



**CAPITAL IMPROVEMENT PROJECT (CIP) REQUEST - FY23  
FORM A - DESIGN & CONSTRUCTION**

<b>Project Title:</b>	SSES and I/I - CCTV (recurring)		
<b>Project Address:</b>	Various		
<b>Department:</b>	IAM - Engineering		
<b>Project Mgr.:</b>	Jonathan Smith	<b>Email:</b>	<a href="mailto:jsmith@somervillema.gov">jsmith@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:**  
Internal, closed circuit television inspection of the system to identify defects including: pipe cracks, pipe deformation, misaligned joints, damaged service connections, collapses, debris build-up, and any other impairments to the system; light to moderate cleaning of debris to facilitate inspections; recommendation of corrective actions (e.g. dig and replace repairs, trenchless rehabilitation, heavy cleaning), and removal and disposal of any debris collected as part of inspections process.

**Justification:**  
The frequency and extent of pipe collapses requiring emergency repairs in recent years provide evidence that the system is beginning to fail. Sewer Department responses to service interruptions indicate that debris has built up in the system beyond the Department's current capability to fully clean the lines. The SSES program proactively conducts system repair and completes remedial maintenance.

**Relationship to Other Projects:**  
The SSES condition assessment informs the development and evaluation of stormwater management, storage, sewer separation, and other options, and the feasibility study helps to inform the prioritization of existing system repairs.

- 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:**  
Inspections and remedial work help mitigate long-term risk from pipe collapses and maintenance to failing systems.

- 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 23	FY 24	FY 25	FY 26	FY 27
<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)	\$ 200,000	\$ -	\$ 100,000.00	\$ 100,000.00			
Designer Services (CA)	\$ 200,000	\$ -	\$ 40,000.00	\$ 160,000.00			
Construction	\$ 1,100,000	\$ -	\$ 220,000.00	\$ 880,000.00	\$ -	\$ -	\$ -
Insurance (builder's risk, addtl. Polices)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Furniture & Equipment (FFE)	\$ -						
Police Details	\$ 100,000	\$ -	\$ 20,000.00	\$ 80,000.00	\$ -	\$ -	\$ -
Contingency	\$ 130,000	\$ -	\$ 26,000.00	\$ 104,000.00			
Other (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total:</b>	<b>\$ 1,730,000</b>	<b>\$ -</b>	<b>\$ 406,000</b>	<b>\$ 1,324,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Recurring annual program on Sewer CIP

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

	Total Estimated Cost	Prior Years Funding	FY 23	FY 24	FY 25	FY 26	FY 27
<b>Funding Sources:</b>							
Stabilization Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GO Bonds	\$ 1,730,000	\$ -	\$ 406,000	\$ 1,324,000			
Retained Earnings	\$ -						
General Fund	\$ -						
Special Assmnt.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Ch. 90	\$ -						
Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Receipts Reserved	\$ -						
Other (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total:</b>	<b>\$ 1,730,000</b>	<b>\$ -</b>	<b>\$ 406,000</b>	<b>\$ 1,324,000</b>	<b>\$ -</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>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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