CITY OF OGDENSBURG



CAPITAL IMPROVEMENTS PROGRAM 2014-2019

Preliminary Budget Supplement 2014



CITY OF OGDENSBURG

CAPITAL IMPROVEMENTS PROGRAM

2014-2019

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CITY OF OGDENSBURG CAPITAL IMPROVEMENTS PROGRAM 2013 - 2018

TABLE OF CONTENTS

| Introduction | 1 |
|--|----|
| Fiscal and Program Analysis | 1 |
| Recommended Program | |
| Constitutional Debt Limit | 2 |
| Conclusion | 2 |
| APPENDIX A - Statistical Tables | |
| Table 1 - Debt Status | 3 |
| Table 2 - Assessed and Full Value of Taxable Property | 3 |
| Table 3 - Summary of Projects | 4 |
| Table 4 - Sources of Financing | 5 |
| APPENDIX B - Departmental Capital Improvements Program | |
| Public Works | 6 |
| Public Works/Engineering | 15 |
| Public Works/City Hall | 25 |
| Parks and Recreation | 30 |
| Fire | 35 |
| Police | 38 |
| Remington Art Museum | 42 |
| Library | 46 |

CITY OF OGDENSBURG

CAPITAL IMPROVEMENTS PROGRAM

2014-2019

INTRODUCTION

The City of Ogdensburg seeks to stimulate growth and progress. The community is using its location, physical resources, shared services and other development incentives to methodically address deficits and reach out to kindle new industrial and commercial ventures. Fiscally, the City of Ogdensburg is stressed, as 2/3 of the land is tax exempt. The City is no longer close to the State Constitution's taxing limit; this year's budget will slightly decrease its Constitutional Tax Limit, although it continues paying back bonds for the Visitor Center and will bond for portions of other major capital projects such as the Paterson Street Reconstruction project, almost all of which, except any required local matches, will ultimately be reimbursed by the appropriate state or federal funding agencies. Further the City staff's ability to secure grant funds, develop strategic plans, put together marketing for key sites, and acquire other financial incentive packages remain some of the major reasons to be optimistic about future growth.

Our challenge is matching the affordability of infrastructure repairs and replacement with the least impact to current and future taxpayers. This challenge can be met through rigorous efforts to finance infrastructure at the lowest possible costs and to obtain, whenever possible, federal and state grants to assist our projects.

The proposed Capital Improvements Program recognizes these significant increases in expenses as well as the demand of essential City services by identifying vital projects and recommending how they might be funded. We believe the City Council should move forward on these projects on a priority basis and within the City's financial means. The proposed program recommends projects for the next six years.

FISCAL AND PROGRAM ANALYSIS

The City's debt status for the three-year period immediately preceding this program is presented in Table 1. The assessed value and full value of property in the City during the period is shown in Table 2. The exact impact of the proposed Capital Improvements Program on the assessed valuation is difficult to project, but the activities proposed in the program will have a positive impact.

RECOMMENDED PROGRAM

The City's Capital Improvements Program is summarized in Table 3. It reflects a variety of needs. Detailed descriptions of each project contained in the program are found in Appendix B.

Table 4 summarizes the source of funding for the proposed Capital Improvements Program, as they presently seem. It is possible that within the changing realities of each fiscal year the actual sources of funding for a particular project could change as government issues evolve or as the City's own tax base increases or decreases.

CONSTITUTIONAL DEBT LIMIT

With several million dollars in capital projects underway or about to begin, along with a major long range planning effort that will provide a blueprint for the redevelopment of our waterfront, we can proudly say that we have a plan to succeed. The City's constitutional debt limit is at 20.21%. This figure is very low in relative terms to the full amount of borrowing power that the City has. However, it is possible that this figure will increase in order to carry out capital improvements as the utilization of a larger portion of constitutional debt limit is the cost to the City to compensate for some of the deferred investment in the City's physical base that has occurred in the past, as well as to meet the demands created by future growth.

CONCLUSION

The proposed Capital Improvements Program provides for the replacement and/or acquisition of facilities and equipment. The program will continue a tradition of providing a safe, healthy and acceptable environment for the citizens of Ogdensburg. It is important to keep the City competitive with other communities in attracting business, investment, tourism and new residents to the City. This will lead to a stronger tax base for the City and provide greater economic opportunities.

At this time it is uncertain to what extent General Fund Balance reserves will be available to program for the capital improvements projects recommended for 2014. After the 2013 budget is closed out, a determination on available reserve funds from 2013 can be made. The City Council will need to prioritize from among the various projects in order to establish which can actually be accomplished in 2014 and which will have to be put off for another year. Otherwise, with the support of the City Council and the people of Ogdensburg, the recommended Capital Improvements Program can be implemented during the timeframe provided.

TABLE 1

DEBT STATUS
FISCAL YEARS ENDING 2010, 2011, 2012, 2013

| | | | | PERCENT |
|------|----------------------|------------------|------------|----------|
| | OUTSTANDING DEBT | OUTSTANDING DEBT | CONST. | OF DEBT |
| | NOT SUBJECT TO LIMIT | SUBJECT TO LIMIT | DEBT | CAPACITY |
| YEAR | TOTAL | TOTAL | LIMIT | UTILIZED |
| | | | | |
| 2010 | 458,666 | 4,956,334 | 17,326,816 | 28.60% |
| | | | | |
| 2011 | 406,702 | 4,613,298 | 18,113,884 | 25.47% |
| | | | | |
| 2012 | 383,981 | 4,296,019 | 18,720,482 | 22.95% |
| | | | | |
| 2013 | 371,105 | 4,128,895 | 18,975,359 | 21.76% |

TABLE 2

ASSESSED AND FULL VALUE OF TAXABLE PROPERTY
AND STATE EQUALIZATION RATES
FOR FISCAL YEARS 2010, 2011, 2012, 2013

| YEAR | FULLY TAXABLE ASSESSED VALUE | % CHANGE FROM PREVIOUS YEAR | STATE EQUALIZATION RATE |
|------|---------------------------------|-----------------------------|-------------------------|
| 2010 | 273,471,571 | +4.2% | 100.00 |
| 2011 | 269,185,372 | -1.6% | 100.00 |
| 2012 | 275,063,208 | +2.2% | 100.00 |
| 2013 | 275,265,039 | +0.1% | 100.00 |

4

TABLE 3 CAPITAL IMPROVEMENTS PROGRAM 2014-2019 SUMMARY OF PROJECTS

| DEPARTMENT | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | TOTAL |
|--------------------|-----------|-----------|-----------|-------------|---------|---------|------------|
| Public Works | | | | | | | |
| a) General | 517,000 | 670,000 | 671,000 | 671,000 | 671,000 | 675,000 | 3,875,000 |
| b) Engineering | 5,740,000 | 800,000 | 505,000 | 3,075,000 | 75,000 | 75,000 | 10,270,000 |
| c) City Hall | 10,000 | 90,000 | 55,000 | · · · · · - | - | - | 155,000 |
| Parks & Recreation | 32,000 | - | - | - | - | - | 32,000 |
| <u>Fire</u> | - | 75,000 | - | 30,000 | - | - | 105,000 |
| <u>Police</u> | 133,500 | 71,500 | 72,500 | 73,500 | 74,500 | 75,500 | 501,000 |
| Remington Museum | 359,620 | 2,000 | 2,000 | 2,000 | 2,000 | - | 367,620 |
| <u>Library</u> | 9,240 | - | - | - | - | - | 9,240 |
| | 6,801,360 | 1,708,500 | 1,305,500 | 3,851,500 | 822,500 | 825,500 | 15,314,860 |

TABLE 4
SOURCES OF FINANCING
2014-2019

| State Aid | 9,154,240 | 59.8% |
|--------------------------|------------|--------|
| General Obligation Bonds | 2,850,000 | 18.6% |
| General Revenues | 1,099,500 | 7.2% |
| Utility Revenues | 1,213,500 | 7.9% |
| Capital Reserve | 433,120 | 2.8% |
| Fund Balance | 445,000 | 2.9% |
| Working Capital | 63,000 | 0.4% |
| Other Federal Aid | 56,500 | 0.4% |
| | 15,314,860 | 100.0% |

