

DEPARTMENT OF PUBLIC WORKS
2021 5 YEAR CIP CYCLE SPREADSHEET[illegible]



OCD use:
CIP project # _____

2021-2026 CIP Project Review & Evaluation Form

TOWN OF MILFORD

1. DEPARTMENT: PUBLIC WORKS
2. DATE REQUEST PREPARED: 08/25/2020
3. ITEM/PROJECT NAME: 3 CY LOADER
4. REQUEST PREPARED BY: DIRECTOR OF PUBLIC WORKS
5. DEPT PRIORITY: # OF PROJECTS _____

Using the following

6. **ITEM / PROJECT DESCRIPTION** (Provide complete description and attach additional explanatory materials if more than space allows)
LEASE PURCHASE 3 CY LOADER

7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?** YES ☒ NO ☐
(Examples: Milford Master Plan; departmental work program (s); facilities plans; equipment/vehicle replacement plan, etc.)

Plan or document reference (attach supporting materials):

DEPARTMENT OF PUBLIC WORKS- CIP- ROTATING EQUIPMENT SPREADSHEET

8. **ITEM / PROJECT RATIONALE:** (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Removes imminent threat to public health or safety | <input type="checkbox"/> Provides incentive to economic development |
| <input checked="" type="checkbox"/> Alleviates substandard condition or deficiencies | <input type="checkbox"/> Eligible for matching funds available for limited time |
| <input type="checkbox"/> Responds to federal or state requirements to implement | <input type="checkbox"/> Continuation of existing project |
| <input checked="" type="checkbox"/> Improves the quality of existing services | <input type="checkbox"/> Expanded public demand |
| <input checked="" type="checkbox"/> Provides added capacity to serve growth | <input type="checkbox"/> Extends useful life of current facility or equipment |
| <input checked="" type="checkbox"/> Reduces long-term operating costs | |
| <input type="checkbox"/> Other _____ | |

* Note *Removes imminent threat to public health or safety* can ONLY be checked if funding requested in 2021.

9. **ITEM / PROJECT JUSTIFICATION NARRATIVE**

(Explain urgency, timing, need, etc. Be brief yet complete and attach additional documentation if more than what space allows)

Replacement of 1996 Kobelco Loader that went out of service and now is rented. This loader is operated all year long. It functions as loading truck, roadside work, brush removal, pit operations and major part of winter snow maintenance

10. ESTIMATED USEFUL LIFE (Years): 15 years

11. YEAR REQUIRED: 2021

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP'S? YES ☒ NO ☐

13. IF YES, WHAT YEAR WAS PROJECT FIRST INCLUDED IN THE CIP? 2015

14. COST ESTIMATE: \$ 160,000

15. CAPITAL COSTS (If known)

Dollar Amount (in current \$)	
	Planning/feasibility analysis
	Professional services
	Real estate acquisition
	Site preparation
	Construction
	Furnishings & equipment
\$160,000	Vehicles & capital equipment
	Capital Reserve fund
	Other
\$160,000	Total Project Cost

16. IMPACT ON OPERATING & MAINTENANCE:

☒ Costs or Personnel Needs ☐ Add personnel ☐ Reduce personnel

☐ Increased O & M costs ☒ Decreased O & M costs

Explain: Rental is almost twice the cost to own over life of machine

Dollar cost of annual impacts if known: (+)\$_____ or (-)\$_____

17. SOURCES OF FUNDING:

	Dollar Amount (in current \$)	Describe Source (for grants/loans/special assessments/other)
Grant		
Loan		
Donation/Bequest/Private		
User Fees & Charges		
Capital reserve withdrawal		
Impact fee account		
Current revenue		
General obligation bond	\$160,000	
Revenue bond		
Special Assessment		
Other source		
Other source		
Project cost		
Minus revenue		
Total Project cost	\$160,000	

14. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2026

(List and provide brief description and attach additional documentation if more than space allows)

CIP CITIZENS' ADVISORY NOTES:



TOWN OF MILFORD

OCD use:

CIP project # _____

2021-2026 CIP Project Review & Evaluation Form

1. DEPARTMENT: PUBLIC WORKS
2. DATE REQUEST PREPARED: 08/25/2020
3. ITEM/PROJECT NAME: SNOW PLOW UNIT
4. REQUEST PREPARED BY: DIRECTOR OF PUBLIC WORKS
5. DEPT PRIORITY: # OF PROJECTS _____

Using the following

6. **ITEM / PROJECT DESCRIPTION** (Provide complete description and attach additional explanatory materials if more than space allows)
Lease/purchase Snow Plow Unit with front and side wing winter plows, a combo dump/sander body and wet system de-icing unit

7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?** YES ☒ NO ☐
(Examples: Milford Master Plan; departmental work program (s); facilities plans; equipment/vehicle replacement plan, etc.)

Plan or document reference (attach supporting materials):

Public Works CIP Cycle spreadsheet

8. **ITEM / PROJECT RATIONALE:** (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Removes imminent threat to public health or safety | <input type="checkbox"/> Provides incentive to economic development |
| <input checked="" type="checkbox"/> Alleviates substandard condition or deficiencies | <input type="checkbox"/> Eligible for matching funds available for limited time |
| <input type="checkbox"/> Responds to federal or state requirements to implement | <input type="checkbox"/> Continuation of existing project |
| <input checked="" type="checkbox"/> Improves the quality of existing services | <input type="checkbox"/> Expanded public demand |
| <input checked="" type="checkbox"/> Provides added capacity to serve growth | <input type="checkbox"/> Extends useful life of current facility or equipment |
| <input checked="" type="checkbox"/> Reduces long-term operating costs | |
| <input type="checkbox"/> Other _____ | |

* Note *Removes imminent threat to public health or safety* can ONLY be checked if funding requested in 2021.

9. **ITEM / PROJECT JUSTIFICATION NARRATIVE**

(Explain urgency, timing, need, etc. Be brief yet complete and attach additional documentation if more than what space allows)

Replacement of 18 year old 2003 International plow unit w/plows and combo body. This vehicle is used to transport material throughout the year and is a primary unit for winter road maintenance. Maintenance costs continually get higher after these vehicles reach an age of 10 - 12 years

10. ESTIMATED USEFUL LIFE (Years): 15

11. YEAR REQUIRED: 2021

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP'S? YES ☐ NO ☐

13. IF YES, WHAT YEAR WAS PROJECT FIRST INCLUDED IN THE CIP? _____

14. COST ESTIMATE: \$ 200,000

15. CAPITAL COSTS (If known)

Dollar Amount (in current \$)	
	Planning/feasibility analysis
	Professional services
	Real estate acquisition
	Site preparation
	Construction
	Furnishings & equipment
\$200,000	Vehicles & capital equipment
	Capital Reserve fund
	Other
	Total Project Cost

16. IMPACT ON OPERATING & MAINTENANCE:

- ☒ Costs or Personnel Needs ☐ Add personnel ☐ Reduce personnel
☐ Increased O & M costs ☒ Decreased O & M costs

Explain: _____

Dollar cost of annual impacts if known: (+)\$_____ or (-)\$_____

17. SOURCES OF FUNDING:

	Dollar Amount (in current \$)	Describe Source (for grants/loans/special assessments/other)
Grant		
Loan		
Donation/Bequest/Private		
User Fees & Charges		
Capital reserve withdrawal		
Impact fee account		
Current revenue		
General obligation bond	\$200,000	
Revenue bond		
Special Assessment		
Other source		
Other source		
Project cost		
Minus revenue		
Total Project cost	\$200,000	

14. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2026

(List and provide brief description and attach additional documentation if more than space allows)

Trucks/Equipment – Rotating equipment replacement

Bridges – upgrades, improvements and replacements

Highway – upgrades, improvements and replacements

Infrastructure (Drainage System) - upgrades, improvements and replacements and DES/Fed requirements

Building upgrades and improvements for energy and budget savings.

CIP CITIZENS' ADVISORY NOTES: