Hyperion Capital Project Request Worksheet

This worksheet is for use in the gathering of materials for input into the Hyperion Capital Request System

## Decision Package Properties

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** |  | **Scenario** | Budget |
| **Description** |  | **Version** | C-Agency |
| **Rank** |  | **Owner Entity** |  |
| **Budget Impact** | Include | **Reviewers** |  |

## Decision Package Justification

Please provide concise descriptions of the following elements of the project, if applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Description** |  | **Impact on Service to the Public** |  |
| **Agency Mission and Strategic Goals** |  | **Health and Safety** |  |
| **Impact on Operating Costs** |  | **Prior Phases** |  |
| **Impact on Capital Costs** |  | **Urgency of Maintenance Needs** |  |
| **Legal Obligation and Mandates** |  | **Supplemental Information** |  |

## Budget Request Properties

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Budget Impact** | Included |
| **Description** |  | **Owner Entity** |  |
| **Rank** |  | **Budget Type** |  |

## Budget Request Justification

|  |  |
| --- | --- |
| **Is there a grant, gift or donation associated with this project? (Rating Criteria C) If yes, please describe. Is the project dependent upon the receipt of this funding?** |  |
| **What is the amount of the grant, gift or donation associated with this project?** |  |
| **Does the project require a state appropriation beyond the agency’s regular annual appropriations?** |  |
| **Please describe the source(s) of funds for the project.** |  |
| **What are the total Capital costs for the project? Please attach documentation showing a detailed cost estimate for the project, if applicable.** |  |
| **What is the change in operating costs expected from this project? Please attach documentation showing annual operating costs, if applicable.** |  |
| **Was the estimate generated by a licensed Architect or Engineer?** |  |

## Data Collection Forms – Project Details

|  |  |
| --- | --- |
| **Address Line** |  |
| **Address Line 2** |  |
| **Address Line 3** |  |
| **City** |  |
| **County(ies) to be served** |  |
| **Legislative District numbers – House** |  |
| **Legislative District numbers - Senate** |  |
| **Useful Life** |  |
| **Agency Priority** |  |
| **Type of building construction** |  |
| **Contact Name** |  |
| **Contact Phone Number** |  |
| **Contact Email** |  |

## Data Collection Forms – FTE and Personnel Costs

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Budget** | | | | | | | | **Project Total** |
| **FY17** | **FY18** | **FY19** | **FY20** | **FY21** | **FY22** | **FY23** | **FY24** |
| **Capital FTEs** |  |  |  |  |  |  |  |  |  |
| **Personnel Services Costs** |  |  |  |  |  |  |  |  |  |

## Data Collection Forms – Sources and Uses of Funds

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FUNDS** | **FY17** | **FY18** | **FY19** | **FY20** | **FY21** | **FY22** | **FY23** | **FY23** | **Total** |
| **Main. Bldgs. Rev. Fund** |  |  |  |  |  |  |  |  |  |
| **State Approp.** |  |  |  |  |  |  |  |  |  |
| **G.O. Bonds** |  |  |  |  |  |  |  |  |  |
| **Federal Matching** |  |  |  |  |  |  |  |  |  |
| **Federal** |  |  |  |  |  |  |  |  |  |
| **Revolving Funds** |  |  |  |  |  |  |  |  |  |
| **Gifts / Donations** |  |  |  |  |  |  |  |  |  |
| **Revenue Bonds** |  |  |  |  |  |  |  |  |  |
| **Section 13** |  |  |  |  |  |  |  |  |  |
| **Section 13 Offset** |  |  |  |  |  |  |  |  |  |
| **Other Sources** |  |  |  |  |  |  |  |  |  |
| **EXPENDITURES** |  |  |  |  |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |  |  |  |  |
| **Construction** |  |  |  |  |  |  |  |  |  |
| **Personnel Service Costs** |  |  |  |  |  |  |  |  |  |
| **Other Costs** |  |  |  |  |  |  |  |  |  |
| **Total Costs** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Total Source Less Total Use** |  |  |  |  |  |  |  |  |  |

## Data Collection Forms – Cost Estimate

|  |  |
| --- | --- |
| **Date of Cost Estimate** |  |
| **Source of Cost Estimate** |  |
| **Square Footage** |  |
| **Cost per Square Foot** |  |
| **Total Cost** |  |

## Data Collection Forms – Fiscal Impact

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **FY17** | **FY18** | **FY19** | **FY20** | **FY21** | **FY22** | **FY23** | **FY24** | **Total** |
| **State Savings** |  |  |  |  |  |  |  |  |  |
| **Federal Savings** |  |  |  |  |  |  |  |  |  |
| **Other Savings** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **State Increases** |  |  |  |  |  |  |  |  |  |
| **Federal Increases** |  |  |  |  |  |  |  |  |  |
| **Other Increase** |  |  |  |  |  |  |  |  |  |

## Data Collection Forms – Ratings Criteria

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Score Range** | **Score** | **Weight** | **Total Score** |
| **A. Impact on Capital Costs** | *0-5* |  | *4* |  |
| **B. Impact on Operating Costs** | *0-5* |  | *4* |  |
| **C. Leverage** | *0-5* |  | *4* |  |
| **D. Legal Obligations** | *0-5* |  | *4* |  |
| **E. Impact on Public Service** | *0-5* |  | *3* |  |
| **F. Urgency of Maintenance** | *0-5* |  | *3* |  |
| **G. Prior Phases** | *0-5* |  | *2* |  |
| **H. Mission and Strategic Goals** | *0-5* |  | *2* |  |
| **I. Health and Safety** | *0-5* |  | *2* |  |
| **Total Rating Score** |  |  |  |  |