| | | | | | III | | | | l iv | l v | l vi | l vii |
|---|--|---|---|--|-------------------------|--|--|---|-------------------------|---|-------------------------|---|
| | | DEPARTMENTAL | | CITY OF OGDENSBURG Dept. of Public Works | | | | | | | ESTIMATE IN MONTHS | |
| | PROJECT | PRIORITY | | | | | i | STATUS OF | RECOMMENDED | REQUIRED TO | | |
| İ | TYPE | CATEGORY | Estimate | d Capital | Cost per/y | rear | | | ESTIMATED | IMPROVEMENT | FINANCING | COMPLETE |
| PROJECT NAME | (Table I) | (Table II) | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | COST | (Table V) | (Table VI) | ACTIVITY |
| Street Rehab & Repair | oc | 1 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | 900,000 | b | SA | ongoing |
| Street Milling & Resurfacing | OC | 1 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | 900,000 | b | SA | 6 |
| Curbing Restoration & Reclamation | ос | 1 | | 60,000 | 60,000 | 60,000 | 60,000 | 75,000 | 315,000 | b | GR/SA | 6 |
| Tree Replacement | oc | 2 | 3,000 | 3,000 | 4,000 | 4,000 | 4,000 | 5,000 | 23,000 | c | GR/OFA | 2 |
| Dump Truck Replacement | RE | 1 | 70,000 | 72,000 | 72,000 | 72,000 | 72,000 | 75,000 | 433,000 | c, e | GR/CR/UR | ongoing |
| Service trucks & Other | • | | | | | | | | | | | |
| Equipment Replacement | RE | 1 | 64,000 | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 414,000 | c, e | CR/UR | 7 |
| Replacement and Rehab of Sewer Mains | oc | 1 | 40,000 | 90,000 | 90,000 | 90,000 | 90,000 | 75,000 | 475,000 | b | UR/FB | ongoing |
| Rehab and Replacement of Water Mains | oc | 1 | 40,000 | 75,000 | 75,000 | 75,000 | 75,000 | 75,000 | 415,000 | b | UR/FB | ongoing |
| | | | | | | | | | | | | |
| ESTIMATED TOTAL COST | | | 517,000 | 670,000 | 671,000 | 671,000 | 671,000 | 675,000 | 3,875,000 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | İ | İ | | | | | | | | |
| | | | | | | | | | | | | |
| | PROJECT NAME Street Rehab & Repair Street Milling & Resurfacing Curbing Restoration & Reclamation Tree Replacement Dump Truck Replacement Service trucks & Other Equipment Replacement Replacement and Rehab of Sewer Mains Rehab and Replacement of Water Mains | PROJECT TYPE PROJECT NAME (Table I) Street Rehab & Repair OC Street Milling & Resurfacing OC Curbing Restoration & Reclamation OC Tree Replacement OC Dump Truck Replacement RE Service trucks & Other Equipment Replacement RE Replacement and Rehab of Sewer Mains OC Rehab and Replacement oC Water Mains OC | DEPARTMENTAL PROJECT PRIORITY TYPE CATEGORY PROJECT NAME (Table I) (Table II) Street Rehab & Repair OC 1 Street Milling & Carbing Restoration & Carbing | DEPARTMENTAL Dept. of | DEPARTMENTAL Dept. of | DEPARTMENTAL Dept. of Public Works | DEPARTMENTAL Dept. of Public Works Dept. of Dept. of Dept. of Public Works Dept. of Dept. of Dept. of Dept. of Public Works Dept. of Dept. of Dept. of Dept. of Public Works Dept. of Dept. o | DEPARTMENTAL Dept. of Public Works PROJECT PRIORITY CATEGORY Estimated Capital Cost per/year PROJECT NAME (Table I) (Table II) 2014 2015 2016 2017 2018 | DEPARTMENTAL Dept. of | DEPARTMENTAL DEPARTMENTAL Date Submitted October 28, 2013 Date Submitted October 28, 2016 Date Submitted October 28, 2017 Date Submitted October 28, 2017 Date Submitted October 28, 2018 Date Submitted October 28, 2013 Date Submitted October 28, 2018 Date Submitted October 28, 2013 Date Submitted October 28, 2018 Date Submitted October 28, 2018 Date Submitted October 28, 2013 Date Submitted DEPARTMENTAL Dept. of | DEPARTMENTAL PROJECT PRIORITY DEPARTMENTAL PROJECT PRIORITY Date Submitted October 28, 2013 Date Submitted October 28, 2013 Date Submitted Cost per/year CATEGORY Estimated Capital Cost per/year COST (Table I) (Table II) 2014 2015 2016 2017 2018 2019 COST (Table V) (Table VI) Street Rehab & Repair OC |

TABLE I

NE - New equipment request

RE - Replacement of equipment

BR - Bldg. repair or

reconstruction

BA - Building additions

NB - New building

OC - Other construction

TABLE II

- 1 Required to maintain current level of departmental functioning
- 2 Required to upgrade level of departmental functioning
- 3 Required to meet future department needs

TABLE V

- a Nothing completed
- b Preliminary plans
- c Detail plans & specs.
- d Pre-bidding prepared for
- e Available from State Bid list
- f Available via Purchase Order

TABLE VI

- GR General Revenue
- SC Service Charges
- UR Utility Revenue
- GOB Gen. Obl. Bonds
- SA State Aid
- RB Revenue Bonds
- WC Working Capital or Revenue Fund
- CD Community Development
- OFA Other Federal Aid (specify)
- CR Capital Reserve
- FB Fund Balance

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

from use of this item.

| CITY DEPARTMENT: Public Works | 8. Will this item be revenue producing? If so, specify. |
|--|---|
| PROJECT NAME & NO.: (1) Street Rehab & Repair | (attach additional sheets if required) |
| PROJECT TYPE: OC Renad & Repair | (actach additional sheets if required) |
| | The will be managed assign because it will eliminate arms becomes in |
| (See Form A, Table I) | It will be revenue saving because it will eliminate some borrowing, |
| RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 | bonding of principal costs of the projects. We will gain interest on |
| (See Form A, Column III) | fund balance. |
| I. PURPOSE: (To what use will requested item be put?) | |
| 1. Ioniobi. (10 mide abe mili loquebed reem be pac.) | |
| To upgrade and rebuild blocks of deteriorated streets. | |
| Also, to follow-up water and sewer projects in | |
| reconstruction of streets. Miscellaneous projects as | |
| they arise. Funding could come from fund balance and | |
| be rolled from year to year for future projects. | |
| | · |
| | III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditure |
| II. NEED: (Why is this item required?) Examples: (For | related to new tools, supplies, staff or maintenance costs?) |
| illustrative purposes only. Supportive data required | |
| where applicable.) | Specify: |
| | |
| X 1. Condition of existing equipment or facility. | |
| X 2. Age of existing equipment or facility. | A. Tools: |
| X 3. Cost of maintenance of existing equipment | · |
| or facility. | |
| 4. Description of additional departmental services | B. Supplies: |
| to be made possible by this item. | |
| 5. Reduction in labor requirement made possible | |
| by this item. | C. Staff: |
| 6. Improved safety to labor resulting from use | |
| of this item. | |
| X 7. Improved departmental efficiency resulting | D. Maintenance: |

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

from use of this item.

| CITY DEPARTMENT: Public Works PROJECT NAME & NO.: (2) Street Resurfacing PROJECT TYPE: OC (See Form A, Table I) | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) Will reduce some maintenance costs for street maintenance and |
|---|------|---|
| RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 | | equipment repairs. |
| (See Form A, Column III) | | |
| | | |
| I. PURPOSE: (To what use will requested item be put?) | | |
| Streets that are deteriorating, which now require heavy | | |
| maintenance, would advance on a priority list each year and | | |
| would be resurfaced with a micro pave of Nova chips. This | | |
| would ensure the safety of the traveling public and enhance | | |
| the general appearance of the City. | | |
| | | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | rela | R EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) cify: |
| | | |
| X 1. Condition of existing equipment or facility. | 3 | Maala. |
| X 2. Age of existing equipment or facility.X 3. Cost of maintenance of existing equipment | Α. | Tools: |
| or facility. | | |
| 4. Description of additional departmental services | в. | Supplies: |
| to be made possible by this item. | | •• |
| X 5. Reduction in labor requirement made possible | | |
| by this item. | c. | Staff: |
| X 6. Improved safety to labor resulting from use | | |
| of this item. | _ | |
| X 7. Improved departmental efficiency resulting | D. | Maintenance: |

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

from use of this item.

| Will this item be revenue producing? If so, specify. |
|---|
| (attach additional sheets if required) |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) |
| |
| related to new tools, supplies, staff or maintenance costs?) Specify: |
| related to new tools, supplies, staff or maintenance costs?) |
| related to new tools, supplies, staff or maintenance costs?) Specify: |
| related to new tools, supplies, staff or maintenance costs?) Specify: |
| related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: |
| related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: B. Supplies: |
| related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: |
| related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: B. Supplies: |
| |

PROJECT JUSTIFICATION

| ROJECT NAME & NO.: (4) Tree Replacement ROJECT TYPE: OC (See Form A, Table I) | 8. Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|--|--|
| ECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 (See Form A, Column III) | |
| . PURPOSE: (To what use will requested item be put?) | |
| A yearly replacement program to replace 50-80 trees per year. More are done if additional funding is available. | |
| | |
| I. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | <pre>III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify:</pre> |
| Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | A. Tools: |
| 4. Description of additional departmental services to be made possible by this item. | B. Supplies: |
| Reduction in labor requirement made possible by this item. | C. Staff: |
| Improved safety to labor resulting from use of this item. | |
| Improved departmental efficiency resulting from use of this item. | D. Maintenance: |

PROJECT JUSTIFICATION

| PROJ | T DEPARTMENT: Public Works DECT NAME & NO.: (5) Dump Truck Replacement DECT TYPE: RE | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|----------|--|-----|--|
| | (See Form A, Table I) | | Will cut down on high maintenance costs and give the City dependable |
| RECO | OMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2013-2018 | | vehicles to use for emergencies. |
| | (See Form A, Column III) | | |
| | | | |
| Γ. | PURPOSE: (To what use will requested item be put?) | | |
| | and the second s | | |
| | e are attempting to maintain a fifteen-year replacement | | |
| | rogram. We currently are still using trucks from the arly 80's. | | |
| | arry 60°S. | | |
| | _ | | |
| | | | • |
| <u>.</u> | NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | rel | CR EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) |
| | | | |
| | Condition of existing equipment or facility. Age of existing equipment or facility. | 2 | maal m. |
| | 2. Age of existing equipment of facility. 3. Cost of maintenance of existing equipment | Α. | Tools: |
| 21 | or facility. | | |
| | 4. Description of additional departmental services | в. | Supplies: |
| | to be made possible by this item. | | |
| | 5. Reduction in labor requirement made possible | | |
| | by this item. | c. | Staff: |
| Х | 6. Improved safety to labor resulting from use | | |
| | of this item. | | |
| х | Improved departmental efficiency resulting from use of this item. | D. | Maintenance: |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Public Works PROJECT NAME & NO.: (6) Service Trucks and Other Equipment PROJECT TYPE: RE Replacement (See Form A, Table I) RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 | 8. Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|--|---|
| (See Form A, Column III) | |
| I. PURPOSE: (To what use will requested item be put?) | |
| | |
| We must continue to replace high mileage, undependable vehicles. I would wish to replace pickups every ten | |
| years. The larger equipment needs to be updated every 15 | |
| years - loaders, dozers, backhoe, etc. | |
| Years roaders, dozers, backnow, ecc. | - |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify: |
| V 1 Cardition of original aminost on familia. | |
| X 1. Condition of existing equipment or facility.X 2. Age of existing equipment or facility.X 3. Cost of maintenance of existing equipment | A. Tools: |
| or facility. 4. Description of additional departmental services | B. Supplies: |
| to be made possible by this item. | |
| Reduction in labor requirement made possible by this item. | C. Staff: |
| X 6. Improved safety to labor resulting from use of this item. | |
| X 7. Improved departmental efficiency resulting from use of this item. | D. Maintenance: New vehicles will be more dependable, safer, and will need less repair. |

