



RECEIVED
JAN 23 2020

TOWN OF TOWNSEND
TOWN CLERK

Capital Planning Committee
272 Main Street Townsend, MA 01469

Mark Hussey, Chair Chris Nocella, Vice Chair Stephen Spofford, Clerk
Donald Klein, Member Jerrilyn Bozicas, Member Veronica Kell, Member Lynn Garafola, Member

CAPITAL PLANNING COMMITTEE MEETING MINUTES
1/15/2020 – Selectmen's Chambers, 6:00 pm

I. PRELIMINARIES:

- 1.1 Chairman Mark Hussey called the meeting to order at 6:00 p.m.
- 1.2 Roll call: Mark Hussey (MH), Chris Nocella (CN), Donald Klein (DK), Jerrilyn Bozicas (JB), Stephen Spofford (SS), and Veronica Kell (VK).
- 1.3 Chairman's Additions or Deletions: None.
- 1.4 Meeting Minutes of Jan 8, 2020: read amended and approved

II. MEETING BUSINESS

- 2.1 **Meet with Fire and Police:** Joint venture on Radio Tower with est. \$65,000 price tag. Some savings could be realized from the vender and by using other town depts to do things such as the concrete base pad. DK requested that an article be placed on the warrant for the annual town meeting to change the wording "Microwave Tower" to "Radio Tower". An idea to earmark \$175,000 for the possible formation of a regional communication center was for a down the road discussion (VK asked for further clarification) as was the need for a retirement incentive to keep highly trained people here in Townsend. We are currently training then losing some to other towns.
- 2.2 **Meet with Police:** Along with 2.1 is asking to increase vehicle lease figure from \$59,655 to \$65,000 in FY22. Chief explained absence of further requests due to wanting additional info as to new vehicle and equipment purchases. Moving officer room and a new bathroom upstairs were also discussed.
- 2.3 **Meet with Fire Dept.:** Discussed leasing and possibly using a Bond:
Replacing forestry 1--\$71,868-lease for 3 year Replacing squad -\$5000 (repair)
Replacing engine 2--\$111,599-lease for 5 years
Replace firefighter protective gear-\$50,000
Repair east wall of harbor station--\$10,000 Replace 2k ft of supply hose-\$10,000
Also discussed, replace Ambulance 2-\$103,160 and ALS equip.--\$63,450
Both purchased with **Ambulance receipt funds**
- 2.4 **Member Updates/reports:** Chair (MH) want to look at replacing a member.
Bringing the Capital Planning Committee to full strength at 7 members.
 - 2.4.1 DK stated that we have between \$60,000 and \$80,000 on hand would like the Capital Planning Committee to ask for \$200,000 to be added to that.
 - 2.4.2 Discussion started as to having 1 finalized report. Will take up at a later date.
- 2.5 **Review Mail:** None
- 2.6 **Next meeting:** Jan 22, 2020

- III. Adjournment:** motion made by VK & seconded by SS. All in favor.
Meeting adjourned at 7:50 pm

APPROVED - 7/22 ss



RICHARD B. BAILEY
CHIEF OF POLICE

TOWNSEND POLICE DEPARTMENT

70 BROOKLINE STREET • TOWNSEND, MASSACHUSETTS 01469

TEL. 978-597-6214 FAX. 978-597-2176

DATE: December 1, 2019
TO: Capital Planning Committee
FROM: Deputy Chief of Police James Sartell
RE: Five-year Capital Improvement Plan FY 2021 – FY 2025

Police Vehicles:

The department entered into a 3 year capital lease (lease to purchase) agreement for four vehicles in FY20. The first payment was made upon delivery and there are two remaining payments of \$59,655.38 due on 2/1/20 and 2/1/21. The first and second payments have been made out of the department's operating budget. The lease program is intended to stabilize and reduce the direct and in-direct costs associated with acquiring and outfitting new vehicles as well as maintaining the fleet. In anticipation of increased costs in vehicles due to a switchover in the industry to hybrid models, we ask that the figure in the Capital Plan beginning FY22 be amended to \$65,000.

