



FNSB CAPITAL IMPROVEMENT PROGRAM

For official use only:

2019 Project Nomination Form

Nominations will be accepted from **August 12** to **October 11**. Please fill out the nomination form as completely as possible. If a section does not apply to the project you are nominating, please leave that section blank. Please attach additional relevant information to this nomination packet as appropriate. There is no limit to the number of projects that can be submitted.

Completed nomination forms can be submitted:

In person at:

Fairbanks North Star Borough
Attn: Mayor's Office
907 Terminal Street
Fairbanks, AK 99701

By mail to:

Fairbanks North Star Borough
Attn: Capital Improvement Program
PO Box 71267
Fairbanks, AK 99707

NOMINATOR'S NAME: _____	DATE: _____
ORGANIZATION (IF APPLICABLE): _____	
AFFECTED DEPARTMENT: _____	
PHONE: (_____) _____	EMAIL: _____

Name of Proposed Project: _____

Project Scope/Description:

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SAFETY AND CODE COMPLIANCE

1. Does the project reduce or eliminate a health or safety risk?

- Yes No

Please explain:

2. In your opinion, what is the current condition of the facility?

- Poor This is a new facility
 Fair
 Good
 Excellent

Please explain:

3. Does the project improve accessibility compliance? (For example: parking lot design, doorway design, counter height, floor access, restroom access, etc.)

- Yes No

Please explain:

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FACILITY CONDITION

4. How old is the facility since original construction?

- 41+ years This is a new facility
 31 - 40 years
 21 - 30 years
 11 - 20 years
 0 - 10 years

5. Does the project replace an existing facility?

- Yes No

If yes, please identify the building it would replace and any other supporting information, including the condition of the existing facility (poor, fair, good, excellent):

PROJECT FUNDING

6. What is the status of project funding?

- Fully funded
 Partially funded
 No funding

Please identify the source and amount of any funding that is already secured in support of this project:

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7. Are there grant, foundation, sponsorship, or other alternative sources of funding available for this project?

Yes No

a. If yes, is there a match requirement?

Yes No

b. If a match is required, how much? Please choose the most applicable option.

- 1 - 10% match required
- 11 - 20% match required
- 21 - 30% match required
- 31 - 40% match required
- +41% match required

Please identify the potential funding sources, how the project is eligible for such funds, any work done to commit such funds (i.e., application or proposal submitted and/or approved), and any additionally relevant information:

8. If applicable, does your organization plan on contributing any funds?

Yes No

If yes, please identify the amount and source of funds planned in contribution of this project:

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ENVIRONMENTAL

9. Will the project clean up contamination (such as lead, asbestos, fuel contamination, etc.)?

Yes No

Please explain:

10. Does the project improve air quality?

Yes No

Please explain:

11. Will the project reduce storm water runoff?

Yes No

Please explain:

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12. Will the project improve groundwater quality?

- Yes No

Please explain:

13. Will the project improve energy efficiency?

- Yes No

Please explain:

PUBLIC USE

14. Will the project improve the customer experience?

- Yes No

Please explain:

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15. Is the project served by a fixed transit route?

- Yes No

Please explain:

16. Will the project improve facility capacity?

- Yes No

Please explain:

ONGOING MAINTENANCE COST

17. Will the project reduce utility expenses on a cost per square foot (\$/SF)?

- Yes No

Please explain:

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18. Will the project reduce maintenance expenses on a cost per square foot (\$/SF)?

- Yes No

Please explain:

19. Will the project extend the life of an existing facility?

- Yes No

Please explain:

PLANNING AND DESIGN

20. Does the project have complete designs?

- Yes No

Please explain:

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21. Have there been any project scope and/or engineering studies done?

- Yes No

If yes, please explain all work that has been done on this project to date. Please attach and submit all relevant information as part of the project nomination packet.

BUDGET IMPACT

22. How will the project impact the operation budget for the affected department?

- Increase the operating budget
 Maintain the operating budget
 Decrease the operating budget

Please explain:

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POPULATION REACHED

23. What type of population will be served by the proposed project?

- Regional areawide users
- Single community
- Multiple neighborhoods
- Single neighborhood

Please describe the area, population served, and the need that will be met by this project:

SUPPORT

24. Please select all applicable form of support this project has:

- Resolutions of support (agencies, governments, etc.)
- Letters of support (groups, businesses, organizations, etc.)
- General public support or letters from residents

Please explain levels of support identified above and provide specific examples:

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25. Does this project meet any goals or objectives that are identified in any Borough plans (such as the Comprehensive Plan)?

Yes No

If yes, please identify which goals and objectives in specific plans that this project meets:

PROJECT COST

26. What is the estimated project cost? \$ _____

Please explain why this cost is reasonable and should be allocated to this project: