



TOWN OF WAYLAND

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Replaced H-17 truck Ford F-550 with winter package	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

<p>This is a scheduled replacement for vehicle H. -17. this is a full size dump truck that we will be reducing to a Ford F5 50.</p>

PROJECT JUSTIFICATION:

<p>This is a schedule replacement. The vehicle that we are replacing is a 1996 for dump truck and very poor condition. We have made an operational change in the highway department and we will be reducing two vehicles to a smaller vehicle to provide this department with more versatility. This is actually a reduction of \$120,000 from the previous year. We expect less than \$1000 in salvage value which will go to the general fund.</p>
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EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT		80,000					\$ 80,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 80,000	\$ -	\$ -	\$ -		\$ 80,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?			
4. Will this Capital Request impact personnel?			

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

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PROJECT INFO:

Road Renovation projects	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is Funding to continue road improvement projects within the town of Wayland. The expected projects next year will be Route 30, Pemberton Road, and Old Sudbury Road.

PROJECT JUSTIFICATION:

This is a Part of the five-year capital plan for the DPW. We have evaluated required water main projects, drainage issues, as well as pavement conditions. this is intended to be an annual program and combined with the state chapter and 90 funding we hope to keep Wayland roads and fair to good condition and safe.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		200,000	200,000	200,000	200,000	200,000	\$ 1,000,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000		\$ 1,000,000	

OPERATIONAL BUDGET IMPACT

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		x	
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Cemetery upgrades	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

<p>This project will increase the available plots in the cemetery by approximately 1000 plots.</p>
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PROJECT JUSTIFICATION:

<p>This project will increase available plots in the cemetery by approximately 1000. This will generate revenue of \$800,000 just for the sale of the plots. It will provide the residents of Wayland a secure final resting place. We have an estimate of \$350,000 to complete this work, we are always looking into ways reduce the costs by using DPW assets such as gravel loan and manpower/sweat equity. In the FY 2013 town meeting \$50,000 was allocated to conduct a hydrologic study to examine the impact of the new grave sites would contaminate the Balwin Pond Wells. A \$20,000 was allocated to insure that no archeological site were being disturbed.</p>
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EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			200,000	50,000	50,000		\$ 300,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 200,000	\$ 50,000	\$ 50,000		\$ 300,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?	X		the sale of the new plots should generate \$800,000
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Backhoe	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

<p>This is a scheduled replacement. We will be replacing L-4 a 1997 Caterpillar Backhoe..</p>

PROJECT JUSTIFICATION:

<p>This backhoe is primarily used at the transfer station and is a backup for the other departments. This backhoe would go to the highway department and there older model would go to the transfer station. L-4 would be traded in or sold at auction and the proceeds go back to the general fund. (Estimated Salvage Value \$5,000)</p>
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EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION								
4. EQUIPMENT		150,000					\$ 150,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 150,000	\$ -	\$ -	\$ -		\$ 150,000	

OPERATIONAL BUDGET IMPACT

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	the sale of the new plots should generate \$800,000
2. Will this Capital Request <u>Increase</u> operating costs?			
3. Will this Capital Request <u>Decrease</u> operating costs?			
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

MSW compactor	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is a scheduled replacement.

PROJECT JUSTIFICATION:

We have several old compactors that are owned by the town that need to be replaced for safety and reliability. Compacting all of the recyclables and the trash is necessary to run an efficient transfer station.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION								
4. EQUIPMENT		40,000		40,000			\$ 80,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 40,000	\$ -	\$ 40,000	\$ -		\$ 80,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			Landfill/transfer station funds



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Vehicle replacement 10 Wheeler with snow package	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is a scheduled replacement.

PROJECT JUSTIFICATION:

This vehicle is a 10 wheel dump truck and a scheduled replacement vehicle to a regular dump truck thereby saving \$25,000. We do expect a salvage value of \$2500 which will be deposited to the general fund

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION								
4. EQUIPMENT			200,000				\$ 200,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 200,000	\$ -	\$ -		\$ 200,000	

OPERATIONAL BUDGET IMPACT

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

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PROJECT INFO:

Vehicle replacement 10 Wheeler with snow package	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is a scheduled replacement.

PROJECT JUSTIFICATION:

This vehicle is a 10 wheel dump truck and a scheduled replacement vehicle to a regular dump truck thereby saving \$25,000.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION								
4. EQUIPMENT			200,000				\$ 200,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 200,000	\$ -	\$ -		\$ 200,000	

OPERATIONAL BUDGET IMPACT

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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WAYLAND, MASSACHUSETTS 01778

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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

ARTIFICIAL TURF AERATOR	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is a new piece of equipment and the purpose is to clean and condition the artificial turf field.

PROJECT JUSTIFICATION:

This vehicle will eliminate an annual contract. We spend between \$4,000 and \$8,000 a year. This has been delayed until 2016 while we wait to see if a second artificial turf field is built.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION								
4. EQUIPMENT				35,000			\$ 35,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ 35,000	\$ -		\$ 35,000	

OPERATIONAL BUDGET IMPACT

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Vehicle replacement for a Wacker Tractor	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

These are scheduled replacements. These vehicles are a small loaders and a very versatile in small projects. We also utilize this equipment for sidewalk plowing. The salvage value for each wacker should be less than \$1000 each

PROJECT JUSTIFICATION:

These vehicles are more versatile than a Bobcat. By the time we get the first wacker in 2016 our current one will have eight years of use on it. It is a smaller and less rugged vehicle than a bobcat but is used a lot more.
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EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION								
4. EQUIPMENT				50,000		50,000	\$ 100,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ 50,000	\$ -		\$ 100,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Vehicle replacement Bobcat	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is a scheduled replacement.

PROJECT JUSTIFICATION:

This vehicle is a heavy-duty workhorse for the department. We have replaced a couple of bobcats with whacker tractors but we still require one Bobcat for the heavier projects. The salvage value for the trade in is expected to be \$1000 and that funding will be returned to the general fund

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION								
4. EQUIPMENT			50,000				\$ 50,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 50,000	\$ -	\$ -		\$ 50,000	

OPERATIONAL BUDGET IMPACT

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Route 27 and 30 Easements and final design	no
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

<p>This request is to complete the design for this intersection and obtain the easement required to complete the town's responsibility for this state funded project. The request is for 180k. The estimate for the construction work which will be paid fully by the state is \$1,800,000 and is schedule to be bid next year.</p>

PROJECT JUSTIFICATION:

<p>This intersection is one of the poorest in the state. This may be our last chance to relieve the state funding for this project. It has been in the works for over 10 years. Last year we improved the water mains in this area so that we could finish the road work this year or next.</p>

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT		180,000					\$ 180,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 180,000	\$ -	\$ -	\$ -		\$ 180,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?			
4. Will this Capital Request impact personnel?			

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	x		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



TOWN OF WAYLAND

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Vehicle replacement Wood Chipper	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is a scheduled replacement.

PROJECT JUSTIFICATION:

We currently have three wood chippers one was purchased 6 years ago the other two are now 20+ years. By purchasing this equipment we will have a reliable back up. We will trade in the other two or auction them off. The expected salvage value will be \$2,000 and will be deposited into the general fund

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION								
4. EQUIPMENT				60,000			\$ 60,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ 60,000	\$ -		\$ 60,000	

OPERATIONAL BUDGET IMPACT

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Infrastructure/Water Vehicle Replacements	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This request is for vehicles for the water department. Our plan is to replace one of 10 vehicles every year for 10 years. We intend to replace W-8 this year. W-8 is a Ford 350 and was purchased in 2003. In our most recent vehicle condition report it was listed as poor. W-2 will be the vehicle replaced 2015. It is also a Ford 350 truck. In 2016 we will be replacing a Ford Ranger. In 2017 we will be replacing W1 a Chevy 3500 truck. In 2018 we will be replacing W4 a Chevy 3500 truck. These are all scheduled replacements.