✓ **Joint Fire Department and Police Department Radio Communications Project**

In an effort to improve radio communication abilities and to account for the changes due to regionalization, the police and fire departments are requesting to continue our Radio Communications Project aimed at replacing an aged radio system. The project's first phase, funded in FY18, involved the installation and/or replacement of a variety of repeaters and antennas as well as the maintenance/upgrade of town owned towers. In FY19, the departments replaced the police department's mobile and portable radios as well as a number of fire department portable two-way radios (still in the implementation stage). In FY20, the departments focused on the Fire Department's two-way radio needs, both portable and mobile. The departments respectfully request that the capital plan to address the remaining Police/Fire Department two-way radio needs, both portable and mobile, be funded in FY21. In the interest of rebuilding and maintaining the current infrastructure, we ask that the approved capital request of \$65,000 for FY21 to provide a microwave link to Pepperell RECC be amended to replace the radio tower on Bayberry Road. The current tower is more than 20 years old and is insufficient for its current use. In furtherance of an anticipated Inter-Municipal Agreement with Pepperell (or a Regional Emergency Communications Center located in Pepperell), we ask that \$175,000 remain on the Capital Plan for FY22. These funds would be utilized to add a



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regional frequency, install the necessary radio repeaters, and to address other ancillary expenses related to the move.

Installation of a Restroom on the Second Floor of the Police Station

The police department has a public restroom located just outside the lobby and restrooms inside the building located off of the communications center, and in the male and female locker rooms. There is no bathroom located on the second floor for staff or visitors who may be occupying or using any of the administrative offices or conference room located there. Given the security doors in place and need for handicap access to restrooms from the second floor, \$15,000 was added to the FY21 Capital Plan for the installation of a second floor bathroom. Given the staff turnover in facilities as well as the need to manage/implement a number of projects in FY20 and FY21, we respectfully request that the project be pushed out to FY22.

Communication Center Renovation/Conversion to Squad Room Centralized Records

In an effort to increase efficiency and to account for the lack of a 24 hour presence in the building/former Communications Center, the department respectfully requests that a renovation project be added to the Capital Plan for FY21. Conceptually, the department wishes to move the current squad room, located in the northeast side of the first floor to the former Communications Center. The renovation of the center would include removal of old furniture/equipment and the installation of several work stations along with mailboxes and individual storage areas for staff. The break room in the former Communication Center would be renovated to accommodate sufficient counter space and kitchen appliances. The area that contains the present squad room would be renovated to house records. Centralizing records is of paramount importance to increase efficiently and oversight as currently there are records stored on each floor and in virtually every office in the building. The renovation of this area would include removing the breakroom (transitioned to the new squad room area) and all of the furniture/cabinets and replacing with shelving and organization consistent with a modern records area. This project was added to the Capital Plan for FY21 at an approximate cost of \$60,000. Due to the reasons stated earlier regarding staff turnover in facilities as well as the need to manage a number of other projects, we respectfully request that this project be moved to FY22.

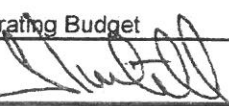
[illegible]

12/1/19
Date Submitted

**TOWN OF TOWNSEND CAPITAL PLANNING COMMITTEE
FORM A - CAPITAL PROJECT REQUEST**

1. Department Townsend Police Department	2. Date: 12/1/2019
3. Contact Person & Title: <div style="text-align: right;">Deputy Chief James Sartell</div>	4. Phone: Extension: 978-597-6214 ext. 1508
5. Project Title: <div style="text-align: center;">Police Vehicle Rotation</div>	6. Contact Email Address: <u>jsartell@townsendpd.org</u>
7. Purpose of Project Request Form (check): () Add a New Project to the CIP (X) Modify a Project Already in the CIP () Resubmit Previous Project Request If Prior Unfunded Request, What FY 1st Submitted? _____	8. Fiscal Year Requested in CIF 2022
	9. Department Priority: 1
	10. Estimated Useful Life in Years: 3-6 years
11. Description/Justification (attach any relevant background information): <div style="text-align: center; padding: 20px;">See Attached</div>	
12. Need for Consultant Advisory Services? (check): () Yes (X) No	
13. Month & Year Project Will Begin If Funded? _____ Month & Year Project Will End If Funded _____	


