

SELECTING: New Request

New Capital Outlay Request

Select the requesting agency *

(50-J03) ASCENSION PARISH

Project Information

Is this a new project, a copy of a previous fiscal year request, or a continuation of a previously saved request for a project? *

☒ New Request (Blank request)

☐ Copy of a Previous Fiscal Year Request (A copy of a previous request for editing and submission)

☐ Continue a Previously Saved Request

Project Title *

Project Type *

Facility Type *

Project Scope *

Specified Project Address (or nearest intersection) *

Does the applicant own the property where the project is located? *

☐ Yes ☐ No

Does this applicant operate a water utility system servicing 1,250 or fewer connections? *

☐ Yes ☐ No

Does this applicant operate a sewer utility system servicing 1,250 or fewer connections? *

☐ Yes ☐ No

Does this applicant operate a gas utility system servicing 1,250 or fewer connections? *

☐ Yes ☐ No

[Continue](#)

Several required fields appear on screen when New Request is selected (*Note: the red asterisk * is used throughout the system to indicate a field is required information*):

Project Title – enter a brief descriptive name unique to one individual project.

Project Type – select from the list of project types the one that best fits your project (*by clicking on the field, a menu list of options will pop up*).

Facility Type – select from the list of facility types that best fits your project (*by clicking on the field, a menu list of options will pop up*).

Project Scope – provide an overall description of the project scope including the general layout, systems involved, and equipment/furnishings necessary.

Specified Project Address – provide the physical address of the property the project is located on. If the physical address is not available, then at the minimum provide the nearest intersection to the location.

Is this project statewide? – Select “Yes” if the project spans multiple Parishes. Select “No” if the project is in just one Parish.

Additionally, four Yes/No questions regarding property ownership, water, sewer and gas utilities are presented. It is required for Non-State entities to fill these out.

EXAMPLE: New Request

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(50-J03) ASCENSION PARISH

Project Information

Is this a new project, a copy of a previous fiscal year request, or a continuation of a previously saved request for a project? *

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☐ Continue a Previously Saved Request

Project Title *

New Administrative Building

Project Type *

Land/Buildings

Facility Type *

Office/Admin.

Project Scope *

A new 10,000 square foot office building.

Specified Project Address (or nearest intersection) *

123 Main Street, Anytown, LA 70000

Does the applicant own the property where the project is located? *

☒ Yes ☐ No

Does this applicant operate a water utility system servicing 1,250 or fewer connections? *

☐ Yes ☒ No

Does this applicant operate a sewer utility system servicing 1,250 or fewer connections? *

☐ Yes ☒ No

Does this applicant operate a gas utility system servicing 1,250 or fewer connections? *

☐ Yes ☒ No

[Continue](#)

When you click the Continue button, after filling out the required information, the project will be created in CORTS for you to continue working on.

EXAMPLE: New Request

① **Project**

After clicking the Continue button, your project will be assigned a Project ID and Permanent ID. **The project has been created at this point, but not yet submitted.** On the left side of the screen, a menu of sections for CORTS application will appear.

Capital Outlay Request #61629-2028 Not submitted (50-J03) ASCENSION PARISH

- Project**
unstarted
- Contacts
unstarted
- Request
unstarted
- Estimates
unstarted
- Funding
unstarted
- Facility
unstarted
- Cost Breakdown
unstarted
- Budget
unstarted
- Certifications
unstarted
- Attachments
unstarted
- Review and Submit
unstarted

Project Information (Please review carefully)

Project ID	Permanent ID	Fiscal Year
61629	ID61629	2028

Project Title *

New Administrative Building

Specified Project Address (or nearest intersection) *

123 Main Street, Anytown, LA 70000

Project priority for fiscal year *

Agency/Local Priority:

of 5

Project Type *

Land/Buildings

Facility Type *

Office/Admin.

Does the applicant own the property where the project is located? *

☒ Yes ☐ No

Does this applicant operate a water utility system servicing 1,250 or fewer connections? *

☐ Yes ☒ No

Does this applicant operate a sewer utility system servicing 1,250 or fewer connections? *

☐ Yes ☒ No

Does this applicant operate a gas utility system servicing 1,250 or fewer connections? *

☐ Yes ☒ No

Scope

A new 10,000 square foot office building.

