

Augusta Georgia  
SPLOT Phase 8  
Project Request Form

Project Name **Fleming Tennis Center**

**PROJECT SUMMARY SHEET**

A. Submitting Department, Agency, or Association:

Augusta Recreation and Parks Department

B. Project Name / Brief Description:

This project includes replacing of the current building and addition of outdoor restroom facilities, 4 new covered outdoor courts, and a covered outdoor pavilion with picnic tables.

Check box if project represents a continuation from a previous SPLOT:

C. Project Location / Address:

1850 Chester Ave.

Check box if Site Selection required:

(If site selection is required, fill out section VI. Site Criteria & Standards)

Current Property Owner (if applicable):

D. District:

2

E. Proposed Project Budget (round to nearest thousands):

Total <b>SPLOT 8</b> Request: 1	\$3,200,000
Annual Operating Cost: <sup>2</sup>	\$ 67,000.00

<sup>1</sup> Figure from section III. Project Costs, first column (Total) for **SPLOT 8** Project Total

<sup>2</sup> Figure from section V. Operating Costs, first column (Annual Costs) for Total Operating Costs for Project.

F. Contact Person:

Ron Houck

Work Phone:

706-796-5025

Home Phone:

Fax Number:

706-796-4099

E-mail Address:

[rhouck@augustaga.gov](mailto:rhouck@augustaga.gov)

G. Project Classification

Quality of Life

Augusta Georgia  
SPLOT Phase 8  
Project Request Form

*Project Name* **Fleming Tennis Center**

**I. PROJECT JUSTIFICATION:**

**A. Project Mission Statement / Goals & Objectives:**

To promote a safe and vibrant leisure facility for the citizenry of August-Richmond County

**B. How will this project help meet the Public Safety, Basic Facilities / Infrastructure, and/or Quality of Life needs in Augusta Richmond County?**

By providing a safer facility and a facility that is up to code and meets all the modern needs and accommodations of a facility of this magnitude.

**C. Why should this project be considered for SPLOST 2015 type funding?**

No other funding source to meet the demands and needs of the facility.

**D. To meet the Project Goals & Objectives, when should this project be completed?**

**E. Is this project recommended / included in any existing Augusta Richmond County Land Use Plan or Masterplan? If yes, please explain and provide necessary information.**

Augusta Georgia  
SLOT Phase 8  
Project Request Form

*Project Name* **Fleming Tennis Center**

**II. PROJECT DESCRIPTION:**

**A. Project Construction Program / Description:**

(Provide within this space a Construction Program / Description for the project. Agencies and departments submitting requests should be prepared to submit detailed construction information, etc., as required during the technical review process.)

**B. Projected Useful Life of Project:**

**C. Site Specific Information: (address, tax map parcel #, etc.)**

*Check box if site currently owned by Augusta Richmond County:*

Augusta Georgia  
**SPLIT Phase 8**  
 Project Request Form

*Project Name* **Fleming Tennis Center**

**III. PROJECT COSTS:**

A. Detailed project capital budget costs (to be funded from *SPLOST 8* only):

Project Costs (round to thousand)	Total	YR1 (22)	YR2 (23)	YR3 (24)	YR4 (25)	YR5 (26)	YR6 (27)
1. Land Acquisition / ROW / Easement:	\$0	-	-	-	-	-	-
2. Design Fees:	\$300,000	300,000	-	-	-	-	-
3. Miscellaneous Fees:	\$0	-	-	-	-	-	-
4. Fixtures, Furniture, and Equipment	\$100,000	-	100,000	-	-	-	-
5. Construction:	\$2,400,000	-	2,400,000	-	-	-	-
6. Testing:	\$0	-	-	-	-	-	-
8. Construction Contingency	\$300,000	-	300,000	-	-	-	-
9. Project Management:	\$50,000	-	50,000	-	-	-	-
10. Other (Splash Pad):	\$0	-	-	-	-	-	-
11. Other (Capital Equipment):	\$50,000	-	50,000	-	-	-	-
<b>SPLOST 8 Project Total:</b>	<b>\$3,200,000</b>	<b>\$300,000</b>	<b>\$2,900,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**IV. PROJECT FINANCING:**