14. Estimated Capital Costs:						
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	TOTAL
Planning & Design						
Land Acquisition						
Site Development						
Construction						
Other (specify):		65,000	65,000	65,000		
TOTAL	\$ -	\$ 65,000	\$ 65,000	\$ 65,000	\$ -	\$ 195,000

15. Estimated Net Effects on Operation Costs (+/-): One-Time \$ Annual \$			16. Estimated Net Effects On Municipal Revenue (+/-):	
Personnel			17. Recommended Financing Source (if known): Tax Levy Operating Budget	
Utilities				
Supplies				
Other (specify):				
TOTAL	\$ -	\$ -	18. Signature: 	

Notes (reserved):

For Capital Committee Use Only: Recommended Number of Years (if any): Statutory Reference:	Estimated Annual Debt Service (Initial Fiscal Year): Maximum Number of Years Allowed: Date Estimated Provided:
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**TOWN OF TOWNSEND CAPITAL PLANNING COMMITTEE
FORM B - EQUIPMENT PURCHASE/LEASE REQUEST**

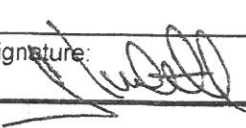
1. Department Townsend Police Department				2. Date: 12/1/2019		
3. Contact Person & Title: Deputy Chief James Sartell				4. Phone: Extension: 978-597-6214 ext 1508		
5. Project Title: Police Vehicle Rotation				6. Contact Email Address: jsartell@townsendpd.org		
7. Purpose of Equipment Request Form (check): <input type="checkbox"/> Add a New Equipment to the CIP <input checked="" type="checkbox"/> Modify a Equipment Already in the CIP <input type="checkbox"/> Resubmit Previous Equipment Request If Prior Unfunded Request, What FY 1st Submitted? _____				8. Fiscal Year Requested in CIP: 2022		
11. Purpose of Expenditure (check all applicable): <input checked="" type="checkbox"/> Increased Safety/Emergency <input type="checkbox"/> Mandated by Federal, State, or Local Law <input checked="" type="checkbox"/> Improve Procedures, Records, etc.				9. Department Priority: 1		
				10. Form of Acquisition (check): <input type="checkbox"/> Purchase <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Lease/Purchase		
12. Number of Units Requested: 4				13. Number of Similar Items in Inventory: 7		
14. Cost of Purchase or Annual Lease: Per Unit: \$ _____ Total: \$ 65,000				15. Estimated Useful Life in Years:		
16. Description/Justification (attach any relevant background information): See Attached						
17. Replaced Equipment (if any):						
Item	Make	Age	Mileage	Maintenance Costs	Prior Fiscal Year's # of Breakdowns	Rental Costs
A.						
B.						
18. Recommended Disposal of Replaced Equipment (check): <input type="checkbox"/> Trade-In <input type="checkbox"/> Sale <input type="checkbox"/> Possible Use by Other Agencies <input type="checkbox"/> Other _____						
19. Estimated Net Effects on Future Operating Costs (+/-):				20. Recommended Financing Source (if known):		
		One-Time \$	Annual \$	Tax Levy Operating Budget		
Personnel						
Utilities						
Supplies						
Other (specify):						
TOTAL		\$ -	\$ -	21. Signature: 		

Notes (reserved):

For Capital Planning Committee's Use Only:
 Recommended Number of Years (if any):
 Statutory Reference:

Estimated Annual Debt Service (Initial Fiscal Year):
 Maximum Number of Years Allowed:
 Date Estimated Provided:

