

Capital Improvement Request Form Part I

Project/Program Title: Exchange server replacement

Requesting Department: DOA-ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Gary Langhoff*

Account No: _____

A) Department Priority 1 of 17 Useful Life 4 Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 3 Total FTEs 1.0

Position Title	No. of Positions	FTEs	Salaries
Systems Analyst - Project Ldr.	<u>1</u>	<u>0.4</u>	\$ <u>32,136.00</u>
Network Analyst Associate	<u>1</u>	<u>0.3</u>	\$ <u>19,010.00</u>
Network Analyst Assistant	<u>1</u>	<u>0.3</u>	\$ <u>16,980.00</u>

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

The City's e-mail system represents a critical system for business operations. All City e-mail, including web mail and e-mail sent to/received from handheld devices, passes through the Exchange servers. The email servers were originally installed in 2006 and will reach the end of their useful life in 2011. Current equipment will not support an upgrade to the newest version of Microsoft's Exchange email software. To take advantage of the functionality offered by new software, to ensure continued reliable operation of the City's e-mail system, and to obtain hardware warranty support the email servers will need to be replaced in 2012.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA-ITMD

Project/Program Title: Exchange server replacement

Account No: _____

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request	\$274,000					\$274,000
2013 Projection						\$0
2014 Projection						\$0
2015 Projection						\$0
2016 Projection						\$0
2017 Projection						\$0
Total Six Year Cost	\$274,000	\$0	\$0	\$0	\$0	\$274,000
Total Project Cost	\$274,000	\$0	\$0	\$0	\$0	\$274,000

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information
- Based on Cost of Similar Projects
- Unsupported

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: 02/01/12

Estimated Completion Date: 10/01/12

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Active Directory Consolidation

Requesting Department: DOA - ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy A. Olson*

Account No: _____

A) Department Priority 2 of 17 Useful Life 10 Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 1 Total FTEs _____

Position Title	No. of Positions	FTEs	Salaries
<u>Project Lead</u>	<u>1</u>	<u>0.3</u>	\$ <u>23,422</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

In IT, simpler is usually better. This project would simplify the City's network by consolidating other departments onto the City's existing "ad.milwaukee.gov" Active Directory domain. The consolidation of Active Directory provides centralized administration of user accounts and simplifies applications use and development. Almost all applications -- including email, web applications, file and folders access, and general access to network resources throughout the City -- require access to an Active directory to verify user accounts and passwords. A centralized Active Directory will generate cost savings on application development, network administration, and troubleshooting issues. It will also limit the amount of replication delays and reduce the number of domain name servers. A consolidated Active Directory will allow for global rules that would work across the organization without the need to create and maintain trust relationships.

G) Additional Comments

Department level security would remain in place. Departments would still have control over their organizational units.

Capital Improvement Request Part II

Requesting Department: ITMD / DOA

Project/Program Title: Active Directory Consolidation

Account No: _____

Year	Tax Levy/Borrowing		Grant & Aid		Revenue		Special Assessment		Enterprise		Total Cost
Remaining Balance for 2011											\$0
2012 Budget Request	\$120,000										\$120,000
2013 Projection											\$0
2014 Projection											\$0
2015 Projection											\$0
2016 Projection											\$0
2017 Projection											\$0
Total Six Year Cost	\$120,000		\$0		\$0		\$0		\$0		\$120,000
Total Project Cost	\$120,000		\$0		\$0		\$0		\$0		\$120,000

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information 2012 2013 2014 2015 2016 2017
- Based on Cost of Similar Projects 2012 2013 2014 2015 2016 2017
- Unsupported 2012 2013 2014 2015 2016 2017

- 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

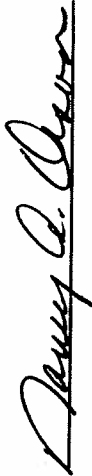
How will this project impact city operating expenditures?

