

LAKE OF THE WOODS ASSOCIATION
PROJECT/PROGRAM CAPITAL EXPENDITURE REQUEST FORM
(Please use the following form for each item requested)

Date Submitted to Planning Committee: _____

Date Received by Planning Committee: _____

Proposal Title/Name: _____

Person/Agency Submitting Request: _____

Contact Information: Name; Phone Number; email address

Type of Funds Requested and Cost in Dollars: (Check those that apply)

New Capital _____

Operations Capital _____

Replacement Reserves _____

Road Reserves _____

Dam Reserves _____

Amount Requested	FY 10 _____	FY 11 _____	FY 12 _____
	FY 13 _____	FY 14 _____	Out Yrs _____

ATTACHMENTS

1. General Proposal Description: Include a brief narrative, describing the proposal’s overall purpose, justification, and cost. Identify when the project would begin and the time to complete it.

(e.g. Veterans Dam Modification. This proposal, if approved, would emplace an additional spillway and sluice gate in Veterans Dam. This modification will put the dam in compliance with a Dam Re-Classification mandated by the Commonwealth of Virginia. The project is estimated to cost \$5.5 Million and take 18 months to complete. Based on weather considerations it would be best to begin in November 2009, giving an expected completion date in May 2011.)

2. Detailed Proposal Description:

Purpose: Describe in detail what the proposal is intended to accomplish. Provide sufficient engineering data, specifications, and permit requirements that will allow the Committee to have a basic understanding and appreciation of the scope of work, the materials involved, identification of critical milestones, the total time to complete the project, and when it is forecast to attain initial operational capability.

3. Justification:

- Explain in detail why the proposal is necessary; explain why it is requested for a particular Fiscal Year.
- Please include a narrative addressing, at a minimum, the following topics:
- What are the specific needs or requirements that this proposal addresses? What will be the benefits to LOW; who will directly benefit from the proposal? What are the short and long term consequences?
- Have alternative solutions been considered that would fulfill the need? Compare the alternatives and explain your recommendation. Describe any risks or adverse effects.
- Describe potential impact to LOW and the surrounding community; address positive and negative reactions.
- Describe your plan for Project Management and for LOWA Board of Directors and Committee oversight of the project; identify your specific reports to the Community.
- What are other communities, HOAs, or similar operations doing in a similar situation? Has this proposal been submitted before? Results?
- Have previous surveys, studies or reports been done and considered? With what results?

3. Cost Information:

For all proposals:

Identify how you intend to fund the project. (e.g. through savings from cancellation of other operations or projects; increase in annual assessments (be specific as possible: Do

Identify costs/benefits including recurring costs for operations, maintenance, and any associated new personnel costs.

For proposals to be funded in the 1st FY of the 5 Year Plan present:

- Three Bids and reasoning why a particular bid was selected/recommended (e.g. why highest bid was selected)
- If recommending ‘Sole Source’ (i.e. one bid) justify your recommendation.

For proposals to be funded in the 2nd through 5th FY of the 5 Year Plan:

Identify approximate costs and their basis (ideally from two or more reliable sources). Forecast desired start and finish dates. It is understood that the further out in the future the less definitive the cost projections and durations can be.

Priority.

State the priority of the item. If you are submitting more than one item in any one year, then prioritize each item requested in that year.

SUBMISSION: Submit original and one copy to the General Manager and a third copy to the Planning Committee by EOM November, 2009. Submissions will be reviewed for compliance with the attached instructions.

SIGNATURES OF REVIEWING PARTIES

Operations Center Manager Concur _____ Non Concur _____ Date: _____

Committee Chair Concur _____ Non Concur _____ Date: _____

General Manager Concur _____ Non Concur _____ Date: _____

Planning Committee Chair Concur _____ Non Concur _____ Date: _____

Reason(s) for Non concurrence:

(Use additional sheets if necessary)