

SELECTING: New Request

The screenshot shows the 'New Request' form in the CORTS system. A red arrow points from the 'SELECTING: New Request' header to the 'New Request (Blank request)' radio button. A red box highlights the following fields: 'Project Title', 'Project Type', 'Facility Type', 'Project Scope', 'Specified Project Address (or nearest intersection)', and 'Is this project statewide?'. Each of these fields has a red asterisk indicating it is required. The 'Continue' button is located at the bottom right of the form.

Select the requesting agency *

(01-107) DIVISION OF ADMINISTRATION

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) *

Is this project statewide? *

☐ 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.

EXAMPLE: New Request

Select the requesting agency *

(01-107) DIVISION OF ADMINISTRATION

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 *

Wile E. Coyote Memorial Building, Planning and Construction

Project Type *

Land/Buildings

Facility Type *

Office/Admin.

Project Scope *

A new three-story, 30,000 square foot building for office administration.

Specified Project Address (or nearest intersection) *

7500 Independence Blvd., Baton Rouge, LA 70806

Is this project statewide? *

☐ 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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project unstarted

2 Contacts unstarted

3 Request unstarted

4 Estimates unstarted

5 Funding unstarted

6 Facility unstarted

7 Cost Breakdown unstarted

8 Budget unstarted

9 Attachments unstarted

10 Review and Submit unstarted

Project Information (Please review carefully)

Project ID	Permanent ID	Fiscal Year
61621	ID61621	2028

Project Title *

Wile E. Coyote Memorial Building, Planning and Construction

Specified Project Address (or nearest intersection) *

7500 Independence Blvd., Baton Rouge, LA 70806

Project priority for fiscal year *

Agency/Local Priority: of 3

Project Type *

Land/Buildings

Facility Type *

Office/Admin.

Scope

A new three-story, 30,000 square foot building for office administration.

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

Is this project statewide? *

☐ Yes
 ☒ No

This is the top view of the Project page that appears. Note that you must now enter an Agency/Local Priority number. You also must check the Purpose(s) that apply to this project.

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

EXAMPLE: New Request

① Project

Here you will select the Parish the project is located in as well as the Senate and House Districts.

Parish(es) (Check all that apply) *

☐ Select/Deselect All

☐ Acadia ☐ Allen ☐ Ascension ☐ Assumption ☐ Avoyelles ☐ Beauregard ☐ Bienville ☐ Bossier

☐ Caddo ☐ Calcasieu ☐ Caldwell ☐ Cameron

☐ East Baton Rouge ☐ East Carroll ☐ East Feliciana

☐ Iberville ☐ Jackson ☐ Jefferson ☐ Jefferson Davis

☐ Livingston ☐ Madison ☐ Morehouse ☐ Natchitoches

☐ Pointe Coupee ☐ Rapides ☐ Red River ☐ Richland

☐ St. Helena ☐ St. James ☐ St. John ☐ St. Landry ☐ St. Martin ☐ St. Mary ☐ St. Tammany

☐ Tangipahoa ☐ Tensas ☐ Terrebonne ☐ Union ☐ Vermilion ☐ Vernon ☐ Washington ☐ Webster

☐ West Baton Rouge ☐ West Carroll ☐ West Feliciana ☐ Winn

Who are my legislators?

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

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

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)

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 #61621 2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete

2 **Contacts** incomplete

3 Request unstarted

4 Estimates unstarted

5 Funding unstarted

6 Facility unstarted

7 Cost Breakdown unstarted

8 Budget unstarted

9 Attachments unstarted

10 Review and Submit unstarted

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

Requesting Agency Point of Contact

This will be the person Capital Outlay will contact with questions

First Name *

Porky

Last Name *

Pig

Title *

Administrator

Phone Number *

(225) 555-5555

Email Address *

Porky.Pig@la.gov

Address Line 1 *

123 Random Street

Address Line 2 (Apt/Bldg/Unit)

Suite 100

City *

Baton Rouge

State

LA

Zip Code *

70802

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete

2 **Contacts** incomplete

3 Request unstarted

4 Estimates unstarted

5 Funding unstarted

6 Facility unstarted

7 Cost Breakdown unstarted

8 Budget unstarted

9 Attachments unstarted

10 Review and Submit unstarted

Requesting Agency > Authorized Signatory (incomplete)

Authorized Signatory Contact

This will be the person responsible for signing legal documents

First Name *

Daffy

Last Name *

Duck

Title *

Director

Email Address *

Daffy.Duck@la.gov

Phone Number *

(225) 555-5555

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

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

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 inefficient 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 agency.

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**.