- Increase Decrease None

Estimated Start Date: 03/01/12

Estimated Completion Date: 09/01/12

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: IT Upgrades/Replacements

Requesting Department: DOA - ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy A. Olson*

Account No: _____

A) Department Priority 3 of 17 Useful Life _____ Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

The IT Updates/Replacements project will provide funding for a variety of small- to mid-size IT capital projects in 2012 and beyond. As the project title suggests, these projects would consist primarily of updates to existing systems or replacement for systems reaching the end of their useful lives. This project, if approved, could supersede items already listed in ITMD's six-year capital plan, including the MapMilwaukee Mobile expansion in 2013, 14, and 15; the SAN replacement in 2013; and the Desktop Consolidation project planned for 2014.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA - ITMD

Project/Program Title: IT Upgrades/Replacements

Account No: _____

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request	\$100,000					\$100,000
2013 Projection	\$500,000					\$500,000
2014 Projection	\$500,000					\$500,000
2015 Projection	\$500,000					\$500,000
2016 Projection	\$500,000					\$500,000
2017 Projection	\$500,000					\$500,000
Total Six Year Cost	\$2,600,000	\$0	\$0	\$0	\$0	\$2,600,000
Total Project Cost	\$2,600,000	\$0	\$0	\$0	\$0	\$2,600,000

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information 2012 2013 2014 2015 2016 2017
- Based on Cost of Similar Projects 2012 2013 2014 2015 2016 2017
- Unsupported 2012 2013 2014 2015 2016 2017

- 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: _____

Estimated Completion Date: _____

Department Head Signature

Prepared By/Phone Ext Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Email archive server replacement

Requesting Department: DOA-ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy A. [Signature]*

Account No: _____

A) Department Priority 4 of 17 Useful Life 4 Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 late 2012 to early 2013

D) Total Positions 3 Total FTEs 0.9

Position Title	No. of Positions	FTEs	Salaries
<u>Systems Analyst - Project Ldr.</u>	<u>1</u>	<u>0.3</u>	<u>\$ 24,100.00</u>
<u>Network Analyst Associate</u>	<u>1</u>	<u>0.3</u>	<u>\$ 19,010.00</u>
<u>Network Analyst Assistant</u>	<u>1</u>	<u>0.3</u>	<u>\$ 16,980.00</u>

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

The email archive server hardware will reach the end of its useful life when warranty support ceases in 2011. The email archive servers contain copies of all of all City emails. To ensure reliable and secure storage of information needed to comply with open-records and legal discovery requests, current hardware must be replaced in 2012 with updated equipment that can successfully run the latest version of software and that carries a full warranty.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA-ITMD

Project/Program Title: Email archive server replacement

Account No: _____

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request	\$200,000					\$200,000
2013 Projection						\$0
2014 Projection						\$0
2015 Projection						\$0
2016 Projection						\$0
2017 Projection						\$0
Total Six Year Cost	\$200,000	\$0	\$0	\$0	\$0	\$200,000
Total Project Cost	\$200,000	\$0	\$0	\$0	\$0	\$200,000

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information
- Based on Cost of Similar Projects
- Unsupported

- 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: _____ 10/01/12

Estimated Completion Date: _____ 02/01/13

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Webcasting

Requesting Department: DOA - ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy O. Clever*

Account No: _____

A) Department Priority 5 of 17 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

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 5 Total FTEs 0.6

Position Title	No. of Positions	FTEs	Salaries
<u>Internet Services Coordinator</u>	<u>1</u>	<u>0.3</u>	<u>\$ 17,100.00</u>
<u>Internet Analyst</u>	<u>1</u>	<u>0.3</u>	<u>\$ 9,200.00</u>
<u>Various</u>	<u>3</u>	<u>0.1</u>	<u>\$ 2,500.00</u>

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

The Mayor's Office and Health Department have requested the ability to add streaming video, webcasts, and information-rich materials to their web pages, without the severe limitations imposed by YouTube. This project will allow ITMD to make available to departments the software and hardware needed to create multimedia materials easily. The project would also provide a hosting server that will make the information available through www.milwaukee.gov. Departments would employ this easy-to-use system to record events and stream the resulting content to the web for on-demand viewing by citizens or employees. Content will be immediately available for playback once the presentation being recorded is completed. This content can be burned to CD, put on file servers, or, with the Mediasite EX Server, catalogued, managed and published to the web.