This is the top view of the Project page that appears. Note that you must now enter an Agency/Local Priority number.

NOTE: There is more required information on the Project page that appears at the bottom of screen as shown in the following snapshot:

Capital Outlay Request Tracking System (CORTS) – Non State Procedures

Purpose?

Check those that apply.

Purpose (Check all that apply) *

- ☐ Add New Program/Project ☐ Address Actual ☐ Address Code Violations
☐ Changes in Existing Program/Project ☐ Changes in Mission ☐ Changes in Population
☐ Changes in Standards ☐ Expand Existing Program/Project ☐ Generate Employment
☐ Promote Economic Dev ☐ Relocate Existing Program/Project ☐ Other

Parish(es) (Check all that apply) *

- ☐ Select/Deselect All
☐ Acadia ☐ Ascension ☐ Beauregard ☐ Cameron ☐ Jefferson ☐ Lafourche ☐ Orleans ☐ Sabine
☐ Vernon ☐ Winn

For a list of legislators, please visit this page <https://legis.la.gov/legis/FindMyLegislators.aspx>

Who are my legislators?

Click this link in the CORTS application to find your legislators.

Senate District(s) * [Click here to collapse list](#)

- ☐ Abraham, Mark (25) ☐ Allain, Robert (21) ☐ Barrow, Regina (15) ☐ Barthelemy, Sidney (3)
☐ Bass, Adam (36) ☐ Boudreaux, Gerald (24) ☐ Carter, Gary M. (7) ☐ Cathey, Stewart Jr. (33)
☐ Cloud, Heather (28) ☐ Connick, Patrick (8) ☐ Duplessis, Royce (5) ☐ Edmonds, Rick (6)
☐ Fesi, Michael (20) ☐ Foil, Franklin (16) ☐ Harris, Jimmy (4) ☐ Henry, Cameron (9) ☐ Hensgens, Bob (26)
☐ Hodges, Valarie (13) ☐ Jackson-Andrews, Katrina (34) ☐ Jenkins, Sam (39) ☐ Kleinpeter, Caleb (17)
☐ Lambert, Eddie J. (18) ☐ Luneau, Jay (29) ☐ McMath, Patrick (11) ☐ Miguez, Blake (22)
☐ Miller, Gregory A. (19) ☐ Mizell, Beth (12) ☐ Morris, Jay (35) ☐ Myers, Brach Jerad (23)
☐ Owen, Robert "Bob" (1) ☐ Pressly, Thomas A. (38) ☐ Price, Ed (2) ☐ Reese, Mike (30)
☐ Seabaugh, Alan (31) ☐ Selders, Larry (14) ☐ Stine, Jeremy P. (27) ☐ Talbot, Kirk (10)
☐ Wheat, Jr. William "Bill" (37) ☐ Womack, Glen (32)

House District(s) * [Click here to collapse list](#)

- ☐ Adams, Roy Daryl (62) ☐ Amedée, Beryl (51) ☐ Bacala, Tony (59) ☐ Bagley, Larry A. (7)
☐ Bamburg, Jr. Dennis (5) ☐ Bayham, Jr. Michael Robert (103) ☐ Beaulieu, IV Gerald "Beau" (48)
☐ Berault, Stephanie Hunter (76) ☐ Billings, Beth Anne (56) ☐ Boudreaux, Doyle (39) ☐ Bourriaque, Ryan (47)
☐ Boyd, Delisha (102) ☐ Boyer, Chad Michael (46) ☐ Brass, Ken (58) ☐ Braud, Jacob (105)
☐ Broussard, Reese "Skip" (37) ☐ Bryant, Marcus Anthony (96) ☐ Butler, Rhonda Gaye (38)

Once you have entered the Agency/Local Priority number, selected the Parish and selected the House and Senate Districts. You will be prompted to either save or continue. For this example we will choose the Continue button

- ☐ Thompson, Francis C. (19) ☐ Turner, Christopher (12) ☐ Ventrella, Lauren (65) ☐ Villio, Debbie (79)
☐ Walters, Joy (4) ☐ Wilder, III Roger William (71) ☐ Wiley, Jeffrey "Jeff" Fons (81) ☐ Wright, Mark (77)
☐ Wyble, John E. (75) ☐ Young, Rashid Armand (11) ☐ Zeringue, Jerome (52)

EXAMPLE: New Request

② Contacts

After clicking the Continue button, you are taken to the next section, **② Contacts**. Notice on the section menu, that the previous section we were working on **① Project** is now highlighted green and shows as complete.