PROJECT JUSTIFICATION:

We need to replace this vehicle and we need to establish a vehicle replacement program for the water department. We intend to replace our oldest and poorest running vehicles one each year.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
	X	

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT		70,000	75,000	75,000	75,000	75,000	\$ 370,000	
5. OTHER	0		80,000				\$ 80,000	
TOTAL	\$ -	\$ 70,000	\$ 155,000	\$ 75,000		\$ 75,000	\$ 450,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?	x		this should help lower some of our maintenance cost and the water department.
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Water Main Projects	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is a continuation to replace the aging outdated and failing water mains in Wayland.

PROJECT JUSTIFICATION:

This program is designed to improve the water pipe network / distribution system. Our current focus will be on Route 20 from the western Town Line to Pinebrook Road. The follow up project is for Pinebrook Road. A study was completed in 2009 and this area was identified by Tata and Howard as the Town of Wayland's # 1 water main improvement project. Replacing these lines will greatly improve water flow in that immediate area but will also improve the water flow along Old Connecticut Path and Rice Road area. The estimate for the combined project is 1,400,000

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		700,000	700,000	500,000	500,000	500,000	\$ 2,900,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 700,000	\$ 700,000	\$ 500,000	\$ 500,000		\$ 2,900,000	

OPERATIONAL BUDGET IMPACT

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		x	
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Vehicle replacement H. -- 19 with snow package <i>Project Title</i>	yes <i>Included in Prior 5 Year Capital Plan? (Y/N)</i>
--	--

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board <i>Sponsor (Advocate) Name</i>	Don Ouellette <i>Contact Information</i>
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APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery <i>Contact Name and Email Address</i>	15-Oct-12 <i>Date and Quantum of Vote (if required)</i>
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PROJECT DESCRIPTION:

This is a scheduled replacement.

PROJECT JUSTIFICATION:

This vehicle H. -- 19, is a 1999 Volvo dump truck which is in poor condition. We can and will make it run this year however a lot of maintenance dollars will be spent on this vehicle over the next 36 months. The expected salvage value for this truck will be less than \$1000 and this will be returned to the general fund

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION								
4. EQUIPMENT			200,000				\$ 200,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 200,000	\$ -	\$ -		\$ 200,000	

OPERATIONAL BUDGET IMPACT

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Replaced Old out dated existing water meters	no
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replace all of the old water meters that are still left in town.
--

PROJECT JUSTIFICATION:

The older style water meters need to be changed every 10 to 15 years. As the meters get older their accuracy and reliability diminish. We have been changing out meters in house as quickly as we can however we expect to have approximately 2000 that will be 18 years old.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT				400,000			\$ 400,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ 400,000	\$ -		\$ 400,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?	x		It should improve water meter accuracy.
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?	x		This will reduce our meter troubleshooting time
4. Will this Capital Request impact personnel?	x		The new meter should last 30 to 40 years less maintenance time

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Happy Hollow Access Road	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

We are asking for design funding this year and construction next year. This is a request to install a new access road into the Happy Hollow Wells. Currently we have to travel around the new High School and cross a stream that does flood. The new road would be off from Stonebridge Road and would be an extension to the Habitat for Humanity project.
--

PROJECT JUSTIFICATION:

This project is required to improve the access to the site where 50% of your drinking water is pumped. We have chemical that are delivered year round the access plus vehicle traffic though the school is difficult.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN		25,000					\$ 25,000	
2. LAND							\$ -	
3. CONSTRUCTION			350,000				\$ 350,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 25,000	\$ 350,000	\$ -	\$ -		\$ 375,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	it should reduce water theft and improve water conservation.
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		x	this could reduce the need for a water meter reader.
4. Will this Capital Request impact personnel?		x	we may be able to reduce the water staffed by one

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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CAPITAL IMPROVEMENT PROGRAM (CIP)

CAPITAL APPROPRIATION REQUEST

FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Land Acquisition	YES
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Conservation Commission	B. Monahan, Conservation
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

bmonahan@wayland.ma.us	
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

The Commission has targeted pieces of land to acquire. Those noted are around Pine Brook Conservation Area and Lower Mill Brook. All are from the 1995 Open Space Plan and reflect sensitive areas that complement existing Conservation lands.

PROJECT JUSTIFICATION:

The purchase of these parcels will further enhance existing protected lands as well as sensitive wetlands, riverfront, floodplain, and/or buffer zone. Some of the pieces may also contain noteworthy upland areas.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
x		
	x	
x		
	x	
	x	

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND		485,800	78,100	150,400	375,700		\$ 1,090,000	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 485,800	\$ 78,100	\$ 150,400	\$ 375,700	\$ -	\$ 1,090,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?			
2. Will this Capital Request <i>Increase</i> operating costs?	x	x	Continue normal land management activities i.e. trail work
3. Will this Capital Request <i>Decrease</i> operating costs?	x		If area is wetlands - eliminates costs associated with processing a negative decision
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds	x		Any land purchased will be using CPA funds and CC met with CPC in October
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP)

CAPITAL APPROPRIATION REQUEST

FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Equipment	Yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Conservation Commission	Brian Monahan, Conservation
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Conservation Commission	
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Equipment including brush hog, plow, and mower deck.
--

PROJECT JUSTIFICATION:

Improved maintenance of conservation areas, conservation fields, and community gardens.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
x		
		x
x		
	x	
	x	

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT				45,000			\$ 45,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ 45,000	\$ -	\$ -	\$ 45,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <i>Increase</i> operating costs?			
3. Will this Capital Request <i>Decrease</i> operating costs?	x		Potential to reduce contracted services
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	x		
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Funding source to be determined



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CAPITAL IMPROVEMENT PROGRAM (CIP)

CAPITAL APPROPRIATION REQUEST

FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Rice Road (Snake Brook Dam)	Yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Conservation Commission	B. Monahan, Conservation
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Conservation Commission	
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is an earthen dam that is part of the Hamlen Woods Conservation Area. Every five years as required by regulation, there is an inspection of the dam and preparation of a report by a qualified Professional Engineer. The most recent report was completed in September 2012 and identified critical items to improve the safety of the dam. This request includes both the design, permitting, and work of items identified in the inspection report.

PROJECT JUSTIFICATION:

This dam was classified as only FAIR. This dam requires substantial timely maintenance. The impact of a dam failure would be catastrophic. The dam has been inspected twice by Professional Engineers and there are steps that have been identified to increase the safety of the dam. This item includes design and implementation. There is currently some work being done which the report had not reflected and for which funding has been provided.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		x
		x
	x	
	x	
	x	

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN		25,000		50,000			\$ 75,000	Based on general estimates in ins
2. LAND							\$ -	
3. CONSTRUCTION			100,000			200,000	\$ 300,000	Based on 2012 estimates
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 25,000	\$ 100,000	\$ 50,000	\$ -	\$ 200,000	\$ 375,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <i>Increase</i> operating costs?		x	
3. Will this Capital Request <i>Decrease</i> operating costs?	x		Intent is to not have to use personnel during periods of high water by creating systems to avoid emergencies
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	x		Currently exploring what costs might be eligible for CPA funds.
2. CPA Funds	x		
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST

PROJECT INFO:

TB Parking Lot Reconstruction	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Selectmen	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Remove existing pavement, regrade to improve drainage; repave parking area and walkways.

