

**2014 - 2018 Capital Budget Request Form**

Department Agency Number	450	Contact Name	George A. Patterson, Director of Property Management Dept.						
Department Name	Property Management	Contact Number	504-658-3600						
Date		Contact E-Mail	<a href="mailto:gapatterson@NOLA.Gov">gapatterson@NOLA.Gov</a>						
Request #	Department Ranking	Priority Criteria Ranking	Project Name	Project Amount	2014	2015	2016	2017	2018
1	1	153	Citywide building repairs	\$ 5,500,000	\$ 1,500,000	\$ 1,500,000	\$ 1,000,000	\$ 1,000,000	\$ 500,000
2	2	153	Mardi Gras bleachers and stands	\$ 975,000	\$ 975,000				
3	3	147	Facilities Maintenance Warehouse	\$ 3,000,000	\$ 2,500,000	\$ 500,000			
4	4	150	City Hall Fire Alarm & Monitoring System	\$ 945,000	\$ 945,000				
5	5	135	Replace City Hall Elevators	\$ 2,500,000	\$ 1,500,000	\$ 1,000,000			
6	6	141	Replacement of Civil District Court Elevators	\$ 2,200,000	\$ 1,200,000	\$ 1,000,000			
7	7	141	Mahalia Jackson Theater of Performing Arts	\$ 6,200,000	\$ 2,200,000	\$ 2,000,000	\$ 2,000,000		
8	8	123	Algiers Courthouse Renovations	\$ 1,200,000	\$ 600,000	\$ 600,000			
9	9	51	New Orleans Civic Center	\$ 300,000,000	\$ 13,000,000	\$ 50,000,000	\$ 100,000,000	\$ 100,000,000	\$ 37,000,000
TOTAL				\$ 22,520,000.00	24422014	56600000	103000000	101000000	37500000

Department Head Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Citywide building repairs	Department Priority Ranking	1
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No
Project Address	Citywide building repairs	Council District	Blank
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Citywide building repairs to maintain HVAC, Electrical, Plumbing, and Roofing systems at City buildings.		
Five Year Summary	Funding provided to address emergency building repairs for a five year period.		
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.)	\$ 5,500,000.00	Proposed Funding Source	Bond 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:	Project adheres to Master Plan		
What Benefit(s) will be provided to Public from this project?	Emergency building repairs will be made citywide	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014 , 2015, 2016, 2017, 2018
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	450	Department Name	Property Management
Project Name	Citywide building repairs	Department Priority Ranking	2
Categories	Rating	Score	
Public Health and Safety	4	12	
External Requirements	2	6	
Protection of Capital Stock	3	9	
Economic Development	3	9	
Operating Budget	3	9	
Life Expectancy of Project	4	12	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	4	12	
Intensity of Use	4	12	
Scheduling	1	3	
Benefit/ Cost	3	9	
Potential for Duplication	3	9	
Availability of Financing	2	6	
Special Need	1	3	
Entergy Consumptom	3	9	
Timeliness/ External	3	9	
Public Support	4	12	
<b>TOTAL Ranking</b>	<b>51</b>	<b>153</b>	

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Mardi Gras bleachers and stands	Department Priority Ranking	2
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Project Address	Unknown	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Bleacher and stand system used for Mardi Gras and special events. The Department of Property Management spends approximately \$200,000.00 each year on new state of the art hydraulic, transportable, and cost effective bleacher/stand system. Also, realize a significant savings on labor and materials.		
Five Year Summary	Replacement of new state of the art hydraulic, transportable, and cost effective bleacher/stand system. Also, realize a significant savings on labor and materials.		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 975,000.00	Proposed Funding Source	Bond 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:	Project adheres to Master Plan		
What Benefit(s) will be provided to Public from this project?	Savings of public dollars and improved safety.	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014
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	450	Department Name	Property Management
Project Name	Mardi Gras bleachers and stands	Department Priority Ranking	2
Categories	Rating	Score	
Public Health and Safety	4	12	
External Requirements	3	9	
Protection of Capital Stock	3	9	
Economic Development	2	6	
Operating Budget	2	6	
Life Expectancy of Project	4	12	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	2	6	
Intensity of Use	4	12	
Scheduling	2	6	
Benefit/ Cost	4	12	
Potential for Duplication	1	3	
Availability of Financing	4	12	
Special Need	3	9	
Entergy Consumption	3	9	
Timeliness/ External	2	6	
Public Support	4	12	
<b>TOTAL Ranking</b>	<b>51</b>	<b>153</b>	