PROJECT JUSTIFICATION

| PROJECT NAME & NO.: (7) Replacement & Rehab of Sewer Lines PROJECT TYPE: OC | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|---|---|
| (See Form A, Table I) | Funding for this project could be from the fund balance, if available, |
| RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 | and rolled over from year to year for future projects. This would save |
| (See Form A, Column III) | the City money as it would not have to bond some projects. We would |
| | make interest on our money rather than pay interest on bonds. |
| I. PURPOSE: (To what use will requested item be put?) | |
| This will be a major step forward in alleviating problem | |
| sewers. Sewer collapsing and root problems are a major | |
| concern. Our current system is very old and needs to be | |
| updated. | |
| • | |
| | III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | related to new tools, supplies, staff or maintenance costs?) Specify: |
| illustrative purposes only. Supportive data required where applicable.) | related to new tools, supplies, staff or maintenance costs?) |
| <pre>illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility.</pre> | related to new tools, supplies, staff or maintenance costs?) Specify: |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment | related to new tools, supplies, staff or maintenance costs?) |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. | related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services | related to new tools, supplies, staff or maintenance costs?) Specify: |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. | related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: |
| <pre>illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment</pre> | related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: B. Supplies: |
| <pre>illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment</pre> | related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. 5. Reduction in labor requirement made possible by this item. 6. Improved safety to labor resulting from use | related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: B. Supplies: |
| <pre>illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment</pre> | related to new tools, supplies, staff or maintenance costs?) Specify: A. Tools: B. Supplies: |

PROJECT JUSTIFICATION

| PROJECT NAME & NO.: (8) Rehab & Replacement of Water Mains PROJECT TYPE: OC | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|---|----------------------|--|
| (See Form A, Table I) RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 | | Funding for this project could come from fund balance, if available, or possibly utilize revenue, or both. Rolling over any money not spent |
| (See Form A, Column III) | | from year to year for future projects will save the City money |
| | | in interest payments and keep the cost down on water main breaks. |
| I. PURPOSE: (To what use will requested item be put?) | | There is also a savings in labor cost and overtime. |
| To replace and update water mains that have existed since the turn of the century. Also, to replace valves, hydrants | | |
| and other deteriorated parts. | | |
| | | |
| | | |
| | | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | re | ER EFFECTS: (Will this item necessitate additional departmental expenditures lated to new tools, supplies, staff or maintenance costs?) ecify: |
| illustrative purposes only. Supportive data required where applicable.) | re | lated to new tools, supplies, staff or maintenance costs?) |
| illustrative purposes only. Supportive data required where applicable.)X 1. Condition of existing equipment or facility. | re Sp | lated to new tools, supplies, staff or maintenance costs?) ecify: |
| illustrative purposes only. Supportive data required where applicable.) | re Sp | lated to new tools, supplies, staff or maintenance costs?) |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services | re Sp | lated to new tools, supplies, staff or maintenance costs?) ecify: |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. 5. Reduction in labor requirement made possible | re Sp A. B. | Tools: Supplies: |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. 5. Reduction in labor requirement made possible by this item. | re Sp A. B. | Tools: |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. 5. Reduction in labor requirement made possible | re Sp A. B. | Tools: Supplies: |

| | I | | II | | | III | | | | IV | v | VI | VII |
|------|------------------------|-----------|--------------|-----------|-----------|-----------|-----------|--------|--------|------------|-------------|-------------|-------------|
| | | | | CITY OF C | GDENSBURG | | | | | | | | ESTIMATE |
| | | | DEPARTMENTAL | Dept. of | Public | Works/Eng | gineering | | | | | | IN MONTHS |
| | | PROJECT | PRIORITY | Date Subm | itted Oc | tober 28 | , 2013 | | | | STATUS OF | RECOMMENDED | REQUIRED TO |
| ITEM | | TYPE | CATEGORY | Estimated | Capital C | ost per/ | year | | | ESTIMATED | IMPROVEMENT | FINANCING | COMPLETE |
| NO | PROJECT NAME | (Table I) | (Table II) | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | COST | (Table V) | (Table VI) | ACTIVITY |
| | Replace Primary | | | | | | | | | | | | |
| 1_ | Equipment - WWTP | RE | 1 | 40,000 | 75,000 | 75,000 | 75,000 | 75,000 | 75,000 | 415,000 | b, c | UR | ongoing |
| | Paterson Street | | | | | | | | | | | | |
| 2 | Reconstruction | OC | 2 | 5,600,000 | | | | | | 5,600,000 | a | SA/GOB | 48 |
| | Linden/Champlain Sts | | | | I | | | | | | | | |
| 3 | Water Main Loop | OC | 2 | 100,000 | | | | | | 100,000 | a | SA/GOB | 2 |
| | Spring St. Bridge | | | | l | | | | | | | | |
| 4 | Phase II Renov. | OC | 2 | | 430,000 | | | | | 430,000 | đ | GOB | 6 |
| | | | ļ | !! | ļ | | | | | | | | ļ |
| 5 | DPW Salt Barn Roof | BR | 1 | | 75,000 | | | | | 75,000 | a | GR | 6 |
| | Paint Elevated | | ļ | !! | ļ | | | | | | | | ļ |
| 6 | Water Storage Tanks | BR | 1 | <u> </u> | 220,000 | | | | | 220,000 | 1 | GR | 4 |
| | Judson Street | | ! | !! | ļ | | | | | | _ | | |
| 7 | Sewer Enhancement | OC | 2 | | | | 1,500,000 | | | 1,500,000 | b | SA | 12 |
| | Water Force Main from | | ļ | !! | ļ | | | | | | | ļ | ! |
| 8 | Intake to Filters | OC | 1 | | | | 1,500,000 | | | 1,500,000 | a | GOB | 12 |
| _ | Replace Sludge | | | !! | ! | | | | | | | | ! _ |
| 9 | Press at WWTP | RE | 1 | | | 430,000 | | | | 430,000 | a | GOB | 6 |
| | | | ! | !! | ! | | | | | | | ļ | ! |
| | | | | | | | | | | | | | <u> </u> |
| | DAMENTA MED MOMAL GOAM | | | | 000 000 | F0F 000 | | == 000 | | | | | [|
| | ESTIMATED TOTAL COST | | 1 | 5,740,000 | 800,000 | 505,000 | 3,075,000 | 75,000 | /5,000 | 10,270,000 | | <u> </u> | |
| | | | ! | !! | ! | | | | | l I | l I | l i | ! |
| | | | | | | | | | | | | <u> </u> | <u> </u> |
| | | | | !! | ! | | | | | | | | ! |
| | | | L | | | | | | | | | | <u> </u> |

TABLE I

- NE New equipment request
- RE Replacement of equipment
- BR Bldg. repair or reconstruction
- BA Building additions
- NB New building
- OC Other construction

TABLE II

- 1 Required to maintain current level of departmental functioning
- 2 Required to upgrade level of departmental functioning
- 3 Required to meet future department needs

TABLE V

- a Nothing completed
- b Preliminary plans
- c Detail plans & specs.
- d Pre-bidding prepared for
- e Available from State Bid list
- f Available via Purchase Order

TABLE VI

- GR General Revenue
- SC Service Charges
- UR Utility Revenue
- GOB Gen. Obl. Bonds
- SA State Aid
- RB Revenue Bonds
- WC Working Capital or Revenue Fund
- CD Community Development
- OFA Other Federal Aid (specify)
- CR Capital Reserve
- C Private Contributions

PROJECT JUSTIFICATION

| | RTMENT: Public Works/Engineering | 8. | Will this item be revenue producing? If so, specify. |
|--|---|-----------------|---|
| PROJECT N | AME & NO.: (1) Replace Primary Equipment - WWTP | | (attach additional sheets if required) |
| PROJECT T | YPE: RE | | |
| | (See Form A, Table I) | | Several pieces of original equipment can no longer be repaired. Their |
| RECOMMEND | ED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 | | next failure will require emergency replacement with unbudgeted funds. |
| | (See Form A, Column III) | | This work must be done and should be done at a time of our choosing |
| | | | rather than when the equipment fails. In several instances equipment |
| I. PURPO | SE: (To what use will requested item be put?) | | failure could result in damage to associated equipment. |
| To main | tain proper operation of sewage treatment plant it | | |
| is now | necessary to replace several pieces of equipment | | |
| install | ed with the primary treatment plant in 1965. | | |
| | | | |
| | | | |
| | | | |
| | _ | | |
| | | | |
| | _ | III. OTH | ER EFFECTS: (Will this item necessitate additional departmental expenditures |
| II. NEED | : (Why is this item required?) Examples: (For | | ER EFFECTS: (Will this item necessitate additional departmental expenditures lated to new tools, supplies, staff or maintenance costs?) |
| | : (Why is this item required?) Examples: (For strative purposes only. Supportive data required | | • |
| illu | | rel | • |
| illu | strative purposes only. Supportive data required | rel | Lated to new tools, supplies, staff or maintenance costs?) |
| illu wher | strative purposes only. Supportive data required | rel | Lated to new tools, supplies, staff or maintenance costs?) |
| illu wher X 1. | strative purposes only. Supportive data required e applicable.) | re] Spe | Lated to new tools, supplies, staff or maintenance costs?) ecify: |
| illu wher X 1. X 2. | strative purposes only. Supportive data required e applicable.) Condition of existing equipment or facility. | re] Spe | Lated to new tools, supplies, staff or maintenance costs?) |
| illu wher X 1. X 2. | strative purposes only. Supportive data required e applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. | re] Spe | Lated to new tools, supplies, staff or maintenance costs?) ecify: |
| illu wher X 1. X 2. X 3. | strative purposes only. Supportive data required e applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | rel Spe | Lated to new tools, supplies, staff or maintenance costs?) acify: Tools: |
| illu wher X 1. X 2. X 3. | strative purposes only. Supportive data required e applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services | rel Spe | Lated to new tools, supplies, staff or maintenance costs?) ecify: |
| illu wher X 1. X 2. X 3. | strative purposes only. Supportive data required e applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | rel Spe | Lated to new tools, supplies, staff or maintenance costs?) acify: Tools: |
| illu wher X 1. X 2. X 3. | strative purposes only. Supportive data required e applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible | spe A. B. | Tools: Supplies: |
| illu wher X 1. X 2. X 3. 4. | strative purposes only. Supportive data required e applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. | spe A. B. | Lated to new tools, supplies, staff or maintenance costs?) acify: Tools: |
| illu wher X 1. X 2. X 3. 4. | strative purposes only. Supportive data required e applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible | spe A. B. | Tools: Supplies: |
| illu wher X 1. X 2. X 3. 4. 5. X 6. | strative purposes only. Supportive data required e applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. Improved safety to labor resulting from use | spe A. B. | Tools: Supplies: |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Public Works/Engineering | 8. Will this item be revenue producing? If so, specify. |
|---|--|
| PROJECT NAME & NO.: (2)Paterson Street Reconstruction | (attach additional sheets if required) |
| PROJECT TYPE: OC | |
| (See Form A, Table I) | |
| RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014 | |
| (See Form A, Column III) | |
| I. PURPOSE: (To what use will requested item be put?) | |
| 1. TOKTOBE. (TO WHAT USE WITT TEQUESTED TEEM DE PUT.) | |
| Total reconstruction of Paterson Street from the City limits | |
| to the Port. | |
| | |
| | |
| | |
| | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | <pre>III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify:</pre> |
| | |
| X 1. Condition of existing equipment or facility. | <u>.</u> |
| X 2. Age of existing equipment or facility. | A. Tools: |
| Cost of maintenance of existing equipment or facility. | |
| 4. Description of additional departmental services | B. Supplies: |
| to be made possible by this item. | |
| 5. Reduction in labor requirement made possible | |
| by this item. | C. Staff: |
| 6. Improved safety to labor resulting from use | |
| of this item. | |
| Improved departmental efficiency resulting | D. Maintenance: |
| from use of this item. | |

