

Capital Improvement Project Request Form

Project Title Replace lawnmower

Department Public Works Division Cemetery
 Proposed Priority (A-D) B Acquisition Year 2024

I. Project Description
 A. Description Replace aging equipment
 B. Purpose (include how it relates to specific City and department goals) To maintain public areas of turf.
 C. Nature of Project:
 Replacement on predetermined cycle
 Replacement based on need (describe) _____
 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.
users and residents of public areas
 B. Comment on the needs to be met by this project. _____
 C. How are needs currently being met? Aging equipment

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? C
 B. What are your reasons for your proposed priority rating to this project? Could be moved out to 2025 if needed

IV. Cost estimates			IV. Status of plans and specifications	
	<u>Amount</u>	<u>Year</u>		
Equipment Only	<u>\$ 35,000</u>	<u>2024</u>	<input type="checkbox"/>	Plans/bids not needed
1. Planning/Design	_____	_____	<input type="checkbox"/>	Prelim Engineers' estimate received
2. Land	_____	_____	<input type="checkbox"/>	Sketches in process
3. Construction	_____	_____	<input type="checkbox"/>	Sketches complete
4. Equipment/Furnishings	_____	_____	<input type="checkbox"/>	Surveys complete
a. Equipment	_____	_____	<input type="checkbox"/>	Plans and/or bid specs in preparation
b. Furnishings	_____	_____		Date of expected completion _____
c. Other	_____	_____	<input type="checkbox"/>	Plans and/or bid specs complete
Subtotal	<u>\$</u>	_____	<input type="checkbox"/>	Other _____
 Total	 <u>\$ 35,000</u>			

Project Title _____

Project Number _____

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

Form Completion Date 9-14-23

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

Replace Furniture, Fixtures, + Equipment

Department

Public Works

Division

Civic Center

Proposed Priority (A-D)

C

Acquisition Year

2024-2025

I. Project Description

A. Description

Replace broken, missing, or damaged FF+E

B. Purpose (include how it relates to specific City and department goals)

To maintain facilities for community and rental usage.

C. Nature of Project:

Replacement on predetermined cycle

Replacement based on need (describe) Furniture is aging and wearing 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.

Users of the facility

B. Comment on the needs to be met by this project.

C. How are needs currently being met?

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? C

B. What are your reasons for your proposed priority rating to this project? Furniture needs replacement, could wait until 2025

IV. Cost estimates

	Amount	Year
Equipment Only	<u>\$ 6000.00</u>	<u>2024-2025</u>
1. Planning/Design	_____	_____
2. Land	_____	_____
3. Construction	_____	_____
4. Equipment/Furnishings	_____	_____
a. Equipment	_____	_____
b. Furnishings	_____	_____
c. Other	_____	_____
Subtotal	<u>\$</u>	_____

Total

\$ 6000.00

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 _____

Project Number _____

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

Form Completion Date 9-14-23

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 Replace Fire Panel

Department Public Works Division Library
 Proposed Priority (A-D) A Acquisition Year 2024

I. Project Description
 A. Description replace aged fire panel/alarm system
 B. Purpose (include how it relates to specific City and department goals) Maintain/upgrade existing system
 C. Nature of Project:
 Replacement on predetermined cycle
 Replacement based on need (describe) Obsolete system
 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.
Residents and community users of the library
 B. Comment on the needs to be met by this project. _____
 C. How are needs currently being met? Obsolete equipment

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? Unable to update current equipment

IV. Cost estimates			IV. Status of plans and specifications	
	<u>Amount</u>	<u>Year</u>		
Equipment Only	<u>\$ 11,500</u>	<u>2024</u>	<input type="checkbox"/>	Plans/bids not needed
1. Planning/Design	_____	_____	<input type="checkbox"/>	Prelim Engineers' estimate received
2. Land	_____	_____	<input type="checkbox"/>	Sketches in process
3. Construction	_____	_____	<input type="checkbox"/>	Sketches complete
4. Equipment/Furnishings	_____	_____	<input type="checkbox"/>	Surveys complete
a. Equipment	_____	_____	<input type="checkbox"/>	Plans and/or bid specs in preparation
b. Furnishings	_____	_____		Date of expected completion _____
c. Other	_____	_____	<input type="checkbox"/>	Plans and/or bid specs complete
Subtotal	<u>\$</u>	_____	<input type="checkbox"/>	Other _____
 Total	 <u>\$ 11,500</u>			

Project Title _____

Project Number _____

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

Form Completion Date 9-14-23

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 _____

Brothers Fire & Security
9950 Highway 10 East

Elk River, MN 55330
320.905.0275



**Proposal:
PRINCETON LIBRARY - Tuesday,
September 5, 2023**

Prepared for:

BOB
of
PRINCETON LIBRARY

Prepared by:

Todd Julson
on
9/5/2023



Brothers Fire & Security

3051 3rd Street South, Waite Park,
MN 56387
(320)905-0275

QUOTE #	TNJDQ2667
DATE	Sep 5, 2023

To BOB
PRINCETON LIBRARY
100 4th Ave S.
PRINCETON, MN 56371

Phone 763.234.0212

Prepared By:

Todd Julson
Service Sales
toddj@brothersfire.com
320.905.0275

P.O. Number	Payment Terms	Valid Through

QTY	DESCRIPTION
FIRE ALARM REPLACEMENT 2024 BUDGETARY NUMBER TOTAL: \$10,200.00	
1	50 Pt Electronic Kit - Main Board - 170W PS
1	50 pt system Black Enclosure
1	50 pt system Black rmt annun
4	XMS-D Address, double act MPS Isolation
18	Optical Smoke Detector
15	6" DETECTOR BASE ASSY
3	DUCT HOUSING - 2 WIRE WITH RELAY FOR ADDRESSABLE SYSTEMS
3	ST-50 5 FT SAMPLING TUBE
3	TSM-1X Intel Remote Test Switch, LED with Built-In Isolator
4	SLHSWR-F HRN/ST,WALL,RED,FIRE
2	SLSWR-F ST,WALL,RED,FIRE
6	SLESB-KIT-Rÿ SINGLE GANG PLATE,RED
2	Dual Input Monitor Module, with Built-In Isolator
2	Single Input Monitor Module with Relay with Built-In Isolator
1	MISC ELEC/ PERMITS
	Technician Labor

Notes

THIS IS A BUDGETARY NUMBER TO REPLACE THE CURRENT FIRE ALRM SYSTEM. THIS WOULD BE A DEIVCE FOR DEVICE REPLACEMENT.

This price is good for 30 days from the date listed above.

To accept this quotation, sign here and return: _____

Thank You For Your Business!

Capital Improvement Project Request Form

Project Title

Replace Flat Roof

Department

Public Works

Division

Library

Proposed Priority (A-D)

B

Acquisition Year

2024

I. Project Description

A. Description

Replace existing flat roof with a more durable material

B. Purpose (include how it relates to specific City and department goals)

To maintain public building

C. Nature of Project:

Replacement on predetermined cycle

Replacement based on need (describe) Continuing maintenance issues w/ existing roof

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.

Users of the facility

B. Comment on the needs to be met by this project.

C. How are needs currently being met?

Aging roof

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? Repaired last year, needs to be replaced

IV. Cost estimates

	Amount	Year
Equipment Only	<u>\$16,500</u>	<u>2024</u>
1. Planning/Design	_____	_____
2. Land	_____	_____
3. Construction	_____	_____
4. Equipment/Furnishings		
a. Equipment	_____	_____
b. Furnishings	_____	_____
c. Other	_____	_____
Subtotal	\$ _____	
Total	<u>\$16,500</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 _____

Project Number _____

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

Form Completion Date 9-27-23

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 Upgrade outfield lights

Department Public Works Division Parks

Proposed Priority (A-D) C Acquisition Year 2024

I. Project Description
 A. Description Upgrade outfield lights to LED

B. Purpose (include how it relates to specific City and department goals) To improve efficiency and safety of users of the facility

C. Nature of Project:
 Replacement on predetermined cycle
 Replacement based on need (describe)
 New project check one below and describe
 Improved efficiency Reduce electric usage and maintenance costs
 New service
 Other

II. Need
 A. Describe the benefits and who (residents, city, commercial, etc.) will derive the most benefit.
All users of the softball fields

~~B.C.~~ Comment on the needs to be met by this project. Outdated metal halide lights

~~a.b.~~ How are needs currently being met? User safety and reduced energy costs

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? C
 B. What are your reasons for your proposed priority rating to this project? This is anticipated to be a shared cost with other organizations

IV. Cost estimates			IV. Status of plans and specifications	
	<u>Amount</u>	<u>Year</u>		
Equipment Only	<u>\$55,000</u>	<u>2025</u>	<input type="checkbox"/>	Plans/bids not needed
1. Planning/Design	_____	_____	<input type="checkbox"/>	Prelim Engineers' estimate received
2. Land	_____	_____	<input type="checkbox"/>	Sketches in process
3. Construction	_____	_____	<input type="checkbox"/>	Sketches complete
4. Equipment/Furnishings	_____	_____	<input type="checkbox"/>	Surveys complete
a. Equipment	_____	_____	<input type="checkbox"/>	Plans and/or bid specs in preparation
b. Furnishings	_____	_____		Date of expected completion _____
c. Other	_____	_____	<input type="checkbox"/>	Plans and/or bid specs complete
Subtotal	<u>\$</u>	_____	<input type="checkbox"/>	Other _____
 Total	 <u>\$55,000</u>			