Capital Outlay Request #61629-2028 Not submitted (50-J03) ASCENSION PARISH

1 Project complete

2 **Contacts** incomplete

3 Request incomplete

4 Estimates incomplete

5 Funding incomplete

6 Facility incomplete

7 Cost Breakdown complete

8 Budget incomplete

9 Certifications incomplete

10 Attachments complete

11 Review and Submit complete

[Requesting Agency](#) > [Authorized Signatory](#)
(incomplete) (incomplete)

Requesting Agency Point of Contact

This will be the person Capital Outlay will contact with questions

First Name *

Last Name *

Title *

Phone Number *

Email Address *

Address Line 1 *

Address Line 2 (Apt/Bldg/Unit)

City *

State

Zip Code *

Save

Back

Continue

The **② Contacts** section consists of two parts, the Requesting Agency and the Authorized Signatory.

The section begins with the **Request Agency Point of Contact**. This is the individual for the agency that is filling out and submitting the application. This individual will be the point of contact for correspondence with the Office of Facility Planning and Control on this project.

Click the Continue button to proceed to the Authorized Signatory subsection.

EXAMPLE: New Request

② Contacts

Capital Outlay Request #61629-2028  Not submitted

(50-J03) ASCENSION PARISH

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Requesting Agency > [Authorized Signatory](#) (incomplete)

Authorized Signatory Contact

This will be the person responsible for signing legal documents

First Name *

Last Name *

Title *

Email Address *

Phone Number *

Save Back Continue

The second part of the section is the **Authorized Signatory** who is the individual that can legally sign off on the Agency's behalf.

Once filled out, Click the Continue button to proceed to the next section ③ **Request**.

EXAMPLE: New Request

③ Request

Capital Outlay Request #61629-2028 Not submitted

(50-J03) ASCENSION PARISH

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Demonstration of Need

Why is the project needed? What advantages does this project provide? Explain what will happen if this project is not funded. *

Office and administrative functions are spread out over several facilities. If not funded, we will continue to operate in our insufficient and separate spaces.

Are there any programs/services that require this project to be funded? *

None

List minimum or mandatory requirements

What alternatives to this project were considered and how was the best option determined (Studies, etc.)? *

Remote work was considered but determined not be conducive for our entity.

Describe other similar facilities in your area and evaluate their capabilities to meet the needs of the project. *

None

What will happen with the existing facilities and how will that be funded? *

Used for other projects.

(Demolition, remodeled, used for another program/project, etc.)

What is the long range goal/strategic plan for this project (5-yr)? *

Increase the efficiency and effectiveness of the agency by consolidating office functions and spaces.

Save

Back

Continue

The **③ Request** consists of **Demonstration of Need** questions:

Why is the project needed? What advantages does this project provide? Explain what will happen if this project is not funded. Enter a brief answer to the questions.

Are there any programs/services that require this project to be funded? If the project is not funded is there a program/service your agency will not be able to offer.

What alternatives to this project were considered and how was the best option determined (Studies, etc.)? How did you arrive at the decision that the project is needed.

Describe other similar facilities in your area and evaluate their capabilities to meet the needs of the project. Any other comparable solutions to meet your needs?

What will happen with the existing facilities and how will that be funded? Demolition, remodeled, used for another program, etc.

What is the long range goal/strategic plan for this project (5-yr)? How does this project align with your agency's strategic plan.

Once filled out, Click the Continue button to proceed to the next section **④ Estimates**.

EXAMPLE: New Request

④ Estimates

The ④ **Estimates** consists of **Cost Estimates** and **Time Estimates** on the same page.

IMPORTANT! – The Construction cost should equal the total Construction cost calculated in ⑦ **Cost Breakdown**.