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Facilities Maintenance Warehouse	Department Priority Ranking	3
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	Blank
Project Address	Location to be determined	Council District	Blank
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Storage of specialty equipment for multiple City agencies		
Five Year Summary	Acquisition of a large warehouse to storage CNO specialty equipment		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 3,000,000.00	Proposed Funding Source	Bond 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:	Project adheres to Master Plan		
What Benefit(s) will be provided to Public from this project?	Storage of specialty equipment for multiple Cit	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014, 2015
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	450	Department Name Property Management
Project Name	Facilities Maintenance Warehouse	Department Priority Ranking 3
Categories	Rating	Score
Public Health and Safety	2	6
External Requirements	2	6
Protection of Capital Stock	4	12
Economic Development	3	9
Operating Budget	2	6
Life Expectancy of Project	4	12
Percent of Population Served by Project:	4	12
Relation to dopted Plans	4	12
Intensity of Use	3	9
Scheduling	2	6
Benefit/ Cost	3	9
Potential for Duplication	2	6
Availability of Financing	4	12
Special Need	2	6
Entergy Consumption	2	6
Timeliness/ External	2	6
Public Support	4	12
<b>TOTAL Ranking</b>	<b>49</b>	<b>147</b>

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	City Hall Fire Alarm & Monitoring System	Department Priority Ranking	4
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Project Address	City Hall	Council District	Blank
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	em should include a minimum of two fire alarm annunciation/control panels (City Hall Engine Room/1st. Floor area). The equipment should be n		
Five Year Summary	Replace current fire alarm and monitoring system at City Hall		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 945,000.00	Proposed Funding Source	Bond 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:	Project adheres to Master Plan		
What Benefit(s) will be provided to Public from this project?	Safety	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014
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	450	Department Name	Property Management
Project Name	City Hall Fire Alarm & Monitoring System	Department Priority Ranking	4
Categories	Rating	Score	
Public Health and Safety	4	12	
External Requirements	2	6	
Protection of Capital Stock	4	12	
Economic Development	2	6	
Operating Budget	3	9	
Life Expectancy of Project	3	9	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	2	6	
Intensity of Use	4	12	
Scheduling	2	6	
Benefit/ Cost	4	12	
Potential for Duplication	1	3	
Availability of Financing	3	9	
Special Need	3	9	
Entergy Consumption	3	9	
Timeliness/ External	2	6	
Public Support	4	12	
<b>TOTAL Ranking</b>	<b>50</b>	<b>150</b>	

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Replace City Hall Elevators	Department Priority Ranking	5
Project Type	450	Is a Land acquisition needed? (Y/N)	No
Project Address	City Hall	Council District	Blank
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Replace City Hall Elevators (5) five passenger elevators and (1) one freight elevator		
Five Year Summary	Replace all elevators which will improve safety and reduce repair and maintenance cost.		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 2,500,000.00	Proposed Funding Source	Bond 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:	Project adheres to Master Plan		
What Benefit(s) will be provided to Public from this project?	Improve safety when using elevators and reduce	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014 , 2015
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

<b>Agency Number</b>	450	<b>Department Name</b>	Property Management
<b>Project Name</b>	Replace City Hall Elevators	<b>Department Priority Ranking</b>	1
<b>Categories</b>	<b>Rating</b>	<b>Score</b>	
Public Health and Safety	4	12	
External Requirements	3	9	
Protection of Capital Stock	3	9	
Economic Development	3	9	
Operating Budget	3	9	
Life Expectancy of Project	2	6	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	3	9	
Intensity of Use	4	12	
Scheduling	1	3	
Benefit/ Cost	4	12	
Potential for Duplication	1	3	
Availability of Financing	2	6	
Special Need	1	3	
Entergy Consumption	2	6	
Timeliness/ External	1	3	
Public Support	4	12	
<b>TOTAL Ranking</b>	45	135	

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Replacement of Civil District Court Elevators	Department Priority Ranking	6
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Project Address	Civil District Court Building	Council District	Blank
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Replacement of Civil District Court Elevators (5) five passenger elevators and convert (1) of the elevators to a freight elevator.		
Five Year Summary	Elevator equipment replaced and repair/maintenance costs minimized.		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 2,200,000.00	Proposed Funding Source	Bond 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:	Project adheres to Master Plan		
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014 , 2015
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

<b>Agency Number</b>	450	<b>Department Name</b>	Property Management
<b>Project Name</b>	Replacement of Civil District Court Elevators	<b>Department Priority Ranking</b>	4
<b>Categories</b>	<b>Rating</b>	<b>Score</b>	
Public Health and Safety	4	12	
External Requirements	2	6	
Protection of Capital Stock	2	6	
Economic Development	3	9	
Operating Budget	2	6	
Life Expectancy of Project	3	9	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	3	9	
Intensity of Use	4	12	
Scheduling	2	6	
Benefit/ Cost	4	12	
Potential for Duplication	1	3	
Availability of Financing	2	6	
Special Need	3	9	
Entergy Consumption	2	6	
Timeliness/ External	2	6	
Public Support	4	12	
<b>TOTAL Ranking</b>	47	141	

