



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

Project Title: _____
Project Address: _____
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.

Project Description/Scope of Work:

Please explain the nature of the project, what the project incorporates, and the types of assets to be funded. Indicate whether the project is to replace existing facilities, equipment, or land or is an addition involving an increase in service delivery.

**Note that the project description will be published in the CIP document and reported to City Council.

Justification:

Please explain the need for the project, 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.)

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:

Please note any additional operational costs that may be the result of this project, e.g. the enlargement of a new building will require additional heating and cooling costs, additional custodial help, etc.

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
Capital Costs:							
Feasibility Study	\$ -	-	-	-	-	-	-
Land Acquisition/Appraisal	\$ -	-	-	-	-	-	-
Environmental Remediation/LSP	\$ -	-	-	-	-	-	-
Demolition & Site Clearance	\$ -	-	-	-	-	-	-
Owner's Proj. Mgr./Clerk of the Works	\$ -	-	-	-	-	-	-
Designer Services (SD through CA)	\$ -	-	-	-	-	-	-
Construction	\$ -	-	-	-	-	-	-
Insurance (builder's risk, addtl. Polices)	\$ -	-	-	-	-	-	-
Furniture & Equipment (FFE)	\$ -	-	-	-	-	-	-
Police Details	\$ -	-	-	-	-	-	-
Contingency	\$ -	-	-	-	-	-	-
Other: Specify	\$ -	-	-	-	-	-	-
Other: Specify	\$ -	-	-	-	-	-	-
Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Please describe how you developed these cost estimates. Include references to any supporting appraisals, studies, or other relevant background information that bolsters the cost estimates. How long is the estimate valid? Have you retained the services of an independent cost estimator?

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
Funding Sources:							
Stabilization Fund	\$ -	-	-	-	-	-	-
GO Bonds	\$ -	-	-	-	-	-	-
Retained Earnings	\$ -	-	-	-	-	-	-
General Fund	\$ -	-	-	-	-	-	-
Special Assmnt.	\$ -	-	-	-	-	-	-
Ch. 90	\$ -	-	-	-	-	-	-
Grants	\$ -	-	-	-	-	-	-
Receipts Reserved	\$ -	-	-	-	-	-	-
Other: Specify	\$ -	-	-	-	-	-	-
Other: Specify	\$ -	-	-	-	-	-	-
Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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 - FY24
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:

Justification:

Relationship to Other Projects:

Operational Impact:

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%)

	FY24	FY25	FY26	FY27	FY28
Average Annual Repair Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Average Annual Maintenance Costs	-	-	-	-	-
Implementation	-	-	-	-	-
Other: GO Funded	-	532,449	739,336	-	-
Other: Specify	-	-	-	-	-
Total:	\$ -	\$ 532,449	\$ 739,336	\$ -	\$ -

Estimated useful life:

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

see other side

Equipment Being Replaced (if any):

	Item	Make	Age	Avg. Maint. Cost	Avg Repair Costs	Rental Cost
A.	Engine Company #1	Pierce	15+			
B.						
C.						
D.						
E.						

Recommended disposition of items being replaced:

Engine 1 will be placed into reserve replacing a 20 year old pumper which will be declared surplus and sold.

Evaluation Committee Use Only:

Reviewed and Approved By:

Requesting Department
 Auditing
 Purchasing

Date
 Date
 Date

Final Approval

Version	
Draft	<input type="text"/>
Revised	<input type="text"/>
Accepted	<input type="text"/>