PROJECT JUSTIFICATION

| CITY D | EPARTMENT: Public Works/Engineering | 8. | Will this item be revenue producing? If so, specify. |
|-----------------------|---|-----------------|---|
| PROJEC' | T NAME & NO.: (3) Linden/Champlain St Water Main Loop | | (attach additional sheets if required) |
| PROJEC' | T TYPE: OC | | |
| | (See Form A, Table I) | | |
| RECOMM | ENDED YEAR FOR COMPLETION OF ACTIVITY: 2014 | | |
| | (See Form A, Column III) | | |
| | | | |
| I. PU | RPOSE: (To what use will requested item be put?) | | |
| | | | |
| | liminate dead ends on Linden & Champlain Streets to | | |
| impr | ove water quality. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | TTT OTHE | R EFFECTS: (Will this item necessitate additional departmental expenditures |
| II. N | | TII. OIRE | A EFFECIS: (WIII CHIS ICEM NECESSICACE AUGICIONAL DEPARCMENTAL EXPENDICATES |
| | FFD: (Why is this item required?) Framples: (For | rel | ated to new tools supplies staff or maintenance costs?) |
| | EED: (Why is this item required?) Examples: (For | rel | ated to new tools, supplies, staff or maintenance costs?) |
| | llustrative purposes only. Supportive data required | | · · |
| w. | | | ated to new tools, supplies, staff or maintenance costs?) |
| | llustrative purposes only. Supportive data required here applicable.) | | · · |
| 1 | llustrative purposes only. Supportive data required here applicable.) . Condition of existing equipment or facility. | Spe | ecify: |
| 1 2 | llustrative purposes only. Supportive data required here applicable.) . Condition of existing equipment or facility. . Age of existing equipment or facility. | Spe | · · |
| 1 2 | llustrative purposes only. Supportive data required here applicable.) . Condition of existing equipment or facility. . Age of existing equipment or facility. . Cost of maintenance of existing equipment | Spe | ecify: |
| 1 2 3 | llustrative purposes only. Supportive data required here applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | Spe | Tools: |
| 1 2 3 | llustrative purposes only. Supportive data required here applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services | Spe | ecify: |
| 1 2 3 | <pre>llustrative purposes only. Supportive data required here applicable.) . Condition of existing equipment or facility Age of existing equipment or facility Cost of maintenance of existing equipment</pre> | Spe | Tools: |
| 1 2 3 | llustrative purposes only. Supportive data required here applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible | Spe A. B. | Tools:Supplies: |
| 1 2 3 4 5 | <pre>llustrative purposes only. Supportive data required here applicable.) . Condition of existing equipment or facility Age of existing equipment or facility Cost of maintenance of existing equipment or facility Description of additional departmental services to be made possible by this item Reduction in labor requirement made possible by this item.</pre> | Spe A. B. | Tools: |
| 1 2 3 4 5 | llustrative purposes only. Supportive data required here applicable.) . Condition of existing equipment or facility Age of existing equipment or facility Cost of maintenance of existing equipment or facility Description of additional departmental services to be made possible by this item Reduction in labor requirement made possible by this item Improved safety to labor resulting from use | Spe A. B. | Tools:Supplies: |
| 1 2 3 4 5 | llustrative purposes only. Supportive data required here applicable.) . Condition of existing equipment or facility Age of existing equipment or facility Cost of maintenance of existing equipment or facility Description of additional departmental services to be made possible by this item Reduction in labor requirement made possible by this item Improved safety to labor resulting from use of this item. | A. B. | Tools:Supplies: |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Public Works/Engineering PROJECT NAME & NO.: (4) Spring Street Bridge Phase II Renov. PROJECT TYPE: OC (See Form A, Table I) | 8. Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|---|---|
| RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015 (See Form A, Column III) | |
| (200 10111 11, 0011111 111) | - |
| I. PURPOSE: (To what use will requested item be put?) | |
| Repairs to the under deck of the Spring Street Bridge to | |
| include base work, foundation and wall restoration. Phase I | |
| (sealing of the upper deck) was completed in 2007. | |
| | |
| | |
| | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify: |
| | |
| X 1. Condition of existing equipment or facility.X 2. Age of existing equipment or facility. | A. Tools: |
| Cost of maintenance of existing equipment or facility. | |
| 4. Description of additional departmental services | B. Supplies: |
| to be made possible by this item. 5. Reduction in labor requirement made possible | |
| by this item. | C. Staff: |
| 6. Improved safety to labor resulting from use | |
| of this item. | |
| 7 Toursey description of finishers were been | |
| Improved departmental efficiency resulting from use of this item. | D. Maintenance: |

PROJECT JUSTIFICATION

| | PARTMENT: Public Works/Engineering | 8. | Will this item be revenue producing? If so, specify. |
|--------------------------------------|--|------------------------|---|
| | NAME & NO.: (5)DPW Salt Barn Roof | | (attach additional sheets if required) |
| PROJECT | TYPE: BR | | |
| | (See Form A, Table I) | | |
| RECOMME | NDED YEAR FOR COMPLETION OF ACTIVITY: 2015 | | |
| | (See Form A, Column III) | | |
| ד סווס | POSE: (To what use will requested item be put?) | | |
| -• ION | tobb. (10 what use will requested from se put.) | | |
| Repla | cement of the roof on the DPW salt barn, which is an | | |
| extre | mely deteriorated condition. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| il | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required ere applicable.) | rel | ER EFFECTS: (Will this item necessitate additional departmental expenditures lated to new tools, supplies, staff or maintenance costs?) |
| il wh | lustrative purposes only. Supportive data required ere applicable.) | rel | lated to new tools, supplies, staff or maintenance costs?) |
| il wh X 1. | lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. | rel Spe | Lated to new tools, supplies, staff or maintenance costs?) |
| il wh X 1. X 2. | lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. | rel Spe | lated to new tools, supplies, staff or maintenance costs?) |
| il wh X 1. X 2. | lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment | rel Spe | Lated to new tools, supplies, staff or maintenance costs?) |
| il wh X 1. X 2. 3. | lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | rel Spe | Lated to new tools, supplies, staff or maintenance costs?) acify: Tools: |
| il wh X 1. X 2. 3. | lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services | rel Spe | Lated to new tools, supplies, staff or maintenance costs?) |
| i1 wh X 1. X 2. 3. | lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. | rel Spe | Lated to new tools, supplies, staff or maintenance costs?) acify: Tools: |
| i1 wh X 1. X 2. 3. | lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible | rel Spe A. B. | Tools: Supplies: |
| il wh X 1. X 2. 3. 4. | Lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. | rel Spe A. B. | Lated to new tools, supplies, staff or maintenance costs?) acify: Tools: |
| il wh X 1. X 2. 3. 4. | lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible | rel Spe A. B. | Tools: Supplies: |
| il wh X 1. X 2. 3. 4. | Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. Improved safety to labor resulting from use of this item. | rel Spe A. B. | Tools: Supplies: |