PROJECT JUSTIFICATION:

Repaving will improve traffic and parking flow

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
X		
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		160,000					\$ 160,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 160,000	\$ -	\$ -	\$ -	\$ -	\$ 160,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



TOWN OF WAYLAND

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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Town Building Exterior Repairs	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Board of Selectmen	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Carpentry repairs and repainting of the building exterior.
--

PROJECT JUSTIFICATION:

The exterior was last painted in 2007. This request will maintain exterior appearance.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION					65,000		\$ 65,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ 65,000	\$ -	\$ 65,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

How will this Capital Request be paid for?	YES	NO	If YES, please provide details.
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

TB Design & Construction of Mechanical/Electrical Improvements	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Selectmen	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Design Mechanical/Electrical upgrade for system replacement for the Town Building. Project will encompass replacement of heating/cooling systems as well as replacement of electrical system.

PROJECT JUSTIFICATION:

Project will replace system installed in 1977 and 1991. When completed, project will improve comfort and energy consumption.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN		80,000					\$ 80,000	
2. LAND							\$ -	
3. CONSTRUCTION			720,000				\$ 720,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 80,000	\$ 720,000	\$ -	\$ -	\$ -	\$ 800,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?	X		Lower energy costs
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

TB Window Replacement Design & Construction	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Selectmen	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Remove and replace all windows.

PROJECT JUSTIFICATION:

Project will lower energy costs and improve comfort for staff.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN			80,000				\$ 80,000	
2. LAND							\$ -	
3. CONSTRUCTION				700,000			\$ 700,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 80,000	\$ 700,000	\$ -	\$ -	\$ 780,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?	X		Lower energy costs
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

New DPW Facility	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Board of DPW/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Board of Selectmen	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Construction of a new 37,600 SF facility to maintain and house the operations and fleet of the the Department of Public Works

PROJECT JUSTIFICATION:

Replaces outdated, space-deficient facility. Will allow for more efficient operations and extend the life of fleet equipment.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
	X	
X		
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN	900,000						\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		12,400,000					\$ 12,400,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ 900,000	\$ 12,400,000	\$ -	\$ -	\$ -	\$ -	\$ 12,400,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Heating System Upgrade Station II	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Selectmen/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Selectmen	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replacement of the 1954 Boiler, Hot water Circulating pumps, Domestic Hot Water tank, Reline the chimney and upgrade the controls.
--

PROJECT JUSTIFICATION:

The scope of the project has grown due to several factors including the new stretch energy code and the condition of the existing masonry chimney, which was not included in the original scope.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
		X
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN	12,000						\$ -	
2. LAND							\$ -	
3. CONSTRUCTION	38,000	65,000					\$ 65,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ 50,000	\$ 65,000	\$ -	\$ -	\$ -	\$ -	\$ 65,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		savings on energy costs
4. Will this Capital Request impact personnel?	X		provide a more comfortable environment

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

New Library/COA	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Library Board of Trustees/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Board of Selectmen	10/21/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Design and Construct a new joint Library/Council on Aging facility of approx. 43,000SF
--

PROJECT JUSTIFICATION:

Improve access and programming to provide more improved services to both the Library and COA populations
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
	X	
		X
X		
X		
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN	35,000	850,000					\$ 850,000	
2. LAND							\$ -	
3. CONSTRUCTION			13,000,000				\$ 13,000,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ 35,000	\$ 850,000	\$ 13,000,000	\$ -	\$ -	\$ -	\$ 13,850,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?	X		Increase in staffing/utilities
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts	X		Possible State Library Grant
4. Other	X		Proceeds from the sale of the building if it not re purposed



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Library Septic Improvement	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Board of Selectmen	10/21/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Design septic system tie-in to WWMD (Wastewater Management District) and Construct or design a new stand alone septic system. If it is determined that a new Library/ COA facility is to be constructed, then this request may be withdrawn

PROJECT JUSTIFICATION:

Improve operations.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
X		
	X	

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			60,000				\$ 60,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 60,000	\$ -	\$ -	\$ -	\$ 60,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

How will this Capital Request be paid for?	YES	NO	If YES, please provide details.
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Library Mechanical Upgrade	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Board of Selectmen	10/21/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Design and Construct new mechanical system to replace equipment and controls installed in 1988. If a new Library/COA is constructed this request may be withdrawn.
--

PROJECT JUSTIFICATION:

Replacement of outdated, unreliable equipment with more efficient and reliable system.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN				50,000			\$ 50,000	
2. LAND							\$ -	
3. CONSTRUCTION					425,000		\$ 425,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ 50,000	\$ 425,000	\$ -	\$ 475,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Lower energy costs
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Public Safety Building/Painting	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Board of Selectmen	10/21/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Repaint interior of the building.

PROJECT JUSTIFICATION:

Maintains finishes.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
X		
	X	

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			50,000				\$ 50,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Transfer Station (former Landfill Building) Renovations	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Board of Selectmen/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Board of Selectmen	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Re-roof garage/office building, re-roof former salt shed. Install doors and upgrade buildings and compactors electrical services.

PROJECT JUSTIFICATION:

Eliminate water infiltration into buildings; improve energy efficiency and reliability of systems.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
X		
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2013	2014	2015	2016	2017	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		85,000					\$ 85,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 85,000	\$ -	\$ -	\$ -	\$ -	\$ 85,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Lower energy costs
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Landfill Compactor Foundations	N
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

B of PW/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Selectmen/ B of PW	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Remove and replace concrete foundations

PROJECT JUSTIFICATION:

The current Block foundations have reached the point where sections have collapsed causing a safety issue for the operator and the public

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
	X	
	X	

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		80,000					\$ 80,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 80,000	\$ -	\$ -	\$ -	\$ -	\$ 80,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		Reserve or debit repaid through user fees
2. CPA Funds			
3. Grants or Gifts			
4. Other			



TOWN OF WAYLAND

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Town Center Green Improvements	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Town Planner/Town Administrator	Sarkis Sarkisian 508-358-3778 or
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Town Center Green Design Advisory Committee	as informed by BOS discussion on 9-10-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Walk and Site Amenities, Bench, and Plantings per supplemental document; playscape represents \$200,000 of total request with potential for private fund-raising effort to supplant town or gift funds
--

PROJECT JUSTIFICATION:

This project will provide desired amenities on the Town Center green as envisioned by the Master Special Permit, MUOD zoning bylaw, and community preferences incorporated into proposed plan. Developer is responsible for phase 1 as itemized on the last page of the proposal in the amount of \$296,750.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
	x	
		x
NA		
	TBD	
		x

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		138,725					\$ 138,725	
4. EQUIPMENT		327,500					\$ 327,500	bench, light poles, playscape
5. OTHER		281,000					\$ 281,000	plantings
TOTAL	\$ -	\$ 747,225	\$ -	\$ -	\$ -	\$ -	\$ 747,225	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <u>Increase</u> operating costs?		x	Staff now reviewing in-house vs. contractual maintenance of 1.6 acre space.
3. Will this Capital Request <u>Decrease</u> operating costs?			
4. Will this Capital Request impact personnel?			to be determined in conjunction with operating budget

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds	x		under review
3. Grants or Gifts	x		Town Center gift to replace advanced funds from undesignated fund balance
4. Other	x		in-kind donations to be explored in exchange for recognition; private fund-raising



TOWN OF WAYLAND

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Town I.T.	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

I. T./Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Board of Selectmen	10/28/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Continue recommendation of Berry, Dunn, McNeil & Parker. Repair to integrate Operational Programs for Asset Management, Utility Billing Systems and Document Management.
--

PROJECT JUSTIFICATION:

These projects were identified in the BDMP Report of 2010 for the Information Technology Strategic Plan

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
N/A		
N/A		
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT							\$ -	
5. OTHER	185,000	100,000	125,000				\$ 225,000	
TOTAL	\$ 185,000	\$ 100,000	\$ 125,000	\$ -	\$ -	\$ -	\$ 225,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



TOWN OF WAYLAND

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WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

FY2014 - Vehicle - Ambulance Replacement	Yes, but modified.
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Fire Department, Chief Vincent J. Smith	Office Phone 508-358-6910 or vsmith@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

N/A	N/A
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

In FY14, purchase and equip a new Class 1 ambulance to be used as our primary (first line) ambulance on a day-to-day basis. Our 2010 ambulance will be relegated to our secondary (spare) ambulance and is expected to be used in that capacity for 5-6 more years. Our current spare ambulance will be traded in to reduce the project cost.

