

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 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
Project Cost: (Include Design, Construction, Test)	\$ 650,000,000.00	Proposed Funding Source	Revenue Bonds, Federal Grants, State and Local Airport funds, TSA funds & Passenger Facility Charges.
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:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.			
What Benefit(s) will be provided to Public from this project?	A world class airport	For what year are you requesting the Project? 2016,2017, 2018, 2019,or 2020? Enter	
		2016	\$ 285,250,000.00
		2017	\$ 226,500,000.00
		2018	\$ 37,500,000.00
		2019	\$ 8,500,000.00
2020	\$ -		
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	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	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	51	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Drainage Pumping Station	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	
Include Scope of work, parking requirements	Project will construct a pumping station and associated collection and discharge infrastructure capable of mitigating the storm water runoff caused by the airport		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	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.	
Estimated Cost of Project: (Include Design, Construction, Testing, Contingency, etc.)	\$ 30,047,037.00	Proposed Funding Source	Federal Grant, State Grant, Passenger Facility Charges & Airport matching 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:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	Provides for additional stormwater pump station capacity to accommodate the "catch up" runoff associated with projects constructed from 1993 to 2013		
What Benefit(s) will be provided to Public from this project?	Safety and flood control	For what year are you requesting the Project? 2016, 2017, 2018, 2019, or 2020? Enter	
		2016	\$ 14,480,335.00
		2017	\$ 10,978,295.00
		2018	\$ -
		2019	\$ -
		2020	\$ -
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	Drainage Pumping Station	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 Projects	1	3	
Relation to adopted 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	
Energy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	51	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation -E & S	Department Priority Ranking	1
Project Type	Repairs	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.	Project will improve the integrity of pavement on Taxiways Echo and Sierra (E & S) and allow the Airport to maintain compliance with FAA requirements		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	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.	
Estimated Cost of Project: (Include Design, Construction, Testing, Contingency, etc.)	\$ 10,790,000.00	Proposed Funding Source	Federal Grant, Passenger Facility Charges, State & Airport matching funds
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:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2016,2017, 2018, 2019, or 2020? Enter amount	
		2016	\$ 430,000.00
		2017	\$ 4,580,000.00
		2018	\$ 5,780,000.00
		2019	\$ -
2020	\$ -		
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

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Taxiway Rehabilitation -E & S	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 adopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Avallability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	51	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation-RWY 1-19	Department Priority Ranking	1
Project Type	Repairs	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.	Project will improve the integrity of pavement on Runway 1-19 and allow the Airport to maintain compliance with FAA requirements		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	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.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 2,100,000.00	Proposed Funding Source	Federal Grant, Passenger Facility Charges, State & Airport matching funds
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:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2016,2017, 2018, 2019,or 2020? Enter amount	
		2016	\$ -
		2017	\$ -
		2018	\$ 210,000.00
		2019	\$ 1,890,000.00
		2020	\$ -
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	Airfield Rehabilitation-RWY 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	
Avallability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	51	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation-RWY 10-28	Department Priority Ranking	1
Project Type	Repairs	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.	Project will improve the integrity of pavement on Runway 10-28 and allow the Airport to maintain compliance with FAA requirements		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	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.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 1,230,000.00	Proposed Funding Source	Federal Grant, Passenger Facility Charges, State & Airport matching funds
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:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2016,2017, 2018, 2019,or 2020? Enter amount	
		2016	\$ -
		2017	\$ -
		2018	\$ -
		2019	\$ 123,000.00
2020	\$ 1,107,000.00		
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

Capital Budget Request Priority Rating Form			
Agency Number	900	Department Name	Aviation
Project Name	Airfield Rehabilitation-RWY 10-28	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 adopted 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	
Energy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	51	

Capital Budget Request Form

Agency Number	900	Department Name	Aviation
Project Name	Airport Layout Plan Update	Department Priority Ranking	1
Project Type		Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	No	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 will develop an updated Airport Layout Plan to include the north side terminal		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	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.	
Estimated Cost of Project: (Include Design, Construction, Testing, Contingency, etc.)	\$ 1,000,000.00	Proposed Funding Source	Federal Grant, Passenger Facility Charges, State & Airport matching funds
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:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	For what year are you requesting the Project? 2016,2017, 2018, 2019,or 2020? Enter amount		
	2016	\$	-
	2017	\$	-
	2018	\$	-
	2019	\$	1,000,000.00
	2020	\$	-
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	Airport Layout Plan Update	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	
Avallability of Financing	1	3	
Special Need	1	3	
Entergy Consumption	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
Environmental Quality and Stormwater Management	1	3	
TOTAL Ranking	18	51	

Capital Budget Request Form			
Agency Number	900	Department Name	Aviation
Project Name	Energy Project	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.	Project will develop a 40 acre solar farm to offset the energy needs of the airport campus		
Five Year Summary			
Has an Architect or Engineer prepared drawings for this project?	No	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.	
Estimated Cost of Project: (Include Design, Construction, Testing, Contingency, etc.)	\$ 72,000,000.00	Proposed Funding Source	State Capital Outlay and Airport matching funds
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:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	No		
What Benefit(s) will be provided to Public from this project?	Safety, security and decreased energy costs	For what year are you requesting the Project? 2016,2017, 2018, 2019,or 2020? Enter amount	
		2016	\$ -
		2017	\$ -
		2018	\$ -
		2019	\$ 7,200,000.00
	2020	\$ 21,600,000.00	
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

Capital Budget Request Priority Rating Form		
Agency Number	900	Department Name Aviation
Project Name	Energy Project	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 Consumption	1	3
Timeliness/ External	1	3
Public Support	1	3
Environmental Quality and Stormwater Management	1	3
TOTAL Ranking	18	51