

**CAPITAL IMPROVEMENT PROGRAM
FISCAL YEAR 2012-2013 THROUGH 2016-2017
ITEM/PROJECT DESCRIPTION FORM**

REQUESTING DEPARTMENT: Public Works	PROJECT TITLE: Bonnett Street to Bladen Street Sidewalk
PROJECT DESCRIPTION: To install crosswalk and construct sidewalk along Wrightsville Avenue from Bonnett Street to Bladen Street. This project will connect two existing sidewalks, creating approximately 1,300 linear feet of pedestrian facilities that will tie in to the walkway at the Nags Head Elementary School Entrance in a north to south direction.	
PROJECT JUSTIFICATION: (What need is being met: Where is this documented: How does this project address the need?) To increase safety of children and parents walking to and from school and create a contiguous pedestrian facility within a neighborhood by "filling in a gap" between two existing sidewalks.	
LOCATION OF PROJECT: (Attach a map if applicable) Within the rights-of-way of Bonnett Street and Wrightsville Avenue.	
DEPARTMENT PRIORITY: (Choose One) Does the requested project: <input checked="" type="checkbox"/> _____ a) Correct an unsatisfactory level of service? _____ b) Maintain a current level of service? _____ c) Increase a level of service? _____ d) Represent a "vision"?	
DEPARTMENTAL RANK: (Prioritize your request in relation to other departmental project request) _____ 7 of 14 _____	
PAST ACTION: (Choose one) Is the requested project currently scheduled for implementation: Yes _____ No <input checked="" type="checkbox"/> _____ If yes, what year? _____	
PROJECT ALTERNATIVES: None	
PROJECT DEPENDENCY: Funding	
NEGATIVE IMPACTS: None	

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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OTHER CONSIDERATIONS:

This project is new to the CIP and was identified as a need through discussions with Nags Head Elementary about initiating a Safe Routes to School Program and concern for children and parents having to walk in the roadway of Wrightsville Avenue in order to reach the school entrance.

ADDITIONAL FUNDING SOURCES:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes _____

No _____

If yes, describe: This project is being proposed to the NCDOT Division Engineer for funding assistance under the Safe Routes to School Program. NCDOT communications indicate that there would be approximately \$50,000 available towards this project.

ESTIMATED COSTS

Capital/ One Time Costs	Description of Capital/One Time Costs	Cost
		\$ 96,650
	TOTAL Capital (One Time Costs)	\$ 96,650
Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs (A)	
	2% of construction value = \$1,933 annual maintenance est. Which would be reflected in Public Works Street maintenance costs (mowing, litter pick up, future repair)	\$ 1,933
	TOTAL A (Continuing Annual Operating Costs)	\$ 1,933
Salary (If Additional Personnel Needed)	Description of Salary (B)	
		\$ 0
	TOTAL B (Salary if Additional Personnel Needed)	\$ 0
	TOTAL ANNUAL COSTS (A+B)	\$ 1,933

YEAR REQUESTED: FY 2012 - 2013

PRIORITY RECOMMENDATION:
(By CIP Committee)

Town of Nags Head
 Five Foot Wide Sidewalk
 Bonnet-Wrightsville-Bladen (+/- 1,250 lf)