G) Additional Comments

Departments have begun to initiate efforts to pursue these improvements on their own. Centralizing purchase and implementation will help to ensure lower costs, inter-department compatibility and consistency in application. Purchase Cost - \$97,670 for: A server capable of serving up and hosting streaming media content, a portable Mediasite recorder, EX Server software, onsite installation by vendor/consultant, Sonic Foundry software, and a digital video camera and microphone.

On-going Annual Cost Estimate - \$15,000 per year.

Links to other governmental presentations created/presented via this technology:

Wisconsin Department of Health and Family Services: <http://media1.wi.gov/DHFS/Catalog/>

WI Dept of Employee Trust Funds: <http://media2.wi.gov/ETF/Catalog/>

WI DNR: <http://media2.wi.gov/DNR/Catalog/>

WI Dept of Public Instruction: <http://media2.wi.gov/DPI/Catalog/>

Capital Improvement Request Part II

Requesting Department: DOA - ITMD

Project/Program Title: Webcasting

Account No: _____

Year	Tax Levy/Borrowing		Grant & Aid		Revenue		Special Assessment		Enterprise		Total Cost
Remaining Balance for 2011											\$0
2012 Budget Request	\$150,000										\$150,000
2013 Projection											\$0
2014 Projection											\$0
2015 Projection											\$0
2016 Projection											\$0
2017 Projection											\$0
Total Six Year Cost	\$150,000		\$0		\$0			\$0		\$0	\$150,000
Total Project Cost	\$150,000		\$0		\$0			\$0		\$0	\$150,000

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information 2012 2013 2014 2015 2016 2017
- Based on Cost of Similar Projects 2012 2013 2014 2015 2016 2017
- Unsupported 2012 2013 2014 2015 2016 2017

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: _____ 04/01/12

Estimated Completion Date: _____ 12/30/12

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Remodeling

Requesting Department: DOA - ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy A. Oliver*

Account No: _____

A) Department Priority 6 of 17 Useful Life 30 Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 N/A Total FTEs N/A

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

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

In the twenty-five plus years since ITMD was last remodeled, virtually every City department -- both small and large -- has received significant renovations to its workspace. Several departments have remodeled multiple times. Meanwhile, ITMD continues to operate in an environment that no longer meets the division's needs nor does it adequately address changes in technology, staffing, division mission and heightened security requirements. The current division floorplan impedes collaborative effort and inhibits intradivisional communication. Potentially valuable space sits unused while marginal areas house employee workspace, equipment, or meeting areas. Outdated, rundown equipment and materials impair staff effectiveness and morale. Replacement of existing fire suppression and HVAC systems for the computer systems areas, first budgeted in 2003, was completed in 2005. However, staff and meeting areas of the fourth floor continue to endanger employees as they fail to meet building codes due to the lack of a fire suppression system.

G) Additional Comments

A study of space needs, funded in the 2003 capital budget and completed in late 2004, serves as the basis for this request. The project cost estimate contained herein includes increases of 3 percent for each of the six years (including the current request) that ITMD has submitted the capital project request.

Capital Improvement Request Part II

Requesting Department: DOA - ITMD

Project/Program Title: Remodeling

Account No: _____

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request	\$2,307,460					\$2,307,460
2013 Projection						\$0
2014 Projection						\$0
2015 Projection						\$0
2016 Projection						\$0
2017 Projection						\$0
Total Six Year Cost	\$2,307,460	\$0	\$0	\$0	\$0	\$2,307,460
Total Project Cost	\$2,307,460	\$0	\$0	\$0	\$0	\$2,307,460

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information
- Based on Cost of Similar Projects
- Unsupported

- 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: 03/01/12

Estimated Completion Date: 11/01/12

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: "Fusion" upgrade study

Requesting Department: DOA - ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy A. Cleon*

