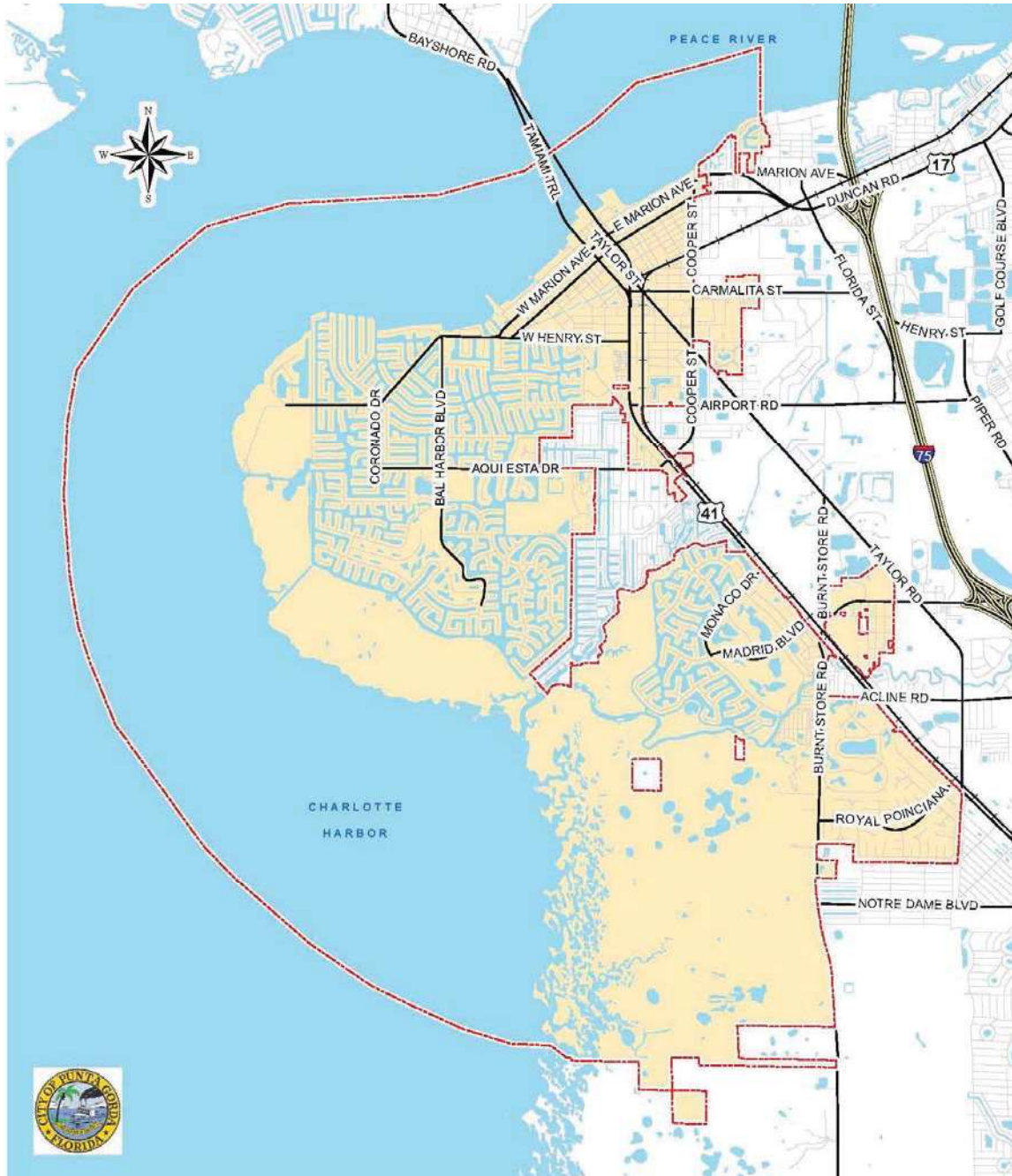


Capital Improvements Program

Project Title: ADA Improvements - Citywide																														
Acct #: 118-3007-515-6300			Project Code: Various																											
Project Priority: Infrastructure Sustainability - Maintain and enhance the City's capital assets and quality municipal services.				Goal: Maintain and enhance the City's infrastructure to ensure efficient and effective service delivery and quality aesthetic appeal.																										
Previous Years	FY2020	FY 2021	FY 2022	FY 2023	FY 2024	Total Cost																								
\$ 90,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 500,000	\$ 1,090,000																								
1. Land Cost: _____ Acres _____ Front Ft _____ _____ Sq Ft _____ N/A		5. Status of Project: <input checked="" type="checkbox"/> Preliminary Estimate _____ Survey in Progress _____ Plans in Preparation _____ Completed			Department: CM/Urban Design Contact Person: Joan LeBeau																									
2. Building Construction Cost: _____ Sq. Ft. _____ Equipment N/A		6. Status of Land Acquisition: _____ Not Yet Acquired _____ Partly Acquired <input checked="" type="checkbox"/> Publicly Owned _____ No Land Involved _____ Gift			Project Description: FY 2020 - 2027 Implementation of the City ADA Transition Plan to assure compliance with all federal, state and local regulations, standards and compliance monitoring requirements. Projects may include accessibilities improvements at: Herald Court Centre Linear Park Laishley Marina Laishley Park																									
3. Estimated Costs: In Previous CIP \$ 90,000 In Present CIP \$ 1,000,000 Engineering \$ _____ Land \$ _____ Site \$ _____ Improvement \$ 1,425,000 Construction \$ _____ Landscaping \$ _____ Equipment \$ _____		7. Effect of Operating Cost (+ or -): \$ _____ Personal Services \$ _____ Contractual for Services \$ _____ Equipment \$ _____ Other Costs: \$ _____ 0 Total			1% Sales Tax Funding **FY 2022 CURRENTLY UNFUNDED (FY 2024 total to include FY 25, 26, & 27) ***\$335,000 for US 41 ramp removed from CIP sheet and added as a individual project																									
4. Sources of Financing: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Local</th> <th style="text-align: center;">State</th> <th style="text-align: center;">Federal</th> </tr> </thead> <tbody> <tr> <td>1st Yr.</td> <td style="text-align: center;">ST</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2nd Yr.</td> <td style="text-align: center;">ST</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3rd Yr.</td> <td style="text-align: center;">ST</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4th Yr.</td> <td style="text-align: center;">ST</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>5th Yr.</td> <td style="text-align: center;">TBD</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>			Local	State	Federal	1 st Yr.	ST	_____	_____	2 nd Yr.	ST	_____	_____	3 rd Yr.	ST	_____	_____	4 th Yr.	ST	_____	_____	5 th Yr.	TBD	_____	_____	8. Effect on income (+ or -): _____ Loss of Taxes _____ Gain From Sale of _____ Previous Facility _____ New Revenues <input checked="" type="checkbox"/> No Effect \$ _____ Total			Project Justification: To remain eligible for federal grant funding the City is required to have in place an ADA Transition Plan that includes a schedule of implementation.	
	Local	State	Federal																											
1 st Yr.	ST	_____	_____																											
2 nd Yr.	ST	_____	_____																											
3 rd Yr.	ST	_____	_____																											
4 th Yr.	ST	_____	_____																											
5 th Yr.	TBD	_____	_____																											

* FUNDING SOURCES (SEE PAGE 8.05)

Capital Improvements Program



ADA Improvements - Citywide