Estimate of Probable Cost

April 2012

ITEM	DESCRIPTION	ESTIMATED QUANTITY	UNIT	UNIT PRICE	AMOUNT
SITE PREPARATION					
1	Mobilization and Set Up	1	LS	\$ 2,500.00	\$ 2,500.00
2	Clearing and Grubbing within the limits of disturbance	0.5	AC	\$ 1,750.00	\$ 875.00
3	Common Excavation	175	CY	\$ 10.00	\$ 1,750.00
4	Select Fill , (furnished, placed and compacted)	200	CY	\$ 20.00	\$ 4,000.00
MULTI-USE PATH PREPARATION					
5	Removal and disposal of existing asphalt/concrete curbing	0	LF	\$ 8.00	\$ -
6	Removal and disposal of existing asphalt pavement and concrete side walk	0	SY	\$ 28.50	\$ -
7	30" Concrete Curb & Gutter as per NCDOT Detail 846.01	100	LF	\$ 18.00	\$ 1,800.00
8	Dome Alert matting (Entire Ramp Width) at Street Intersection	0	EA	\$ 760.00	\$ -
9	Wheelchair Ramps as per NCDOT Detail 848.05	6	EA	\$ 300.00	\$ 1,800.00
10	Dome Alert matting (Glue Down) Wheelchair Ramp as per NCDOT Detail 848.05	12	EA	\$ 1,200.00	\$ 14,400.00
11	Brick Catch Basin as per NCDOT detail 840.01 and NCDOT detail 840.03 (frame, grate & hood)	0	EA	\$ 750.00	\$ -
12	18" H.D.P.E Drop Inlet w/ cast iron frame & grate and rip rap outlet protection	0	EA	\$ 750.00	\$ -
13	15" (Perforated) HDPE Double Wall Culvert Pipe in accordance with AASHTO M294 Type "S" w/ bedding support	1050	LF	\$ 30.00	\$ 31,500.00
14	24" HDPE Double Wall Culvert Pipe in accordance with AASHTO M294 Type "S" w/ bedding support	0	LF	\$ 50.00	\$ -
15	15" Flared End Section with Rip-Rap Outlet Protection	4	EA	\$ 300.00	\$ 1,200.00
16	24" Flared End Section with Rip-Rap Outlet Protection in accordance with detail on sheet 8.	0	EA	\$ 400.00	\$ -
17	24" high wood guard rail in accordance with section 02708 and detail on sheet 8	0	LF	\$ 12.00	\$ -
18	4" thick by 5' wide reinforced concrete sidewalk	695	SY	\$ 28.00	\$ 19,460.00
19	8" thick solid white thermoplastic striping (90 mil)	180	LF	\$ 8.00	\$ 1,440.00
20	Existing Traffic Sign relocation as denoted on the construction plans	4	EA	\$ 50.00	\$ 200.00
21	Traffic Control Measures in accordance with NCDOT procedures	1	LS	\$ 1,500.00	\$ 1,500.00
EROSION CONTROL MEASURES					
22	Rock Check dam	2	EA	\$ 350.00	\$ 700.00
23	Silt Fencing	1000	LF	\$ 3.50	\$ 3,500.00
24	Permanent Grass Seeding and mulching	700	SY	\$ 0.75	\$ 525.00

TOTAL COST \$ 87,150.00

Town of Nags Head
Five Foot Wide Sidewalk
Bonnet-Wrightsville-Bladen (+/- 1,250 lf)

Estimate of Probable Cost

April 2012

ADDITIVE ALTERNATIVES				
1A	Construction Record Survey	1	Lump Sum	\$ 2,500.00
2A	Backfill Material Testing	1	Lump Sum	\$ 2,000.00
3A	Concrete Material Testing	1	Lump Sum	\$ 5,000.00
4A	Traffic Control Plan	1	Lump Sum	\$ -

TOTAL COST \$ **\$ 9,500.00**

**CAPITAL IMPROVEMENT PROGRAM
FISCAL YEAR 2012-2013 THROUGH 2016-2017
ITEM/PROJECT DESCRIPTION FORM**

REQUESTING DEPARTMENT: Public Works	PROJECT TITLE: Bonnett Street Bath House Replacement
PROJECT DESCRIPTION: To have Town engineer evaluate the bath house at the Bonnett Street public beach access for its structural integrity and longevity.	
PROJECT JUSTIFICATION: (What need is being met: Where is this documented: How does this project address the need?) This building was constructed in 1983. It had termite damage, rotting walls, and decking replaced, in addition to having new plumbing installed because sand had filled in underneath the building to the point where it could not be accessed. This building was designed with very little thought for maintenance of a public facility. The increased usage has taken its toll on this facility.	
LOCATION OF PROJECT: (Attach a map if applicable) 2919 South Virginia Dare Trail	
DEPARTMENT PRIORITY: (Choose One) Does the requested project: _____ a) Correct an unsatisfactory level of service? X_____ b) Maintain a current level of service? _____ c) Increase a level of service? _____ d) Represent a "vision"?	
DEPARTMENTAL RANK: (Prioritize your request in relation to other departmental project request) 8 _____ of _____ 14 _____	
PAST ACTION: (Choose one) Is the requested project currently scheduled for implementation: Yes _____ No X _____ If yes, what year? _____	
PROJECT ALTERNATIVES: Demolish the building and install outside showers and port-a-johns.	
PROJECT DEPENDENCY: Funding	
NEGATIVE IMPACTS: Public would loose a full service bath house	