Project Title _____	Project Number _____
---------------------	----------------------

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"/> General Obligation Debt |
| <input type="checkbox"/> State grant | <input type="checkbox"/> Revenue Debt |
| <input type="checkbox"/> Special assessments | <input type="checkbox"/> Capital improvement fund reserve |
| <input type="checkbox"/> Current revenue | <input checked="" type="checkbox"/> Other: <u>Park Deed and other stakeholders</u> |
| <input type="checkbox"/> Enterprise retained earnings | |

Form Completion Date 9-14-23

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 Trash Receptacles

Department Public Works Division Parks

Proposed Priority (A-D) B Acquisition Year 2024

- I. Project Description
- A. Description Replace aging equipment and add additional receptacles
- B. Purpose (include how it relates to specific City and department goals) To maintain facilities and add more receptacles to keep public areas free of trash
- C. Nature of Project:
- Replacement on predetermined cycle
 - Replacement based on need (describe) Aging equipment
 - New project check one below and describe
 - Improved efficiency Reduce trash in public areas
 - New service
 - Other

- II. Need
- A. Describe the benefits and who (residents, city, commercial, etc.) will derive the most benefit. Users of parks and public areas
- B. Comment on the needs to be met by this project. Aging equipment
- C. How are needs currently being met? _____

- 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? To add to inventory for better service

IV. Cost estimates			IV. Status of plans and specifications	
	<u>Amount</u>	<u>Year</u>		
Equipment Only	<u>\$ 15,000</u>	<u>2024</u>	<input type="checkbox"/>	Plans/bids not needed
1. Planning/Design	_____	_____	<input type="checkbox"/>	Prelim Engineers' estimate received
2. Land	_____	_____	<input type="checkbox"/>	Sketches in process
3. Construction	_____	_____	<input type="checkbox"/>	Sketches complete
4. Equipment/Furnishings	_____	_____	<input type="checkbox"/>	Surveys complete
a. Equipment	_____	_____	<input type="checkbox"/>	Plans and/or bid specs in preparation
b. Furnishings	_____	_____		Date of expected completion _____
c. Other	_____	_____	<input type="checkbox"/>	Plans and/or bid specs complete
Subtotal	<u>\$</u>	_____	<input type="checkbox"/>	Other _____
 Total	 <u>\$ 15,000</u>			

Project Title _____

Project Number _____

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

Form Completion Date 9-14-23

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 Resurface Basketball Courts

Department Public Works Division Parks

Proposed Priority (A-D) B Acquisition Year 2024

I. Project Description

A. Description Resurface basketball courts

B. Purpose (include how it relates to specific City and department goals) Maintain parks quality

C. Nature of Project:

Replacement on predetermined cycle

Replacement based on need (describe) Surface has deteriorated

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.
Users of Rainbow basketball courts

B. Comment on the needs to be met by this project. _____

C. How are needs currently being met? Deteriorating facility

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? It has been 18 years since this has been done,

IV. Cost estimates			IV. Status of plans and specifications	
	<u>Amount</u>	<u>Year</u>		
Equipment Only	<u>\$ 15,000</u>	<u>2024</u>	<input type="checkbox"/>	Plans/bids not needed
1. Planning/Design	_____	_____	<input type="checkbox"/>	Prelim Engineers' estimate received
2. Land	_____	_____	<input type="checkbox"/>	Sketches in process
3. Construction	_____	_____	<input type="checkbox"/>	Sketches complete
4. Equipment/Furnishings	_____	_____	<input type="checkbox"/>	Surveys complete
a. Equipment	_____	_____	<input type="checkbox"/>	Plans and/or bid specs in preparation
b. Furnishings	_____	_____		Date of expected completion _____
c. Other	_____	_____	<input type="checkbox"/>	Plans and/or bid specs complete
Subtotal	<u>\$</u>	_____	<input type="checkbox"/>	Other _____
Total	<u>\$15,000</u>			

Project Title _____

Project Number _____

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

Form Completion Date 9-14-23

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 Loader Rims

Department Public Works Division Streets

Proposed Priority (A-D) B Acquisition Year _____

I. Project Description

A. Description Replace ~~tire~~ tire rims on Loader

B. Purpose (include how it relates to specific City and department goals) Ability to continue to maintain streets with snow removal and general maintenance

