

## **CAPITAL IMROVEMENT PROJECT (CIP) REQUEST - FY23**

#### DESIGN & CONSTRUCTION

Contenting, MSS	FORIN	A - DESIG	IN & CONSTRUCTIO	N	
Project Title:	Lead Line Service Replacement (recurring)				
Project Address:	Various				
Department:	IAM - Engineering				
Project Mgr.:	Karla Cuarezma Email: <u>kcuarezma@somervillema.gov</u>				
New Project or Modification:	Modification to Existing Project				
<b>Department Priority:</b>	Necessary	First			
Rank your project(s) in order of	priority from your point of view. If you	u propose fou	r projects, rank them 1, 2,	3, 4, with 1 being the highest, and so forth.	
Project Description/Scope	e of Work:				
service lines and replacem replaced by excavating ear	ent with copper service lines at th from the water mains located	from the v d within bo	vater main to the met oth rights of way and j	e program. The program consists of removing lead eer connection on private properties. Service is private property. Annual program includes initial puipment necessary to complete replacement of	
Justification:					
Required by administrativ	est. This critical project address			service lines to private property per year and for or residents not limited but included children, who	

### **Relationship to Other Projects:**

None.

### **Category: Please check all appropriate boxes**

	chitectural,	/Engineering	Feasibility	Study
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- cchitectural/Engineering Construction Document Services & Construction Admin  $\checkmark$
- uilding Alteration/Repair/Renovation/Addition/New Construction  $\checkmark$
- uilding Improvements (non-construction)  $\Box$
- irchase of Equipment (incl. vehicles, office equipment, hardware, etc.)  $\Box$
- formation Technology Systems/Platforms (e.g. cloud based, internet based, etc.)
- $\Box$ reet/Sidewalk/Monument Improvements
- 'ater Improvements
- $\checkmark$ wer Improvements
- and Development
- and Acquisition
- and Disposition
- arks and Open Space  $\Box$
- $\Box$ ther

**Operational Impact:** 

None.

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%)**  $\checkmark$ **Increase Cost (greater than 5%)** 



# CAPITAL IMROVEMENT PROJECT (CIP) REQUEST - FY20

## FORM B - EQUIPMENT & ASSETS

Equipment Requested:					
Department:					
Project Mgr.: Email:					
New Project or Modification:     Select Project Type					
Department Priority:       Select Project Priority         Select Order of 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.)					
Sustamavine/ Chinate For ward, visionZero, inclusionary/anordable nousing, 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%)					
<ul><li>Reduce Cost (less than 5%)</li><li>Cost Unchanged</li></ul>					
<ul> <li>Increase Cost (less than 5%)</li> </ul>					
□ Increase Cost (greater than 5%)					
FY20 FY21 FY22 FY23 FY24					
Average Annual Repair Costs       -       \$					
Other (Specify)					
Implementation     -     -     -     -       Other (Specify)     -     -     -     -					
Total:     \$     - \$     - \$     - \$     - \$					

Estimated useful life:			
Cost Per Unit:	# of Units Requested:	Total Cost: -	
Please describe how you came	e up with your cost estimate.		
		see other side	

	Item	Make	Age	Avg. Maint. Cost	Avg Repair Costs	Rental Cost	
A							
В.							
С							
D.							
E.							
	<b>position of items bein</b> er departments, trade-in		C.				
			.C.				
ossible use by othe	r departments, trade-in						
valuation Commi	r departments, trade-in tte Use Only:		:C.				
valuation Commi Reviewed and A	r departments, trade-in t <b>te Use Only:</b> Approved By: Department		Date			Version	
valuation Commi Reviewed and A	r departments, trade-in t <b>te Use Only:</b>					<b>Version</b> Draft Revised	

New Projec First	Urgent
Modificatic Secor	nd Necessary
Third	Desirable
Fourt	h
Fifth	
Sixth	
Sever	ith
Eightl	า
Ninth	
Tenth	I