PROJECT JUSTIFICATION

| CITY DE | PARTMENT: Public Works/Engineering | 8. | Will this item be revenue producing? If so, specify. |
|--------------------------------------|--|------------------------|--|
| PROJECT | NAME & NO.: (6)Paint Elevated Water Storage Tanks | | (attach additional sheets if required) |
| PROJECT | TYPE: BR | | |
| | (See Form A, Table I) | | |
| RECOMME | NDED YEAR FOR COMPLETION OF ACTIVITY: 2015 | | |
| | (See Form A, Column III) | | |
| | | | |
| I. PUR | POSE: (To what use will requested item be put?) | | |
| | starting to notice rust on the outside of the City's | | |
| potabl | e water elevated storage tanks. They were last painted | | |
| in 200 | 1 and 2002; they are due to be painted every 11th year. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | R EFFECTS: (Will this item necessitate additional departmental expenditures |
| | ED: (Why is this item required?) Examples: (For | | ER EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) |
| il | EED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required | rel | ated to new tools, supplies, staff or maintenance costs?) |
| il | ED: (Why is this item required?) Examples: (For | rel | · · · · · · · · · · · · · · · · · · · |
| il wh | EED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required ere applicable.) | rel | ated to new tools, supplies, staff or maintenance costs?) |
| il wh X 1. | EED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required tere applicable.) Condition of existing equipment or facility. | re] Spe | ated to new tools, supplies, staff or maintenance costs?) |
| il wh X 1. X 2. | EED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required were applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. | re] Spe | ated to new tools, supplies, staff or maintenance costs?) |
| il wh X 1. X 2. | EED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required were applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment | re] Spe | ated to new tools, supplies, staff or maintenance costs?) |
| il wh X 1. X 2. 3. | EED: (Why is this item required?) Examples: (For clustrative purposes only. Supportive data required there applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | rel Spe | acted to new tools, supplies, staff or maintenance costs?) Tools: |
| il wh X 1. X 2. 3. | EED: (Why is this item required?) Examples: (For clustrative purposes only. Supportive data required were applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services | rel Spe | ated to new tools, supplies, staff or maintenance costs?) |
| i1 wh X 1. X 2. 3. | ED: (Why is this item required?) Examples: (For clustrative purposes only. Supportive data required here applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. | rel Spe | acted to new tools, supplies, staff or maintenance costs?) Tools: |
| i1 wh X 1. X 2. 3. | EED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required here applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible | rel Spe A. B. | Tools: Supplies: |
| il wh X 1. X 2. 3. 4. | EED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required lere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. | rel Spe A. B. | acted to new tools, supplies, staff or maintenance costs?) Tools: |
| il wh X 1. X 2. 3. 4. | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required tere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. Improved safety to labor resulting from use | rel Spe A. B. | Tools: Supplies: |
| il wh X 1. X 2. 3. 4. | EED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required tere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. Improved safety to labor resulting from use of this item. | spe A. B. | ated to new tools, supplies, staff or maintenance costs?) Tools: Supplies: Staff: |
| il wh X 1. X 2. 3. 4. | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required tere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. Improved safety to labor resulting from use | spe A. B. | Tools: Supplies: |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Public Works/Engineering PROJECT NAME & NO.: (7)Judson Street Sewer Enhancement Project PROJECT TYPE: OC (See Form A, Table I) RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2017 (See Form A, Column III) | 8. Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|---|---|
| I. PURPOSE: (To what use will requested item be put?) | |
| Separation of sewer lines, new sidewalks, curbs and street. | |
| | |
| | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | <pre>III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditure related to new tools, supplies, staff or maintenance costs?) Specify:</pre> |
| X 1. Condition of existing equipment or facility. | |
| X 2. Age of existing equipment or facility.3. Cost of maintenance of existing equipment or facility. | A. Tools: |
| X 4. Description of additional departmental services | B. Supplies: |
| to be made possible by this item. 5. Reduction in labor requirement made possible by this item. | C. Staff: |
| 6. Improved safety to labor resulting from use of this item. | |
| | |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Public Works/Engineering PROJECT NAME & NO.: (8)Water Force Main from Intake to Filters PROJECT TYPE: OC (See Form A, Table I) RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2017 (See Form A, Column III) | 8. Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|--|--|
| I. PURPOSE: (To what use will requested item be put?) | |
| | |
| The existing water force main is old and there is no backup. | |
| The new line would provide redundancy protection for the | |
| water treatment plant. | |
| | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | <pre>III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify:</pre> |
| V 1 Condition of original emissions on familiary | |
| X 1. Condition of existing equipment or facility.X 2. Age of existing equipment or facility. | A Tools: |
| 3. Cost of maintenance of existing equipment or facility. | A. Tools: |
| 4. Description of additional departmental services | B. Supplies: |
| to be made possible by this item. | |
| Reduction in labor requirement made possible by this item. | C. Staff: |
| 6. Improved safety to labor resulting from use | |
| of this item. | |
| Improved departmental efficiency resulting from use of this item. | D. Maintenance: |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Public Works/Engineering PROJECT NAME & NO.: (9) Replace Sludge Press at WWTP PROJECT TYPE: RE (See Form A, Table I) RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2016 (See Form A, Column III) | 8. Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|---|--|
| I. PURPOSE: (To what use will requested item be put?) | |
| To maintain proper operation of sewage treatment plant it will be necessary to replace the sludge press. | |
| | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify: |
| X 1. Condition of existing equipment or facility.X 2. Age of existing equipment or facility.3. Cost of maintenance of existing equipment or facility. | A. Tools: |
| 4. Description of additional departmental services to be made possible by this item. | B. Supplies: |
| 5. Reduction in labor requirement made possible by this item. | C. Staff: |
| Improved safety to labor resulting from use of this item. | |
| Improved departmental efficiency resulting from use of this item. | D. Maintenance: |

| | I | | II | | | I | [I | | | IV | l v | VI | VII |
|------|----------------------|-----------|-------------------|----------|--------|-----------|------|------|----------|-----------|-------------|-------------|-----------------------|
| | | | DEPARTMENTAL | Dept. of | | c Works/0 | | | _ | | <u> </u> | <u> </u> | ESTIMATE IN MONTHS |
| | | PROJECT | PRIORITY | Date Sub | | October 2 | | | | | STATUS OF | RECOMMENDED | |
| ITEM | DD0 TDGT 11117 | TYPE | CATEGORY | | | Cost per | | 0010 | 1 0010 | ESTIMATED | IMPROVEMENT | | COMPLETE |
| NO | PROJECT NAME | (Table I) | (Table II) | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | COST | (Table V) | (Table VI) | ACTIVITY |
| _ 1 | Heating System Imp. | RE | 2 | | 15,000 | | | | | 15,000 | a | GR | 8 |
| 2 | Elevator Upgrade | RE | 1 | | 75,000 | | | | | 75,000 | b | GOB | 12 |
| 3 | Windows Upgrade | BR | 2 | 10,000 | | | | | | 10,000 | a | GR | 12 |
| 4 | Building Repointing | BR | 1 | | | 55,000 | | | | 55,000 | a | GOB | 2 |
| | | | | | | | | | | | | | |
| | ESTIMATED TOTAL COST | <u> </u> | | 10,000 | 90,000 | 55,000 | | | | 155,000 | <u> </u> | <u> </u> | |
| | | | | | | | | | <u> </u> | | | <u> </u> | |
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TABLE I

NE - New equipment request

RE - Replacement of equipment

BR - Bldg. repair or reconstruction

BA - Building additions

NB - New building

OC - Other construction

TABLE II

- 1 Required to maintain current level of departmental functioning
- 2 Required to upgrade level of departmental functioning
- 3 Required to meet future department needs

TABLE V

- a Nothing completed
- b Preliminary plans
- c Detail plans & specs.
- d Pre-bidding prepared for
- e Available from State Bid list
- f Available via Purchase Order

TABLE VI

- GR General Revenue
- SC Service Charges
- UR Utility Revenue
- GOB Gen. Obl. Bonds
- SA State Aid
- RB Revenue Bonds
- WC Working Capital or Revenue Fund
- CD Community Development
- OFA Other Federal Aid (specify)
- CR Capital Reserve

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Public Works/City Hall | 8. Will this item be revenue producing? If so, specify. |
|---|---|
| PROJECT NAME & NO.: (1)Heating System Improvements | (attach additional sheets if required) |
| PROJECT TYPE: RE | |
| (See Form A, Table I) | |
| RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015 | |
| (See Form A, Column III) | |
| I. PURPOSE: (To what use will requested item be put?) | |
| W1 | |
| Heating system improvements will result in energy savings. | |
| | |
| | |
| | |
| | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify: |
| | |
| X 1. Condition of existing equipment or facility. | |
| X 2. Age of existing equipment or facility. | A. Tools: |
| X 3. Cost of maintenance of existing equipment or facility. | |
| 4. Description of additional departmental services | B. Supplies: |
| to be made possible by this item. | |
| 5. Reduction in labor requirement made possible | |
| by this item. | C. Staff: |
| 6. Improved safety to labor resulting from use | |
| of this item. | |
| 7. Improved departmental efficiency resulting | D. Maintenance: |
| from use of this item. | |

PROJECT JUSTIFICATION

| TITY DEPARTMENT: Public Works/City Hall ROJECT NAME & NO.: (2) Elevator Upgrade ROJECT TYPE: RE (See Form A, Table I) ECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015 (See Form A, Column III) | 8. Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|--|---|
| . PURPOSE: (To what use will requested item be put?) | |
| The elevator was installed in 1986. Parts for repair are now obsolete and are unavailable. A major upgrade is required. | |
| | |
| I. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify: |
| X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment | A. Tools: |
| or facility. 4. Description of additional departmental services to be made possible by this item. | B. Supplies: |
| 5. Reduction in labor requirement made possible by this item. 6. Improved safety to labor resulting from use | C. Staff: |
| of this item. 7. Improved departmental efficiency resulting from use of this item. | D. Maintenance: |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Public Works/City Hall | 8. | Will this item be revenue producing? If so, specify. |
|---|------------------------|---|
| PROJECT NAME & NO.: (3) Windows Upgrade | | (attach additional sheets if required) |
| PROJECT TYPE: BR | | |
| (See Form A, Table I) | | |
| RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014 | | |
| (See Form A, Column III) | | |
| | | |
| I. PURPOSE: (To what use will requested item be put?) | | |
| The windows need to be upgraded as part of the energy | | |
| efficiency upgrades being completed in the building. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | R EFFECTS: (Will this item necessitate additional departmental expenditures |
| II. NEED: (Why is this item required?) Examples: (For | | R EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) |
| illustrative purposes only. Supportive data required | rel | ated to new tools, supplies, staff or maintenance costs?) |
| | rel | · |
| illustrative purposes only. Supportive data required where applicable.) | rel | ated to new tools, supplies, staff or maintenance costs?) |
| <pre>illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility.</pre> | rel Spe | ated to new tools, supplies, staff or maintenance costs?) |
| illustrative purposes only. Supportive data required where applicable.)X 1. Condition of existing equipment or facility.X 2. Age of existing equipment or facility. | rel Spe | ated to new tools, supplies, staff or maintenance costs?) |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment | rel Spe | ated to new tools, supplies, staff or maintenance costs?) |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment or facility. | rel Spe A. | ated to new tools, supplies, staff or maintenance costs?) Cify: Tools: |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services | rel Spe A. | ated to new tools, supplies, staff or maintenance costs?) |
| <pre>illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment</pre> | rel Spe A. | ated to new tools, supplies, staff or maintenance costs?) Cify: Tools: |
| <pre>illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment</pre> | rel Spe A. B. | Tools: Supplies: |
| <pre>illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment</pre> | rel Spe A. B. | ated to new tools, supplies, staff or maintenance costs?) Cify: Tools: |
| illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. 5. Reduction in labor requirement made possible by this item. 6. Improved safety to labor resulting from use | rel Spe A. B. | Tools: Supplies: |
| <pre>illustrative purposes only. Supportive data required where applicable.) X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment</pre> | rel Spe A. B. | Tools: Supplies: |