Capital Outlay Request #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

① Project complete

② Contacts complete

③ Request complete

④ **Estimates (started)**

⑤ Funding unstarted

⑥ Facility unstarted

⑦ Cost Breakdown unstarted

⑧ Budget unstarted

⑨ Attachments unstarted

⑩ Review and Submit unstarted

Project Cost Estimates

Cost Estimates	Local/Agency	Local	FPC
Land/Building Acq.	\$0.00	\$0.00	\$0.00
Planning 10%	\$300,000.00	\$0.00	\$0.00
Construction	\$3,000,000.00	\$0.00	\$0.00
Hazardous Materials	\$0.00	\$0.00	\$0.00
Subtotal	\$3,300,000.00	\$0.00	\$0.00
Misc./Contingency	\$300,000.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Total	\$3,600,000.00	\$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		

Cost Estimates: The fields shaded grey are formula driven fields based off the amounts entered in the blank white fields. For instance, with a \$3,000,000 Construction cost, Planning is automatically calculated at 10% for \$300,000 and Misc./Contingency is also automatically calculated at 10% for another \$300,000.

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 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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete
2 Contacts complete
3 Request complete
4 Estimates complete
5 **Funding (started)**
6 Facility unstarted
7 Cost Breakdown unstarted
8 Budget unstarted
9 Attachments unstarted
10 Review and Submit unstarted

Proposed New Funding

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

2028

Proposed Funding

	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Actions
State Funds Requested (Needs review)	[Missing]	[Missing]	[Missing]	[Missing]	[Missing]	\$0.00	▶ Begin
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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

As a new project with no prior funding, you must enter in the amount of proposed new/additional funding begin requested. To do so, click the ▶ **Begin** button to add line by Funding type and enter the amounts Year 1 – Year 5 as shown in the next snapshot:

EXAMPLE: New Request

⑤ Funding

By clicking the ► **Begin** button a fillable form appears on screen. In this example, the Funding Type selected is “State Funds Requested”. Recall that from the section the Total Project cost is \$3,600,000 for this example. Below, we request \$600,000 for Year 1 and the remaining \$3,000,000 in Year 2. Click **Continue** when completed.

Capital Outlay Request #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete

2 Contacts complete

3 Request complete

4 Estimates complete

5 Funding (started)

6 Facility unstarted

7 Cost Breakdown unstarted

8 Budget unstarted

9 Attachments unstarted

10 Review and Submit unstarted

Proposed New Funding

Funding Type *

State Funds Requested

Year 1 *

\$600,000.00

Year 2 *

\$3,000,000.00

Year 3 *

\$0.00

Year 4 *

\$0.00

Year 5 *

\$0.00

Cancel

Continue

EXAMPLE: New Request

⑤ Funding

After clicking Continue, you will see the Proposed Funding table with the information. Note: Funding types with amounts can be added by clicking the **+Add line** button.

Capital Outlay Request #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

Proposed New Funding

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

2028

Proposed Funding								+ Add line
	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Actions	
State Funds Requested (Needs review)	\$600,000.00	\$3,000,000.00	[Missing]	[Missing]	[Missing]	\$3,600,000.00	Review Delete	
Total	\$600,000.00	\$3,000,000.00	\$0.00	\$0.00	\$0.00	\$3,600,000.00		

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](#)

The Total Proposed Funding should equal to the Total Project Cost in ④ **Estimates** section.

If your project received a Priority 5 line of credit last year, enter the amount you will need to have moved up to Priority 1. In this example, there was no Priority 5 received last year, so the amount is \$0.

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete

2 Contacts complete

3 Request complete

4 Estimates complete

5 Funding complete

6 Facility (started)

7 Cost Breakdown unstarted

8 Budget unstarted

9 Attachments unstarted

10 Review and Submit unstarted

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete

2 Contacts complete

3 Request complete

4 Estimates complete

5 Funding complete

6 Facility (started)

7 Cost Breakdown unstarted

8 Budget unstarted

9 Attachments unstarted

10 Review and Submit unstarted

Space Requirements

Space Requirement Study Prepared By *

Date Prepared *

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
---------------	-------------------	----------------	-----------------	----------	---------