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(50-J03) ASCENSION PARISH

1 Project complete

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Project Cost Estimates

Cost Estimates	Local/Agency	Local	FPC
Land/Building Acq.	\$0.00	\$0.00	\$0.00
Planning 10%	\$100,000.00	\$0.00	\$0.00
Construction	\$1,000,000.00	\$0.00	\$0.00
Hazardous Materials	\$0.00	\$0.00	\$0.00
Subtotal	\$1,100,000.00	\$0.00	\$0.00
Misc./Contingency	\$100,000.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Total	\$1,200,000.00	\$0.00	\$0.00

Time Estimates

	Local/Agency	Local	FPC
Planning (months)	6		
Construction (months)	12		
If planning has begun, when will it be completed?	mm/dd/yyyy		

Save Back Continue

Cost Estimates: The fields shaded grey are formula driven fields based off the amounts entered in the blank white fields. For instance, with a \$1,000,000 Construction cost, Planning is automatically calculated at 10% for \$100,000 and Misc./Contingency is also automatically calculated at 10% for another \$100,000.

Time Estimates: Provide the estimated time in months for Planning and for Construction. If planning has not begun, then leave blank.

Once filled out, Click the Continue button to proceed to the next section ⑤ **Funding**.

EXAMPLE: New Request

⑤ Funding

The ⑤ **Funding** section for will only have a Proposed New Funding page for a new project with no prior funding.

DEFINITIONS:

Prior Funding is the cumulative total of State Cash, Bond Proceeds, Statutory Dedications, etc. It does not include any Priority 1, Priority 2 or Priority 5 lines of credit regardless of approval.

Proposed New Funding is the amount of State Funds in Priority 1, Priority 2 and/or Priority 5 that is needed for the project. Additional Funding Types can be added on different lines.

Enter the fiscal year the project is fully submitted. In this example, the CORTS application is being submitted for the FY 2028 cycle.

Capital Outlay Request #61629-2028
Not submitted
(50-J03) ASCENSION PARISH

1 Project complete

2 Contacts complete

3 Request complete

4 Estimates complete

5 Funding incomplete

6 Facility incomplete

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8 Budget incomplete

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11 Review and Submit complete

Proposed New Funding (incomplete)

Proposed New Funding

What fiscal year was this project first fully submitted to Capital Outlay for consideration? *

2028

Please enter the proposed new/additional funding for each year below

Note: All lines of credit (Priority 1, Priority 2, or Priority 5) require State Bond Commission approval each fiscal year. You must include any existing lines of credit under "State Funds Requested" regardless of approval.

State Funds Requested

Total \$900,000.00

Year 1	Year 2	Year 3	Year 4	Year 5
\$300,000.00	\$600,000.00	\$0.00	\$0.00	\$0.00

Local Match Funds (must provide source below)

Total \$300,000.00

Year 1	Year 2	Year 3	Year 4	Year 5
\$300,000.00				

Federal Funds

Total \$0.00

Year 1	Year 2	Year 3	Year 4	Year 5

Totals

Year 1	Year 2	Year 3	Year 4	Year 5
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Grand Total

\$1,200,000.00

IMPORTANT: The total of the prior funding and the proposed new/additional funding should equal the Total Project Cost Estimate from the estimate page.

The bottom of the page continues with the following snapshot:

Capital Outlay Request Tracking System (CORTS) – Non State Procedures

What is the specific source of Local Match Funds (describe)? *

Local Revenue

NOTICE: R.S. 39:112(E)(4) requires a nonstate entity that receives funding for the acquisition or construction of buildings through the Capital Outlay Act to establish, fund, and maintain an escrow account to be used exclusively for costs associated with the long-term major capital maintenance of the project beginning on or after July 1, 2024. Please refer R.S. 39:112(E)(4) for specific escrow account requirements and exceptions

What is the status of the 25% Local Match Funds? *

We will be able to provide the local match.

How much Local Match Funds have been expended to date? *

\$0.00

If you received Priority 5 last fiscal year, how much Priority 5 will you need to be moved up to Priority 1 to be able to fund your project for another fiscal year?

\$0.00

 Save

 Back

Continue

Important! Non State entities must provide a 25% match of local funds for projects. Take special note to address these questions and enter the appropriate amount of local match in the funding section.

Once filled out, Click the **Continue** button to proceed to the next section ⑥ **Facility**.

EXAMPLE: New Request

⑥ Facility

After clicking Continue, you will be brought to the Space Requirements subsection under Facility.

Note: The “Space Requirement Study Prepared By” field is either the person or firm that prepared the study.