Account No: _____

A) Department Priority 7 of 17 Useful Life 2 Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 N/A Total FTEs N/A

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

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

"Fusion" represents Oracle's next generation version of the City's current financial and HRMS enterprise software. The proposed study would evaluate functionality and suitability of the upgrade software. The study will also aid in development of implementation and transition plans, and provide for more accurate estimates of total migration project costs.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA - ITMD

Project/Program Title: "Fusion" upgrade study

Account No: _____

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request						\$0
2013 Projection	\$300,000					\$300,000
2014 Projection						\$0
2015 Projection						\$0
2016 Projection						\$0
2017 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) _____

Available Cost Estimate:

Thorough Cost Estimate	2012	2013	2014	2015	2016	2017
Limited Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on Cost of Similar Projects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

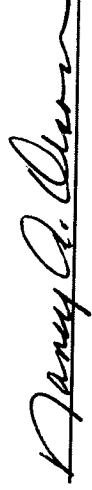
Did you perform a cost/benefit analysis? Yes No Uncertain

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

Estimated Start Date: _____ 3/1/2013

Estimated Completion Date: _____ 9/1/2013

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Storage Area Network Replacement

Requesting Department: DOA-ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy A. Olson*

Account No: _____

A) Department Priority 8 of 17 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

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 3 Total FTEs 1.5

Position Title	No. of Positions	Salaries
<u>Systems Analyst - Project Ldr.</u>	_____	\$ _____
<u>Network Analyst Associate</u>	_____	\$ _____
<u>Network Analyst Assistant</u>	_____	\$ _____

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

The Storage Area Network (SAN) installed in 2008 will reach capacity by or before the end of its useful life at the end of 2012. This request will replace the SAN with new technology during 2013.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA-ITMD

Project/Program Title: Storage Area Network Replacement

Account No:

Year	Special Assessment				Total Cost
	Tax Levy/Borrowing	Grant & Aid	Revenue	Enterprise	
Remaining Balance for 2011					\$0
2012 Budget Request					\$0
2013 Projection	\$333,000				\$333,000
2014 Projection					\$0
2015 Projection					\$0
2016 Projection					\$0
2017 Projection					\$0
Total Six Year Cost	\$333,000	\$0	\$0	\$0	\$333,000
Total Project Cost	\$333,000	\$0	\$0	\$0	\$333,000

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information 2012 2013 2014 2015 2016 2017
- Based on Cost of Similar Projects 2012 2013 2014 2015 2016 2017
- Unsupported 2012 2013 2014 2015 2016 2017

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: 06/01/13

Estimated Completion Date: 12/01/13

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: www.milwaukee.gov Hot Disaster Site

Requesting Department: DOA - ITMD

Prepared By/Phone Ext: Gary Langhoff

Department Head Signature: *Nancy A. Olson*

Account No: _____

A) Department Priority 9 of 17 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

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 Various Total FTEs Undefined

Position Title	No. of Positions	FTEs	Salaries \$
<u>Network Technicians</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

The City of Milwaukee web site, www.milwaukee.gov, continues to grow in visibility and importance. The web site has become increasingly critical both to Milwaukee government operations and to the citizens of Milwaukee. Currently, the City's website runs in a single environment. Should a problem arise with that environment, parts of milwaukee.gov or the website in its entirety would become unavailable. In the event of a crisis and, increasingly, even under normal business operations, the unavailability of milwaukee.gov would make it difficult if not impossible to maintain many City operations and to disseminate needed information. This request will remedy that situation by creating a backup milwaukee.gov site with information and data replicated in near real time.

G) Additional Comments

This request includes \$50,000 for hardware and communications equipment, \$50,000 for replication and application software, and \$20,000 for technicians and consultants to assist in installation of the replication environment.