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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OTHER CONSIDERATIONS: Totally renovating the building

ADDITIONAL FUNDING SOURCES:
Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:
Yes _____
No _____
If yes, describe: CAMA Grant and Visitors Bureau Grant

ESTIMATED COSTS		
Capital/ One Time Costs	Description of Capital/One Time Costs	Cost
		\$ 10,000
	TOTAL Capital (One Time Costs)	\$ 10,000
Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs (A)	
		\$
	TOTAL A (Continuing Annual Operating Costs)	\$
Salary (If Additional Personnel Needed)	Description of Salary (B)	
		\$
	TOTAL B (Salary if Additional Personnel Needed)	\$
	TOTAL ANNUAL COSTS (A+B)	\$

YEAR REQUESTED: FY
2013 - 2014

PRIORITY RECOMMENDATION:
(By CIP Committee)

**CAPITAL IMPROVEMENT PROGRAM
FISCAL YEAR 2012-2013 THROUGH 2016-2017
ITEM/PROJECT DESCRIPTION FORM**

REQUESTING DEPARTMENT: Public Works	PROJECT TITLE: Islington Beach Access Improvement
PROJECT DESCRIPTION: To construct a parking lot at the Islington public beach access. This access already has stairs and a crosswalk across the dunes, which was constructed in 2004.	
PROJECT JUSTIFICATION: (What need is being met: Where is this documented: How does this project address the need?) To add supplementary public parking in south Nags Head.	
LOCATION OF PROJECT: (Attach a map if applicable) Islington Street	
DEPARTMENT PRIORITY: (Choose One) Does the requested project: _____ a) Correct an unsatisfactory level of service? _____ b) Maintain a current level of service? X_____ c) Increase a level of service? _____ d) Represent a "vision"?	
DEPARTMENTAL RANK: (Prioritize your request in relation to other departmental project request) 9 _____ of _____ 14 _____	
PAST ACTION: (Choose one) Is the requested project currently scheduled for implementation: Yes _____ No X_____ If yes, what year? _____	
PROJECT ALTERNATIVES: None	
PROJECT DEPENDENCY: Funding	
NEGATIVE IMPACTS: None	

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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OTHER CONSIDERATIONS: To leave it as a pedestrian crossing

ADDITIONAL FUNDING SOURCES:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes _____

No _____

If yes, describe: CAMA Grant and Visitors Bureau Grant

ESTIMATED COSTS

Capital/ One Time Costs	Description of Capital/One Time Costs	Cost
		\$ 75,000
	TOTAL Capital (One Time Costs)	\$ 75,000
Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs (A)	
		\$ 1,500
	TOTAL A (Continuing Annual Operating Costs)	\$ 1,500
Salary (If Additional Personnel Needed)	Description of Salary (B)	
		\$
	TOTAL B (Salary if Additional Personnel Needed)	\$
	TOTAL ANNUAL COSTS (A+B)	\$ 1,500

YEAR REQUESTED: FY
2013 - 2014

PRIORITY RECOMMENDATION:
(By CIP Committee)

