

COUNTY OF SUSSEX
CAPITAL REQUEST FORM
LAND, BUILDINGS AND IMPROVEMENTS

1. Department Shared Services	2. Division Information Technology	3. Priority 1.	4. Date 10/27/2014
5. Project Title Storage Area Network		6. Project Number 9	7. Project Location and Address Admin Building
8. Purpose, Description and Scope of Project Data storage is approaching year 6 and maintenance fees are now increasing. Current storage is at 85% usage levels. Plan to expand size 10TB on another Storage System using all Flash Array. This new system can be expanded in 3 stages to move off of the old system.		9. Request History Has this Project been requested previously? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate year(s) of prior request: _____	
10. Justification (check all that apply)			
<input checked="" type="checkbox"/> Efficiency <input type="checkbox"/> Effectiveness <input type="checkbox"/> Mandate <input type="checkbox"/> Safety <input type="checkbox"/> New Program <input checked="" type="checkbox"/> Cost Savings <input type="checkbox"/> Other _____ <div style="text-align: right; margin-left: 200px;">Specify</div>			
Briefly explain risk if Project is deferred: <u>OE Support \$32k annually then will increase from now on</u> <u>Investing in a 3 year soon to be end of life technology.</u>		11. Permits and Testing Are permits and/or environmental testing required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the external agencies involved in the approval process: _____ _____	
12. Project Cost			
Estimated Project Cost:	\$ <u>200,500</u>	Estimated Useful Life of Project:	<u>10</u> years
Of the total cost, how much is for actual construction and/or acquisition costs?	\$ <u>-</u>	Source of Estimate: (Attach supporting documentation)	
Sources of Funding:	<input type="checkbox"/> In-House: _____ <div style="text-align: right; margin-left: 150px;">Personnel Name & Title</div>		
<input type="checkbox"/> Budget Appropriations:	\$ <u>-</u>	<input type="checkbox"/> Consultant: _____ <div style="text-align: right; margin-left: 150px;">Vendor Name</div>	
<input checked="" type="checkbox"/> Capital Improvement Fund:	\$ <u>200,500</u>	Budget Account: _____ \$ <u>-</u>	
<input type="checkbox"/> Capital Surplus:	\$ <u>-</u>	(List applicable accounts) Account Number Amount	
<input type="checkbox"/> Grant-In-Aid/Other:	\$ <u>-</u>	_____ \$ <u>-</u> _____ Amount	
<input type="checkbox"/> Debt to be Authorized:	\$ <u>-</u>	_____ \$ <u>-</u> _____ Amount	
		Grant/Other ID: _____ <div style="text-align: right; margin-left: 150px;">Grantor & Grant Title</div>	

Ord. #:	_____	Account Number	_____	Amount	_____	Phase	_____
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Ord. #:	_____	Account Number	_____	Amount	_____	Phase	_____
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