Capital Improvement Request Part II

Requesting Department: DOA - ITMD

Project/Program Title: www.milwaukee.gov Hot Disaster Site

Account No: _____

Year	Tax Levy/Borrowing		Grant & Aid		Revenue		Special Assessment		Enterprise	Total Cost
Remaining Balance for 2011										\$0
2012 Budget Request										\$0
2013 Projection	\$200,000									\$200,000
2014 Projection										\$0
2015 Projection										\$0
2016 Projection										\$0
2017 Projection										\$0
Total Six Year Cost	\$200,000		\$0		\$0		\$0		\$0	\$200,000
Total Project Cost	\$200,000		\$0		\$0		\$0		\$0	\$200,000

Life to Date Expenditures (Project Only) \$0

Available Cost Estimate:

Thorough Cost Estimate	<input type="checkbox"/>	2012	<input type="checkbox"/>	2013	<input type="checkbox"/>	2014	<input type="checkbox"/>	2015	<input type="checkbox"/>	2016	<input type="checkbox"/>	2017	<input type="checkbox"/>
Limited Information	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Based on Cost of Similar Projects	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Unsupported	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

- 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: 01/02/13
 Estimated Completion Date: 11/15/13

Department Head Signature: 
 Prepared By/Phone Ext: Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Map Milwaukee Mobile Expansion

Requesting Department: DOA-ITMD

Prepared By/Phone Ext: Gary Langhoff / x8031

Department Head Signature: *Darryl A. Wilson*

Account No: _____

A) Department Priority 10 of 17 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

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 3

D) Total Positions 4 Total FTEs 1.0

Position Title	No. of Positions	FTEs	Salaries
<u>GIS Developer</u>	<u>1</u>	<u>0.6</u>	<u>\$ 42,430.00</u>
<u>Programmer</u>	<u>1</u>	<u>0.2</u>	<u>\$ 9,500.00</u>
<u>Network Analyst - Asst.</u>	<u>1</u>	<u>0.1</u>	<u>\$ 5,660.00</u>
<u>Systems Analyst - Proj. Leader</u>	<u>1</u>	<u>0.1</u>	<u>\$ 9,540.00</u>

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

This project will build on improvements made to Map Milwaukee as a result of the 2009 Map Milwaukee upgrade/expansion project. Improvements made during the initial project will provide greater opportunity to meet demand for more complex mapping tools.

This project will target City of Milwaukee employee workflows and efficiencies. In particular, mobile map applications will allow employees for departments like DNS and DPW to work in the field and have access to any city data they may need. Not only will these employees have access to this data, but they will have the tools to update this data without the need to return to the office. These updating tools will also be available to City employees at their desk with a web browser – no need to install and maintain special desktop software.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA-ITMD

Project/Program Title: Map Milwaukee Mobile Expansion

Account No: _____

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request						\$0
2013 Projection	\$281,230					\$281,230
2014 Projection	\$101,200					\$101,200
2015 Projection	\$101,200					\$101,200
2016 Projection						\$0
2017 Projection						\$0
Total Six Year Cost	\$483,630	\$0	\$0	\$0	\$0	\$483,630
Total Project Cost	\$483,630	\$0	\$0	\$0	\$0	\$483,630

Life to Date Expenditures (Project Only)

	\$0	\$0	\$0	\$0	\$0
--	-----	-----	-----	-----	-----

Available Cost Estimate:

Thorough Cost Estimate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on Cost of Similar Projects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were cost estimates confirmed by another source?

- Yes No Uncertain
 Yes No Uncertain
 Yes No Uncertain
 Yes No Uncertain

Are cost estimates based on industry standards?

Will city employees be performing any portion of the work?

Did you perform a cost/benefit analysis?

How will this project impact city operating expenditures?