C. Nature of Project:

Replacement on predetermined cycle

Replacement based on need (describe) Rusting and general decay

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.
Residents and business owners

B. Comment on the needs to be met by this project. _____

C. How are needs currently being met? Aging equipment

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? Rims need to be replaced; unable to repair current rims

<p>IV. Cost estimates</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Amount</th> <th style="text-align: center; border-bottom: 1px solid black;">Year</th> </tr> </thead> <tbody> <tr> <td>Equipment Only</td> <td style="text-align: center;"><u>\$ 7500</u></td> <td style="text-align: center;"><u>2029</u></td> </tr> <tr> <td>1. Planning/Design</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2. Land</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3. Construction</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4. Equipment/Furnishings</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="margin-left: 20px;">a. Equipment</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="margin-left: 20px;">b. Furnishings</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="margin-left: 20px;">c. Other</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="margin-left: 20px;">Subtotal</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="margin-left: 40px;">Total</td> <td style="text-align: center;"><u>\$ 7500.00</u></td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Amount	Year	Equipment Only	<u>\$ 7500</u>	<u>2029</u>	1. Planning/Design	_____	_____	2. Land	_____	_____	3. Construction	_____	_____	4. Equipment/Furnishings	_____	_____	a. Equipment	_____	_____	b. Furnishings	_____	_____	c. Other	_____	_____	Subtotal	\$ _____	_____	Total	<u>\$ 7500.00</u>	_____	<p>IV. Status of plans and specifications</p> <p><input type="checkbox"/> Plans/bids not needed</p> <p><input type="checkbox"/> Prelim Engineers' estimate received</p> <p><input type="checkbox"/> Sketches in process</p> <p><input type="checkbox"/> Sketches complete</p> <p><input type="checkbox"/> Surveys complete</p> <p><input type="checkbox"/> Plans and/or bid specs in preparation</p> <p>Date of expected completion _____</p> <p><input type="checkbox"/> Plans and/or bid specs complete</p> <p><input type="checkbox"/> Other _____</p>
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Project Title _____

Project Number _____

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

Form Completion Date 9-13-23

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 Sewer Camera

Department Public Works Division Wastewater

Proposed Priority (A-D) B Acquisition Year 2024

I. Project Description

A. Description Replace Sewer Camera

B. Purpose (include how it relates to specific City and department goals) Routine maintenance of the sanitary and storm sewer system

C. Nature of Project:

- Replacement on predetermined cycle
- Replacement based on need (describe) Unable to maintain current camera
- New project check one below and describe (obsolete)
 - Improved efficiency _____
 - New service _____
 - Other _____

II. Need

A. Describe the benefits and who (residents, city, commercial, etc.) will derive the most benefit. Current and future residents

B. Comment on the needs to be met by this project. _____

C. How are needs currently being met? _____

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? Unable to repair/maintain current equipment

IV. Cost estimates

	<u>Amount</u>	<u>Year</u>
Equipment Only	<u>\$ 75,000</u>	<u>2024</u>
1. Planning/Design	_____	_____
2. Land	_____	_____
3. Construction	_____	_____
4. Equipment/Furnishings	_____	_____
a. Equipment	_____	_____
b. Furnishings	_____	_____
c. Other	_____	_____
Subtotal	\$ _____	_____
Total	<u>\$ 75,000</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 _____

Project Number _____

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

Form Completion Date 9-14-23

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 _____



22606 186th Avenue
Cold Spring, MN 56320
800-450-6969

Date: September 7, 2023

To: Tim Jensen
City of Princeton
705 2nd Street North
Princeton, MN 55371

From: Mark Brinker

We are pleased to submit the following quotation. All prices are subject to immediate acceptance. Clerical errors are subject to correction. All agreements are contingent upon fires, accidents, labor difficulties and causes beyond our reasonable control. No statement, contract or order will be binding on the Company unless made or approved on behalf of the Company by one of its officers.

