding land acquisition, professional fees, and other costs. This should include the cost of all fixed equipment, such as bathroom fixtures, laboratory and kitchen equipment, etc.

### **Additional Line Item Expenses**

Additional Line Item Expenses such as parking lots, utility tie-ins, etc. should be listed and described. This should be entered as a unit cost (if available) and total cost.



## Page 12

### Equipment Costs

Equipment costs are listed as item and total. If this is a first or current year request, an itemized breakdown should be attached on a separate sheet showing unit costs and estimated useful life of the equipment.

If you entered equipment cost data on this page, you must also indicate equipment cost information on Page 2, Cost Estimates, and vice versa. These are corresponding fields.

Please use categories to list equipment proposed for this project and comments section on computer page 4 to give specifics on equipment to be purchased, who will own the equipment, if it is new or used, itemized costs, condition of equipment at purchase, timeline for purchase of equipment, if construction or another aspect of the same project is involved, at what point in the project is the equipment needed, what the useful life of the equipment will be, etc.

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### Capital Outlay Request

Fiscal Year 2011-2012

Page 12

Project ID 538165  
Project Level Agency

#### Equipment Costs

| Item                         | Item Costs     |
|------------------------------|----------------|
| Movable furniture            | 42,000         |
| Portable defibrillator       | 340            |
| Computer equipment           | 48,000         |
| Telecom equipment            | 27,000         |
| <b>Total Equipment Costs</b> | <b>117,340</b> |

Provide estimates of moveable equipment here.

**Hint:** For projects involving new space, be sure to include furniture and other equipment based on the use of the space (computers and office equipment for office space, kitchen equipment for cafeteria, etc.).

Check this box if this program is for renovation or relocation of an existing program and the use of existing equipment discontinued.

If so, explain.

If this project is a current year request, attach an itemized breakdown with unit costs and an estimated useful life of the equipment with final submission to Facility Planning.

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## Page 13

### Operating Budget

The Operating Budget section should be used to indicate the increase or decrease in the operating budget as a result of the proposed state agency project. It should match the BR-1 and BR-2 submittals to the Office of Planning & Budget. It is necessary to meet with your Fiscal Officer or Budget Officer to prepare this correctly. It is also necessary to meet with this person so the operational funding will be requested to support the project in the agency's budget submittal. If the project is not feasible from an operations standpoint, your fiscal officer can indicate this at this time. Of course, if this is the scenario, there is no need to submit the request.

The first column of the table shows the current operational funding. The second column indicates the change in required funding due to the proposed project. The top half of the table shows expected expenditures. The bottom half shows the proposed means of financing. The proposed financing should equal the anticipated expenditures. If not, modify your entries so that the table will balance.

### Total Expenditures

This data represents Total Expenditures over the next five (5) years. Since this is a request for operational funds, it may not be necessary to increase your operating budget in the first fiscal year. For example, if a project has 12 months of planning and 18 months of construction, it will probably be three years before any additional operational funds are needed. Therefore, request the additional funds in the third year. Unless a major change is anticipated in the operating budget, we generally increase the funding request by 4% (a typical inflation rate for each following year).

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**Capital Outlay Request**  
Fiscal Year 2011-2012