Capital Outlay Request #61629-2028 Not submitted (50-J03) ASCENSION PARISH

- Project complete
- Contacts complete
- Request complete
- Estimates complete
- Funding complete
- Facility incomplete**
- Cost Breakdown incomplete
- Budget incomplete
- Certifications incomplete
- Attachments complete
- Review and Submit complete

Space Requirements

Space Requirement Study Prepared By *

Date Prepared *

Space Requirements *

☐ New space ☐ Existing space ☐ No space

Save Back Continue

In this example, we select New Space and additional fields appear on screen:

Capital Outlay Request #61629-2028 Not submitted (50-J03) ASCENSION PARISH

- Project complete
- Contacts complete
- Request complete
- Estimates complete
- Funding complete
- Facility incomplete**
- Cost Breakdown incomplete
- Budget incomplete
- Certifications incomplete
- Attachments complete
- Review and Submit complete

Space Requirements

Space Requirement Study Prepared By *

Date Prepared *

Space Requirements *

☒ New space ☐ Existing space ☐ No space

Type of Space	Type of Occupants	# of Occupants	Net Area/Person	Net Area	Actions
+ Add a space					

Total Net Area × Burden Factor = Total Gross Area Burden Area

Save Back Continue

Since this is New Space we click the **+Add line** button

EXAMPLE: New Request

⑥ Facility

By clicking the **+Add line** button a fillable form appears on screen.

Capital Outlay Request #61629-2028 Not submitted (50-J03) ASCENSION PARISH

- Project complete
- Contacts complete
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- Funding complete
- Facility incomplete**
- Cost Breakdown incomplete
- Budget incomplete
- Certifications incomplete
- Attachments complete
- Review and Submit complete

Type of Space *

Office/Admin.

Number of Occupants *

20

Type of Occupants *

Staff

Net Area/Person *

500

Type of Space – the type of space will have the same cost per square foot. In more extensive examples, there can be several types of spaces (Classrooms, Conference Rooms, Lobby, bathrooms, etc.). For this simple example we chose one type of space to illustrate the application.

Number of Occupants – The number of people using the space on an average daily basis.

Type of Occupants – Can be several types of occupants such as Staff, Visitors, Students, etc.

Net Area/Person – The total square footage divided by the number of average occupants. This is to be a 30,000 square foot building, so the calculation used is 30,000 square feet / 60 Occupants = 500 Net Area/Person (in square feet).

Click **Continue** when completed. You will be prompted with a question, we will answer no:

Do you have another space to enter?

EXAMPLE: New Request

⑥ Facility

Since we enter no other space, we are returned to the Space Requirements page with Facility Spaces table filled out.

Capital Outlay Request #61629-2028
Not submitted
(50-J03) ASCENSION PARISH

1 Project complete

2 Contacts complete

3 Request complete

4 Estimates complete

5 Funding complete

6 Facility incomplete

7 Cost Breakdown incomplete

8 Budget incomplete

9 Certifications incomplete

10 Attachments complete

11 Review and Submit complete

Space Requirements

Space Requirement Study Prepared By *
Date Prepared *

Bugs Bunny
08/01/2026

Space Requirements *

☒ New space
☐ Existing space
☐ No space

Facility Spaces

+ Add a space

Type of Space	Type of Occupants	# of Occupants	Net Area/Person	Net Area	Actions
Office/Admin.	Staff	20	500	10000	Edit

Total Net Area
10000

×

Burden Factor
1

=

Total Gross Area
10000

Burden Area
0

Save

Back

Continue

Once filled out, Click the Continue button to proceed to the next section ⑦ Cost Breakdown.

EXAMPLE: New Request

⑦ Cost Breakdown

The ⑦ **Cost Breakdown** section consists of three parts: Construction Costs, Equipment Costs, and Equipment.

Capital Outlay Request #61629-2028  Not submitted

(50-J03) ASCENSION PARISH

1

Project
complete

2

Contacts
complete

3

Request
complete

4

5

6

7

8

9

10

11

[Construction Costs](#) > [Equipment Costs](#) > [Equipment](#)

Construction Costs

Construction Cost information provided by Date prepared

List special cost affecting factors considered (unfinished warehouse space, extraordinary HVAC, etc.)

