

ATTACHMENT 3.3-2
CITY OF LOS ANGELES
PROGRAM REVIEW COMMITTEE
PROJECT APPROVAL & CHANGE AUTHORIZATION REQUEST FORM

Project Title: LAG CONTACT TANK SKIMMER REPLACEMENT

Date: 3/25/08

PRC Submittal Instructions: Please fill out this form completely (including the checklist below), and submit electronically along with all other backup materials to Harold Fike of FMD (cc FMD Rep and Rod Davis) by the last Wednesday of the month. If you need any help, or have any questions regarding the application, please call the FMD Rep for the project and they will be happy to assist you. If you aren't sure who the FMD rep is, call or e-mail any of the FMD/CIP group members and they will let you know.

PRC Application Checklist: Place an "X" in each checkbox to confirm that an item is completed and included with the package. All items are required, with the exception of the cost-benefit analysis that applies to cost-saving projects only (enter N/A if not). For more information, refer to the PRC Guidelines at <http://san.ci.la.ca.us/fmd/prcwcip.htm>

X	The Project Title on all three pages matches the CIP title (if the project is in the CIP). It is ok to spell out abbreviations.
X	The table on the following page is filled in completely (including Planning Areas, Council Districts, etc), and all italic instructional text is deleted.
X	The Project Description is detailed and complete. For projects requesting change authorization it also describes the proposed project changes.
X	The Project Justification factually and objectively states the reason that the project is needed, without subjective opinions.
N/A	A Cost-Benefit Analysis is attached for projects that are justified by cost-savings
X	The Cost Estimate Class is circled or otherwise noted.
X	The Cash Flow and Schedule are both filled in, and they agree with each other.
X	The Impact to Planned Work is addressed (even if there will be no impact).
X	A copy of the cost estimate is attached (actual estimate calcs, not lump sum or single line estimate)
X	The Attached Cost Estimate includes construction contingency (20% for projects under \$1Million, 10% for \$1Million and over) as well as estimating contingency and escalation..
X	A delta analysis is attached (if the estimate is changing from a previously submitted estimate, otherwise, enter N/A)
N/A	Prioritization Score is attached with comments and support documents verifying score (required for all wastewater projects).
N/A	Presentation (if any) and other useful backup materials included (such as scoping reports, workshop conclusions, BPW reports, etc).
none	Facility site plan or map.

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Approval Dates: 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.

APPROVAL TYPE	APPROVED BY	DATE
Design Division Manager	Ken Redd	3/25/08
Facility Manager	Hiddo Netto	3/25/08
SPT	See Facility Manager	
AESC Approval or Waiver	N/A	
SAC Committee Approval or Waiver	N/A	

Project Information Table: Please fill out project and contact info in the table below. Contact the FMD rep for FMD CIP No. if not known.

Project Title: LAG CONTACT TANK SKIMMER REPLACEMENT		WO No: SZL11178
Auth Type: Project Change		Program: WW
Approval Requested: Budget and Scope Change		BOE Project No: 8624
AMP Proj No(s): N/A		FMD CIP No: 936
CSSA Proj SA(s): N/A		CSSA Due Date: N/A
FMD Rep: Rod Davis		Reach Ft: N/A
Project Manager: Al Bazzi		Phone: (310) 648-6112
Project Contact: Cristian Guerrero		Phone: (310) 648-6176
Mail Stop: 623	Des Office: 045	Const Office: 045
Planning Area(s): East		CD(s): 6
Neighborhood Councils: N/A		
Project Location or Limits: Los Angeles Glendale Water Reclamation Plant		
Proposed Contracting Vehicle (s): CiSCo 6		

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I recommend approval of this Project/Change Authorization Request:

Design Division/District Engineer: _____ Date _____

Facility Manager: _____ Date _____

SPT/PAT: _____ Date _____

SPT/PAT Chairperson's Signature

_____ Date _____

SPT/PAT Co-Chairperson's Signature

For Automation Projects: _____ Date _____

Bob Irvin, Director of Systems

For Settlement Agreement Committee _____ Date _____

PRC action: _____ Date _____

Recorded By: _____ Date _____

FMD Staff Member

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Project Title: LAG CONTACT TANK SKIMMER REPLACEMENT

Project Description:

This project will purchase and install two new skimmers to match the existing manually operated type. In addition the existing corroded end supports and rotation mechanisms will be replaced.

Project Justification:

The skimmers in the two chlorine contact tanks at the LAGWRP are corroded and are at the end of their useful lives. One was installed in 1972, and the other was installed in 1985. Scum and other "floatables" will not be managed effectively without properly operating skimmers.

Impact to Planned Work:

None (this is also planned work).

Cost Estimate Class: **A** B C O Bid+Contingency

Estimated Project Costs by Year:

TYPE*	TOTAL	Prior Yrs	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12
FAP	\$38,000	\$13,000	\$23,000	\$2,000	\$0	\$0	\$0
CTP	\$11,000	\$4,000	\$6,000	\$1,000	\$0	\$0	\$0
R/W	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CONS	\$150,000	\$0	\$0	\$150,000	\$0	\$0	\$0
FACM	\$12,000	\$0	\$0	\$11,000	\$1,000	\$0	\$0
CTCM	\$5,000	\$0	\$0	\$4,000	\$1,000	\$0	\$0
TOTAL	\$216,000	\$17,000	\$29,000	\$168,000	\$2,000	\$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.

Proposed Schedule (Bar Chart)	FY 07/08				FY 08/09				FY 09/10				FY 10/11				FY 11/12							
	2007		2008		2008		2009		2009		2010		2010		2011		2011		2012					
	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Pre-Design																								
Design																								
Right of Way																								
Bid & Award																								
Construction																								
Close-Out																								