**CAPITAL IMPROVEMENT PROGRAM
FISCAL YEAR 2012-2013 THROUGH 2016-2017
ITEM/PROJECT DESCRIPTION FORM**

REQUESTING DEPARTMENT: Public Works	PROJECT TITLE: Satterfield Landing Park Playground
PROJECT DESCRIPTION: To start the construction of the Satterfield Landing Park by installing playground equipment.	
PROJECT JUSTIFICATION: (What need is being met: Where is this documented: How does this project address the need?) To enhance the area so that a greater number of children can enjoy the facility.	
LOCATION OF PROJECT: (Attach a map if applicable) Satterfield Landing Park	
DEPARTMENT PRIORITY: (Choose One) Does the requested project: _____ a) Correct an unsatisfactory level of service? _____ b) Maintain a current level of service? X_____ c) Increase a level of service? _____ d) Represent a "vision"?	
DEPARTMENTAL RANK: (Prioritize your request in relation to other departmental project request) 10 _____ of _____ 14 _____	
PAST ACTION: (Choose one) Is the requested project currently scheduled for implementation: Yes _____ No X_____ If yes, what year? _____	
PROJECT ALTERNATIVES: None	
PROJECT DEPENDENCY: Funding	
NEGATIVE IMPACTS: None	

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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OTHER CONSIDERATIONS: To leave the area as open space.

ADDITIONAL FUNDING SOURCES:
Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:
Yes _____
No _____
If yes, describe: Partf Grant and Visitors Bureau Grant

ESTIMATED COSTS		
Capital/ One Time Costs	Description of Capital/One Time Costs	Cost
		\$ 50,000
	TOTAL Capital (One Time Costs)	\$ 50,000
Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs (A)	
		\$ 2,000
	TOTAL A (Continuing Annual Operating Costs)	\$ 2,000
Salary (If Additional Personnel Needed)	Description of Salary (B)	
		\$
	TOTAL B (Salary if Additional Personnel Needed)	\$
	TOTAL ANNUAL COSTS (A+B)	\$ 2,000

YEAR REQUESTED: FY
2013 - 2014

PRIORITY RECOMMENDATION:
(By CIP Committee)

**CAPITAL IMPROVEMENT PROGRAM
FISCAL YEAR 2012-2013 THROUGH 2016-2017
ITEM/PROJECT DESCRIPTION FORM**

REQUESTING DEPARTMENT: Public Works	PROJECT TITLE: Epstein Street Bath House Relocation/Replacement
PROJECT DESCRIPTION: To have the Town engineer evaluate the Epstein bath house to determine if it should be replaced or relocated, whichever is determined to be more cost effective and fiscally prudent.	
PROJECT JUSTIFICATION: (What need is being met: Where is this documented: How does this project address the need?) This building was constructed in 1985 and is being compromised by sand. Sand has filled in underneath the building. We had to relocate the plumbing because it could no longer be accessed from underneath. We have also found termite damage due to the sand being right up to the floor joust of the building. To raise the building in its current location would compromise the handicap accessibility, or we would need to remove parking to add handicap ramps to keep it handicap accessible.	
LOCATION OF PROJECT: (Attach a map if applicable) 5701 South Virginia Dare Trail	
DEPARTMENT PRIORITY: (Choose One) Does the requested project: _____ a) Correct an unsatisfactory level of service? X_____ b) Maintain a current level of service? _____ c) Increase a level of service? _____ d) Represent a "vision"?	
DEPARTMENTAL RANK: (Prioritize your request in relation to other departmental project request) 11 ___ of ___ 14 ___	
PAST ACTION: (Choose one) Is the requested project currently scheduled for implementation: Yes _____ No X_____ If yes, what year? _____	
PROJECT ALTERNATIVES: To raise the building	
PROJECT DEPENDENCY: Funding	