Cost of Construction Calculation Add spaces under facility requirements before starting this section

Type of Space	Net Area	Cost/Sq. Ft.	Area Cost
Office/Admin.	10000	\$100.00	\$1,000,000.00
Burden Area	0	0	\$0.00
Total/Average/Total	10000	100	\$1,000,000.00

The ⑦ **Cost Breakdown** section begins with the **Construction Costs**. You must enter a Cost/Sq. Ft. amount which is multiplied by the total Net Area from the previous ⑥ **Facility** section.

The bottom of the page for Construction Costs continues with the next snapshot:

EXAMPLE: New Request

⑦ Cost Breakdown

The Construction Costs page continues and asks for any **Additional Line Item Expenses**, in this example there are none.

Additional project requirements

Describe additional project requirements. (Parking, utilities tie-in, location, shipping/receiving, public access, site amenities, etc.)

Additional Line Item Expenses (Parking, Utility Tie-In, Security System, etc.)

Item	Quantity	Unit Cost	Total Cost
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00

Subtotal of Additional Line Item Expenses: \$0.00

Total Cost of Construction
(Must equal amount listed in construction on the estimates page)

\$1,000,000.00

Save

Back

Continue

The **Total Cost of Construction** is the number that must total what is on the Estimates page for Construction Costs.

Click the Continue button to proceed to the **Equipment Costs** subsection.

EXAMPLE: New Request

⑦ Cost Breakdown

The Equipment Costs subsection page is next. If you entered in a cost amount for Equipment in the ④ **Estimates** section, you would click the **+Add line** button.

Capital Outlay Request #61629-2028 Not submitted
(50-J03) ASCENSION PARISH

1 Project
complete
2 Contacts
complete
3 Request
complete
4 Estimates
complete
5 Funding
complete
6 Facility
complete
7 **Cost Breakdown**
complete
8 Budget
incomplete
9 Certifications
incomplete
10 Attachments
complete
11 Review and Submit
complete

Construction Costs > Equipment Costs > Equipment

Equipment Costs

Item	Quantity@Cost	Total Cost	Actions
		Total: \$0.00	

+ Add equipment

Save

Back

Continue

In this example there is no equipment cost, so we click continue.

EXAMPLE: New Request

⑦ Cost Breakdown

The Equipment subsection page is a simple Yes/No question. In this example, an existing program is being relocated, but existing equipment is not being discontinued so we answer no.

Capital Outlay Request #61629-2028  Not submitted

(50-J03) ASCENSION PARISH

1 Project
complete

2 Contacts
complete

3 Request
complete

4 Estimates
complete

5 Funding
complete

6 Facility
complete

7 **Cost Breakdown**
complete

8 Budget
incomplete

9 Certifications
incomplete

10 Attachments
complete

11 Review and Submit
complete

Construction Costs > Equipment Costs > Equipment

Equipment

Is this program for renovation or relocation of an existing program and the use of existing equipment discontinued? *

☐ Yes ☒ No

 Save

 Back

Continue

Click the Continue button to proceed to the ⑧ **Budget** section.

EXAMPLE: New Request

⑧ Budget

The ⑧ **Budget** section begins with **Agency Operation Budget Expenditures** at the top of the page. This is not the operating budget for the project, it is the operating information for the requesting agency.

Capital Outlay Request #61629-2028 Not submitted (50-J03) ASCENSION PARISH

1 Project complete

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Agency Operation Budget Expenditures

Below is the projected operating expenditures budget for the requesting agency

Expenditure	Existing Operating Budget (Current Year Budgeted)
Salaries	\$1,000,000.00
Other Compensation/Benefits	\$400,000.00
Interagency Funds/Expenses	\$0.00
Supplies	\$100,000.00
Travel	\$0.00
Services (Operating, Professional, Debt, Other)	\$0.00
Acquisitions	\$0.00
Major Repairs	\$0.00
Total Expenditures	Total \$1,500,000.00

Next in order on the page is Agency Operating Budget Financing. Note that the **Total Expenditures** should equal the **Total Financing**.

Agency Operation Budget Financing

Below is how the agency is going to fund their operating budget

Source of Financing	Existing Operating Budget (Current Year Budgeted)
Fees & Self Generated Revenue (Donations, fees generated by agency)	\$1,500,000.00
Interagency Funds	\$0.00
State Funds	\$0.00
Statutory Dedication Funds	\$0.00
Federal Funds	\$0.00
Total Financing	Total \$1,500,000.00

The bottom of the page for the ⑧ **Budget** section continues with the next snapshot:

EXAMPLE: New Request

⑧ Budget

The ⑧ **Budget** section continues with the **Agency Projected Operating Financing Budget** at the bottom of the page.