PROJECT JUSTIFICATION

| CITY DE | PARTMENT: Public Works/City Hall | 8. | Will this item be revenue producing? If so, specify. |
|---------|--|-----|---|
| PROJECT | NAME & NO.: (4)Building Repointing | | (attach additional sheets if required) |
| PROJECT | TYPE: BR | | |
| | (See Form A, Table I) | | |
| RECOMME | NDED YEAR FOR COMPLETION OF ACTIVITY: 2016 | | |
| | (See Form A, Column III) | | |
| | | | |
| I. PUR | POSE: (To what use will requested item be put?) | | |
| To mo | intain the masonry integrity of the building and | | |
| | ain the structural integrity of the building walls. | | |
| marine | ain the peruetural integrity of the pariating warrs. | | |
| | | | |
| | | | |
| | | | |
| | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required | | R EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) |
| | ere applicable.) | Spe | ecify: |
| | · · · · · · · · · · · · · · · · · · | _ | |
| | Condition of existing equipment or facility. | | |
| х 2. | Age of existing equipment or facility. | A. | Tools: |
| 3. | Cost of maintenance of existing equipment | | |
| | or facility. | | |
| 4. | Description of additional departmental services | в. | Supplies: |
| | to be made possible by this item. | | |
| 5. | Reduction in labor requirement made possible | | |
| | by this item. | C. | Staff: |
| 6. | Improved safety to labor resulting from use | | |
| | of this item. | | |
| 7. | Improved departmental efficiency resulting | D. | Maintenance: |
| | from use of this item. | | |

| | I | | 11 | | | I | II | | | IV | l v | VI | VII |
|------|-------------------------------|-----------|-------------------|------------------|------|------------|----------|------|------|--------------|-------------|------------|-----------------------|
| | | | DEPARTMENTAL | Dept. of | | & Recrea | | | | | | | ESTIMATE IN MONTHS |
| | | PROJECT | PRIORITY | Date Sub | | | 23, 2013 | | _ | | | 1 | REQUIRED TO |
| ITEM | DD0.7505 33345 | TYPE | CATEGORY | Estimate 2014 | | L Cost per | | | | ESTIMATED | IMPROVEMENT | • | COMPLETE |
| NO | PROJECT NAME | (Table I) | (Table II) | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | COST | (Table V) | (Table VI) | ACTIVITY |
| 1 | New Sander | NE | 1 | 6,000 | | | | | | 6,000 | l f | GR | 1 |
| 2 | Reseal Maple City Trail | l oc | 1 | 12,000 | | | | | | 12,000 | l b | GR | 6 |
| 3 | Montroy Park Field Renovation | oc | 1 | 9,000 | | | | | | 9,000 | b | GR | 6 |
| 4 | Pool Fire Alarm System | NE | 1 | 5,000 | | | | | | 5,000 | c | GR | 1 |
| | | | | | | | | | | | | | <u> </u> |
| | ESTIMATED TOTAL COST | | | 32,000 | | | | | | 32,000 | | | <u> </u> |
| | | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | <u> </u> | | | |
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TABLE I

NE - New equipment request

RE - Replacement of equipment

BR - Bldg. repair or reconstruction

BA - Building additions

NB - New building

OC - Other construction

TABLE II

- 1 Required to maintain current level of departmental functioning
- 2 Required to upgrade level of departmental functioning
- 3 Required to meet future department needs

TABLE V

- a Nothing completed
- b Preliminary plans
- c Detail plans & specs.
- d Pre-bidding prepared for
- e Available from State Bid list
- f Available via Purchase Order

TABLE VI

- GR General Revenue
- SC Service Charges
- UR Utility Revenue
- GOB Gen. Obl. Bonds
- SA State Aid
- RB Revenue Bonds
- WC Working Capital or Revenue Fund
- CD Community Development
- OFA Other Federal Aid (specify)
- CR Capital Reserve

PROJECT JUSTIFICATION

| PROJEC PROJEC | DEPARTMENT: Parks & Recreation TT NAME & NO.: (1) New Sander TT TYPE: NE (See Form A, Table I) MENDED YEAR FOR COMPLETION OF ACTIVITY: 2014 | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|------------------|---|-----|---|
| | (See Form A, Column III) | | |
| I. PU | RPOSE: (To what use will requested item be put?) | | |
| | | | |
| | as a primary sander for department. Department | | |
| sand | s all City property, sidewalks and trails. | | |
| | | | |
| | | | |
| j | MEED: (Why is this item required?) Examples: (For all all all all all all all all all al | rel | ER EFFECTS: (Will this item necessitate additional departmental expenditures lated to new tools, supplies, staff or maintenance costs?) |
| | | | |
| | . Condition of existing equipment or facility. | - | man la . |
| | . Age of existing equipment or facility Cost of maintenance of existing equipment | Α. | Tools: |
| | or facility. | | |
| 4 | Description of additional departmental services | в. | Supplies: |
| | to be made possible by this item. | | |
| 5 | . Reduction in labor requirement made possible | | |
| | by this item. | C. | Staff: |
| 6 | . Improved safety to labor resulting from use | | |
| | of this item. | | |
| - | . Improved departmental efficiency resulting | | Maintenance: Will require routine oil changes and yearly maintenance. |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Pa PROJECT NAME & NO:: (2 PROJECT TYPE: OC |) Reseal Maple City Trail | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|--|---|------------------------|---|
| | ee Form A, Table I) | | |
| - | OMPLETION OF ACTIVITY: 2014 | | |
| | (See Form A, Column III) | | |
| | | | |
| I. PURPOSE: (To what | use will requested item be put?) | | |
| | | | |
| | | | |
| Preventative mainten | ance on 1.2 miles of trail. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| II. NEED: (Why is th | is item required?) Examples: (For oses only. Supportive data required | re | ER EFFECTS: (Will this item necessitate additional departmental expenditures lated to new tools, supplies, staff or maintenance costs?) |
| II. NEED: (Why is th illustrative purp where applicable. | is item required?) Examples: (For oses only. Supportive data required) | re | lated to new tools, supplies, staff or maintenance costs?) |
| II. NEED: (Why is th illustrative purp where applicable.X 1. Condition of 2. Age of existi | is item required?) Examples: (For oses only. Supportive data required) existing equipment or facility. | re: Spe | lated to new tools, supplies, staff or maintenance costs?) |
| II. NEED: (Why is th illustrative purp where applicable.X 1. Condition of 2. Age of existi | is item required?) Examples: (For oses only. Supportive data required) existing equipment or facility. ng equipment or facility. enance of existing equipment | re: Spe | Lated to new tools, supplies, staff or maintenance costs?) ecify: |
| II. NEED: (Why is th illustrative purp where applicable. X 1. Condition of 2. Age of existi 3. Cost of maint or facility 4. Description o | is item required?) Examples: (For oses only. Supportive data required) existing equipment or facility. ng equipment or facility. enance of existing equipment | re. Spo A. | Lated to new tools, supplies, staff or maintenance costs?) ecify: |
| II. NEED: (Why is the illustrative purpowhere applicable. X 1. Condition of 2. Age of existimation 3. Cost of maintour facility 4. Description of the beside of the control of the contro | is item required?) Examples: (For oses only. Supportive data required) existing equipment or facility. ng equipment or facility. enance of existing equipment . f additional departmental services possible by this item. labor requirement made possible | re: Spe A. B. | Lated to new tools, supplies, staff or maintenance costs?) ccify: Tools: Supplies: |
| II. NEED: (Why is the illustrative purp where applicable. X 1. Condition of 2. Age of existi 3. Cost of maint or facility 4. Description of to be made 5. Reduction in by this item. | is item required?) Examples: (For oses only. Supportive data required) existing equipment or facility. ng equipment or facility. enance of existing equipment f additional departmental services possible by this item. labor requirement made possible m. | re: Spe A. B. | Lated to new tools, supplies, staff or maintenance costs?) acify: Tools: |
| II. NEED: (Why is the illustrative purp where applicable. X 1. Condition of 2. Age of existi 3. Cost of maint or facility 4. Description of to be made 5. Reduction in by this item. | is item required?) Examples: (For oses only. Supportive data required) existing equipment or facility. ng equipment or facility. enance of existing equipment f additional departmental services possible by this item. labor requirement made possible m. ty to labor resulting from use | re: Spe A. B. | Lated to new tools, supplies, staff or maintenance costs?) ccify: Tools: Supplies: |

PROJECT JUSTIFICATION

| PROJECT PROJECT | PARTMENT: Parks & Recreation NAME & NO.: (3) Montroy Park Field Renovation TYPE: OC (See Form A, Table I) NDED YEAR FOR COMPLETION OF ACTIVITY: 2014 (See Form A, Column III) | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|--------------------------------|--|------------------------|---|
| I. PURE | POSE: (To what use will requested item be put?) | | |
| | - · · | | |
| Total | renovation of one baseball field at Montroy Park. | | |
| | | | |
| | | | |
| | _ | | |
| | | | |
| i11 | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required ere applicable.) | rel | R EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) |
| ill whe | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required ere applicable.) | rel | ated to new tools, supplies, staff or maintenance costs?) |
| ill whe | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. | rel Spe | ated to new tools, supplies, staff or maintenance costs?) cify: |
| ill whe X 1. 2. | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment | rel Spe | ated to new tools, supplies, staff or maintenance costs?) |
| ill whe X 1. 2. 3. | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. | rel Spe | ated to new tools, supplies, staff or maintenance costs?) cify: Tools: |
| ill whe X 1. 2. 3. | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required ere applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | rel Spe | ated to new tools, supplies, staff or maintenance costs?) cify: |
| ill whe X 1. 2. 3. | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required are applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible | rel Spe A. B. | ated to new tools, supplies, staff or maintenance costs?) cify: Tools: Supplies: |
| ill whe x 1. 2. 3. 4. 5. | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required are applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. | rel Spe A. B. | ated to new tools, supplies, staff or maintenance costs?) cify: Tools: |
| ill whe x 1. 2. 3. 4. 5. | ED: (Why is this item required?) Examples: (For lustrative purposes only. Supportive data required are applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible | rel Spe A. B. | ated to new tools, supplies, staff or maintenance costs?) cify: Tools: Supplies: |