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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NEGATIVE IMPACTS: Loosing the handicap accessibility to the building													
OTHER CONSIDERATIONS: None													
ADDITIONAL FUNDING SOURCES: Are there grants or additional funds which might be used in conjunction with the CIP to fund this project: Yes _____ No X _____ If yes, describe:													
ESTIMATED COSTS													
Capital/ One Time Costs	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Description of Capital/One Time Costs</th> <th style="width: 10%;"></th> <th style="width: 20%;">Cost</th> </tr> </thead> <tbody> <tr> <td></td> <td align="right">\$</td> <td align="right">5,000</td> </tr> <tr> <td align="right" colspan="2">TOTAL Capital (One Time Costs)</td> <td align="right">\$ 5,000</td> </tr> </tbody> </table>	Description of Capital/One Time Costs		Cost		\$	5,000	TOTAL Capital (One Time Costs)		\$ 5,000			
Description of Capital/One Time Costs		Cost											
	\$	5,000											
TOTAL Capital (One Time Costs)		\$ 5,000											
Continuing Annual Operating Costs	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Description of Continuing Annual Operating Costs (A)</th> <th style="width: 10%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td></td> <td align="right">\$</td> <td></td> </tr> <tr> <td align="right" colspan="2">TOTAL A (Continuing Annual Operating Costs)</td> <td align="right">\$</td> </tr> </tbody> </table>	Description of Continuing Annual Operating Costs (A)				\$		TOTAL A (Continuing Annual Operating Costs)		\$			
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	\$												
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Salary (If Additional Personnel Needed)	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Description of Salary (B)</th> <th style="width: 10%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td></td> <td align="right">\$</td> <td></td> </tr> <tr> <td align="right" colspan="2">TOTAL B (Salary if Additional Personnel Needed)</td> <td align="right">\$</td> </tr> <tr> <td align="right" colspan="2">TOTAL ANNUAL COSTS (A+B)</td> <td align="right">\$</td> </tr> </tbody> </table>	Description of Salary (B)				\$		TOTAL B (Salary if Additional Personnel Needed)		\$	TOTAL ANNUAL COSTS (A+B)		\$
Description of Salary (B)													
	\$												
TOTAL B (Salary if Additional Personnel Needed)		\$											
TOTAL ANNUAL COSTS (A+B)		\$											
YEAR REQUESTED: FY 2013 - 2014	PRIORITY RECOMMENDATION: (By CIP Committee)												

**CAPITAL IMPROVEMENT PROGRAM
FISCAL YEAR 2012-2013 THROUGH 2016-2017
ITEM/PROJECT DESCRIPTION FORM**

REQUESTING DEPARTMENT: Public Works	PROJECT TITLE: Hargrove Street Bath House
PROJECT DESCRIPTION: To have the Town engineer evaluate the bath house at the Hargrove Street public beach access to determine if it should be replaced or relocated, whichever is more cost effective and fiscally prudent.	
PROJECT JUSTIFICATION: (What need is being met: Where is this documented: How does this project address the need?) This building was constructed in 1985 and is being compromised by sand. The drain field at some point will become unusable. It would need to have a new drain field that may cause a loss of parking. This would need to be determined by the Town Engineer of what type of septic system this facility would require.	
LOCATION OF PROJECT: (Attach a map if applicable) 8337 Old Oregon Inlet Road	
DEPARTMENT PRIORITY: (Choose One) Does the requested project: _____ a) Correct an unsatisfactory level of service? X_____ b) Maintain a current level of service? _____ c) Increase a level of service? _____ d) Represent a "vision"?	
DEPARTMENTAL RANK: (Prioritize your request in relation to other departmental project request) <u>12</u> of <u>14</u>	
PAST ACTION: (Choose one) Is the requested project currently scheduled for implementation: Yes _____ No X_____ If yes, what year? _____	
PROJECT ALTERNATIVES: Remove facility altogether	
PROJECT DEPENDENCY: Funding	
NEGATIVE IMPACTS: Loss of a full service bath house.	

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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OTHER CONSIDERATIONS: Install outside showers and port-a-johns

ADDITIONAL FUNDING SOURCES:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes _____

No _____

If yes, describe:

ESTIMATED COSTS

Capital/ One Time Costs	Description of Capital/One Time Costs	Cost
		\$ 5,000
	TOTAL Capital (One Time Costs)	\$ 5,000
Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs (A)	
		\$
	TOTAL A (Continuing Annual Operating Costs)	\$
Salary (If Additional Personnel Needed)	Description of Salary (B)	
		\$
	TOTAL B (Salary if Additional Personnel Needed)	\$
	TOTAL ANNUAL COSTS (A+B)	\$

YEAR REQUESTED: FY
2014 - 2015

PRIORITY RECOMMENDATION:
(By CIP Committee)