- Increase Decrease None

Estimated Start Date: 02/01/13

Estimated Completion Date: 12/31/15

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / x8031

Capital Improvement Request Form Part I

Project/Program Title: Disaster Recovery Site Project

Requesting Department: DOA - ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *[Signature]*

Account No: _____

A) Department Priority 11 of 17 Useful Life _____ Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 2

D) Total Positions 2 Total FTEs 0.4

Position Title	No. of Positions	FTEs	Salaries
<u>Project Lead</u>	<u>1</u>	<u>0.2</u>	\$ <u>15,615</u>
<u>Network Analyst Assistant</u>	<u>1</u>	<u>0.2</u>	\$ <u>12,015</u>
_____	_____	_____	\$ _____

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

This project will create a "hot" failover site for use in case of a disaster. The site will ensure that critical City applications and data remain available should the primary servers located in the City Hall complex fail or become damaged. Software housed on the backup site would include City e-mail, Oracle (and databases), City Clerk and Treasurer applications.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: ITMD / DOA Account No: _____
 Project/Program Title: Disaster Recovery Site Project

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request						\$0
2013 Projection						\$0
2014 Projection	\$182,000					\$182,000
2015 Projection						\$0
2016 Projection						\$0
2017 Projection						\$0
Total Six Year Cost	\$182,000	\$0	\$0	\$0	\$0	\$182,000
Total Project Cost	\$182,000	\$0	\$0	\$0	\$0	\$182,000

Life to Date Expenditures (Project Only)

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

Thorough Cost Estimate	2012	2013	2014	2015	2016	2017
Limited Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on Cost of Similar Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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: 02/01/14

Estimated Completion Date: 12/01/14

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Web Application Server Replacement **Requesting Department:** DOA - ITMD
Prepared By/Phone Ext: Gary Langhoff / 8031 **Department Head Signature:** *Nancy A. Olson*
Account No: _____

A) Department Priority 12 of 17 **Useful Life** 6 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 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification
 As the City makes available new services, information, and applications through its www.milwaukee.gov website, citizens become increasingly reliant on their availability. Likewise, the City grows more dependent on the website to accept payments, receive service requests, and listen to the suggestions of constituents. By the middle of the next decade, the numbers of these online activities will have increased exponentially. Provision of all current and future services depends on operation of the City's web application server which was purchased in August 2008. This project request would ensure timely replacement of these servers when they reach the end of their useful life in 2014.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA - ITMD

Project/Program Title: Web Application Server Replacement

Account No: _____

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request						\$0
2013 Projection						\$0
2014 Projection	\$75,000					\$75,000
2015 Projection						\$0
2016 Projection						\$0
2017 Projection						\$0
Total Six Year Cost	\$75,000	\$0	\$0	\$0	\$0	\$75,000
Total Project Cost	\$75,000	\$0	\$0	\$0	\$0	\$75,000

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information 2012 2013 2014 2015 2016 2017
- Based on Cost of Similar Projects 2012 2013 2014 2015 2016 2017
- Unsupported 2012 2013 2014 2015 2016 2017

- 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: 04/01/14

Estimated Completion Date: 08/01/14

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: eAps for Procurement Life Cycle

Requesting Department: DOA-ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy A. Brown*

Account No: _____

A) Department Priority 13 of 17 Useful Life 4 Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 6 Total FTEs unknown

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

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

This project will purchase and install up to two additional modules for the Oracle PeopleSoft Financial Application which will provide efficiencies in various areas of the procurement life cycle. It should allow for further automation and integration of certain procurement activities and allow vendors to review various procurement documents directly to obtain status of the document at any point during the life cycle.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA - ITMD

Project/Program Title: eAps for Procurement Life Cycle

Account No:

Year	Special Assessment				Total Cost
	Tax Levy/Borrowing	Grant & Aid	Revenue	Enterprise	
Remaining Balance for 2011					\$0
2012 Budget Request					\$0
2013 Projection					\$0
2014 Projection	\$450,000				\$450,000
2015 Projection					\$0
2016 Projection					\$0
2017 Projection					\$0
Total Six Year Cost	\$450,000	\$0	\$0	\$0	\$450,000
Total Project Cost	\$450,000	\$0	\$0	\$0	\$450,000

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information 2012 2013 2014 2015 2016 2017
- Based on Cost of Similar Projects 2012 2013 2014 2015 2016 2017
- Unsupported 2012 2013 2014 2015 2016 2017

Were cost estimates confirmed by another source?