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|                |   |   |           |
|----------------|---|---|-----------|
| <b>PAGE 1</b>  | Project ID 538165   | Annual Projected Increase (Decrease) After Project Completion | 1,256,359 |
| <b>PAGE 2</b>  | Project Level Agency  | Existing Operating Budget Current Year Budgeted               | 7,125,418 |
| <b>PAGE 3</b>  | <b>Operation Budget(Expenditures)</b>                                   |   |           |
|                | Should match submittals BR-1 and BR-2 to Office of Planning and Budget) |   |           |
| <b>PAGE 4</b>  | Salaries  | 546,230   | 0         |
|                | Other Compensation  | 0   | 0         |
| <b>PAGE 7</b>  | Related Benefits  | 185,025   | 25,426    |
| <b>PAGE 8</b>  | Travel  | 2,542,365   | 835,628   |
| <b>PAGE 9</b>  | Operating Services  | 965,201   | 265,408   |
| <b>PAGE 10</b> | Supplies  | 262,304   | 0         |
| <b>PAGE 11</b> | Professional Services   | 63,459  | 0         |
| <b>PAGE 12</b> | Other Services  | 1,256,998   | 0         |
| <b>PAGE 13</b> | Debt Services   | 3,650,953   | 0         |
| <b>PAGE 14</b> | Interagency Funds   | 877,965   | 0         |
|                | Acquisitions  | 1,156,445   | 356,203   |
|                | Major Repairs   | 0   | 0         |
|                | Unallocated   | 0   | 0         |
|                | <b>Total Expenditures</b>   | 18,632,363  | 2,739,024 |
|                | <b>Total Positions</b>  | 114   | 22        |
|                | <b>Operation Budget(Financing)</b>                                      |   |           |
|                | State General Fund(Direct)  | 9,685,354   | 1,423,781 |
|                | State General Fund by:  |   |           |
|                | Interagency Transfer  | 0   | 0         |
|                | Fees and Self-Generated Rev.  | 8,034,936   | 1,181,164 |
|                | Statutory Dedications   | 912,073   | 134,079   |
|                | Interm Emergency Board  | 0   | 0         |
|                | Federal Funds   | 0   | 0         |
|                | <b>Total Financing</b>  | 18,632,363  | 2,739,024 |
|                | <b>Balance</b>  |   |           |
|                | Excess/Deficiency of Expenditures Over Financing (should = 0)           | 0   | 0         |

Should show total current operating budget without 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.

### Operating Budget (Summary)

This data represents Total Expenditures over the next five (5) years. Since this is a request for operational funds, it may not be necessary to increase your operating budget in the first fiscal year. For example, if a project has 12 months of planning and 18 months of construction, it will probably be three years before any additional operational funds are needed. Therefore, request the additional funds in the third year. Unless a major change is anticipated in the operating budget, we generally increase the funding request by 4% (a typical inflation rate for each following year).

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### Capital Outlay Request

Fiscal Year 2011-2012

**Operating Budget (Summary)**

|                          | Year 1     | Year 2     | Year 3     | Year 4     | Year 5     |
|--------------------------|------------|------------|------------|------------|------------|
| State Gen. Fund (Direct) | 9,685,354  | 9,685,354  | 10,397,345 | 11,109,135 | 11,109,135 |
| Interagency Transfer     | 0          | 0          | 0          | 0          | 0          |
| Fees/Self-Gen. Revenue   | 8,034,936  | 8,034,936  | 8,625,517  | 9,216,099  | 9,216,099  |
| Statutory Dedications    | 912,073    | 912,073    | 979,112    | 1,046,151  | 1,046,151  |
| Interim Emergency Board  | 0          | 0          | 0          | 0          | 0          |
| Federal Funds            | 0          | 0          | 0          | 0          | 0          |
| Total Means of Financing | 18,632,363 | 18,632,363 | 20,001,974 | 21,371,385 | 21,371,385 |

**Comments**

Operating increase due to expansion of staff to occupy renovated space, additional cleaning, maintenance and repair for space and supplies associated. Distribution of financing sources for the increase assumed to match distribution of existing funding. Increase assumed to start at project completion, midway through year 3 and continue in full in years 4 and 5. No inflationary increases shown in budget, actual budgets may increase slightly due to inflation

Show projections of operating funding 5 years beyond start of project with new budget required as a result of project. Operating funds increases may not be required until later years.

Use this text box to explain the reasons for operating budget increases (or decreases) and any assumptions used in the calculations

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## Page 16 (Departments of State of LA only)

### Instructions for Using The Online Space Utilization:

If you selected "yes" while completing the budget request on Page 9 under Facility Requirements, then you are required to complete a Space Utilization Plan. It will be Page 16 in the eCORTS application.

### Space Utilization Plan

R.S. 39:102 requires the Capital Outlay Budget Request to include a space utilization plan for the requesting agency. A space utilization study must be submitted for all project requests that involve construction of new or additional space. It is not necessary to submit a space utilization plan for projects such as Asbestos Abatement, Roof Repairs, Road Repairs, Sewer Improvements, etc.