PROJECT JUSTIFICATION

| PROJ | ECT | PARTMENT: Parks & Recreation NAME & NO.: (4) Pool Fire Alarm System TYPE: NE (See Form A, Table I) (DED YEAR FOR COMPLETION OF ACTIVITY: 2014 (See Form A, Column III) | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|------|-------------|---|-----|---|
| ı. | PURP | POSE: (To what use will requested item be put?) | | |
| | | system that will connect the pool to the Fire ment. | | |
| | i 11 | ED: (Why is this item required?) Examples: (For ustrative purposes only. Supportive data required applicable.) | rel | R EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) |
| х | 2. | Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | A. | Tools: |
| | 4. | Description of additional departmental services to be made possible by this item. | В. | Supplies: |
| | | Reduction in labor requirement made possible by this item. | c. | Staff: |
| Х | | <pre>Improved safety to labor/public resulting from use of this item.</pre> | | |
| | 7. | Improved departmental efficiency resulting from use of this item. | D. | Maintenance: |

| | I | | 11 | | | I | II | | | IV | l v | VI | VII |
|------|----------------------|-----------|-------------------|----------|------------|-----------|--------------|------|--------|-----------|-------------|------------|-----------------------|
| | | | DEPARTMENTAL | Dept. of | | | 2 2012 | | | ļ ļ | | | ESTIMATE IN MONTHS |
| | | PROJECT | PRIORITY | Date Sul | | October 8 | | | | | • | | REQUIRED TO |
| ITEM | • | TYPE | CATEGORY | 2014 | ed Capital | | | 2010 | 1 2010 | ESTIMATED | IMPROVEMENT | | COMPLETE |
| NO | PROJECT NAME | (Table I) | (Table II) | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | COST | (Table V) | (Table VI) | ACTIVITY |
| 1 | Front Apron Repair | BR | 3 | | 75,000 | | | | | 75,000 | a | CR | 1 |
| 2 | Emergency Generator | RE | 2,3 | | | | 30,000 | | | 30,000 | a | OFA | 1 |
| | | | | | | | | | | | | | |
| | ESTIMATED TOTAL COST | | | | 75,000 | | 30,000 | | | 105,000 | | | |
| | | | | | | | | | | | | | <u> </u> |
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TABLE I

- NE New equipment request
- RE Replacement of equipment
- BR Bldg. repair or reconstruction
- BA Building additions
- NB New building
- OC Other construction

TABLE II

- 1 Required to maintain current level of departmental functioning
- 2 Required to upgrade level of departmental functioning
- 3 Required to meet future department needs

TABLE V

- a Nothing completed
- b Preliminary plans
- c Detail plans & specs.
- d Pre-bidding prepared for
- e Available from State Bid list
- f Available via Purchase Order

TABLE VI

- GR General Revenue
- SC Service Charges
- UR Utility Revenue
- GOB Gen. Obl. Bonds
- SA State Aid
- RB Revenue Bonds
- WC Working Capital or Revenue Fund
- CD Community Development
- OFA Other Federal Aid (specify)
- CR Capital Reserve

PROJECT JUSTIFICATION

| PRO | JECT : | ARTMENT: Fire NAME & NO.: (1) Front Apron Repair TYPE: BR (See Form A, Table I) DED YEAR FOR COMPLETION OF ACTIVITY: 2015 | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|----------|--------|---|-----|--|
| | | (See Form A, Column III) | | |
| I. | PURP | OSE: (To what use will requested item be put?) | | |
| TTv | arad | e the front apron to enhance safety and decrease | | - |
| | | e chassis/frame deterioration. | | • |
| | | | | |
| | | | | |
| | | | | |
| <u> </u> | ill | D: (Why is this item required?) Examples: (For ustrative purposes only. Supportive data required re applicable.) | rel | TR EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) |
| v | 1 | Condition of existing equipment or facility. | | |
| | | Age of existing equipment or facility. | A. | Tools: |
| | | Cost of maintenance of existing equipment or facility. | | |
| | 4. | Description of additional departmental services | в. | Supplies: |
| | | to be made possible by this item. | | |
| | 5. | Reduction in labor requirement made possible | | |
| v | 6 | by this item. Improved safety to labor resulting from use | c. | Staff: |
| ^ | ٥. | of this item. | | |
| | 7. | Improved departmental efficiency resulting | D. | Maintenance: |

PROJECT JUSTIFICATION

| CITY I | DEPARTMENT: Fire | 8. Will this item be revenue producing? If so, spe | cify. |
|--------|--|--|---------------------------|
| PROJEC | CT NAME & NO.: (2) Emergency Generator | <pre>(attach additional sheets if required)</pre> | |
| PROJEC | CT TYPE: RE | | |
| | (See Form A, Table I) | | |
| RECOMM | MENDED YEAR FOR COMPLETION OF ACTIVITY: 2017 | | |
| | (See Form A, Column III) | | |
| | | | |
| I. PU | JRPOSE: (To what use will requested item be put?) | - | |
| To r | replace existing 36 year old emergency stand-by | | |
| | erator. | - | |
| | | | |
| | | | |
| | | | |
| | | | |
| II. N | NEED: (Why is this item required?) Examples: (For | III. OTHER EFFECTS: (Will this item necessitate additional | departmental expenditures |
| | | related to new tools, supplies, stall or maintenance | costs?) |
| | | related to new tools, supplies, staff or maintenance | costs?) |
| | llustrative purposes only. Supportive data required where applicable.) | , , | · |
| | illustrative purposes only. Supportive data required | Specify: | · |
| | Illustrative purposes only. Supportive data required where applicable.) Condition of existing equipment or facility. | Specify: | · |
| x 2 | Illustrative purposes only. Supportive data required where applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. | Specify: | · |
| x 2 | Illustrative purposes only. Supportive data required where applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment | , , | · |
| x 2 | Illustrative purposes only. Supportive data required where applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. | Specify: | · |
| X 2 | Illustrative purposes only. Supportive data required where applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment | Specify: A. Tools: | |
| X 2 | Illustrative purposes only. Supportive data required where applicable.) Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | Specify: | |
| X 2 | Illustrative purposes only. Supportive data required where applicable.) Condition of existing equipment or facility. Capper of existing equipment or facility. Cost of maintenance of existing equipment or facility. Cost of maintenance of existing equipment or facility. Cost of maintenance of existing equipment or facility. Cost of maintenance of existing equipment or facility. | Specify: A. Tools: | |
| X 2 | illustrative purposes only. Supportive data required where applicable.) 1. Condition of existing equipment or facility. 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. | A. Tools: B. Supplies: | |
| X 2 | illustrative purposes only. Supportive data required where applicable.) 1. Condition of existing equipment or facility. 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. 5. Reduction in labor requirement made possible by this item. | Specify: A. Tools: | |
| X 2 3 | illustrative purposes only. Supportive data required where applicable.) 1. Condition of existing equipment or facility. 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. 5. Reduction in labor requirement made possible by this item. | A. Tools: B. Supplies: | |
| X 2 3 | Illustrative purposes only. Supportive data required where applicable.) 1. Condition of existing equipment or facility. 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment or facility. 4. Description of additional departmental services to be made possible by this item. 5. Reduction in labor requirement made possible by this item. 6. Improved safety to labor resulting from use of this item. | A. Tools: B. Supplies: | |

| | I | | II | | | I | ΙΙ | | | IV | l v | VI | VII |
|------|---|-----------|--------------|-----------------|-----------|-----------|---------|--------------|--------------|-----------|--|-------------|-----------------------|
| | | | DEPARTMENTAL | | OGDENSBUI | | | | | | | | ESTIMATE IN MONTHS |
| | | PROJECT | PRIORITY | Date Sul | omitted_ | Septembe: | 25,2013 | | | | STATUS OF | RECOMMENDED | REQUIRED TO |
| ITEM | | TYPE | CATEGORY | <u>Estimate</u> | ed Capita | l Cost pe | r/year | | | ESTIMATED | IMPROVEMENT | FINANCING | COMPLETE |
| NO | PROJECT NAME | (Table I) | (Table II) | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | COST | (Table V) | (Table VI) | ACTIVITY |
| 1 | Vehicles | RE | 1 | 70,500 | 71,500 | 72,500 | 73,500 | 74,500 | 75,500 | 438,000 | e | GR | 3 |
| 2 | Parking Lot Resurfacing | BR | 2 | 39,000 | | | | | | 39,000 | a | WC | 1 |
| 3 | Cleaning and Repair of Building Brickwork | BR | 2 | 24,000 | | | | | | 24,000 | a | WC | 1 1 |
| | | | | | | | | | | | | | <u> </u> |
| | Estimated Total Cost | | | 133,500 | 71,500 | 72,500 | 73,500 | 74,500 | 75,500 | 501,000 | <u>į </u> | İ | <u> </u> |
| | | |]] | | | | | | | | | <u> </u> | |
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TABLE I

NE - New equipment request

RE - Replacement of equipment

BR - Bldg. repair or

reconstruction
BA - Building additions

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TABLE II

- 1 Required to maintain current level of departmental functioning
- 2 Required to upgrade level of departmental functioning
- 3 Required to meet future department needs

TABLE V

a - Nothing completed

b - Preliminary plans

c - Detail plans & specs.

d - Pre-bidding prepared for

e - Available from State Bid list

f - Available via Purchase Order

TABLE VI

GR - General Revenue

SC - Service Charges

UR - Utility Revenue

GOB - Gen. Obl. Bonds

SA - State Aid

RB - Revenue Bonds

WC - Working Capital or Revenue Fund

CD - Community Development

OFA - Other Federal Aid (specify)

CR - Capital Reserve

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Police PROJECT NAME & NO.: (1) Vehicles PROJECT TYPE: RE (See Form A, Table I) RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 (See Form A, Column III) | 8. Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|--|--|
| I. PURPOSE: (To what use will requested item be put?) | |
| To replace vehicles currently in use. | |
| | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify: |
| X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. X 3. Cost of maintenance of existing equipment | A. Tools: |
| or facility. 4. Description of additional departmental services to be made possible by this item. | B. Supplies: |
| 5. Reduction in labor requirement made possible by this item. | C. Staff: |
| 6. Improved safety to labor resulting from use of this item. | |
| 7. Improved departmental efficiency resulting from use of this item. | D. Maintenance: |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Police PROJECT NAME & NO.: (2) Parking Lot Resurfacing PROJECT TYPE: BR (See Form A, Table I) RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 (See Form A, Column III) | 8. Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|---|--|
| I. PURPOSE: (To what use will requested item be put?) | |
| To repair existing black top surface that is deteriorating, Before it is so bad it needs to be completely replaced. | |
| serore it is so bad it needs to be completely replaced. | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | <pre>III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?) Specify:</pre> |
| X 1. Condition of existing equipment or facility. X 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment | A. Tools: |
| or facility. 4. Description of additional departmental services to be made possible by this item. | B. Supplies: |
| Reduction in labor requirement made possible by this item. | C. Staff: |
| Improved safety to labor resulting from use of this item. | |
| Improved departmental efficiency resulting from use of this item. | D. Maintenance: |
| | |