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

0

1

0

0

Save

Back

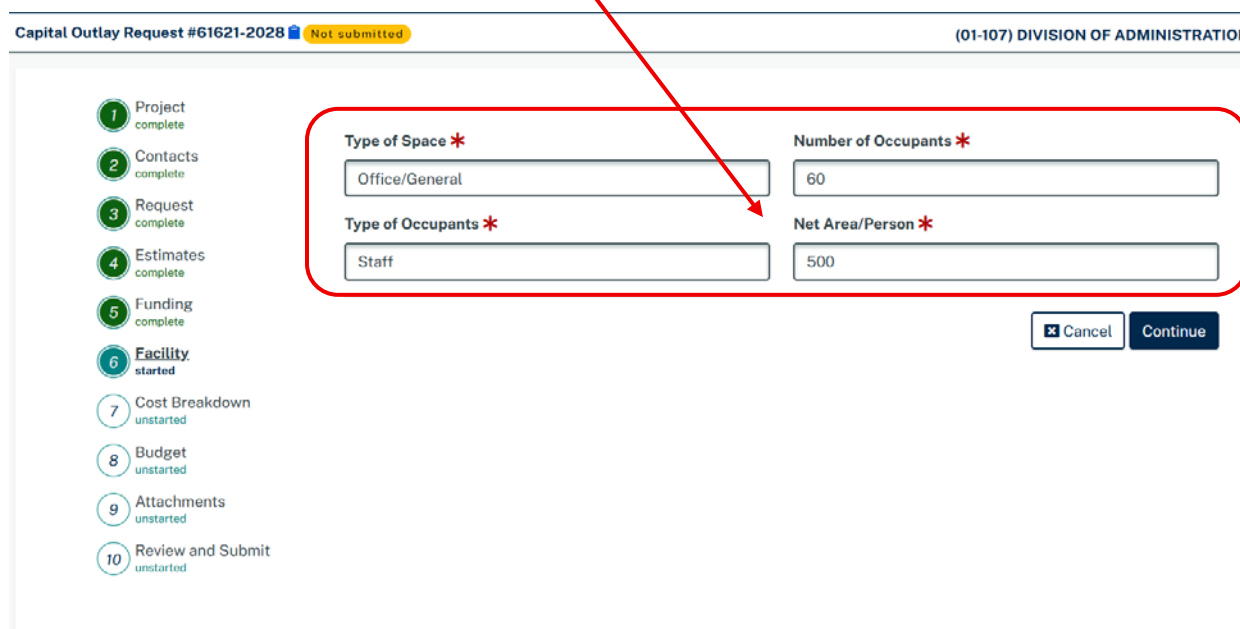
Continue

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

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

Type of Space *

Office/General

Number of Occupants *

60

Type of Occupants *

Staff

Net Area/Person *

500

Cancel

Continue

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?

No

Yes

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete

2 Contacts complete

3 Request complete

4 Estimates complete

5 Funding complete

6 Facility started

7 Cost Breakdown unstarted

8 Budget unstarted

9 Attachments unstarted

10 Review and Submit unstarted

Space Requirements

Space Requirement Study Prepared By *
Bugs Bunny

Date Prepared *
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/General	Staff	60	500	30000	Edit

Total Net Area

x

Burden Factor

=

Total Gross Area

Burden Area

30000

1

30000

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete

2 Contacts complete

3 Request complete

4 Estimates complete

5 Funding complete

6 Facility complete

7 **Cost Breakdown (started)**

8 Budget *unstarted*

9 Attachments *unstarted*

10 Review and Submit *unstarted*

[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/General	30000	\$100.00	\$3,000,000.00
Burden Area	0	0	\$0.00
Total/Average/Total	30000	100	\$3,000,000.00

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

None

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)

\$3,000,000.00

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project
complete

2 Contacts
complete

3 Request
complete

4 Estimates
complete

5 Funding
complete

6 Facility
complete

7 Cost Breakdown
incomplete

8 Budget
unstarted

9 Attachments
unstarted

10 Review and Submit
unstarted

Construction Costs > Equipment Costs > Equipment

Equipment Costs

+ Add equipment

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

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete

2 Contacts complete

3 Request complete

4 Estimates complete

5 Funding complete

6 Facility complete

7 Cost Breakdown incomplete

8 Budget unstarted

9 Attachments unstarted

10 Review and Submit unstarted

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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

1 Project complete

2 Contacts complete

3 Request complete

4 Estimates complete

5 Funding complete

6 Facility complete

7 Cost Breakdown complete

8 Budget (started)

9 Attachments unstarted

10 Review and Submit unstarted

Agency Operation Budget Expenditures

Below is the projected operating expenditures budget for the requesting agency

Expenditure	Existing Operating Budget (Current Year Budgeted)
Salaries	\$3,000,000.00
Other Compensation/Benefits	\$1,000,000.00
Interagency Funds/Expenses	\$0.00
Supplies	\$100,000.00
Travel	\$0.00
Services (Operating, Professional, Debt, Other)	\$400,000.00
Acquisitions	\$0.00
Major Repairs	\$0.00
Total Expenditures	Total \$4,500,000.00

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)	\$0.00
Interagency Funds	\$0.00
State Funds	\$4,000,000.00
Statutory Dedication Funds	\$500,000.00
Federal Funds	\$0.00
Total Financing	Total \$4,500,000.00

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	\$4,500,000.00
2029	\$4,600,000.00
2030	\$4,700,000.00
2031	\$4,800,000.00
2032	\$4,900,000.00
Total \$23,500,000.00	

Comments

None.