PROJECT JUSTIFICATION:

Our primary ambulance must be a reliable and safe vehicle for both our patients and our personnel. We also depend on a secondary (or spare) ambulance to be used when our primary ambulance is being serviced or repaired. The purchase of a new primary ambulance was moved up in the capital schedule from FY15 to FY 14 due to a series of recent mechanical problems with our spare ambulance. Please see the Wayland Fire Department expanded capital budget narrative for more information.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT		280,000					\$ 280,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 280,000	\$ -	\$ -	\$ -	\$ -	\$ 280,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Required ambulance repairs are expected to be decreased significantly.
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital		X	
2. CPA Funds		X	
3. Grants or Gifts		X	
4. Other	X		Expected source of funding is the ambulance revenue account.



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WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

FY2015A - Vehicle (and remount) - Forestry Truck Update/Upgrade	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Fire Department, Chief Vincent J. Smith	Office Phone 508-358-6910 or vsmith@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

N/A	N/A
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This portion (Part A) of the FY 2015 capital budget is dependent on and must be planned in conjunction with Part B. Two different vehicles in our fleet need to be upgraded. The utility truck (1997) has high mileage on the chassis but a good body, and the Forestry unit (also 1997) has very low mileage, but needs a heavier chassis to operate safely and efficiently. Rather than purchase two more vehicles we are requesting a more cost effective solution that purchases a new chassis for the forestry unit, remounts the existing utility body on the existing forestry chassis, and turns in the old utility chassis for trade. Please see the Wayland Fire Department expanded capital budget narrative for more information.

PROJECT JUSTIFICATION:

Part A (this part of the project) involves putting a new chassis (high mileage and maintenance costs on the existing utility truck's chassis), and putting our forestry truck's tank and pump on the new chassis. That takes care of the Forestry Unit and frees us the forestry unit's previous chassis to be used on the utility truck (Part B). This project gives the forestry unit a slightly larger and safer chassis and allows the truck to get to more off road locations to extinguish brush fires. The forestry unit's pump and tank (that we already own) will also be equipped with a foam system, making extinguishment more efficient.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT			90,000				\$ 90,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 90,000	\$ -	\$ -	\$ -	\$ 90,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?	X		Addition of foam system will require a supply of foam be maintained
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Will reduce brush fire extinguishment time & labor.
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		Borrowing
2. CPA Funds		X	
3. Grants or Gifts		X	
4. Other		X	



TOWN OF WAYLAND

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WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

FY2015B - Equipment - Utility Truck Update/Upgrade	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Fire Department, Chief Vincent J. Smith	Office Phone 508-358-6910 or vsmith@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

N/A	N/A
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This portion (Part B) of the FY 2015 capital budget is dependent on and must be planned in conjunction with Part A. Two different vehicles in our fleet need to be upgraded. The utility truck (1997) has high mileage on the chassis but a good body, and the forestry unit (also 1997) has very low mileage, but needs a heavier chassis to operate safely and efficiently. Rather than purchase two more complete vehicles we are requesting a more cost effective solution that purchases a new chassis for the forestry unit, remounts the existing utility body on the existing forestry chassis, and turns in the old utility chassis for trade. Please see the Wayland Fire Department expanded capital budget narrative for more information.

PROJECT JUSTIFICATION:

Part B (this part of the project) involves replacing the high mileage utility truck's chassis by removing the utility truck's body and mounting the body on the chassis that was previously associated with the forestry unit. This puts a perfectly good chassis with low mileage (that we already own) under the good utility body (that we also already own) and allows us to turn in, or trade, the high mileage and high maintenance chassis to reduce the overall cost of the project.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT			35,000				\$ 35,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 35,000	\$ -	\$ -	\$ -	\$ 35,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		Borrowing
2. CPA Funds		X	
3. Grants or Gifts		X	
4. Other		X	



TOWN OF WAYLAND

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WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

Motor

PROJECT INFO:

FY2015C - Vehicle - Resue Boat/Trailer/Motor	No
Project Title	Included in Prior 5 Year Capital Plan? (Y/N)

PROJECT SPONSOR:

Fire Department, Chief Vincent J. Smith	Office Phone 508-358-6910 or vsmith@wayland.ma.us
Sponsor (Advocate) Name	Contact Information

APPROVING BODY / VOTE:

N/A	N/A
Contact Name and Email Address	Date and Quantum of Vote (If required)

PROJECT DESCRIPTION:

This project allows the purchase of a new rescue boat, and accessories that are designed for that purpose. It is intended that the new boat will replace two older boats that we currently utilize. Currently, we utilize boats and two trailers that are used for our response to waterways, year round. The two boats are used in conjunction with each other because each one has drawbacks that in most cases, a second boat makes up for. Our existing boats were not designed to "rescue" people. One is too small and unstable for rescue. The other, an inflatable boat, has a propensity for air leaks and may need adjustments to inflation pressure depending on the water or outside temperature during use. We recommend the two boats and accessories we currently use be put up for sale.

PROJECT JUSTIFICATION:

A "rescue" boat has specific and important features that allow emergency personnel to safely deal with people in the water. For an inland water rescue vehicle, we depend on stability, safety, versatility, and maneuverability (in use and on the trailer). These features in addition to being reliable in terms of use (boat and engine) will allow us to normally respond with only one boat and be able to handle the emergency. Reducing the overall numbers of vehicles we need to garage, will also free up some valuable space in the fire station.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT			25,000				\$ 25,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 25,000	\$ -	\$ -	\$ -	\$ 25,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Operating cost for boat will decrease by 50% (replacing 2 boats with one)
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		Borrowing
2. CPA Funds		X	
3. Grants or Gifts		X	
4. Other		X	



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

FY2016A - Equipment - Breathing Apparatus Bottle (Air Tanks)	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Fire Department, Chief Vincent J. Smith	Office Phone 508-358-6910 or vsmith@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

N/A	N/A
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (If required)</i>

PROJECT DESCRIPTION:

Purchase and replace 48 self-contained breathing apparatus (SCBA) bottles. SCBA bottles (pressurized air tanks) have been given a 15 year life span by the National Fire Protection Association and the manufacturer. After 15 years these tanks can no longer be safely pressurized. This project will replace all of our bottles that have exceeded their life span. The replacement bottles are the same size, shape, and are rated at the same pressure and volume capacity as the original bottles. This allows the newer bottles to be used with our existing air packs (which include the back pack, hoses, regulator, etc.) and the air masks that are worn on the face. Please see the Wayland Fire Department expanded capital budget narrative for more information.

