

2015- 2019 Capital Budget Request Form

Department Agency Number	900	Contact Name	Walter Krygowski, Deputy Director and Chief Operating Officer						
Department Name	Aviation	Contact Number	504-303-7551						
Date		Contact E-Mail	walterk@flymsy.com						
Request #	Department Ranking	Prioirty Criteria Ranking	Project Name	Project Amount	2015	2016	2017	2018	2019
1	1	0	Long-Term Infrastructure Development Plan	\$ 593,307,146	144,378,004	180,610,836	182,218,764	86,099,542	
2	1	0	Airfield Electrical Rehabilitation *	\$ 2,100,000	2,100,000				
3	1	0	Taxiway Rehabilitation - E&S (design only)	\$ 430,000	430,000				
4	1	0	Taxiway Rehabilitation - E&S (Construction Phase 1)	\$ 4,570,000		4,570,000			
5	1	0	Airfield Rehabilitation Program - RY 1-19	\$ 2,100,000			2,100,000		
6	1	0	Taxiway Rehabilitation - E&S (Construction Phase 2)	\$ 5,780,000				5,780,000	
7	1	0	Airfield Rehabilitation Program - RY 10-28	\$ 1,230,000					1,230,000
8	0	0	0	\$ -					
9	0	0	0	\$ -					
10	0	0	0	\$ -					
TOTAL				\$ 609,517,146.00	146,908,004	185,180,836	184,318,764	91,879,542	1,230,000

Department Head
Signature

Walter Krygowski, Chief Operating Officer for

Printed Name: Iftikhar Ahmad, Director of Aviation

Date

* Project initiated in 2013, construction slated to be complete January 2015. Amount represents estimate for final pay applications and project close out.

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Long-Term Infrastructure Development Plan	Department Priority Ranking	1
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	To build a brand new, state-of-the-art airport terminal on the North side of current Airport property. The project consists of a passenger terminal with two (2) concourses, consolidated security screening checkpoint, an in-line baggage screening system and a total of 30 air carrier aircraft gates. The project will also include an adjacent parking structure, a central utility plant and associated airside and landside roadways and related site work.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	Yes	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	Operating costs are expected to decrease
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 593,307,146.00	Proposed Funding Source	Revenue Bonds, Federal Grants, State and Local Airport Funds and PFC funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	A world class Airport	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2015-2018
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Long-Term Infrastructure Development Plan	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety		0	
External Requirements		0	
Protection of Capital Stock		0	
Economic Development		0	
Operating Budget		0	
Life Expectancy of Project		0	
Percent of Population Served by Projects		0	
Relation to dopted Plans		0	
Intensity of Use		0	
Scheduling		0	
Benefit/ Cost		0	
Potential for Duplication		0	
Availability of Financing		0	
Special Need		0	
Entergy Consumptom		0	
Timeliness/ External		0	
Public Support		0	
TOTAL Ranking	0	0	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Airfield Electrical Rehabilitation	Department Priority Ranking	1
Project Type	Renovation	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?		Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Rehabilitation of the airfield lighting system to repair/replace systems in order to maintain and improve safety.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 2,100,000.00	Proposed Funding Source	FAA, State and Local funding
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2015
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Airfield Electrical Rehabilitation	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation - E&S (design only)	Department Priority Ranking	1
Project Type	Renovation	Is a Land acquisition needed? (Y/N)	
Will this project be a permanent immovable improvement?		Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Consistent with the Pavement Condition Index study, Taxiways E and S will be milled and overlaid to maintain airfield safety.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 430,000.00	Proposed Funding Source	FAA, State and Local funding
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2015
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation - E&S (design only)	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety		0	
External Requirements		0	
Protection of Capital Stock		0	
Economic Development		0	
Operating Budget		0	
Life Expectancy of Project		0	
Percent of Population Served by Projects		0	
Relation to dopted Plans		0	
Intensity of Use		0	
Scheduling		0	
Benefit/ Cost		0	
Potential for Duplication		0	
Availability of Financing		0	
Special Need		0	
Entergy Consumptom		0	
Timeliness/ External		0	
Public Support		0	
TOTAL Ranking	0	0	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation - E&S (Construction Phase 1)	Department Priority Ranking	1
Project Type	Renovation	Is a Land acquisition needed? (Y/N)	
Will this project be a permanent immovable improvement?		Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Consistent with the Pavement Condition Index study, Taxiways E and S will be milled and overlaid to maintain airfield safety.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 4,570,000.00	Proposed Funding Source	FAA, State and Local funding
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2016
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation - E&S (Construction Phase)	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety		0	
External Requirements		0	
Protection of Capital Stock		0	
Economic Development		0	
Operating Budget		0	
Life Expectancy of Project		0	
Percent of Population Served by Projects		0	
Relation to dopted Plans		0	
Intensity of Use		0	
Scheduling		0	
Benefit/ Cost		0	
Potential for Duplication		0	
Availability of Financing		0	
Special Need		0	
Entergy Consumptom		0	
Timeliness/ External		0	
Public Support		0	
TOTAL Ranking	0	0	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program - RY 1-19	Department Priority Ranking	1
Project Type	Renovation	Is a Land acquisition needed? (Y/N)	
Will this project be a permanent immovable improvement?		Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project includes the removal and replacement of pavement slabs and joint sealant in order to maintain airfield safety.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 2,100,000.00	Proposed Funding Source	FAA, State and Local funding
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program - RY 1-19	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation - E&S (Construction Phase 2)	Department Priority Ranking	1
Project Type	Renovation	Is a Land acquisition needed? (Y/N)	
Will this project be a permanent immovable improvement?		Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Consistent with the Pavement Condition Index study, Taxiways E and S will be milled and overlaid to maintain airfield safety.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 5,780,000.00	Proposed Funding Source	FAA, State and Local funding
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2018
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation - E&S (Construction Phase)	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety		0	
External Requirements		0	
Protection of Capital Stock		0	
Economic Development		0	
Operating Budget		0	
Life Expectancy of Project		0	
Percent of Population Served by Projects		0	
Relation to dopted Plans		0	
Intensity of Use		0	
Scheduling		0	
Benefit/ Cost		0	
Potential for Duplication		0	
Availability of Financing		0	
Special Need		0	
Entergy Consumptom		0	
Timeliness/ External		0	
Public Support		0	
TOTAL Ranking	0	0	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program - RY 10-28	Department Priority Ranking	1
Project Type	Renovation	Is a Land acquisition needed? (Y/N)	
Will this project be a permanent immovable improvement?		Does the request meet the General Obligation Bond requirement?	
Project Address	Louis Armstrong New Orleans International Airport	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project includes the removal and replacement of pavement slabs) and joint sealant in order to maintain airfield safety.		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?		If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)		If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 1,230,000.00	Proposed Funding Source	FAA, State and Local funding
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2015,2016, 2017, 2018,or 2019?	2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?		If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation Program - RY 10-28	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety		0	
External Requirements		0	
Protection of Capital Stock		0	
Economic Development		0	
Operating Budget		0	
Life Expectancy of Project		0	
Percent of Population Served by Projects		0	
Relation to dopted Plans		0	
Intensity of Use		0	
Scheduling		0	
Benefit/ Cost		0	
Potential for Duplication		0	
Availability of Financing		0	
Special Need		0	
Entergy Consumptom		0	
Timeliness/ External		0	
Public Support		0	
TOTAL Ranking	0	0	