A. Detailed project capital budget costs (to be funded from *SPLOST 8* only):

Project Sources (round to thousand)	Total	YR1 (22)	YR2 (23)	YR3 (24)	YR4 (25)	YR5 (26)	YR6 (27)
1. <i>SPLOST 8</i> *	\$3,200,000	\$300,000	\$2,900,000	\$0	\$0	\$0	\$0
2. ARC General Fund:	\$0	-	-	-	-	-	-
3. State Grant:	\$0	-	-	-	-	-	-
4. Federal Grant:	\$0	-	-	-	-	-	-
5. Previous SPLOST:	\$600,000	-	-	-	-	-	-
6. Testing:	\$0	-	-	-	-	-	-
7. Reimbursement Amount	\$0	-	-	-	-	-	-
7. Other (describe):	\$0	-	-	-	-	-	-
8. Other (describe):	\$0	-	-	-	-	-	-
<b>Total Sources:</b>	<b>\$3,800,000</b>	<b>\$300,000</b>	<b>\$2,900,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Amount from section III.A., "Detailed project capital budget costs" (*SPLOST 8* Project Total).

Augusta Georgia  
 SPLIT Phase 8  
 Project Request Form

*Project Name* **Fleming Tennis Center**

B. Describe the current commitments for the other sources funding this project:

**V. OPERATING COSTS:**

A. Total Annual Operating Costs when Project is complete:

Operating Cost (round to thousand)	Annual Costs
<b>(Estimated) Operating Revenues</b>	\$ -
1. Personnel Costs:	45,000
2. Utilities:	
■ Gas:	-
■ Electrical:	5,000
■ Water:	2,500
■ Sewer:	2,500
■ Phone:	-
■ Computers:	-
3. Operating Supplies:	5,000
4. Equipment Maintenance:	4,000
5. Facility Maintenance:	3,000
6. Non-Capital:	-
7. Other (describe):	-
8. Other (describe):	-
<b>TOTAL OPERATING COSTS OF PROJECT:</b>	<b>\$ 67,000</b>
<b>NET INCOME (ESTIMATED):</b>	<b>\$ (67,000)</b>

Augusta Georgia  
SLOT Phase 8  
Project Request Form

*Project Name* **Fleming Tennis Center**

**B. Additional Personnel Information:**

1. Identify the number of additional staff positions needed when project is completed:

- Full-Time: \_\_\_\_\_
- Part-Time: \_\_\_\_\_

2. Briefly describe the responsibilities of each additional staff position:

3. Identify the projected salary and fringe benefit cost for each additional staff position:

*Project Name* **Fleming Tennis Center**

**VI. Site Criteria and Standards (only applicable if site Selection is required):**

**A. General Criteria:**

**1. Acreage:**

- **Size:** Minimum acreage necessary for project, inclusive of parking and other
- **Topography:** Describe type of topography necessary to meet Goals and Objectives.
- **Estimated cost per acre:** Provide an estimated cost per acre and an explanation of how

**2. Location / Accessibility:**

- **Relative to its service area:** Define location relative to the project's service area that
- **Vehicular:** If necessary to meet the Goals and Objectives, describe what types of
- **Pedestrians:** Same as vehicular, but for pedestrians.
- **Bicycle Access:** Same as vehicular, but for bicycles.

**B. No further information on site criteria and standards is necessary for the project request form at this time. However, additional**

- **Development / Adjacent Impacts** (visibility, compatibility with land use plan, buffering,
- **Economy / Financing** (on- and off-site development costs, joint development
- **Environmental** (historic standards, traffic impacts, aesthetic standards, air quality, noise
- **Community Values** (displacements required, security needs, etc.)

**VII. OTHER IMPACTS:**

**A. Positive / Negative Impacts on ARC Departments, Agencies, or other Organizations:**

Augusta Georgia  
SPLIT Phase 8  
Project Request Form

*Project Name* **Fleming Tennis Center**

B. Positive / Negative Impacts on existing Infrastructure / Systems:

C. Positive / Negative Impacts on Augusta Richmond County Tax Base:

**VIII. OTHER INFORMATION:**

A. Provide other information that would assist in the review of this proposed project: