

REQUESTED COMMISSION ACTION:

Consent Ordinance Resolution Consideration Workshop

SHORT TITLE OR MOTION: A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, AMENDING THE CAPITAL IMPROVEMENT PLAN FOR THE CITY OF POMPANO BEACH FOR FISCAL YEARS 2015 THROUGH 2019 TO INCLUDE A PROJECT FOR McNAIR PARK CONCESSION/RESTROOM REPLACEMENT; ESTABLISHING THE APPROPRIATE BUDGET FOR FY 2015; PROVIDING AN EFFECTIVE DATE. (Fiscal impact: \$90,000.00)

Summary of Purpose and Why:

Design/Build of complete interior upgrades to the restroom and concession building at McNair Park. The existing facility is in fair condition but no longer meets the needs of the park.



Accomplishing this item supports achieving initiative "2.6 Improve City parks" identified in the City's Great Places Strategy.

QUESTIONS TO BE ANSWERED BY ORIGINATING DEPARTMENT:

- (1) Origin of request for this action: Staff
- (2) Primary staff contact: Robert A. McCaughan/ Tammy Good, PMP Ext 4507/ 5512
- (3) Expiration of contract, if applicable: N/A
- (4) Fiscal impact and source of funding: CIP Project #15-274 302-7552-572-65xx From Fund Balance

DEPARTMENTAL COORDINATION	DATE	DEPARTMENTAL RECOMMENDATION	DEPARTMENTAL HEAD SIGNATURE OR ATTACHED MEMO NUMBER
Public Works	<u>3/17/15</u>	APPROVE	<u>Robert A. McCaughan</u>
Parks & Recreation	<u>3-18-15</u>	APPROVE	<u>Tammy Good</u>
City Attorney	<u>3/17/15</u>	APPROVE	<u>John B. ...</u>
Finance	<u>3/17/15</u>	APPROVE	<u>A. J. ...</u>
Budget	<u>3/17/15</u>	APPROVE	<u>Robert A. McCaughan</u>
PURCHASING	<u>3/17/15</u>	APPROVE	<u>...</u>
Advisory Board			
Development Services Director			
X City Manager	<u>[Signature]</u>		<u>[Signature]</u>

ACTION TAKEN BY COMMISSION:

Ordinance	Resolution	Consideration	Workshop
1st Reading _____	1st Reading _____	Results: _____	Results: _____
2nd Reading _____	_____	_____	_____

RESOLUTION NO. 2015-_____

CITY OF POMPANO BEACH
Broward County, Florida

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, AMENDING THE CAPITAL IMPROVEMENT PLAN FOR THE CITY OF POMPANO BEACH FOR FISCAL YEARS 2015 THROUGH 2019 TO INCLUDE A PROJECT FOR MCNAIR PARK CONCESSION/RESTROOM UPGRADES; ESTABLISHING THE APPROPRIATE BUDGET FOR FY 2015; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Commission has adopted a Five Year Capital Improvement Plan for the City of Pompano Beach for fiscal years 2015 through 2019 by Resolution No. 2015-17; and

WHEREAS, the said Capital Improvement Plan did not include a project for the McNair Park Concession/Restroom Upgrades; and

WHEREAS, it is the desire of the City Commission to commence said project; now, therefore,

BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA:

SECTION 1. That the Capital Improvement Plan for the City of Pompano Beach for Fiscal Years 2015 through 2019 be amended to include the proposed Capital Improvement Project for upgrading the interior restrooms and concession space at McNair Park; said project more particularly described in Exhibit "A" attached hereto and made a part hereof.

SECTION 2. That an additional budget of \$90,000 of capital project's funds be established for fiscal year 2015.

SECTION 3. That the completion of the plan for said project be scheduled for fiscal year 2015.

SECTION 4. That this Resolution shall become effective upon passage.

PASSED AND ADOPTED this _____ day of _____, 2015.

LAMAR FISHER, MAYOR

ATTEST:

ASCELETA HAMMOND, CITY CLERK

GBL/jrm
3/13/15
l:reso/2015-258

CAPITAL IMPROVEMENT PLAN JUSTIFICATION FORM

1. Purpose of CIP Justification Form:

Add new item to CIP Modify existing project

2. Project Name/ Number: Interior Upgrades to Restroom/Concession at McNair Park/15-274

3. Department: Public Works/ Engineering

4. Project Estimate and Justification

Element/Object	FY 15-19 Request	Justification
<u>65-01</u> Program Administration/ Design	5,000	1% of project construction cost
<u>65-02</u> City Fees	5,000	Explain basis for estimated fees: City Administration Staff
<u>65-03</u> Outside Consulting/ Design		___% of project construction cost
<u>65-04</u> Other Professional Fees		
<u>65-05</u> Permit Fees	\$5,000	
<u>65-06</u> Scoping Fees		
<u>65-07</u> Survey Fees		
<u>65-08</u> Right-of-Way (R.O.W.) Acquisition		@ _____ per square foot
<u>65-09</u> Land Acquisition		___ acres @ \$__ per acre ___ Other (explain)
<u>65-10</u> Furnishings		Explain
<u>65-11</u> New Equipment		
<u>65-12</u> Construction	75,000	Explain basis for estimate: ___sq. feet @ \$__ per sq. foot
<u>65-13</u> Legal Fees		Explain
<u>65-18</u> Utility/PW In-house Labor		
<u>65-19</u> CD/In-house Force Labor		___% of project construction cost
<u>65-20</u> Project Contingency		Contingencies – ___% of construction = \$
Project Total:	\$90,000	

