

Capital Improvement Request Form Part I

Project/Program Title: Mobile Device Security & Management

Requesting Department: DOA - ITMD

Prepared By/Phone Ext: Nancy Olson/8710

Department Head Signature: *Nancy A. Olson*

Account No: _____

A) Department Priority 6 of 18 Useful Life 5 Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

Energy Efficiency Candidate Yes No

B) Description

Infrastructure

Street Related Sewer Water Street Lighting Communications Recreation

Sidewalks Alleys Bridge Environmental Port Parking

Building

Roof Windows HVAC Electrical Restroom Security Exterior Entire Facility

ADA Office Remodeling New Building Elevators Garage Mechanical

Miscellaneous Development

Economic Information Systems Equipment Other _____

C) Project/Program Duration

One Year Yes No

On-Going Program Yes No

Multi-Year Yes No Number of Years _____

D) Total Positions Unknown Total FTEs Unknown

Position Title	No. of Positions	FTEs	Salaries
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

E) In Six Year Capital Improvement Plan

Yes 2012-2017 2013-2018 Yes, Modified New Request

F) Project/Program Justification

Phenomenal growth in the number of mobile devices has made them an increasingly attractive attack vector for malware. As growing numbers of City employees use their personal devices to connect to City e-mail and applications, the risk of attack becomes a significant threat. This project would procure security and management software for mobile devices. This software would require that users install it on their devices in order to connect to critical City systems. Mobile devices could then be secured remotely, wiped clean if stolen or lost, and managed from a central location.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA-ITMD

Project/Program Title: Mobile Device Security & Management

Account No:

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2013						\$0
2014 Budget Request	\$160,000					\$160,000
2015 Projection						\$0
2016 Projection						\$0
2017 Projection						\$0
2018 Projection						\$0
2019 Projection						\$0
Total Six Year Cost	\$160,000	\$0	\$0	\$0	\$0	\$160,000
Total Project Cost	\$160,000	\$0	\$0	\$0	\$0	\$160,000

Life to Date Expenditures (Project Only)

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Available Cost Estimate:

- Thorough Cost Estimate 2014 2015 2016 2017 2018 2019
- Limited Information 2014 2015 2016 2017 2018 2019
- Based on Cost of Similar Projects 2014 2015 2016 2017 2018 2019
- Unsupported 2014 2015 2016 2017 2018 2019

Were cost estimates confirmed by another source?

- Yes No Uncertain

Are cost estimates based on industry standards?

- Yes No Uncertain

Will city employees be performing any portion of the work?

- Yes No Uncertain

Did you perform a cost/benefit analysis?

- Yes No Uncertain

How will this project impact city operating expenditures?

- Increase Decrease None

Estimated Start Date: 03/01/14

Estimated Completion Date: 08/31/14

Department Head Signature

Prepared By/Phone Ext

Nancy Olson / 8710

Capital Improvement Request Form Part I

Project/Program Title: GIS Infrastructure Improvements **Requesting Department:** DOA-ITMD
Prepared By/Phone Ext: Nancy Olson / 8710 **Department Head Signature:** *Nancy A. Olson*
Account No: _____

A) Department Priority 12 of 18 **Useful Life** 5 Years **Level of Need** Essential Important Desired
Type of Project New Replacement Repair **Project/Program Scope** Fully Defined Partially Defined
 On-Going Program

B) Description
Infrastructure
 Street Related Sewer Water Street Lighting Communications Recreation
 Sidewalks Alleys Bridge Environmental Port Parking
Building
 Roof Windows HVAC Electrical Restroom Security Exterior Entire Facility
 ADA Office Remodeling New Building Elevators Garage Mechanical
Miscellaneous Development
 Economic Information Systems Equipment Other _____

C) Project/Program Duration
 One Year Yes No
 On-Going Program Yes No
 Multi-Year Yes No Number of Years _____

D) Total Positions Unknown **Total FTEs** Unknown

Position Title	No. of Positions	FTEs	Salaries	\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E) In Six Year Capital Improvement Plan
 Yes 2012-2017 2013-2018 Yes, Modified New Request

F) Project/Program Justification
 This project replaces the MapMilwaukee mobile expansion capital project previously scheduled for 2013. The GIS infrastructure improvements project will replace hardware (including MapMilwaukee servers) at the end of their useful lives, increase capacity to meet greater demand, upgrade hardware to increase reliability, facilitate use of new development tools, offer backup capability, and provide expansion capacity that will support new multi-platform GIS applications.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA-ITMD

Project/Program Title: GIS Infrastructure Improvements

Account No.: _____

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2012						\$0
2014 Budget Request						\$0
2015 Projection	\$300,000					\$300,000
2016 Projection						\$0
2017 Projection						\$0
2018 Projection						\$0
2019 Projection						\$0
Total Six Year Cost	\$300,000	\$0	\$0	\$0	\$0	\$300,000
Total Project Cost	\$300,000	\$0	\$0	\$0	\$0	\$300,000

Life to Date Expenditures (Project Only)

	\$0	\$0	\$0	\$0	\$0
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Available Cost Estimate:

- Thorough Cost Estimate 2014 2015 2016 2017 2018 2019
- Limited Information 2014 2015 2016 2017 2018 2019
- Based on Cost of Similar Projects 2014 2015 2016 2017 2018 2019
- Unsupported 2014 2015 2016 2017 2018 2019

Were cost estimates confirmed by another source? Yes No Uncertain

Are cost estimates based on industry standards? Yes No Uncertain

Will city employees be performing any portion of the work? Yes No Uncertain

Did you perform a cost/benefit analysis? Yes No Uncertain

How will this project impact city operating expenditures? Increase Decrease None

Estimated Start Date: _____ 02/01/15

Estimated Completion Date: _____ 12/31/15

Department Head Signature

Prepared By/Phone Ext

Nancy Olson / 8710