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Mahalia Jackson Theater of Performing Arts	Department Priority Ranking	7
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No
Project Address	143 Rampart Street	Council District	Blank
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	reduce the amount of condensation on and around ceiling. Repair ceiling damage from condensation. Repair the store front doors and glass on t		
Five Year Summary	Required repairs implemented that will improve building system(s) and reduce repair and maintenance cost.		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 6,200,000.00	Proposed Funding Source	Bond 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:	Project adheres to Master Plan		
What Benefit(s) will be provided to Public from this project?	Improved facility	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014, 2015, 2016
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	450	Department Name	Property Management
Project Name	Mahalia Jackson Theater of Performing Arts	Department Priority Ranking	4
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	4	12	
Protection of Capital Stock	2	6	
Economic Development	3	9	
Operating Budget	3	9	
Life Expectancy of Project	4	12	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	2	6	
Intensity of Use	4	12	
Scheduling	1	3	
Benefit/ Cost	4	12	
Potential for Duplication	1	3	
Availability of Financing	2	6	
Special Need	1	3	
Entergy Consumption	2	6	
Timeliness/ External	3	9	
Public Support	4	12	
<b>TOTAL Ranking</b>	<b>47</b>	<b>141</b>	

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Algiers Courthouse Renovations	Department Priority Ranking	8
Project Type	450	Is a Land acquisition needed? (Y/N)	No
Project Address	225 Morgan Street	Council District	Blank
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	c from termite damage. Replace all HVAC equipment. Upgrade electrical system, replace all wood frame and glass windows. Water proof and pai		
Five Year Summary	Complete building repairs		
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	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 1,200,000.00	Proposed Funding Source	Bond 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:	Project adheres to Master Plan		
What Benefit(s) will be provided to Public from this project?	Improved facility and reduced maintenance an	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014, 2015
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	450	Department Name	Property Management
Project Name	Algiers Courthouse Renovations	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	4	12	
Protection of Capital Stock	3	9	
Economic Development	2	6	
Operating Budget	2	6	
Life Expectancy of Project	4	12	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	3	9	
Intensity of Use	4	12	
Scheduling	2	6	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	2	6	
Special Need	1	3	
Entergy Consumption	2	6	
Timeliness/ External	2	6	
Public Support	4	12	
<b>TOTAL Ranking</b>	<b>41</b>	<b>123</b>	

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	New Orleans Civic Center	Department Priority Ranking	9
Project Type	Renovation	Is a Land acquisition needed? (Y/N)	Land Transfer from State
Project Address	1610 Tulane Ave	Council District	B
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Renovation of the former Charity Hospital to house City Hall and Civil District Court for the citizens of New Orleans		
Five Year Summary	The Civic Center will improve efficiency in City government by locating all City departments within one space and creating a better work space for the civil servants and reduce annual operating costs for maintenance		
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.	Maintenance of aging equipment at the current City Hall; plumbing, electrical, HVAC including originally installed elevators are costing the City over 600K annually.
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 300,000,000.00	Proposed Funding Source	State Capital Outlay, FEMA HMGP, Bonds
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:	The proposed project will assist in revitalizing adjacent neighborhoods and be within a 3-5 minute radius from the current City Hall.		
What Benefit(s) will be provided to Public from this project?	The Civic Center will improve efficiency in City government by locating all City departments within one space and creating a better work space for the civil servants and reduce annual operating costs for maintenance.	For what year are you requesting the Project? 2014,2015,2016, 2017, or 2018?	2014, 2015, 2016, 2017, 2018
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	Blank	Department Name	Blank
Project Name	New Orleans Civic Center	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	
<b>TOTAL Ranking</b>	<b>17</b>	<b>51</b>	

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Citywide Building Repairs	Department Priority Ranking	1
Project Type	450	Is a Land acquisition needed? (Y/N)	No
Project Address	Citywide	Council District	Blank
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Emergency building repairs for all City buildings to maintain HVAC, electrical, plumbing, and roofing systems		
Five Year Summary	The Department of Property Management will address building repairs for a five year period		
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.)	\$ 5,500,000.00	Proposed Funding Source	Bond Fund
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:			
What Benefit(s) will be provided to Public from this project?	Citywide building repairs will be made in a time	For what year are you requesting the Project? 2014,2015,2016, 2017,or 2018?	2014, 2015, 2016, 2017, 2018
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	450	Department Name	Property Management
Project Name	Citywide Building Repairs	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	3	9	
External Requirements	2	6	
Protection of Capital Stock	3	9	
Economic Development	4	12	
Operating Budget	3	9	
Life Expectancy of Project	4	12	
Percent of Population Served by Project:	4	12	
Relation to dopted Plans	4	12	
Intensity of Use	4	12	
Scheduling	1	3	
Benefit/ Cost	4	12	
Potential for Duplication	1	3	
Availability of Financing	2	6	
Special Need	2	6	
Entergy Consumption	3	9	
Timeliness/ External	2	6	
Public Support	4	12	
<b>TOTAL Ranking</b>	<b>50</b>	<b>150</b>	