



**CAPITAL IMPROVEMENT PROJECT (CIP) REQUEST - FY22  
FORM A - DESIGN & CONSTRUCTION**

<b>Project Title:</b>	Elevator - GLX to Somerville High School		
<b>Project Address:</b>	Various Municipal Buildings		
<b>Department:</b>	IAM - Capital Projects		
<b>Project Mgr.:</b>	Rich Raiche	<b>Email:</b>	rraiche@somervillema.gov
<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:**  
Construct an outdoor, stand-alone elevator to improve accessibility between the Somerville High School field level and the new Green Line Gilman Square Station.

**Justification:**  
Permitting of the High School included a waiver from the Massachusetts Architectural Access Board to define the ADA-complaint path of travel between SHS and the Gilman Square Station as using the community path and the SHS driveway to School Street and back. This project provides significant accessibility improvements on Central Hill by eliminating that long path of travel.

**Relationship to Other Projects:**  
This project is in keeping with the City's ADA transition plan, and are aligned with strategic vision and goals expressed in SomerVision.

**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:**  
The project will result in minor increases to the elevator maintenance costs associated with the internal SHS elevators.

- 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 22	FY 23	FY 24	FY 25	FY 26
<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)	\$ 492,013	\$ 197,654	\$ 153,359	\$ 141,000			
Construction	\$ 7,738,567	\$ -	\$ 4,614,283	\$ 3,124,284			
Insurance (builder's risk, addtl. Polices)	\$ -	\$ -	\$ -		\$ -		
Furniture & Equipment (FFE)	\$ -						
Police Details	\$ -	\$ -	\$ -	\$ -			
Contingency	\$ 1,171,433		\$ 585,716	\$ 585,716			
Other (Specify)	\$ -	\$ -	\$ -	\$ -			
Other (Specify)	\$ -	\$ -	\$ -	\$ -			
<b>Total:</b>	<b>\$ 9,402,013</b>	<b>\$ 197,654</b>	<b>\$ 5,353,358</b>	<b>\$ 3,851,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Estimate provided by architect currently under providing design services. The \$8,019,457 allocated from the Stabilization Fund below includes \$200,000 in existing funds for the elevator, \$7,668,457 to be transferred from the remaining funds in the GLX Stabilization Fund, and \$151,000 from the Facility Construction and Renovation Stabilization Fund for additional design and electrical conduit work related to the Gilman Station Elevator and GLX platform.

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

		Prior Years Funding	FY 22	FY 23	FY 24	FY 25	FY 26
<b>Funding Sources:</b>							
Stabilization Fund	\$ 8,019,457	\$ 185,596.82	\$ 4,545,067.22	\$ 3,288,792.96	\$ -	\$ -	\$ -
GO Bonds	\$ 1,331,543	\$ -	\$ 769,336	\$ 562,207			
Retained Earnings	\$ -						
General Fund	\$ 51,013	\$ 12,057.00	\$ 38,956.30				
Special Assmnt.	\$ -						
Ch. 90	\$ -						
Grants	\$ -						
Receipts Reserved	\$ -						
Other (Specify)	\$ -						
Other (Specify)	\$ -						
<b>Total:</b>	<b>\$ 9,402,013</b>	<b>\$ 197,654</b>	<b>\$ 5,353,359</b>	<b>\$ 3,851,000</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