



**CAPITAL IMPROVEMENT PROJECT (CIP) REQUEST - FY24  
FORM A - DESIGN & CONSTRUCTION**

<b>Project Title:</b>	FY24 Street & Sidewalk Repairs & ADA Improvements - Fund 5177		
<b>Project Address:</b>	Various, Tufts & 8		
<b>Department:</b>	IAM - Engineering		
<b>Project Mgr.:</b>	Rebecca Wright	<b>Email:</b>	<a href="mailto:rwright@somervillema.gov">rwright@somervillema.gov</a>
<b>New Project or Modification:</b>	New Project		

**Department Priority:**

*Rank your project(s) in order of priority from your point of view. If you propose four projects, rank them 1, 2, 3, 4, with 1 being the highest, and so forth.*

**Project Description/Scope of Work:**

Design and reconstruction of streets, sidewalks, and ADA-accessible ramps on various public roads throughout the city. Work includes design, engineering services during construction, excavation, gravel borrow, grading, manhole adjustments, drainage inlet reconstruction, curb removal and resetting, curb extensions, median islands, installation of MAAB/ADA compliant curb cuts, crosswalk lines, stop lines, double yellow lines, white lines, colored lane markings and other work as necessary.

**Justification:**

Annual street design and reconstruction is required to repair and maintain miles of streets, sidewalks, and ADA ramps throughout the city. Annual project supplemented by Chapter 90 funds and General Fund.

**Relationship to Other Projects:**

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**Category: Please check all appropriate boxes**

- Architectural/Engineering Feasibility Study
- Architectural/Engineering Construction Document Services & Construction Admin
- Building Alteration/Repair/Renovation/Addition/New Construction
- Building Improvements (non-construction)
- Purchase of Equipment (incl. vehicles, office equipment, hardware, etc.)
- Information Technology Systems/Platforms (e.g. cloud based, internet based, etc.)
- Street/Sidewalk/Monument Improvements
- Water Improvements
- Sewer Improvements
- Land Development
- Land Acquisition
- Land Disposition
- Parks and Open Space
- Other

**Operational Impact:**

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**What impact will this project have on operational costs?**

- Reduce Cost (greater than 5%)
- Reduce Cost (less than 5%)
- Cost Unchanged
- Increase Cost (less than 5%)
- Increase Cost (greater than 5%)

## Design and Construction Project Funding

	Total Estimated Cost	Prior Years Funding	FY 24	FY 25	FY 26	FY 27	FY 28
<b>Capital Costs:</b>							
Feasibility Study	\$ -						
Land Acquisition/Appraisal	\$ -	-	-	-	-	-	-
Environmental Remediation/LSP	\$ -						
Demolition & Site Clearance	\$ -	-	-	-	-	-	-
Owner's Proj. Mgr./Clerk of the Works	\$ -						
Designer Services (SD through CA)	\$ 500,000		200,000	250,000	50,000		
Construction	\$ 5,450,000	-	700,000	2,750,000	2,000,000	-	-
Insurance (builder's risk, addtl. Polices)	\$ -	-					
Furniture & Equipment (FFE)	\$ -						
Police Details	\$ 558,881	-	150,000	300,000	108,881	-	-
Contingency	\$ 1,172,000		250,000	672,000	250,000		
Other (Specify)	\$ -	-	-	-	-	-	-
Other (Specify)	\$ -	-	-	-	-	-	-
<b>Total:</b>	<b>\$ 7,680,881</b>	<b>\$ -</b>	<b>\$ 1,300,000</b>	<b>\$ 3,972,000</b>	<b>\$ 2,408,881</b>	<b>\$ -</b>	<b>\$ -</b>

GF Bond org 517724. Cost estimate provided by DCI, project consultant. Bonded project supplemented by \$1,219,113 FY2F allocation of MDOT Chapter 90 funds and \$900,000 from street reconstruction General Fund.