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 *

Daffy Duck

Title *

Director

Date Certified *

08/10/2026

Save

Back

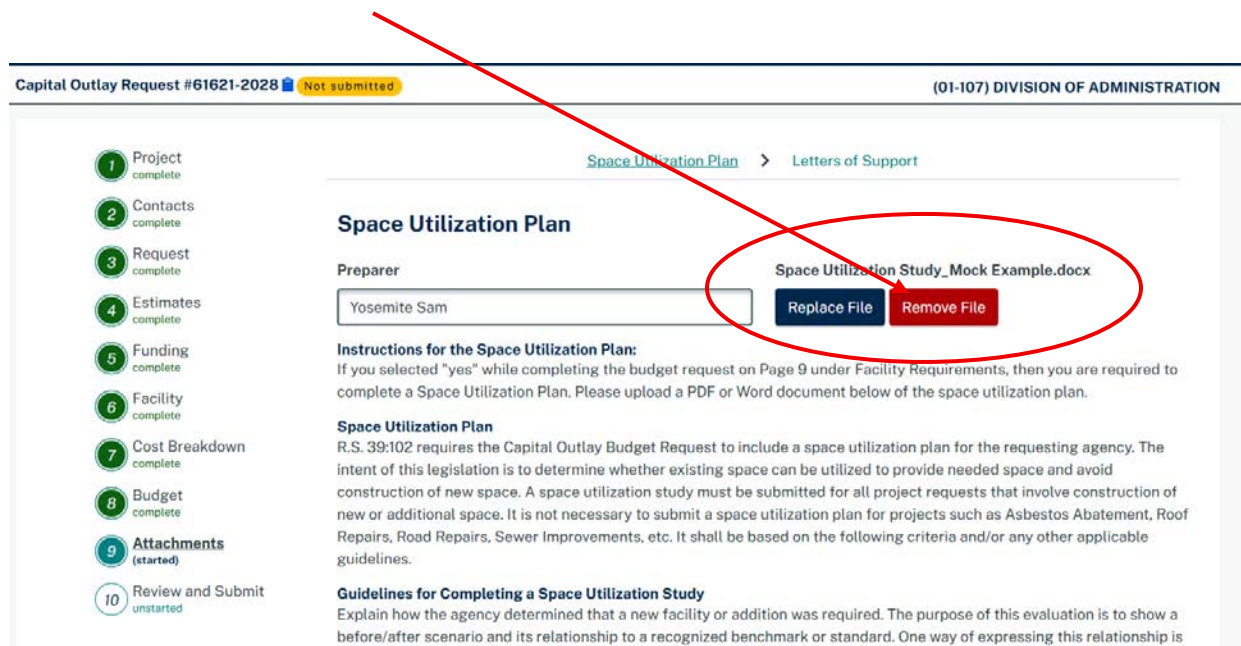
Continue

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

EXAMPLE: New Request

⑨ Attachments

The ⑨ **Attachments** section provides an upload option for a Space Utilization Plan for a new project. In the example below, it shows that a document has been uploaded and added to the application.



Capital Outlay Request #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

[Space Utilization Plan](#) > [Letters of Support](#)

Space Utilization Plan

Preparer
Yosemite Sam

Space Utilization Study_Mock Example.docx
[Replace File](#) [Remove File](#)

Instructions for the Space Utilization Plan:
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. Please upload a PDF or Word document below of the space utilization plan.

Space Utilization Plan
R.S. 39:102 requires the Capital Outlay Budget Request to include a space utilization plan for the requesting agency. The intent of this legislation is to determine whether existing space can be utilized to provide needed space and avoid construction of new space. 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. It shall be based on the following criteria and/or any other applicable guidelines.

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

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

EXAMPLE: New Request

⑩ 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 #61621-2028 Not submitted (01-107) DIVISION OF ADMINISTRATION

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

- 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 Attachments complete
- 10 Review and Submit (started)

Save Submit Back

After submitting, you will notice the previously yellow **Not Submitted** has now been tagged as **Submitted**.

Capital Outlay Request #61621-2028 Submitted (01-107) DIVISION OF ADMINISTRATION

Project Information (Please review carefully)

Project ID	Permanent ID	Fiscal Year
61621	ID61621	2028

Project Title
Wile E. Coyote Memorial Building, Planning and Construction

Specified Project Address (or nearest intersection)
7500 Independence Blvd., Baton Rouge, LA 70806

Project Type	Facility Type
Land/Buildings	Office/Admin.

Purpose *
Add New Program/Project

Parish(es) (Check all that apply) *
East Baton Rouge

Scope
A new three-story, 30,000 square foot building for office administration.

Senate District(s) *	House District(s) *
16	61

Continue