### Guidelines for Completing a Space Utilization Study

Explain how the agency determined that a new facility or addition was required. The purpose of this evaluation is to show a before/after scenario and its relationship to a recognized benchmark or standard. One way of expressing this relationship is to first show all existing usable square footage (s.f.) that is of a similar type. For example, if you are requesting a new laboratory building, all existing laboratory square footage should be shown. Also, any other square footage that could be converted to a lab should be shown, separately. Next, compare the existing space and its usage with any benchmark or standards. The benchmark used should be one that is recognized among most institutions within your industry. The intent of the comparison is to measure the s.f./person, number of beds or number of cells, etc. as it relates to the benchmark. The maximum or peak and average or typical occupancy of the facility should be considered in the evaluation. For areas that are not "occupied", such as a loading dock, consider the equipment and other space requirements.

Once total existing usable s.f. has been calculated, add the proposed project s.f. to the existing s.f. and recalculate the s.f./person, etc. and show how the addition of the proposed project affects the relationship you have established with the benchmark. This study of existing space should assist you in the decision to request additional space, renovate, or re-examine the efficiency of your existing facilities. If existing space is determined to be inadequate for conversion or renovation, explain why and what will become of this space. For example, will this space be renovated and fall into another space category? The square footage of this space should be shown and its deletion from the existing space indicated.

All standards, guidelines, and definitions used by the requesting agency shall be submitted for comparison and clarification. The space utilization study shall include gross and usable area as explained below.

### Definitions:

**Gross Area** - This is the sum of the floor areas of all levels of a building which are totally enclosed within the building envelope.

**Usable Area** - This is the floor area of a facility that can be assigned to occupant groups. Usable area includes the area of interior walls, building columns and projections and secondary circulation. Usable area excludes exterior walls, major vertical penetrations, primary circulation, building core, and building service areas.

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 Project Level Agency  
**Capital Outlay Request**  
 Fiscal Year 2011-2012  
 Page 16

**Space Utilization Plan**

Schedule No: 01-100  
 Department: 01 EXECUTIVE DEPARTMENT  
 Agency: 100 EXECUTIVE OFFICE  
 Local User Facility: VFA  
 Prepared By: Robert Smith  
 Project Title: Offices for Southern Louisiana Health Center

Detail plan here:

Program currently housed in 1st, 3rd and 4th floors of existing building. Program requires additional space to expand. Currently vacant space on second floor of building to be fit out to accommodate additional area needed. Support and administrative space provided on the existing floors can support most of the expanded program, as a result the focus of the renovation will be on direct service space. See distribution of space on page 9. The ratio of direct service space to administrative space in the existing occupied area is 60% to 40%. With the addition of the newly renovated space, the ratio changes to 75% direct service to 25% administrative and support overall, which is consistent with agency guidelines and industry standards. When completed the net area per service provider will be 120 square feet, which is 10% below industry recommendations, but within acceptable tolerances to operate.

This page is available only if new space is identified on Page 9. Use this box to describe how the space is to be used and reference applicable metrics.

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## eCORTS Help

### Need a USER ID?

If you have never used the eCORTS System before, you must first request a USER ID for eCORTS. The link to do this is located on the log in screen for eCORTS. After you submit the request for a USER ID, an email response from Capital Outlay with your USER ID and first time log in instructions will be sent to you within three working days. Please do not call or email Capital Outlay for a status on your USER ID. If you are locked out of eCORTS, please email [CapitalOutlay@la.gov](mailto:CapitalOutlay@la.gov) to have your USER ID unlocked.

### Request Not Printing

You must have Adobe Acrobat on your computer to be able to print the request you have entered. A free download is available on the Adobe Acrobat website. You can link to this site from the eCORTS Home Page [www.doa.la.gov/ecorts](http://www.doa.la.gov/ecorts).

### Pages Not Saving

Make sure you are using Internet Explorer 6.0 or a later version for your browser. A free download is available on the Microsoft website. You can link to this site from the eCORTS Home Page [www.doa.la.gov/ecorts](http://www.doa.la.gov/ecorts).