PROJECT JUSTIFICATION:

With a working internal pressure of 4500 pounds per square inch, our current self contained breathing apparatus (SCBA) bottles will have exceeded their lifetime and will need to be taken out of service. These bottles are critical to our response to fires, hazardous materials incidents, or anywhere else breathing air needs to be supplied to our personnel. As with any pressurized container, safety is the main concern. The fifteen year limit on these pressure containers helps to insure safety and reliability for the firefighters who depend on them.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN								
2. LAND								
3. CONSTRUCTION								
4. EQUIPMENT				24,000				
5. OTHER								
TOTAL	\$ -	\$ -	\$ -	\$ 24,000	\$ -	\$ -	\$ -	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		Borrowing
2. CPA Funds		X	
3. Grants or Gifts		X	
4. Other		X	



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

FY2016B - Vehicle - Replace Duty Officer's Vehicle	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Fire Department, Chief Vincent J. Smith	Office Phone 508-358-6910 or vsmith@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

N/A	N/A
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replace Duty Officer's Vehicle - Purchase a vehicle to replace the current duty officer's vehicle which then allows the relegation of the current duty officer's vehicle to a lighter role within the department for a period of 4-5 more years. The duty officer's vehicle is relied upon daily (24 X 7), shared by the Captains and the Deputy Chief, and is used for response to emergencies, inspections, other appointments, and regular daily transportation needs.

PROJECT JUSTIFICATION:

The duty officer's vehicle is the most frequently used vehicle in the Fire Department fleet. The vehicle, an SUV, is shared among the duty officers and is used daily. Reliability is important due to its constant use and emergency response role. Traditionally, the replacement schedule has served the town well because the new SUV becomes the duty officer's vehicle and the current duty officer's vehicle is retained within the department, in a lighter use role. Upon replacement, the oldest vehicle will be traded in, to reduce the project cost.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN								
2. LAND								
3. CONSTRUCTION								
4. EQUIPMENT				55,000				
5. OTHER								
TOTAL	\$ -	\$ -	\$ -	\$ 55,000	\$ -	\$ -	\$ -	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		Borrowing
2. CPA Funds		X	
3. Grants or Gifts		X	
4. Other		X	



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

FY2017 - Vehicle - Replace Ladder Truck/Fire Engine (Combo Unit)	Yes.
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Fire Department, Chief Vincent J. Smith	Office Phone 508-358-6910 or vsmith@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

N/A	N/A
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Purchase a new ladder truck and fire engine (one combination unit) and replace our existing 1993, 75' (ladder length), 1,250 gallons per minute pumper and ladder truck (otherwise known as a "quint"), with a vehicle of similar design and capability. In 1993, the purchase of this combination unit merged the functionality of two vehicles into one, which represented a significant cost savings. Since then, this vehicle has served the needs of the community well and the concept should be continued. This project is part of a normal and expected replacement schedule for this large and specialized fire truck. Please see the Wayland Fire Department expanded capital budget narrative for more information.
--

PROJECT JUSTIFICATION:

In 2017, our quint will be 24 years old and approaching the upper end of its normal projected lifetime. While the vehicle is currently in an acceptable and safe condition (October 2012), we need to plan for replacement at the average expected life span for a quint. In addition to repair issues that are expected to crop up more and more frequently, newer safety features, and more efficient operation, not available in 1993, are two more good reasons to prepare for replacement in FY 2017.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT					1,035,000		\$ 1,035,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ 1,035,000	\$ -	\$ 1,035,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?	X		If a compressed air "Class A" foam system is installed, a foam supply will need to be maintained
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Quicker extinguishment means less time and labor at scenes.
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		Borrowing
2. CPA Funds		X	
3. Grants or Gifts		X	
4. Other		X	



TOWN OF WAYLAND

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

2018 - Vehicle - Replace Fire Engine	No..
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i> J. Smith

PROJECT SPONSOR:

Fire Department, Chief Vincent J. Smith	Office Phone 508-358-6910 or vsmith@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

N/A	N/A
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

The point of this project is to purchase a new fire engine and replace/retire the Department's 1997 fire engine. This project is part of a normal and expected replacement schedule for this type of fire truck. The new fire engine will be a combination of time tested basic functionality of a fire engine, commonality in the size and equipment with our other fire engines, and new safety and functionality available on newer trucks. Please see the Wayland Fire Department expanded capital budget narrative for more information.

PROJECT JUSTIFICATION:

This fire engine is expected to meet the needs of the town of Wayland for 20-25 years. As the newest fire engine, it will be reside at Station # 2 in Cochituate for several years where it will see the most use. Specifications for this new fire engine will include equipment and capabilities that will enhance Department operations and efficiency.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT						395,000	\$ 395,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 395,000	\$ 395,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?	X		If a compressed air "Class A" foam system is installed, a foam supply will need to be maintained
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Quicker extinguishment means less time and labor at scenes.
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		Borrowing
2. CPA Funds		X	
3. Grants or Gifts		X	
4. Other		X	



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Loker Recreation Area Design/construction	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Nancy McShea	nmc Shea@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Recreation Commission	CPC voted on 10/23/12 to approve CPA funding of \$92,000 design money
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

The Gale Report Field use master plan study from 2010 indicated that the town is deficient in 60' ball diamonds. The Loker Recreation area would be an ideal location to house these three fields which could be used for little league baseball and softball. We are requesting money to do a design of the facility to determine the appropriate number of fields that would fit in this location as well as conducting a wetland delineation study and a historical artifact survey. This would provide us with construction ready documents to pursue constructing this field the following year.

PROJECT JUSTIFICATION:

The Gale Report Field Use Master Plan 2010 has shown that the town of Wayland is deficient in their 60' diamond size fields based on their current and anticipated use through 2020. Completing the design in FY2014 will allow us to then move on to construction in FY 2015.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN		92,000					\$ 92,000	
2. LAND							\$ -	
3. CONSTRUCTION			985,000				\$ 985,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 92,000	\$ 985,000	\$ -	\$ -	\$ -	\$ 1,077,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?	X		potential for additional user fees
2. Will this Capital Request <i>Increase</i> operating costs?	X		increased field maintenance demands placed on current budget
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?	X		potential to increase need for additional personnel in DPW to maintain fields.

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds	X		voted on 10/23/12 by CPC to cover \$92,000 in design
3. Grants or Gifts	X		potential that senior softball may help fund this project.
4. Other		X	



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Capital Field Maintenance	Yes in DPW budget
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Nancy McShea	nmcshes@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Recreation Commission	
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

<p>The Gale Report Field use master plan study from 2010 indicated that the condition of fields and related amenities in town are in need of replacement or repair. We are requesting a yearly capital maintenance item that we could use to tackle ongoing larger maintenance concerns such as installation of wells for irrigation, water bubblers, sodding worn areas of fields, rehabbing a field, replacement of backstops, replacement of broken goals, etc. that are crucial to our ability to utilize the fields to the highest use possible. In FY2014 we will be utilizing a portion of this money to add an additional playground item to Hannah Williams. We also will be looking to replace backstops at the Middle School and add seating and ADA access to some sites.</p>

PROJECT JUSTIFICATION:

<p>The Gale Report Field Use Master Plan 2010 has indicated that many fields are deficient in their ADA access, sealing, unsafe worn turf areas and larger maintenance items. We do not possess the type of money needed to make these fixes on a yearly basis and this would allow us to accomplish many improvements each year. These projects improve the safety and functionality of the Town of Wayland's parks and fields. This is part of an ongoing regular annual maintenance and renovation plan for park, athletic and recreational fields.</p>
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT							\$ -	
5. OTHER		125,000	125,000	125,000	125,000	125,000	\$ -	capital improvements
TOTAL	\$ -	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 625,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		potentially will if we can get fields up to par
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds		X	
3. Grants or Gifts		X	
4. Other		X	



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

DPW site turf field design and construction	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Nancy McShea	nmc Shea@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Recreation Commission	
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

The Gale Report Field use master plan study from 2010 indicated that the town is deficient in multi use fields. The DPW site would be an ideal location to house an artificial turf field with lights that could be used by soccer, football, and lacrosse. We are requesting money to do a design of the facility on this location would fit in this location. This would provide us with construction ready documents to pursue constructing this field the following year.

