

**Capital Improvement Program Equipment Replacement****FY2004 Request: \$1,500,000****Reference No: 32534****AP/AL:** Allocation**Project Type:** Equipment**Category:** Transportation**Location:** Statewide**Contact:** Nancy Slagle**House District:** Statewide (HD 1-40)**Contact Phone:** (907)465-3911**Estimated Project Dates:** 07/01/2003 - 06/30/2005**Appropriation:** Statewide Federal Programs**Brief Summary and Statement of Need:**

Replace equipment through a usage fee charged to capital projects. The types of equipment can be specialized instruments used in designing projects, copiers, plotters, computers, and ineligible useage rate costs reimbursed through the Indirect Cost Allocation Plans.

<b>Funding:</b>	<b>FY2004</b>	<b>FY2005</b>	<b>FY2006</b>	<b>FY2007</b>	<b>FY2008</b>	<b>FY2009</b>	<b>Total</b>
CIP Rcpts	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$9,000,000
<b>Total:</b>	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$9,000,000

<input type="checkbox"/> State Match Required	<input type="checkbox"/> One-Time Project	<input type="checkbox"/> Phased - new	<input type="checkbox"/> Phased - underway	<input checked="" type="checkbox"/> On-Going
0% = Minimum State Match % Required		<input type="checkbox"/> Amendment	<input type="checkbox"/> Mental Health Bill	

**Operating & Maintenance Costs:**

	<u>Amount</u>	<u>Staff</u>
Project Development:	0	0
Ongoing Operating:	0	0
One-Time Startup:	0	
<b>Totals:</b>	<b>0</b>	<b>0</b>

**Additional Information / Prior Funding History:**

FY2003 - \$1,840,000; FY2002 - \$1,500,000; FY2001 - \$1,500,000; FY2000 - \$1,500,000.