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Police PROJECT NAME & NO.: (3) Clean & Repair Building Brickwork PROJECT TYPE: BR | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|---|----|--|
| (See Form A, Table I) | | |
| RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019 | | |
| (See Form A, Column III) | | |
| | | |
| I. PURPOSE: (To what use will requested item be put?) | | |
| Clean and seal existing brickwork that is still in good | | |
| condition. Repair and replace deteriorating mortar joints and | | |
| brickwork. Repairs need to be done before deterioration in | | |
| various places negatively impacts the building's integrity, | | |
| resulting in more extensive and costly future repairs. | | |
| II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | re | HER EFFECTS: (Will this item necessitate additional departmental expenditures lated to new tools, supplies, staff or maintenance costs?) |
| X 1. Condition of existing equipment or facility. | | |
| X 2. Age of existing equipment or facility. | Α. | Tools: |
| 3. Cost of maintenance of existing equipment or facility. | | |
| 4. Description of additional departmental services | в. | Supplies: |
| to be made possible by this item. | | |
| Reduction in labor requirement made possible by this item. | c. | Staff: |
| 6. Improved safety to labor resulting from use | • | |
| of this item. | | |
| Improved departmental efficiency resulting from use of this item. | D. | Maintenance: |

| | I | | II | | | I | ΙΙ | | | IV | l v | VI | VII |
|------|----------------------|-----------|-------------------|----------|---------------------|-----------|---------------|-------|------|-----------|-------------|-------------|-----------------------|
| | | | DEPARTMENTAL | | OGDENSBUI Reming | | fuseum | | | | | | ESTIMATE IN MONTHS |
| | | PROJECT | PRIORITY | Date Sub | mitted (| october 2 | 3, 2013 | | _ | İ | STATUS OF | RECOMMENDED | REQUIRED TO |
| ITEM | | TYPE | CATEGORY | | d Capital | | | | | ESTIMATED | IMPROVEMENT | FINANCING | COMPLETE |
| NO | PROJECT NAME | (Table I) | (Table II) | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | COST | (Table V) | (Table VI) | ACTIVITY |
| 1 | Computer Upgrade | NE | 1 | | 2,000 | 2,000 | 2,000 | 2,000 | | 8,000 | a | GR | 1 |
| 2 | Masonry Repair 303 | BR BR | 1 | 15,000 | | | | | | 15,000 | a | OFA | 1 |
| 3 | Roof/Courtyard | BR BR | 1 1 | 344,620 | | | | | | 344,620 | a | SA | 3 |
| | | | | | | | | | | | | | <u> </u> |
| | ESTIMATED TOTAL COST | | | 359,620 | 2,000 | 2,000 | 2,000 | 2,000 | | 367,620 | | | |
| | | | | | | | | | | <u> </u> | | | <u> </u> |
| | | | | | | | | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
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TABLE I

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TABLE V

- a Nothing completed
- b Preliminary plans
- c Detail plans & specs.
- d Pre-bidding prepared for
- e Available from State Bid list
- f Available via Purchase Order

TABLE VI

- GR General Revenue
- SC Service Charges
- UR Utility Revenue
- GOB Gen. Obl. Bonds
- SA State Aid
- RB Revenue Bonds
- WC Working Capital or Revenue Fund
- CD Community Development
- OFA Other Federal Aid (specify)
- CR Capital Reserve

PROJECT JUSTIFICATION

| PROJEC PROJEC | DEPARTMENT: Remington Art Museum CT NAME & NO.: (1) Computer Upgrade CT TYPE: NE (See Form A, Table I) MENDED YEAR FOR COMPLETION OF ACTIVITY: 2015-2018 (See Form A, Column III) | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|------------------|--|-----|--|
| I. PU | JRPOSE: (To what use will requested item be put?) | | |
| | | | |
| Will | replace aging computers, monitors and printers. | | |
| | | | |
| | | | |
| | | | |
| i | NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | rel | R EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) cify: Will be funded from museum revenues |
| 1 | | | |
| X 2 | Condition of existing equipment or facility. Age of existing equipment or facility. Cost of maintenance of existing equipment | A. | Tools: |
| | or facility. | | |
| 4 | Description of additional departmental services to be made possible by this item. | в. | Supplies: |
| 5 | 5. Reduction in labor requirement made possible by this item. | C. | Staff: |
| ϵ | 5. Improved safety to labor resulting from use | • | |
| | of this item. | | |
| 7 | Improved departmental efficiency resulting from use of this item. | D. | Maintenance: |

PROJECT JUSTIFICATION

| PROJEC PROJEC | CT NAME & NO.: (2) Masonry Repair & Bay Window Roof CT TYPE: BR (See Form A, Table I) MENDED YEAR FOR COMPLETION OF ACTIVITY: 2014 (See Form A, Column III) | 8. | Will this item be revenue producing? If so, specify. (attach additional sheets if required) |
|------------------|--|-----|--|
| I. PU | URPOSE: (To what use will requested item be put?) | | |
| Comp | lete restoration of Parish Mansion | | |
| | | | |
| | | | |
| ź | NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.) | rel | R EFFECTS: (Will this item necessitate additional departmental expenditures ated to new tools, supplies, staff or maintenance costs?) cify: To be funded by Museum capital campaign |
| x : | 1. Condition of existing equipment or facility. | | |
| х 2 | Age of existing equipment or facility. Cost of maintenance of existing equipment or facility. | A. | Tools: |
| 4 | Description of additional departmental services to be made possible by this item. | в. | Supplies: |
| | 5. Reduction in labor requirement made possible by this item. | c. | Staff: Outside contractor(s) |
| • | Improved safety to labor resulting from use of this item. | | |
| • | or this item. 7. Improved departmental efficiency resulting from use of this item. | D. | Maintenance: |

PROJECT JUSTIFICATION

| | DEPARTMENT: Remington Art Museum | 8. | Will this item be revenue producing? If so, specify. |
|---------------|--|----------|--|
| | T NAME & NO.: (3) Roof/Courtyard | | (attach additional sheets if required) |
| PROJEC | CT TYPE: BR | | |
| | (See Form A, Table I) | | |
| RECOM | MENDED YEAR FOR COMPLETION OF ACTIVITY: 2014 | | |
| | (See Form A, Column III) | | |
| | | | |
| I. PU | JRPOSE: (To what use will requested item be put?) | | |
| Penla | ace 311 Washington roof, main roof of Parish Mansion | | |
| | the Vilas Courtyard | | - |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | TTT OTUE | ER EFFECTS: (Will this item necessitate additional departmental expenditures |
| TT N | NEED: (Why is this item required?) Examples: (For | | Lated to new tools, supplies, staff or maintenance costs?) |
| | Illustrative purposes only. Supportive data required | | and to hew cools, papping, bear of maintenance copies., |
| | where applicable.) | Sne | ecify: To be funded by Parks grant and other donations |
| • | where applicable.) | ppe | 10 be runded by rains grant and other donactions |
| х 1 | . Condition of existing equipment or facility. | | |
| | | | |
| | 2. Age of existing equipment or facility. | Α. | Tools: |
| 3 | 2. Age of existing equipment or facility. 3. Cost of maintenance of existing equipment | A. | Tools: |
| 3 | 3. Cost of maintenance of existing equipment | A. | Tools: |
| | Cost of maintenance of existing equipment or facility. | | |
| | 3. Cost of maintenance of existing equipment | | Tools:Supplies: |
| 4 | Cost of maintenance of existing equipment or facility. Description of additional departmental services | | |
| 4 | Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. | в. | |
| 4 | Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible | в. | Supplies: |
| 4 | Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. | в. | Supplies: |
| <u>4</u> 5 | Cost of maintenance of existing equipment or facility. Description of additional departmental services to be made possible by this item. Reduction in labor requirement made possible by this item. Improved safety to labor resulting from use | в. | Supplies: |

| I II | | | III | | | | | | IV | l v | VI | VII | |
|---------------------------|-----------------------|-----------|---|-------------------------------|--|--------------|----------------|-----------|------------------------------------|----------------|-----------|--|------|
| PROJECT PR. ITEM TYPE CAS | | | DEPARTMENTAL PRIORITY CATEGORY (Table II) | CITY OF OGDENSBURG Dept. of | | | | | ESTIMATED COST | IMPROVEMENT | FINANCING | ESTIMATE IN MONTHS REQUIRED TO COMPLETE ACTIVITY | |
| | Building Master Plan* | BR | 1,2,3 | 9,240 | | | | | | 9,240 | b,f | CR/SA | 10 |
| | ESTIMATED TOTAL COST | | | 9,240 | | | | | | 9,240 | | | |
| | | | | | | | | | | | | | |
| | | | | | | <u> </u> | | | | | | | |
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OFA - Other Federal Aid (specify)

CR - Capital Reserve

*So many additional repairs (replacing of failing infrastructure and upgrades to meet current standards) are needed that instead of approaching them piecemeal, we have engaged an architect to create a master plan for stabilization and modernization of the library with an eye toward service improvement, safety, and energy efficiency. The critical path laid out by the architect will determine the sequence and timing of additional work. It is anticipated that much of the funding for this work will be obtained from State and other grants.

PROJECT JUSTIFICATION

| CITY DEPARTMENT: Library | 8. Will this item be revenue producing? If so, specify. |
|---|--|
| PROJECT NAME & NO.: (1) Building Master Plan | (attach additional sheets if required) |
| PROJECT TYPE: BR | |
| (See Form A, Table I) | |
| RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014 | |
| (See Form A, Column III) | |
| | |
| I. PURPOSE: (To what use will requested item be put?) | |
| An architect has been hired and preliminary discussions held. | - |
| Patterns, energy concerns, handicapped access and related | |
| concerns have been identified by staff, friends, and Board. | |
| City Council has engaged in discussion about needs. Architect | |
| scheduled to survey building and needs. | |
| | |
| | |
| - | III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures |
| II. NEED: (Why is this item required?) Examples: (For | related to new tools, supplies, staff or maintenance costs?) |
| illustrative purposes only. Supportive data required | |
| where applicable.) | Specify: |
| | |
| X 1. Condition of existing equipment or facility. | |
| X 2. Age of existing equipment or facility. | A. Tools: |
| X 3. Cost of maintenance of existing equipment | |
| or facility. | |
| Description of additional departmental services | B. Supplies: |
| to be made possible by this item. | |
| X 5. Reduction in labor requirement made possible | |
| by this item. | C. Staff: |
| X 6. Improved safety to labor resulting from use | |
| of this item. | |
| X 7. Improved departmental efficiency resulting | D. Maintenance: |
| from use of this item. | |