Agency Projected Operating Financing Budget

Please enter the budget information for each year line in the table below.

Year	Total Means of Financing
2028	\$1,500,000.00
2029	\$1,600,000.00
2030	\$1,700,000.00
2031	\$1,800,000.00
2032	\$1,900,000.00
Total \$8,500,000.00	

Comments**Agency Projected Operating Budget Certification**

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

Name ***Title *****Date Certified ***

Click the Continue button to proceed to the ⑨ **Attachments** section.

EXAMPLE: New Request

⑨ Certifications

The ⑨ **Certifications** section has several subsections. All must be completed by a Non State Entity

Capital Outlay Request #61629-2028  Not submitted

(50-J03) ASCENSION PARISH

- 1 Project complete
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- 8 Budget complete
- 9 **Certifications incomplete**
- 10 Attachments complete
- 11 Review and Submit complete

[Set 1](#) > [Set 2](#) > [Set 3](#) > [Set 4](#) > [Set 5](#) > [Certification](#)
(incomplete) (incomplete) (incomplete)

What was your budget for capital improvements for the last 3 years? *

Current Year

Last Year

2 Years Ago

What was your undesignated/unreserved general fund balance for the last 3 years? *

Current Year

Last Year

2 Years Ago

What was your designated/reserved general fund balance for the last 3 years? *

Current Year

Last Year

2 Years Ago

What is your ad valorem tax capacity? *

Millage authorized

Millage levied

EXAMPLE: New Request

⑩ Attachments

The **⑩ Attachments** section provides an upload option for Letters of Support for a new project. In the example below, it shows that a document has been uploaded and added to the application.

Capital Outlay Request #61629-2028 Not submitted (50-J03) ASCENSION PARISH

- Project complete
- Contacts complete
- Request complete
- Estimates complete
- Funding complete
- Facility complete
- Cost Breakdown complete
- Budget complete
- Certifications incomplete**
- Attachments complete**
- Review and Submit complete

[Letters of Support](#)

Letters of Support (Upload letters below) New Letter +

Letters Name	Senator/Representative	Letter Upload
House Letter of Support (House LOS_Mock Example.docx)	Brass, Ken (58)	Replace File Remove File
Senate Letter of Support (Senate LOS_Mock Example.docx)	Price, Ed (2)	Replace File Remove File
Miscellaneous Attachment		Choose File

[Save](#)
[Back](#)
[Continue](#)

Legislator Letter of Support

The Capital Outlay Statute requires legislative support for capital outlay requests submitted by Non-State Entities. If your entity is not a state department, please have a State Senator or State Representative who represents the area the project is located write a **Letter Of Support** for your project(s). Once you have attached your letters of support to the request, please email the Letter of Support to the agency email addresses below. Do not mail paper copies of your capital outlay requests or letters of support.

Legislative Fiscal Office
 225-342-7233
 Email: feigleyr@legis.la.gov

Capital Outlay Request Tracking System (CORTS) – Non State Procedures

Senate Committee on Revenue & Fiscal Affairs

225-342-2040

Email: hunterb@legis.la.gov and riverak@legis.la.gov

Senate Committee on Finance

225-342-2040

Email: millerj@legis.la.gov

House Committee on Ways and Means

House Committee on Appropriations

C/O House Fiscal Staff (one copy to be shared by both committees)

225-342-6945

Email: vermaelenc@legis.la.gov and pryora@legis.la.gov

Click the **Continue** button to proceed to the last step.

EXAMPLE: New Request

11 Review and Submit

The **10 Review and Submit** section is a simple screen reminding you to check and review all previously entered information. When finalized, click the green **Submit** button.

Capital Outlay Request #61629-2028  Not submitted

(50-J03) ASCENSION PARISH

- 1 Project complete
- 2 Contacts complete
- 3 Request complete
- 4 Estimates complete
- 5 Funding complete
- 6 Facility complete
- 7 Cost Breakdown complete
- 8 Budget complete
- 9 Certifications complete
- 10 Attachments complete
- 11 **Review and Submit** complete

Before submitting, please review all sections to ensure completeness and correctness.

 Save  Submit  Back