Are cost estimates based on industry standards?

Will city employees be performing any portion of the work?

Did you perform a cost/benefit analysis?

How will this project impact city operating expenditures?

- Increase Decrease None

Estimated Start Date: 03/01/14

Estimated Completion Date: 11/30/14

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Oracle/PeopleSoft HRMS Upgrade Requesting Department: DOA-ITMD
 Prepared By/Phone Ext: Gary Langhoff/8031 Department Head Signature: Nancy A. Olson
 Account No: _____

A) Department Priority 14 of 17 Useful Life 4 Years Level of Need Essential Important Desired
 Type of Project New Replacement Repair On-Going Program Project/Program Scope Fully Defined Partially Defined

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 1.33

D) Total Positions 6 Total FTEs unknown

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

E) In Six Year Capital Improvement Plan
 Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification
 This project will update the HRMS module of the PeopleSoft enterprise product to Oracle's latest version of the PeopleSoft HRMS software. The upgrade will guarantee continued product support and updates, will provide enhanced functionality and ease of use, and will create the opportunity for a simpler and lower-cost upgrade to the "Fusion" version of the software when it becomes available.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA-ITMD

Project/Program Title: Oracle/PeopleSoft Financial Upgrade

Account No: _____

Year	Special Assessment				Total Cost
	Tax Levy/Borrowing	Grant & Aid	Revenue	Enterprise	
Remaining Balance for 2011					\$0
2012 Budget Request					\$0
2013 Projection					\$0
2014 Projection					\$0
2015 Projection	\$1,100,000				\$1,100,000
2016 Projection					\$0
2017 Projection					\$0
Total Six Year Cost	\$1,100,000	\$0	\$0	\$0	\$1,100,000
Total Project Cost	\$1,100,000	\$0	\$0	\$0	\$1,100,000

Life to Date Expenditures (Project Only) \$0 \$0 \$0 \$0 \$0

Available Cost Estimate:

Thorough Cost Estimate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on Cost of Similar Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: 01/01/15

Estimated Completion Date: 10/31/15

Department Head Signature: 

Prepared By/Phone Ext: Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: PC Replacement Project

Requesting Department: DOA-ITMD

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy A. Olson*

Account No: _____

A) Department Priority 15 of 17 Useful Life _____ Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 2

D) Total Positions 2 Total FTEs 0.4

Position Title	No. of Positions	FTEs	Salaries \$
<u>Project Lead</u>	<u>1</u>	<u>0.1</u>	<u>7,810</u>
<u>Network Analyst Assistant</u>	<u>1</u>	<u>0.3</u>	<u>20,175</u>
_____	_____	_____	_____

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

This project will replace 100 old computers around the City with energy-efficient workstations using only between 65 W - 135 W of power (compared with 300 W to 400 W for current PCs.) The new units will use the current version of the Windows operating system and access shared Microsoft licenses housed on an external server which will enable the City to reduce the number (and cost) of Microsoft Office licenses and simplify maintenance of desktop hardware.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: ITMD / DOA Account No: _____
 Project/Program Title: PC Replacement Project

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request						\$0
2013 Projection						\$0
2014 Projection						\$0
2015 Projection	\$115,000					\$115,000
2016 Projection						\$0
2017 Projection						\$0
Total Six Year Cost	\$115,000	\$0	\$0	\$0	\$0	\$115,000
Total Project Cost	\$115,000	\$0	\$0	\$0	\$0	\$115,000

Life to Date Expenditures (Project Only) \$0 \$0 \$0 \$0 \$0 \$0

Available Cost Estimate:

Thorough Cost Estimate 2012 2013 2014 2015 2016 2017

Limited Information

Based on Cost of Similar Projects

Unsupported

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: 06/01/16

Department Head Signature: 
 Prepared By/Phone Ext: Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Oracle/PeopleSoft Financial Upgrade Requesting Department: DOA-ITMD
 Prepared By/Phone Ext: Gary Langhoff/8031 Department Head Signature: Janey A. Olson
 Account No: _____

