

Augusta Georgia  
SPLOT Phase 8  
Project Request Form

Project Name **Hickman Park**

**PROJECT SUMMARY SHEET**

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

B. Project Name / Brief Description:

This project would provide site improvements and building renovations.

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

C. Project Location / Address: **965 Hickman Road, Augusta, Ga.**

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: **3**

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

|  |           |
|--|-----------|
| Total <b>SPLOT 8</b> Request: <sup>1</sup> | \$300,000 |
| Annual Operating Cost: <sup>2</sup>        | \$ -      |

<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**

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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:                | \$5,000          | -          | 2,500           | 2,500            | -                | -          | -          |
| 4. Fixtures, Furniture, and Equipment | \$0              | -          | -               | -                | -                | -          | -          |
| 5. Construction:                      | \$285,000        | -          | 85,000          | 100,000          | 100,000          | -          | -          |
| 6. Testing:                           | \$5,000          | -          | 2,500           | 2,500            | -                | -          | -          |
| 8. Construction Contingency           | \$5,000          | -          | -               | 2,500            | 2,500            | -          | -          |
| 9. Project Management:                | \$0              | -          | -               | -                | -                | -          | -          |
| 10. Other (Splash Pad):               | \$0              | -          | -               | -                | -                | -          | -          |
| 11. Other (Capital Equipment):        | \$0              | -          | -               | -                | -                | -          | -          |
| <b>SPLIT 8 Project Total:</b>         | <b>\$300,000</b> | <b>\$0</b> | <b>\$90,000</b> | <b>\$107,500</b> | <b>\$102,500</b> | <b>\$0</b> | <b>\$0</b> |

**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. <b>SPLIT 8</b> *                 | \$300,000        | \$0        | \$90,000        | \$107,500        | \$102,500        | \$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              | -          | -               | -                | -                | -          | -          |
| <b>Total Sources:</b>               | <b>\$300,000</b> | <b>\$0</b> | <b>\$90,000</b> | <b>\$107,500</b> | <b>\$102,500</b> | <b>\$0</b> | <b>\$0</b> |

\* 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 |
|--|--------------|
| <b>(Estimated) Operating Revenues</b>    | \$ -         |
| 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):                     | -            |
| <b>TOTAL OPERATING COSTS OF PROJECT:</b> | <b>\$ -</b>  |
| <b>NET INCOME (ESTIMATED):</b>           | <b>\$ -</b>  |

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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, 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:**

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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: