



CAPITAL PROJECT BUSINESS CASE

NOTES:

1. This business case is intended to serve as a living document and will need to be reviewed and updated appropriately each time the project is presented and discussed at Programs Review Committee.
2. This business case is intended to replace the Programs Review Committee (PRC) Form
3. Depending on the project status, appropriate level of detail should be provided
4. The Business Case Guidelines Document describes in detail Criteria and Scoring definitions that must be used to complete Section 12 – Prioritization Analysis
5. FMD will maintain and update a prioritization tool (excel tool). FMD will transfer the prioritization criteria scores (Section 12) to the tool to determine project priority (relative to other CIP projects)

PROJECT TITLE	
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1. PROJECT SUMMARY INFORMATION

FMD Project Number		Date Business Case Prepared	
BOE Project Number		Work Order Number	

Project Manager	Name	Title	Division
	Email		Phone
Business Case Owner/Project Initiator	Name	Title	Division
	Email		Phone
FMD Representative <small>(To be completed by FMD)</small>	Name	Title	Division
	Email		Phone

Other Project Team Members



[PROJECT TITLE]

Name	Role	Division	Phone #

Project Address/Location			
Planning Area	<input type="checkbox"/> North Valley <input type="checkbox"/> South Valley	<input type="checkbox"/> West Los Angeles <input type="checkbox"/> Central	<input type="checkbox"/> East <input type="checkbox"/> South Los Angeles <input type="checkbox"/> Harbor
Council District #			
Neighborhood Council			
Proposed Contracting Vehicle/s	<input type="checkbox"/> Regular Bid & Award <input type="checkbox"/> TOS	<input type="checkbox"/> CiSCo <input type="checkbox"/> Other	<input type="checkbox"/> Emergency

Project Category	<input type="checkbox"/> Donald C. Tillman Plant (DCTWRP)	<input type="checkbox"/> Collection System (CS)
	<input type="checkbox"/> Hyperion Treatment Plant (HTP)	<input type="checkbox"/> System-Wide/IT (SW-IT)
	<input type="checkbox"/> Terminal Island Water Reclamation Plant (TIWRP)	<input type="checkbox"/> Pumping Plants (PP)
	<input type="checkbox"/> Los Angeles/Glendale Plant (LAGWRP)	<input type="checkbox"/> Solid Resources (SR)
	<input type="checkbox"/> Non Cap	<input type="checkbox"/> Stormwater (SW)

Primary Focus	<input type="checkbox"/> WWTP Process	<input type="checkbox"/> Collections	<input type="checkbox"/> Facilities
	<input type="checkbox"/> Pump Stations	<input type="checkbox"/> IT Systems	<input type="checkbox"/> Business Process
	<input type="checkbox"/> Innovation	<input type="checkbox"/> (Other) _____	

Previous Project Status	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Approved Project	<input type="checkbox"/> Work Order Approved
	<input type="checkbox"/> Placeholder Project	<input type="checkbox"/> Pre-Design	<input type="checkbox"/> Design
	<input type="checkbox"/> Completed Kickoff Meeting	<input type="checkbox"/> Construction	<input type="checkbox"/> Other _____

Current Project Status	<input type="checkbox"/> Placeholder Project	<input type="checkbox"/> Approved Project	<input type="checkbox"/> Work Order Approved
	<input type="checkbox"/> Completed Kickoff Meeting	<input type="checkbox"/> Pre-Design	<input type="checkbox"/> Design
	<input type="checkbox"/> Bid/Award	<input type="checkbox"/> Planning	<input type="checkbox"/> Construction
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2. PROJECT JUSTIFICATION



[PROJECT TITLE]

Project Description / Summary:

Description and Scope – Provide supporting text detailing proposed scope (anticipated scope of work) and description (in-house vs outsourced design, listing of known stakeholders of work, expected impacts, assumptions/risks)

Purpose and Need – Provide supporting text detailing project justification (why is the project being done?) and project need (need for this project, anticipated benefits)

History and Current Status: Provide supporting text detailing the history of this project (past problems/issues, historical studies/assessments performed, how long has this project been in the CIP) and current status (Is this a project that spans over multiple years?)

DESCRIPTION AND SCOPE

PURPOSE AND NEED

HISTORY AND CURRENT STATUS

3. ADDITIONAL PROJECT INFORMATION: List of Assets Involved (or New Assets Proposed), Map of Location, and/or Asset Photos: **This section is required field for project requests with costs greater than \$1 Million.**

SUMMARY OF ASSET LISTING/PROJECT LOCATION /REFERENCE DOCUMENTS/DATA SOURCES

FACILITY SITE PLAN, MAPS, PHOTOS, if applicable

4. PROJECT DRIVER (CHECK ONE WHICH BEST APPLIES)

<input type="checkbox"/> Renewal / Rehabilitation / Replacement <input type="checkbox"/> Security / Vulnerability <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Service Level / Reliability and O&M <input type="checkbox"/> Safety (Public and Employee)	<input type="checkbox"/> Capacity Improvement <input type="checkbox"/> Business Performance / Cost Efficiency <input type="checkbox"/> Growth / Expansion <input type="checkbox"/> Caltrans/Other Entity Coordination <input type="checkbox"/> Other _____
CRITERIA MODIFIER Strategic Plan Alignment – Outcomes of this project directly aligns with the Strategic Plan Innovation – Key driver for the project is innovation (new process, technology adoption etc.)	
<input type="checkbox"/> Strategic Plan Alignment	<input type="checkbox"/> Innovation
<p>If “Strategic Plan Alignment” and/or “Innovation” modifiers are selected, please explain:</p> 	

5. PROJECT KNOWLEDGE /COST DETAIL (CHECK ONE WHICH BEST APPLIES)

<input type="checkbox"/> Class O – Opinion of Cost - Conceptual Level Estimate <input type="checkbox"/> Class C - Budget Approved for Design - Planning Level Estimate <input type="checkbox"/> Class B - Preliminary Design <input type="checkbox"/> Class A – Bid and Award Final Design <input type="checkbox"/> Other _____

Anticipated Funding Source/s

<input type="checkbox"/> Sewer Construction and Maintenance Fund (SCM)	<input type="checkbox"/> Stormwater Pollution Abatement
<input type="checkbox"/> Solid Waste Resource Revenue	<input type="checkbox"/> Other _____

6. PROJECTED PROJECT COST



[PROJECT TITLE]

TYPE	TOTAL	PRIOR YEARS	FY 20__ / __				
FAP	\$ 0	\$0	\$0	\$0	\$0	\$0	\$0
CTP	\$ 0	\$0	\$0	\$0	\$0	\$0	\$0
R/W	\$ 0	\$0	\$0	\$0	\$0	\$0	\$0
CONS	\$ 0	\$0	\$0	\$0	\$0	\$0	\$0
FACM	\$ 0	\$0	\$0	\$0	\$0	\$0	\$0
CTCM	\$ 0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROJECT COST	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

*FAP = City Planning/Design, CTP = Consultant Planning/Design, R/W = Right of Way, CONS = Construction, FACM = City Construction Management, CTCM = Consultant Construction Mgt

COST DELTA ANALYSIS (if applicable)

Date of Cost Estimate (MM/YYYY)	Prepared By	Division
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Note - The above Cost Estimate must include construction contingency (20% for projects under \$1M, 10% for projects \$1M & under \$3M, and 5% for \$3M and over) as well as estimating contingency and escalation.

7. PROJECTED PROJECT SCHEDULE DETAIL (BAR CHART)												
	FY 20__ / __				FY 20__ / __				FY 20__ / __			
	20__		20__		20__		20__		20__		20__	
	JAS	OND	JFM	AMJ	JAS	OND	JFM	AMJ	JAS	OND	JFM	AMJ
Pre-Design												
Design												
Right of Way												
Bid & Award												
Construction												
Close-Out												

8. ALTERNATIVES EVALUATION (CHECK ALL THAT APPLY)



[PROJECT TITLE]

<input type="checkbox"/> Do Nothing / Status Quo /Run to Failure <input type="checkbox"/> Repair / Rehabilitation <input type="checkbox"/> Replace (with Like assets) <input type="checkbox"/> Replace (with Upgraded assets)	<input type="checkbox"/> Revise Operations & Maintenance Practices <input type="checkbox"/> Decommission <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
Description of Alternatives Evaluation – Include description and financial calculations (Benefit/Cost ratio etc.) – This section is required for project requests with costs greater than \$1 Million.	

9. PROJECT CONSTRAINTS / DEPENDENCIES - This section is required for project requests with costs greater than \$1 Million.