5. Project Status: Design Phase Land Acquisition Phase Construction Phase

6. Basis for Construction On-Site Visits Design Plans Consultation w/ Consultant/Contractor
Estimates: Developed by Architect/Engineer Similar Work Experience

7. **Project Priority and Ranking by Department:** Please provide a priority ranking (Priority A, 1, 3 or 3) and relative numerical ranking for this project if your department is submitting more than one project for consideration in the Capital Improvement Plan.

Project Priority : 1

Project Ranking by department: 1

8. **Project description/justification:** The project description/justification is a synopsis of the particular capital improvement project. The project description should be concise and include a clear description of the project, location, background and other pertinent facts about the project.

The restroom/concession building is heavily used and in need of interior upgrades. The existing structure is fair condition but the interior space no longer meets the needs of the park. The Parks & Recreation Master Plan recommends the entire park and all facilities be replaced/renovated in the future which is the basis for upgrades vs. completely new facility at this time.

9. **Annual Operations and Maintenance Costs:** Please complete all applicable questions that pertain to the annual operations and maintenance costs associated with the proposed project.

A) New Positions

Will new positions be required? Yes _____ No X

If yes, indicate the number of new positions to be added, whether the positions will be part-time or full-time, and the pay grade.

B) Operations

1) Will any of the following services be required after the proposed project's completion?

Service	Yes	No	Estimated Annual Expenditure
Water & Sewer			
Electricity			
Gas			

C) Capital Equipment

List any capital greater than \$750 that will need to be purchased upon completion of the project. Make sure to include estimated costs and life cycle

Item	Cost	Life Cycle

D) Other Operating & Maintenance Costs:

10. Department Head Approval: Roberta Date: 3/11/15

11. Planning & Zoning Division Approval: _____ Date: _____

12. City Engineer Approval: Alexander Duf Date: 3-11-15

13. Project Timing and Programming

Project Timetable & Programming of Funds

Quarters	FY 14				FY 15				FY 16				FY 17				FY 18				FY 19			
	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Program Admin./ Design (65-01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					\$5,000				\$				\$				\$							
City Fees: (65-02)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$				\$5,000								\$				\$							
Outside Consulting & Design: (65-03)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	\$				\$				\$				\$				\$							
Other Professional Fees; (65-04)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	\$				\$				\$				\$				\$							
Permit Fees: (65-05)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	\$				\$5,000				\$				\$				\$							
Scoping Fees: (65-06)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	\$				\$				\$				\$				\$							
R-O-W Acquisition: (65-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	\$				\$				\$				\$				\$							
New Equipment (65-11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	\$				\$				\$				\$				\$							
Construction: (65-12)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
	\$				\$75,000				\$				\$				\$							
CD/In-house Force Labor: (65-19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	\$				\$				\$				\$				\$							
Project Contingency: (65-20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	\$				\$				\$				\$				\$							
Totals =	\$				\$ 90,000				\$				\$				\$							



**CITY OF POMPANO BEACH
BUDGET ADJUSTMENT**

ORIGINATING DEPT.

Finance

DATE

3/17/2015

ACCOUNT DESCRIPTION	FND	DP	DV	SUB	EL	OB	AVAILABLE FUNDS	CURRENT BUDGET	* INCREASE	* DECREASE	REVISED BUDGET
<i>Program admin B-274</i>	<i>302</i>	<i>75</i>	<i>52</i>	<i>572</i>	<i>65</i>	<i>01</i>			<i>5,000</i>		
<i>City fees B-274</i>	<i>302</i>	<i>75</i>	<i>52</i>	<i>572</i>	<i>65</i>	<i>02</i>			<i>5,000</i>		
<i>Permit fees B-274</i>	<i>302</i>	<i>75</i>	<i>52</i>	<i>572</i>	<i>65</i>	<i>05</i>			<i>5,000</i>		
<i>Construction B-274</i>	<i>302</i>	<i>75</i>	<i>52</i>	<i>572</i>	<i>65</i>	<i>12</i>			<i>75,000</i>		
<i>Fund Balance B-274</i>	<i>302</i>	<i>00</i>	<i>00</i>	<i>392</i>	<i>10</i>	<i>00</i>			<i>90,000</i>		

* USE WHOLE DOLLARS ONLY

TOTAL

REASON

*To fund replacement for Mcnair park concession/
Restroom*

A. Jennings
Department Head

3/17/15
Date

Adjustment is within total budget of department
Adjustment requires only City Manager approval
Adjustment requires City Commission approval

- Yes _____ No
- Yes _____ No
- Yes No _____

Adjustment approved at City Commission Meeting of _____

<i>A. Jennings</i> Finance Director	<i>3/17/15</i> Date	Budget Office	Date	City Manager	Date	AUDITED BY <i>3/31/17</i>	INPUT BY	CONTROL NO.
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