

# 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
<b>Total Six Year Cost</b>	\$160,000	\$0	\$0	\$0	\$0	\$160,000
<b>Total Project Cost</b>	\$160,000	\$0	\$0	\$0	\$0	\$160,000

Life to Date Expenditures (Project Only) \_\_\_\_\_

**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
<b>Total Six Year Cost</b>	\$300,000	\$0	\$0	\$0	\$0	\$300,000
<b>Total Project Cost</b>	\$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
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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