PROJECT JUSTIFICATION:

The Gale Report Field Use Master Plan 2010 has shown that the town of Wayland is deficient in their multi-use fields based on their current and anticipated use through 2020. Completing the design in FY15 will allow us to then move on to construction in FY 2016.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN			150,000				\$ 150,000	
2. LAND							\$ -	
3. CONSTRUCTION				1,520,000			\$ 1,520,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 150,000	\$ 1,520,000	\$ -	\$ -	\$ 1,670,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?	X		potential for additional user fees
2. Will this Capital Request <i>Increase</i> operating costs?	X		increased field maintenance demands placed on current budget
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?	X		potential to increase need for additional personnel in DPW to maintain fields.

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		construction of the turf field would need to be paid through taxes
2. CPA Funds	X		site work and lighting could be paid for through the CPC funds
3. Grants or Gifts		X	
4. Other		X	



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Greenways Municipal site field design	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Nancy McShea	nmcshoa@wayland.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

Recreation Commission	
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

The Gale Report Field use master plan study from 2010 indicated that the town is deficient in 90' ball diamonds and multi-use fields. The Greenways municipal site area would be an ideal location to house these two fields which could be used for baseball, lacrosse and soccer. We are requesting money to do a design of the facility to determine the appropriate number of fields that would fit in this location as well as conducting a wetland delineation study. This would provide us with construction ready documents to pursue constructing this field the following year.

PROJECT JUSTIFICATION:

The Gale Report Field Use Master Plan 2010 has shown that the town of Wayland is deficient in their 90' diamond size fields and multi-use fields based on their current and anticipated use through 2020. Completing the design in FY2017 will allow us to then move on to construction in FY 2018. This will complete the final phase in providing for current and anticipated field usage through 2020 and will complete the recommendations of the 2010 Gale study.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
X		
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN					150,000	1,486,057	\$ 1,636,057	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ 150,000	\$ 1,486,057	\$ 1,636,057	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds	X		potential CPC project
3. Grants or Gifts		X	
4. Other		X	



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Claypit Hill - Windows/Door Replacement	Yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/3/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replacement of all single glazed windows with new energy-efficient low "E" windows. Replace all exterior doors with new energy efficient doors.

PROJECT JUSTIFICATION:

Improves building, occupant comfort, and lowers energy costs.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		x
	x	
	x	

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN			80,000				\$ 80,000	
2. LAND							\$ -	
3. CONSTRUCTION				820,000			\$ 820,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 80,000	\$ 820,000	\$ -	\$ -	\$ 900,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?			
2. Will this Capital Request <u>Increase</u> operating costs?			
3. Will this Capital Request <u>Decrease</u> operating costs?	x		Lower energy cost
4. Will this Capital Request impact personnel?			

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	x		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Claypit Hill Floor Tile	YES
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

The current request is a multiple-year, multiple-school request and would replace roughly 12,000 SF of ACM floor tile with vinyl-containing floor tile (VCT). This would equate to 12 classrooms. The project envisioned would replace a combination of classrooms and corridor tile.

PROJECT JUSTIFICATION:

With the exception of the tile replaced over the last couple of years the tile is original to the construction dates of the building. Health issues associated with the current floor tile revolve around the asbestos content in the tile installed prior to 1983. As the tile wears out and breaks down it can emit particles into the air which is a health and safety issue. The other safety related issue is related to the worn carpets laid over the tile in the classrooms that present a tripping hazard. The new material (VCT) has a 30 year life expectancy versus carpet that has a useful life of 10 to 12 years in a school setting if properly maintained. The VCT also requires less maintenance.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X
	X	
X		
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION	90,000	50,000					\$ 50,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ 90,000	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ 50,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Claypit Hill Classroom Furniture	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is the second year request of a multiple-year, multiple-school program to replace classroom furniture throughout the school. The requested amount would outfit 6 classrooms with new student and teacher desks/chairs book shelves or files.

PROJECT JUSTIFICATION:

Current furniture is 20-25 years old. Classroom furniture has a useful life of 15-20 years. The replacement furniture will be similar to the existing furniture but more ergonomically correct and appropriate for current use. It will help improve the classroom environment.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
	X	
		X
X		
X		
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT	30,000	30,000	35,000	35,000	25,000		\$ 125,000	
5. OTHER							\$ -	
TOTAL	\$ 30,000	\$ 30,000	\$ 35,000	\$ 35,000	\$ 25,000		\$ 125,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Happy Hollow Classroom Furniture Replacement	YES
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is the second year request of a multiple-year, multiple-school program to replace classroom furniture throughout the school. The requested amount would outfit 6 classrooms with new student and teacher desks/chairs book shelves or files.

PROJECT JUSTIFICATION:

Current furniture is 20-25 years old. Classroom furniture has a useful life of 15-20 years. The replacement furniture will be similar to the existing furniture but more ergonomically correct and appropriate for current use. It will help improve the classroom environment.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
	X	
		X
X		
X		
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT	30,000	30,000	35,000	35,000	25,000		\$ 125,000	
5. OTHER							\$ -	
TOTAL	\$ 30,000	\$ 30,000	\$ 35,000	\$ 35,000	\$ 25,000	\$ -	\$ 125,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Happy Hollow Paving	Yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/3/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Add additional parking on the east side of the building.

PROJECT JUSTIFICATION:

Parking lots do not have sufficient space.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION				50,000			\$ 50,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ 50,000	\$ -	\$ -	\$ 50,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



TOWN OF WAYLAND

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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Happy Hollow Bathroom Renovations	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/ Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This project envisions the renovation of the boys and girls' bathrooms at Happy Hollow, which would include removing the "gang handwashing stations", installing new hand washing sinks and upgrading partitions between the fixtures (e.g. toilets).

PROJECT JUSTIFICATION:

In the past, students used the sinks outside the bathrooms for handwashing. However, the Administration recently [can we put a date?] learned that per the State Sanitary Code, sinks must be in the same rooms as the bathroom fixtures (e.g. toilets). Therefore, the sinks located in the middle of the bathrooms and original to the building were reactivated. They soon became a safety concern when water dripped to the floors as students tried to reach the soap and paper towel dispensers, located across the room from the handwashing stations. This safety concern has been raised repeatedly by the Principal to the Facilities Director. In addition, the current "gang handwashing stations" are difficult to maintain as parts are hard to obtain.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
	X	
		X
		X
	X	
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		25,000					\$ 25,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 25,000	\$ -	\$ -	\$ -	\$ -	\$ 25,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?			
2. Will this Capital Request <i>Increase</i> operating costs?			
3. Will this Capital Request <i>Decrease</i> operating costs?			
4. Will this Capital Request impact personnel?			