**CAPITAL IMPROVEMENT PROGRAM
FISCAL YEAR 2012-2013 THROUGH 2016-2017
ITEM/PROJECT DESCRIPTION FORM**

REQUESTING DEPARTMENT: Public Works	PROJECT TITLE: Jacob Street Public Beach Access Improvement
PROJECT DESCRIPTION: To construct a parking lot and dune walk-over at the Jacob Street public beach access.	
PROJECT JUSTIFICATION: (What need is being met: Where is this documented: How does this project address the need?) Additional public parking in south Nags Head.	
LOCATION OF PROJECT: (Attach a map if applicable) Jacob Street	
DEPARTMENT PRIORITY: (Choose One) Does the requested project: _____ a) Correct an unsatisfactory level of service? _____ b) Maintain a current level of service? X_____ c) Increase a level of service? _____ d) Represent a "vision"?	
DEPARTMENTAL RANK: (Prioritize your request in relation to other departmental project request) 13 ___ of ___ 14 ___	
PAST ACTION: (Choose one) Is the requested project currently scheduled for implementation: Yes _____ No X_____ If yes, what year? _____	
PROJECT ALTERNATIVES: Leave it as open space	
PROJECT DEPENDENCY: Funding	
NEGATIVE IMPACTS: Removal of vegetation and leveling of sand	

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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OTHER CONSIDERATIONS: None

ADDITIONAL FUNDING SOURCES:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes _____

No _____

If yes, describe: CAMA and Visitors Bureau Grants

ESTIMATED COSTS

Capital/ One Time Costs	Description of Capital/One Time Costs	Cost
		\$ 125,000
	TOTAL Capital (One Time Costs)	\$ 125,000
Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs (A)	
		\$ 1,500
	TOTAL A (Continuing Annual Operating Costs)	\$
Salary (If Additional Personnel Needed)	Description of Salary (B)	
		\$
	TOTAL B (Salary if Additional Personnel Needed)	\$
	TOTAL ANNUAL COSTS (A+B)	\$ 1,500

YEAR REQUESTED: FY
2014 - 2015

PRIORITY RECOMMENDATION:
(By CIP Committee)

**CAPITAL IMPROVEMENT PROGRAM
FISCAL YEAR 2012-2013 THROUGH 2016-2017
ITEM/PROJECT DESCRIPTION FORM**

REQUESTING DEPARTMENT: Public Works	PROJECT TITLE: Grouse Street Public Beach Access Improvement
PROJECT DESCRIPTION: To construct a dune boardwalk and cross-over at the Grouse Street public beach access.	
PROJECT JUSTIFICATION: (What need is being met: Where is this documented: How does this project address the need?) To build a boardwalk and cross-over for public use	
LOCATION OF PROJECT: (Attach a map if applicable) Grouse Street	
DEPARTMENT PRIORITY: (Choose One) Does the requested project: _____ a) Correct an unsatisfactory level of service? _____ b) Maintain a current level of service? X_____ c) Increase a level of service? _____ d) Represent a "vision"?	
DEPARTMENTAL RANK: (Prioritize your request in relation to other departmental project request) 14 ___ of ___ 14 ___	
PAST ACTION: (Choose one) Is the requested project currently scheduled for implementation: Yes _____ No X_____ If yes, what year? _____	
PROJECT ALTERNATIVES: Leave it as open space	
PROJECT DEPENDENCY: Funding	
NEGATIVE IMPACTS: Removal of vegetation and leveling of sand	

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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OTHER CONSIDERATIONS: None

ADDITIONAL FUNDING SOURCES:
Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:
Yes _____
No _____
If yes, describe: CAMA and Visitors Bureau Grants

ESTIMATED COSTS		
Capital/ One Time Costs	Description of Capital/One Time Costs	Cost
		\$ 75,000
	TOTAL Capital (One Time Costs)	\$ 75,000
Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs (A)	
		\$ 2,000
	TOTAL A (Continuing Annual Operating Costs)	\$
Salary (If Additional Personnel Needed)	Description of Salary (B)	
		\$
	TOTAL B (Salary if Additional Personnel Needed)	\$
	TOTAL ANNUAL COSTS (A+B)	\$ 2,000

YEAR REQUESTED: FY
2016 - 2017

PRIORITY RECOMMENDATION:
(By CIP Committee)