

Capital Improvement Project Request Form

Project Title <u>Replace Kubota Snowblower</u>
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Department WWTP Division Sewer

Proposed Priority (A-D) B Acquisition Year 2024

I. Project Description

- A. Description Replace snowblower on Kubota tractor
- B. Purpose (include how it relates to specific City and department goals) Critical to access WWTP after snowfall
- C. Nature of Project:
- Replacement on predetermined cycle
 - Replacement based on need (describe) Fixed multiple times, no more fixing
 - New project check one below and describe
 - Improved efficiency _____
 - New service _____
 - Other _____

II. Need

- A. Describe the benefits and who (residents, city, commercial, etc.) will derive the most benefit. WWTP will benefit as snow will be removed in a timely manner
- B. Comment on the needs to be met by this project. _____
- C. How are needs currently being met? Snow blower that is wearing out fast

III. Priority

- A – Highest priority, essential to provide service or safety, timing is critical;
- B – Very important to maintain or permit increased service or efficiency in near future;
- C – Desirable for new or enhanced service timing is somewhat flexible;
- D – Project is desirable for new service timing corresponds to providing new service

- A. What priority letter does your department assign to this project? B
- B. What are your reasons for your proposed priority rating to this project? Old snow blower could break at any time

IV. Cost estimates

	Amount	Year
Equipment Only	<u>\$7500</u>	<u>2024</u>
1. Planning/Design	_____	_____
2. Land	_____	_____
3. Construction	_____	_____
4. Equipment/Furnishings	_____	_____
a. Equipment	_____	_____
b. Furnishings	_____	_____
c. Other	_____	_____
Subtotal	\$ _____	_____
Total	<u>\$7500</u>	_____

IV. Status of plans and specifications

- Plans/bids not needed
- Prelim Engineers' estimate received
- Sketches in process
- Sketches complete
- Surveys complete
- Plans and/or bid specs in preparation
Date of expected completion _____
- Plans and/or bid specs complete
- Other _____

Project Title <u>Replace Kubota Snowblower</u>	Project Number _____
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V. Estimated effect of completed project on operating budget of this department (current dollars)

- | | |
|---------------------------------------|-----------------|
| A. Increased revenue | \$ _____ |
| B. Decreased operating expenses | _____ |
| C. Number of new positions | _____ |
| D. Additional salary costs | _____ |
| E. Additional other expenses | _____ |
| Net effect on operating budget | \$ _____ |

Explain _____

VI. Estimated effect of this project on operating budgets of other departments

Department affected _____
 General effect on their budget _____

VII. Related to another project? Yes No

Name of Project _____
 How related _____

VIII. Recommended financing (dollar amounts or percentage)

- | | |
|---|---|
| <input type="checkbox"/> Federal grant
<input type="checkbox"/> State grant
<input type="checkbox"/> Special assessments
<input type="checkbox"/> Current revenue
<input type="checkbox"/> Enterprise retained earnings | <input type="checkbox"/> General Obligation Debt
<input type="checkbox"/> Revenue Debt
<input type="checkbox"/> Capital improvement fund reserve
<input type="checkbox"/> Other: _____ |
|---|---|

Form Completion Date 09/21/2023

Project History and Significant Actions:

Event _____	Date of Event _____
Event _____	Date of Event _____
Event _____	Date of Event _____
Event _____	Date of Event _____
Event _____	Date of Event _____
Event _____	Date of Event _____

Capital Improvement Project Request Form

Project Title Iron Filter for Control Building

Department WWTP Division Sewer

Proposed Priority (A-D) B Acquisition Year 2024

I. Project Description

- A. Description Purchase Iron removal filter for use in our control building. We have high Iron in the well water.
- B. Purpose (include how it relates to specific City and department goals) Removal of the iron will decrease the build up in our sprayers
- C. Nature of Project:
 - Replacement on predetermined cycle
 - Replacement based on need (describe) Old system is wore out
 - New project check one below and describe
 - Improved efficiency _____
 - New service _____
 - Other _____

II. Need

- A. Describe the benefits and who (residents, city, commercial, etc.) will derive the most benefit. WWTP operators will benefit as we won't have to clean the lines as much.
- B. Comment on the needs to be met by this project. _____
- C. How are needs currently being met? Old system that needs replacing

III. Priority

- A – Highest priority, essential to provide service or safety, timing is critical;
- B – Very important to maintain or permit increased service or efficiency in near future;
- C – Desirable for new or enhanced service timing is somewhat flexible;
- D – Project is desirable for new service timing corresponds to providing new service

- A. What priority letter does your department assign to this project? A
- B. What are your reasons for your proposed priority rating to this project? Our system now is failing fast with no fix.

IV. Cost estimates

	<u>Amount</u>	<u>Year</u>
Equipment Only	<u>\$3500</u>	<u>2024</u>
1. Planning/Design	_____	_____
2. Land	_____	_____
3. Construction	_____	_____
4. Equipment/Furnishings	_____	_____
a. Equipment	_____	_____
b. Furnishings	_____	_____
c. Other	_____	_____
Subtotal	<u>\$</u>	_____
Total	<u>\$3500</u>	_____

IV. Status of plans and specifications

- Plans/bids not needed
- Prelim Engineers' estimate received
- Sketches in process
- Sketches complete
- Surveys complete
- Plans and/or bid specs in preparation
- Date of expected completion _____
- Plans and/or bid specs complete
- Other _____

Project Title <u>Iron Filter for Control Building</u>	Project Number _____
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V. Estimated effect of completed project on operating budget of this department (current dollars)

- A. Increased revenue \$ _____
- B. Decreased operating expenses _____
- C. Number of new positions _____
- D. Additional salary costs _____
- E. Additional other expenses _____

- Net effect on operating budget** **\$** _____

Explain _____

VI. Estimated effect of this project on operating budgets of other departments

Department affected _____
 General effect on their budget _____

VII. Related to another project? Yes No

Name of Project _____
 How related _____

VIII. Recommended financing (dollar amounts or percentage)

- | | |
|---|---|
| <input type="checkbox"/> Federal grant
<input type="checkbox"/> State grant
<input type="checkbox"/> Special assessments
<input type="checkbox"/> Current revenue
<input type="checkbox"/> Enterprise retained earnings | <input type="checkbox"/> General Obligation Debt
<input type="checkbox"/> Revenue Debt
<input type="checkbox"/> Capital improvement fund reserve
<input type="checkbox"/> Other: _____ |
|---|---|

Form Completion Date 09/21/2023

Project History and Significant Actions:

Event _____	Date of Event _____
Event _____	Date of Event _____
Event _____	Date of Event _____
Event _____	Date of Event _____
Event _____	Date of Event _____
Event _____	Date of Event _____