

Augusta Georgia
SPLOT Phase 8
Project Request Form

Project Name **Westview Cemetery**

PROJECT SUMMARY SHEET

A. Submitting Department, Agency, or Association: **Augusta Recreation and Parks Department**

B. Project Name / Brief Description:

To address the fencing and various site improvements and to address any and all ADA compliance issues.

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

C. Project Location / Address: **2051 Division Street**

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: **1**

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

Total SPLOT 8 Request: ¹	\$500,000
Annual Operating Cost: ²	\$ -

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

² 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

G. Project Classification **Quality of Life**

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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.

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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:

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III. PROJECT COSTS:

A. Detailed project capital budget costs (to be funded from **SPLIT 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:	\$0	-	-	-	-	-	-
3. Miscellaneous Fees:	\$0	-	-	-	-	-	-
4. Fixtures, Furniture, and Equipment	\$30,000	-	10,000	10,000	10,000	-	-
5. Construction:	\$400,000	100,000	100,000	100,000	100,000	-	-
6. Testing:	\$35,000	15,000	10,000	5,000	5,000	-	-
8. Construction Contingency	\$35,000	5,000	5,000	10,000	15,000	-	-
9. Project Management:	\$0	-	-	-	-	-	-
10. Other (Trees / Landscape):	\$0	-	-	-	-	-	-
11. Other (Capital Equipment):	\$0	-	-	-	-	-	-
SPLIT 8 Project Total:	\$500,000	\$120,000	\$125,000	\$125,000	\$130,000	\$0	\$0

IV. PROJECT FINANCING:

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

Project Sources (round to thousand)	Total	YR1 (22)	YR2 (23)	YR3 (24)	YR4 (25)	YR5 (26)	YR6 (27)
1. SPLIT 8 *	\$500,000	\$120,000	\$125,000	\$125,000	\$130,000	\$0	\$0
2. ARC General Fund:	\$0	-	-	-	-	-	-
3. State Grant:	\$0	-	-	-	-	-	-
4. Federal Grant:	\$0	-	-	-	-	-	-
5. Previous SPLIT:	\$0	-	-	-	-	-	-
6. Testing:	\$0	-	-	-	-	-	-
7. Reimbursement Amount	\$0	-	-	-	-	-	-
7. Other (describe):	\$0	-	-	-	-	-	-
8. Other (describe):	\$0	-	-	-	-	-	-
Total Sources:	\$500,000	\$120,000	\$125,000	\$125,000	\$130,000	\$0	\$0

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

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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
(Estimated) Operating Revenues	\$ -
1. Personnel Costs:	-
2. Utilities:	-
■ Gas:	-
■ Electrical:	-
■ Water:	-
■ Sewer:	-
■ Phone:	-
■ Computers:	-
3. Operating Supplies:	-
4. Equipment Maintenance:	-
5. Facility Maintenance:	-
6. Non-Capital:	-
7. Other (describe):	-
8. Other (describe):	-
TOTAL OPERATING COSTS OF PROJECT:	\$ -
NET INCOME (ESTIMATED):	\$ -

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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:

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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,

- **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:

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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: