

**Capital Improvements Program  
UNFUNDED PROJECT**

<b>Project Title:</b> BAYFRONT ACTIVITY CENTER						
<b>Acct #:</b> TBD			<b>Project Code:</b> TBD			
<b>Project Priority:</b> Infrastructure Sustainability - Maintain and enhance the City's capital assets and quality municipal services.				<b>Goal:</b> Apply best management practices and systems in infrastructure maintenance; Establish a long-range plan that ensures infrastructure is in place to meet projected growth demands.		
<b>Previous Years</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>Total Cost</b>
\$ 0	\$ 330,785	\$ 0	\$ 0	\$ 0	\$ 0	\$ 330,785
<b>1. Land Cost:</b> _____ Acres _____ Front Ft _____ _____ Sq Ft _____ N/A		<b>5. Status of Project:</b> _____ X Preliminary Estimate _____ Survey in Progress _____ Plans in Preparation _____ Completed			<b>Department:</b> Public Works <b>Contact Person:</b> Rick Keeney	
<b>2. Building Construction Cost:</b> _____ Sq. Ft. _____ Equipment N/A		<b>6. Status of Land Acquisition:</b> _____ Not Yet Acquired _____ Partly Acquired _____ Publicly Owned _____ X No Land Involved _____ Gift			<b>Project Description:</b> FY 2020 Estimated costs for renovations of Bayfront Activity Center: Window - \$91,737 Cabinets - 26,535 Appliances - 8,000 Flooring - 59,513 Roofing - 88,000 est. Plumbing - 38,000 est. Painting - 9,000 Pergola - 10,000  Unfunded Project	
<b>3. Estimated Costs:</b> In Previous CIP \$ _____ 0 In Present CIP \$ _____ 0 Engineering \$ _____ Land \$ _____ Site \$ _____ Improvement \$ _____ Construction \$ _____ 330,785 Landscaping \$ _____ Equipment \$ _____		<b>7. Effect of Operating Cost (+ or -):</b> \$ _____ Personal Services \$ _____ Contractual for Services \$ _____ Equipment \$ _____ Other Costs:  \$ _____ 0 Total			<b>Project Justification:</b> Recommendation of the Gilchrist Park Waterfront Activity Study by Dover Kohl and City Council's decision to retain the building and renovate.	
<b>4. Sources of Financing:</b> Local State Federal 1 <sup>st</sup> Yr. TBD _____ 2 <sup>nd</sup> Yr. _____ 3 <sup>rd</sup> Yr. _____ 4 <sup>th</sup> Yr. _____ 5 <sup>th</sup> Yr. _____		<b>8. Effect on income (+ or -):</b> _____ Loss of Taxes _____ Gain From Sale of Previous Facility _____ New Revenues  _____ x No Effect \$ _____ Total				

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