Project Constraints / Dependencies:
Project Constraints
Provide additional supporting text describing any major project constraints or dependencies that may impact project implementation.

- Are there any other projects or assets, resource utilization, bypass pumping, access issues, assets cannot be taken offline)?
- If available, provide description on how potential constraints will be addressed

Coordination Projects

- Does this project have to be coordinated with other entities (ex.Caltrans)?
- Is this a cost participation project?
- Is this project a phase/unit project?

PROJECT CONSTRAINTS

COORDINATION PROJECTS

10. ADDITIONAL SUPPORTING NARRATIVE – CONDITION AND CRITICALITY ANALYSIS



[PROJECT TITLE]

Provide additional supporting text in the space below to summarize formal condition and criticality analysis: Include final condition scoring summary, relative age and expected useful life, probability of failure analysis, likely failure modes, historic maintenance cost and failure data, and comments from O&M staff. Also include an assessment of any critical customers served or impacted. Summarize any specific risks that would be mitigated such as additional redundancy, storage capacity, and backup power.

11. ADDITIONAL SUPPORTING NARRATIVE – SAFETY, SERVICE LEVELS, AND REGULATORY COMPLIANCE - This section is required for project requests with costs greater than \$1 Million.

Provide additional supporting text in the space below to describe expected impacts on service levels: include all appropriate customer and environmental related service levels that are likely to be impacted, with specific estimates on number of events/failures or risks avoided. Include justification based on available historic information. As much as possible, tie to existing service and performance goals and highlight areas of targeted improvement as part of an overall program (i.e. sewer main breaks per 100 miles per year, # maintenance requests per year).

12. PRIORITIZATION ANALYSIS

Prioritization Factors. For all project criteria, indicate total average scores (1-5) from evaluation, and include specific justification or explanation for the scoring. Business case owner or Project Manager will complete an initial scoring recommendation with justification/explanation. This will be reviewed and updated, as needed by the CIP committee.

Note – Refer to the Business Case Guidelines Document for detailed criteria and scoring definitions

Criteria	Project Manager Evaluation Score (1-5)	CIP Committee Evaluation Score (1-5)	Justification / Explanation To be completed by Project Manager/Business Case Owner
Physical Condition			
Process/ Performance Condition			
Regulatory/Environmental			
O&M and Service Level / Reliability			
Safety			
Public Benefit /Perception & Community/Growth			
Financial			
Efficiency / Energy and Process Effectiveness / Institutional Knowledge			
Strategic Plan Alignment		0	
Innovation		0	

Note: CIP Committee will review the justification (Section 4) for “Strategic Plan Alignment” and “Innovation” and determines their applicability to the project. A score of either 0 (not applicable) OR 5 (applicable) is assigned to “Strategic Plan Alignment” and “Innovation”

13. FINANCIAL MANAGEMENT DIVISION (FMD) DATA COMPLETENESS CHECK

As part of the initial review process, FMD will review the data provided in this business case and list any further data needs and request clarifications, if any, before business case can be finalized.



- Business Case is complete
- Additional Information is requested

Notes:

14. DOCUMENT REVISION HISTORY - To be completed by Project Manager/Business Case Owner		
Name	Date of Change	Reason for Change

PROJECT TITLE	
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15. FINAL BUSINESS CASE REVIEW AND APPROVAL

APPROVAL TYPE	APPROVED BY	DATE
Design Division Manager		
Facility Manager		
SPT	(or N/A if Not Applicable)	
AESC Approval or Waiver	(needed for budget approval only)	
SAC Committee Approval or Waiver	(required for CSSA App A & B scope deletions only)	

I recommend approval of this Project/Change Authorization Request

Design Division/District Engineer: _____ Date _____

Facility Manager: _____ Date _____

SPT/PAT: _____
SPT/PAT Chairperson's Signature Date _____

_____ Date _____
SPT/PAT Co-Chairperson's Signature

For Automation Projects: _____
Bob Irvin, Director of Systems Date _____

For Settlement Agreement Committee _____ Date _____

Approval Names and Dates Table: Signatures are no longer required prior to the meeting. Enter the names and dates that verbal or e-mail approvals were obtained from each of the following. Original signatures must be on the PRC form submitted at the PRC meeting.

PRC Action _____ Date _____

Recorded By: _____ Date _____
FMD Staff Member