Please provide suggested sources. This section will be finalized jointly by Finance and the Department.

		Prior Years Funding	FY 24	FY 25	FY 26	FY 27	FY 28
<b>Funding Sources:</b>							
Stabilization Fund	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
GO Bonds	\$ 5,561,768	-	-	3,152,887	2,408,881	-	-
Retained Earnings	\$ -						
General Fund	\$ 900,000		200,000	700,000			
Special Assmnt.	\$ -	-	-	-	-	-	-
Ch. 90	\$ 1,219,113		1,100,000	119,113			
Grants	\$ -	-	-	-	-	-	-
Receipts Reserved	\$ -						
Other (Specify)	\$ -	-	-	-	-	-	-
Other (Specify)	\$ -	-	-	-	-	-	-
<b>Total:</b>	<b>\$ 7,680,881</b>	<b>\$ -</b>	<b>\$ 1,300,000</b>	<b>\$ 3,972,000</b>	<b>\$ 2,408,881</b>	<b>\$ -</b>	<b>\$ -</b>

### Evaluation Committee Use Only:

Reviewed and Approved By:

Requesting Department

Auditing

Purchasing

Date

Date

Date

Final Approval

Version

Draft

Revised

Accepted



**CAPITAL IMPROVEMENT PROJECT (CIP) REQUEST - FY20**  
**FORM B - EQUIPMENT & ASSETS**

**Equipment Requested:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Project Mgr.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**New Project or Modification:**

**Department Priority:**

*Rank your project(s) in order of priority from your point of view. If you propose four projects, rank them 1, 2, 3, 4, with 1 being the highest, and so forth.*

**Equipment/Asset Description:**  
 Please describe what the equipment or asset does; what it will be used for; etc.

**Justification:**  
 Please indicate the need for the project and what it is expected to accomplish and its anticipated useful life. Include how much the project will impact city operations. Support your case for why the proposed project is urgent, necessary or desirable.

**Relationship to Other Projects:**  
 Describe the relationship between proposed CIP and other projects or plans (e.g. SomerVision, Green Line Extension, Sustainaville/Climate Forward, VisionZero, inclusionary/affordable housing, etc.)

**Operational Impact:**  
 Please detail any additional operational costs or revenues, if any, that may be the result of this purchase e.g. the new equipment will reduce emergency repair costs by \$10,000 per year. Or the new equipment will lead to \$5,000 in additional fee revenue collected. Please enter these dollar amounts on the table below.

**What impact will this project have on operational costs?**

- Reduce Cost (greater than 5%)
- Reduce Cost (less than 5%)
- Cost Unchanged
- Increase Cost (less than 5%)
- Increase Cost (greater than 5%)

	FY20	FY21	FY22	FY23	FY24
Average Annual Repair Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Average Annual Maintenance Costs	-	-	-	-	-
Other (Specify)	-	-	-	-	-
Implementation	-	-	-	-	-
Other (Specify)	-	-	-	-	-
<b>Total:</b>	<b>\$ -</b>				

**Estimated useful life:**

**Cost Per Unit:**  **# of Units Requested:**  **Total Cost:**

Please describe how you came up with your cost estimate.

*see other side*

**Equipment Being Replaced (if any):**

	Item	Make	Age	Avg. Maint. Cost	Avg Repair Costs	Rental Cost
A.						
B.						
C.						
D.						
E.						

**Recommended disposition of items being replaced:**

Possible use by other departments, trade-in, surplus sale, etc.

**Evaluation Committee Use Only:**

Reviewed and Approved By:

Requesting Department   
 Auditing   
 Purchasing

Date   
 Date   
 Date

**Final Approval**

**Version**

Draft   
 Revised   
 Accepted

New Project  
First  
Modification  
Second  
Third  
Fourth  
Fifth  
Sixth  
Seventh  
Eighth  
Ninth  
Tenth

Urgent  
Necessary  
Desirable