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	x		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Happy Hollow Nurse's Office	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/ Facilities	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (If required)</i>

PROJECT DESCRIPTION:

This issue was raised as a concern in the Space Utilization Report by TBA Architects, which was received by the School Committee after the FY13 Capital Budget was set in late February 2012. The project would collapse 2 classrooms by approximately 150 SF, renovating the existing office area and classrooms, to create a 300 SF Nurse's office. The project cost is based on an estimate provided by TBA Architects in June 2012. For more information about the proposed project, go to this link for the TBA Architects reports: http://wayland.sharpschool.net/administration/superintendent/elementary_building_use_task_force/

PROJECT JUSTIFICATION:

The current nurse space is part of the existing main office and is only separated by a movable partition. It is inadequate in terms of size and lacks privacy for discussions with students and/or parents about related medical issues. Compliance with HIPAA laws and spread of illnesses are also possible concerns. This change should be made regardless of the configuration of the school. As quoted in the TBA Architects' Report: "The medical suite is wholly inadequate to the number of students. Space allocated is but 39% of standard with no separate examination/resting room or separate toilet room. The space is shared with the Main Office and is separated by open office dividers." For more information, go to this link for the TBA Architect Reports: http://wayland.sharpschool.net/administration/superintendent/elementary_building_use_task_force/

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		x
		x
	x	
		x

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		85,000					\$ 85,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 85,000	\$ -	\$ -	\$ -	\$ -	\$ 85,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		x	
4. Will this Capital Request impact personnel?	x		Provide an office work area and exam area for the school nurse

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	x		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Loker Elementary Floor Tile Replacement	YES
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Dept.	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/3/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replace worn/damaged flooring and carpeting

PROJECT JUSTIFICATION:

Removes potential exposure to ACMs and upgrades and extends floor surfaces.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			50,000	50,000	55,000	55,000	\$ 210,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ 55,000	\$ 55,000	\$ 210,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Loker Elementary Roof Replacement	YES
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Dept.	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/3/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Remove existing roofing system and install new roofing system and flashing
--

PROJECT JUSTIFICATION:

Will prevent water infiltration into the building, lower energy costs, and extend the useful life of the building.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2013	2014	2015	2016	2017	TOTAL	Comments
1. PLANNING & DESIGN					81,000		\$ 81,000	
2. LAND							\$ -	
3. CONSTRUCTION						729,000	\$ 729,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ 81,000	\$ 729,000	\$ 810,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?	X		Lower utility costs
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Loker Door and Window Replacement	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Department/Facilities Dept.	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	Revised 10/04/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replacement of all single glazed windows with energy efficient low E Windows. Replacement of all exterior doors with new energy efficient doors and hardware.

PROJECT JUSTIFICATION:

Improves building envelope and occupant comfort. Lowers energy costs
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
	X	
	X	

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN					80,000		\$ 80,000	
2. LAND							\$ -	
3. CONSTRUCTION						820,000	\$ 820,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -		\$ -	\$ -	\$ 80,000	\$ 820,000	\$ 900,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?			
2. Will this Capital Request <u>Increase</u> operating costs?			
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Lowers energy costs
4. Will this Capital Request impact personnel?			

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Middle School A/C Improvements	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Dept.	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/4/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replace individual A/C rooftop units

PROJECT JUSTIFICATION:

Units are 12-plus years old. New units will provide lower energy consumption and increase comfort level.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
	X	
	X	
X		
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			70,000				\$ 70,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 70,000	\$ -	\$ -	\$ -	\$ 70,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Lower energy costs
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Middle School Window Replacement	Y
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Dept.	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/4/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replace single glaze window system around courtyard with Low-E triple glaze system.

PROJECT JUSTIFICATION:

This area is the only part of the school with single glazed windows; will improve comfort and lower energy consumption.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			60,000				\$ 60,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 60,000	\$ -	\$ -	\$ -	\$ 60,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Lower energy costs
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Middle School Stage Lighting	YES
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Dept.	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/5/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (If required)</i>

PROJECT DESCRIPTION:

Upgrade of stage lighting.

PROJECT JUSTIFICATION:

New system provides better options for stage productions and uses less energy.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION					100,000		\$ 100,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ 100,000	\$ -	\$ 100,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		Lower energy costs.
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Middle School Music Room	Yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Dept.	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/5/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Enlarge space and provide updated acoustics.
--

PROJECT JUSTIFICATION:

Will provide relief to growing program size.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			100,000				\$ 100,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 100,000	\$ -	\$ -	\$ -	\$ 100,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <i>Increase</i> operating costs?		X	
3. Will this Capital Request <i>Decrease</i> operating costs?		X	
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

High School Field Lighting & Bleachers Upgrade	YES
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/Facilities Dept.	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/5/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replace current field lighting with energy-efficient system. Provide for new field lighting on other fields in complex and provide handicapped-accessible seating at bleachers.

PROJECT JUSTIFICATION:

Provides more efficient lighting and complies with handicapped accessibility laws.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			750,000				\$ 750,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 750,000	\$ -	\$ -	\$ -	\$ 750,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?	x		Decrease energy consumption.
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	x		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

HS Tennis Court Resurfacing	No
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

School Committee/ Facilities Department	John Moynihan
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/5/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replacement of the current Tennis Court surfaces
--

PROJECT JUSTIFICATION:

Improves safety and play surface

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
	X	
	X	

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION					150,000	150,000	\$ 300,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ 150,000	\$ 150,000	\$ 300,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?			
2. Will this Capital Request <i>Increase</i> operating costs?			
3. Will this Capital Request <i>Decrease</i> operating costs?			
4. Will this Capital Request impact personnel?			

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	X		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Networking and Data Center Upgrades	Yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

Leisha Simon	leisha_simon@wayland.k12.ma.us
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

School Committee	10/22/2012
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Continue with the network wiring upgrades from Cat 5e to Cat 6 for Claypit Hill, Happy Hollow, Loker and the Middle School. This includes wiring to all classrooms, offices and libraries. Network wiring for VoIP is also included. Projected upgrade/replacement for data center storage is estimated with a 5 year replacement cycle for 2 san drives in FY16 and FY18. Upgraded wireless access points and switches might also be needed as projects unfold. In FY14 we plan to begin with network upgrades at Claypit Hill School.

PROJECT JUSTIFICATION:

Consistent funding will bring the District into closer alignment with the MA DESE and National Standards as outlined by the International Society for Technology in Education's benchmarks for improved teaching and learning. Moving to Cat 6 at the Elementary and Middle Schools will provide improved bandwidth performance to the desktop/client computers. Additionally, there is a need to upgrade wireless access points and network switches to expand on the use of mobile devices. For more information, go to http://www.wayland.k12.ma.us/administration/technology_department/ and select FY14 CIP Technology - Details.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
x		
		x
	x	
x		
		x

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT		50,000	50,000	110,000	50,000	110,000	\$ 370,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 50,000	\$ 50,000	\$ 110,000	\$ 50,000	\$ 110,000	\$ 370,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		x	
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital	x		
2. CPA Funds			
3. Grants or Gifts			
4. Other			



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Infrastructure/Pump Station Upgrades	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

We have multiple building code violations and equipment that needs to be replaced. DEP has mandated that all our pump stations be upgraded with the chemical feed safety controls. This work require significant electrical work. Our current buildings(pump stations) do not meet electrical codes.
--

PROJECT JUSTIFICATION:

Our pump stations are in very poor shape. In the 2010 sanitary survey performed by the DEP we were cited for not having the new chemical feed safety equipment. In 2009 the town of Spencer had a chemical malfunction which pumped in a very high amount of potassium hydroxide. The water system had to be shut down unflushed until all the chemical was removed from the system. The state DEP appropriately mandated that all pump stations with chemical feed needed to be updated. The Wayland DPW has proposed to the DEP that we will repair one pump station per year Baldwin pond treatment plant already has up-to-date equipment happy hollow
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
C		

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		300,000	100,000	50,000			\$ 450,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 300,000	\$ 100,000	\$ 50,000	\$ -	\$ -	\$ 450,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		x	
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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2

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Radio Read Meters	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This is a proposal to install a fix radio read water meters system. This proposal is to replace all of the outside touchpads with a radio transmitter. We will install a 35 W receiver/transmitter at Reeves Hill. This receiver will collect all of the radio transmissions from the 2 W radio transmitters 3 to 4 times a day.
--

PROJECT JUSTIFICATION:

This project will save the taxpayer/ratepayer an estimated hundred \$193,000 per year it will also greatly improve customer service. This project will eliminate the need a full-time meter reader saving approximately \$60,000 a year. It will assist the water department in reducing theft. It will increase conservation of water by helping the water department to detect water losses after the water meter. This will greatly reduce the number and size of water abatelements.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE:

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			700,000				\$ 700,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 700,000	\$ -	\$ -		\$ 700,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?	X		it should reduce water theft and improve water conservation.
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		this could reduce the need for a water meter reader.
4. Will this Capital Request impact personnel?	X		we may be able to reduce the water staffed by one

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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3

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Infrastructure/Water Tank Cleaning	no
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

The Reeves Hill water tank needs to be cleaned both on the inside and outside. This line item is requesting that we clean the outside of the tank in FY 2015 and that we cleaned the inside of the tank in FY 2017.