A) Department Priority 16 of 17 Useful Life 4 Years Level of Need Essential Important Desired
 Type of Project New Replacement Repair On-Going Program
 Project/Program Scope Fully Defined Partially Defined

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 1.33

D) Total Positions 6 Total FTEs unknown

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

E) In Six Year Capital Improvement Plan
 Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

This project will update the financial module of the PeopleSoft enterprise product to Oracle's latest version of the PeopleSoft financial software. The upgrade will guarantee continued product support and updates, will provide enhanced functionality and ease of use, and will create the opportunity for a simpler and lower-cost upgrade to the "Fusion" version of the software when it becomes available.

G) Additional Comments

Capital Improvement Request Part II

Requesting Department: DOA-ITMD

Project/Program Title: Oracle/PeopleSoft Financial Upgrade

Account No: _____

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request						\$0
2013 Projection						\$0
2014 Projection						\$0
2015 Projection						\$0
2016 Projection	\$1,300,000					\$1,300,000
2017 Projection						\$0
Total Six Year Cost	\$1,300,000	\$0	\$0	\$0	\$0	\$1,300,000
Total Project Cost	\$1,300,000	\$0	\$0	\$0	\$0	\$1,300,000

Life to Date Expenditures (Project Only) \$0 \$0 \$0 \$0 \$0 \$0

Available Cost Estimate:

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information
- Based on Cost of Similar Projects
- Unsupported

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: _____ 01/01/16

Estimated Completion Date: _____ 10/31/16

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031

Capital Improvement Request Form Part I

Project/Program Title: Web Security Appliance

Requesting Department: ITMD / DOA

Prepared By/Phone Ext: Gary Langhoff / 8031

Department Head Signature: *Nancy A. Olson*

Account No: _____

A) Department Priority 17 of 17 Useful Life 3 Years Level of Need Essential Important Desired

Type of Project New Replacement Repair On-Going Program

Project/Program Scope Fully Defined Partially Defined

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 2 Total FTEs _____

Position Title	No. of Positions	FTEs	Salaries \$
<u>Network Analystist</u>	_____	<u>0.3</u>	\$ _____
<u>Project Lead</u>	_____	<u>0.3</u>	\$ _____
_____	_____	_____	\$ _____

E) In Six Year Capital Improvement Plan

Yes 2010-2015 2011-2016 Yes, Modified New Request

F) Project/Program Justification

Over the past several years the City's email system has been compromised because of the lack of internet security. The Web Security Appliance is designed to protect users against spyware, adware, and malware while using the internet. The appliance will prevent infection of user desktop PCs, saving many hours troubleshooting infected computers and protecting City data from corruption or compromise. This appliance will also stop users from unintentionally passing their usernames and passwords to spam sites.

G) Additional Comments

The appliance is capable of policy based controls, reputation filters, malware filtering, data security, application visibility and control.

Capital Improvement Request Part II

Requesting Department: DOA - ITMD

Project/Program Title: Web Security Appliance

Account No:

Year	Tax Levy/Borrowing	Grant & Aid	Revenue	Special Assessment	Enterprise	Total Cost
Remaining Balance for 2011						\$0
2012 Budget Request						\$0
2013 Projection						\$0
2014 Projection						\$0
2015 Projection						\$0
2016 Projection	\$350,000					\$350,000
2017 Projection						\$0
Total Six Year Cost	\$350,000	\$0	\$0	\$0	\$0	\$350,000
Total Project Cost	\$350,000	\$0	\$0	\$0	\$0	\$350,000

Life to Date Expenditures (Project Only)

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

- Thorough Cost Estimate 2012 2013 2014 2015 2016 2017
- Limited Information 2012 2013 2014 2015 2016 2017
- Based on Cost of Similar Projects 2012 2013 2014 2015 2016 2017
- Unsupported 2012 2013 2014 2015 2016 2017

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: 01/31/16

Estimated Completion Date: 08/01/16

Department Head Signature



Prepared By/Phone Ext

Gary Langhoff / 8031