One (1) 2024 Aries CCTV Pathfinder Mobile Pathfinder system per Minnesota State Contract # 187482 and including the following features/options:

	<u>Standard Equipment</u>	
1.00	Base Unit Price Aries Mobile Pathfinder	\$68,243.00
	<u>Optional Equipment</u>	
1.2.7	4" carbide hi-traction tires (2)	\$458.00
1.2.9	4" offset carbide hi-traction tires (2)	\$520.00
1.2.19	5" Dually wheel assembly, larger pipe dia. (4)	\$1,484.00
1.5.40	Add 17" LCD monitor, rear viewing in vehicle	\$882.00
Standard	1 Day of Training and Delivery/Set up of System	Standard
	Subtotal	\$71,587.00

MN State Sales Tax **Exempt**

Total: \$71,587.00

By: **Mark Brinker**
Flexible Pipe Tool Company

Authorized Signature Title

City of Princeton Public Works

**Aries Mobile Pathfinder TV Inspection System
w/ TR3320 Tractor**

Component List

1 Aries Mobile Pathfinder All-in-One Controller, including:

- 1 8.4" color flat screen TV monitor
- 1 Sealed connector for interconnect cable to reel
- 1 Camera controls
- 1 Tractor controls
- 1 Reel controls
- 1 Internal digital video recorder
- 1 VL5000 data display control module, basis functionality
- 1 Alphanumeric full "QWERTY" keyboard for video titling and report data input
- 1 Storage and transportation case

1 Vehicle mount inter-connect tether cable set and hub assembly, cable reel to all-in one controller

1 Aries PE3530 Pathfinder series zoom pan and tilt camera w/ high intensity LED light ring and integrated self-cleaning lens wiper system, including:

- 1 Pathfinder zoom pan and tilt camera, to include:
 - Multi-axis pan & tilt feature with infinite continuous rotation
 - Integrated self-cleaning lens wiper system
 - 120X zoom (10X optical & 12X digital)
 - High-resolution 480 (V) x 720 (H) NTSC output
 - Auto-focus with manual override
 - Auto-iris with manual override
 - Maintenance-free forward-facing white LED lighting located in the camera forks
 - Maintenance-free directional white LED lighting that follows the camera's field of view
 - .5-lux high-sensitivity camera sensor for low-light applications
 - "Starlite" light enhancement feature with (4) user selectable enhancement steps
 - On-screen camera diagnostics functions including:
 - Camera model, serial number, software revision
 - Camera operating hours, regulated voltage value, head temperature
 - Camera internal pressure, control error recognition, LED current value
- 1 Camera storage and transportation case
- 1 Camera re-pressurization kit

1 Aries TR3320 Pathfinder steerable self-propelled transporter for relined 6" to 24" lines, including:

- 1 Tractor assembly with continuous duty drive motors
- 6 3 $\frac{3}{8}$ " rubber wheels for 6" lines, narrow, red
- 4 4 $\frac{3}{8}$ " rubber wheels for 8" sewer lines
- 4 4 $\frac{3}{8}$ " extended hub rubber tires for 8"-10" lines
- 4 5" extended hub rubber tires for 12"- 24" and larger sewer lines
- 1 On-screen tractor diagnostics display
- 1 Integrated inclinometer system
- 1 Remotely-operated electric camera lifting mechanism
- 1 Rear viewing camera with LED lighting
- 1 Internal 512 Hz locating beacon

- 1 Storage and transportation case
- 1 Set maintenance parts

- 2 **4" carbide impregnated high traction wheels**

- 2 **4" offset carbide impregnated high traction wheels**

- 4 **5" dually extended hub rubber tires, for 15" and larger lines**

- 1 **Mobile Pathfinder cable and reel assembly, including:**
 - 1 Lightweight frame with casters and handles
 - 1 Drum and motor assembly with clutch and cable level wind assembly
 - 1 Sealed continuous contact collector assembly, 12-slip rings minimum
 - 1 Distance meter encoder
 - 1 Emergency hand crank arm
 - 1 Emergency stop push button switch
 - 1 1000' of lightweight low friction multi-conductor cable
 - 1 AC power switch
 - 1 Universal power input plug with cord
 - 1 Cable guide roller, removable, handle mounted
 - 1 Cable re-termination kit

- 1 **Cable manhole guide system including:**
 - 1 Manhole top roller assembly, with storage bracket
 - 1 Insertion and extractor pole assembly and tractor adapter and storage bracket
 - 3 Quick lock extension poles
 - 2 Additional fiberglass poles
 - 1 Tiger tail bottom cable guide

- 1 **Rear Viewing Monitor 17"**

- 2 **Complete sets of operation, maintenance, and troubleshooting manuals, USB format**

- 1 **Maintenance tool kit**

- 1 **One year warranty, TV system**

- 1 **Delivery of the system to the Customer's location**

- 1 **Day of operator training**

Available Options:

Option-1: Large Line Wheel Kit

1 Large line wheel kit with 8" diameter tires, TR3310 tractor

Option-2: TrailBlazer Portable Enclosure system

Portable enclosure system (48"W x 53"H x 31"D)

LED Lighting

(2) 250lbs capacity drawers

(2) 15" monitors