PROJECT JUSTIFICATION:

In October we had Reeves Hill water tank inspected and we found the 1954-year-old tank and good repair. However the outside of the tank has not been cleaned and multiple years and we suspect that by year 2017 that we will need to vacuum out the inside of the tank. This is a water quality and maintenance issue and should be done periodically.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
X		

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION			40,000		100,000		\$ 140,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ 40,000	\$ -	\$ 100,000	\$ -	\$ 140,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		x	
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Water Main Projects	yes
Project Title	Included in Prior 5 Year Capital Plan? (Y/N)

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
Sponsor (Advocate) Name	Contact Information

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
Contact Name and Email Address	Date and Quantum of Vote (if required)

PROJECT DESCRIPTION:

This is a continuation to replace the aging outdated and failing water mains in Wayland.
--

PROJECT JUSTIFICATION:

This program is designed to improve the water pipe network / distribution system. Our current focus will be on Route 20 from the Weston Town Line to Pinebrook Road. The follow up project is for Pinebrook Road. A study was completed in 2009 and this area was identified by Tata and Howard as the Town of Wayland's # 1 water main improvement project. Replacing these lines will greatly improve water flow in that immediate area but will also improve the water flow along Old Connecticut Path and Rice Road area. The estimate for the combined project is 1,400,000
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION		700,000	700,000	500,000	500,000	500,000	\$ 2,900,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 700,000	\$ 700,000	\$ 500,000	\$ 500,000		\$ 2,900,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	it should reduce water theft and improve water conservation.
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		x	this could reduce the need for a water meter reader.
4. Will this Capital Request impact personnel?		x	we may be able to reduce the water staffed by one

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

SOFTWARE WATER BILLING	NO
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

The current program that we have for billing is not a water billing program. It is very difficult to work with and costs a significant number of labor hours. We are proposing in two years to replace our billing software with something that is more efficient and easier to work with.
--

PROJECT JUSTIFICATION:

This is to improve customer service and to reduce the manhours spent processing billings.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT							\$ -	
5. OTHER		0	80,000				\$ 80,000	
TOTAL	\$ -	\$ -	\$ 80,000	\$ -		\$ -	\$ 80,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?	x		this should streamline our billing process.
4. Will this Capital Request impact personnel?		x	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Infrastructure/Water Vehicle Replacements	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

This request is for vehicles for the water department. Our plan is to replace one of 10 vehicles every year for 10 years. We intend to replace W-2 this year. W-2 is a Ford 350 and was purchased in 2003. In our most recent vehicle condition report it was listed as poor.

PROJECT JUSTIFICATION:

We need to replace this vehicle and we need to establish a vehicle replacement program for the water department. We intend to replace our oldest and poorest running vehicles one each year.
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
	X	

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT		70,000	75,000	75,000	75,000	75,000	\$ 370,000	
5. OTHER	0		80,000				\$ 80,000	
TOTAL	\$ -	\$ 70,000	\$ 155,000	\$ 75,000		\$ 75,000	\$ 450,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	
2. Will this Capital Request <u>Increase</u> operating costs?		X	
3. Will this Capital Request <u>Decrease</u> operating costs?	X		this should help lower some of our maintenance cost and the water department.
4. Will this Capital Request impact personnel?		X	

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	X		Water enterprise fund



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Replaced Old out dated water meters	no
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

Replace all of the old water meters that are still left in town.

PROJECT JUSTIFICATION:

The older style water meters need to be changed every 10 to 15 years. As the meters get older their accuracy and reliability diminish. We have been changing out meters in house as quickly as we can however we expect to have approximately 2000 that will be 18 years old.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT				400,000			\$ 400,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ 400,000	\$ -		\$ 400,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?	x		It should improve water meter accuracy.
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?	x		This will reduce our meter troubleshooting time
4. Will this Capital Request impact personnel?	x		The new meter should last 30 to 40 years less maintenance time

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Water Main Projects	yes
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

<p>This is a request to install a new access road into the Happy Hollow Wells. Currently we have to travel around the new High School School and cross a stream that does flood. The new road would be off from Stonebridge Road and would be an extension to the Habitat for Humanity project. We are asking for design funding this year and construction next year</p>

PROJECT JUSTIFICATION:

<p>This project is required to improve the access to the site where 50% of your drinking water is pumped. We have chemical that are delivered year round the access plus vehicle traffic though the school is difficult.</p>
--

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN		50,000					\$ 50,000	
2. LAND							\$ -	
3. CONSTRUCTION			350,000				\$ 350,000	
4. EQUIPMENT							\$ -	
5. OTHER							\$ -	
TOTAL	\$ -	\$ 50,000	\$ 350,000	\$ -	\$ -		\$ 400,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		x	it should reduce water theft and improve water conservation.
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?		x	this could reduce the need for a water meter reader.
4. Will this Capital Request impact personnel?		x	we may be able to reduce the water staffed by one

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund



TOWN OF WAYLAND

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY14 - FY18 (FIVE YEARS)

PROJECT INFO:

Replaced the filter media at the Baldwin pond treatment plant.	no
<i>Project Title</i>	<i>Included in Prior 5 Year Capital Plan? (Y/N)</i>

PROJECT SPONSOR:

DPW Don Ouellette, DPW Director/DPW Board	Don Ouellette
<i>Sponsor (Advocate) Name</i>	<i>Contact Information</i>

APPROVING BODY / VOTE:

The Board of Public Works/ Chairmen Mike Lowery	15-Oct-12
<i>Contact Name and Email Address</i>	<i>Date and Quantum of Vote (if required)</i>

PROJECT DESCRIPTION:

The key component at the Baldwin pond treatment plant is the water filter membrane. This product needs to be replaced every 10 years.

PROJECT JUSTIFICATION:

In order for the Baldwin pond treatment facility to continue to provide fresh filtered water these membranes need to be replaced. If they are not replaced then the Baldwin treatment plant will cease to function properly. This is a necessity and as part of the operational cost of running the water treatment plant.
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EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

Does Not Meet or Does Not Apply	Partially Meets Criteria	Fully Meets Criteria
		X
		X

EXPENDITURE SCHEDULE

ELEMENT	Prior to Date	2014	2015	2016	2017	2018	TOTAL	Comments
1. PLANNING & DESIGN							\$ -	
2. LAND							\$ -	
3. CONSTRUCTION							\$ -	
4. EQUIPMENT						1,000,000	\$ 1,000,000	
5. OTHER							\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 1,000,000	

OPERATIONAL BUDGET IMPACT:

	YES	NO	If YES, please provide details.
1. Will this Capital Request generate new revenue?		X	It should improve water meter accuracy.
2. Will this Capital Request <u>Increase</u> operating costs?		x	
3. Will this Capital Request <u>Decrease</u> operating costs?			
4. Will this Capital Request impact personnel?			

FUNDING SOURCES:

	YES	NO	If YES, please provide details.
How will this Capital Request be paid for?			
1. Borrowing/Cash Capital			
2. CPA Funds			
3. Grants or Gifts			
4. Other	x		Water enterprise fund