**TOWN OF TOWNSEND CAPITAL PLANNING COMMITTEE
FORM B - EQUIPMENT PURCHASE/LEASE REQUEST**

1. Department Townsend Police Department				2. Date: 12/1/2019			
3. Contact Person & Title: Deputy Chief James Sartell				4. Phone: Extension: 978-597-6214 ext 1508			
5. Project Title: Microwave Link to Pepperell RECC/Tower Project				6. Contact Email Address: jsartell@townsendpd.org			
7. Purpose of Equipment Request Form (check): (X) Add a New Equipment to the CIP (X) Modify a Equipment Already in the CIP () Resubmit Previous Equipment Request If Prior Unfunded Request, What FY 1st Submitted? _____				8. Fiscal Year Requested in CIP: 2021			
				9. Department Priority: 1			
				10. Form of Acquisition (check): (X) Purchase () Lease () Lease/Purchase			
11. Purpose of Expenditure (check all applicable): (X) Increased Safety/Emergency () Reduce Personnel Time () Expanded Service () Mandated by Federal, State, or Local Law (X) Scheduled Replacement () New Operation (X) Improve Procedures, Records, etc. (X) Replace Worn-Out Equipment () Present Equipment Obsolete							
12. Number of Units Requested: 45+				13. Number of Similar Items in Inventory:			
14. Cost of Purchase or Annual Lease: Per Unit: \$ _____ Total: \$ _____ 65,000				15. Estimated Useful Life in Years: 3-6 years			
16. Description/Justification (attach any relevant background information): <div align="center">See Attached</div>							
17. Replaced Equipment (if any):							
				Prior Fiscal Year's			
Item	Make	Age	Mileage	Maintenance Costs	# of Breakdowns	Rental Costs	
A. Bayberry Road Tower		20+ yrs					
B.							
18. Recommended Disposal of Replaced Equipment (check): () Trade-In () Sale () Possible Use by Other Agencies () Other _____							
19. Estimated Net Effects on Future Operating Costs (+/-):				20. Recommended Financing Source (if known):			
		One-Time \$	Annual \$				
Personnel							
Utilities							
Supplies							
Other (specify):							
TOTAL		\$ -	\$ -				
Notes (reserved):				21. Signature: 			

For Capital Planning Committee's Use Only: Recommended Number of Years (if any): Statutory Reference:	Estimated Annual Debt Service (Initial Fiscal Year): Maximum Number of Years Allowed: Date Estimated Provided:
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**TOWN OF TOWNSEND CAPITAL PLANNING COMMITTEE
FORM A - CAPITAL PROJECT REQUEST**

1. Department <u>Townsend Police Department</u>	2. Date: <u>12/1/2019</u>
3. Contact Person & Title: <div style="text-align: right;"><u>Deputy Chief James Sartell</u></div>	4. Phone: Extension: <u>978-597-6214 ext. 1508</u>
5. Project Title: <u>Microwave Link to Pepperell/Tower Project</u>	6. Contact Email Address: <u>jsartell@townsendpd.org</u>
7. Purpose of Project Request Form (check): <input type="checkbox"/> Add a New Project to the CIP <input checked="" type="checkbox"/> Modify a Project Already in the CIP <input type="checkbox"/> Resubmit Previous Project Request If Prior Unfunded Request, What FY 1st Submitted? _____	8. Fiscal Year Requested in CIP: <div style="text-align: right;"><u>2022</u></div>
	9. Department Priority: <div style="text-align: right;"><u>1</u></div>
	10. Estimated Useful Life in Years: <div style="text-align: right;"><u>3-6 years</u></div>
11. Description/Justification (attach any relevant background information): <div style="text-align: center; padding: 20px;">See Attached</div>	
12. Need for Consultant Advisory Services? (check): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Month & Year Project Will Begin If Funded? _____ Month & Year Project Will End If Funded _____	

14. Estimated Capital Costs:	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	TOTAL
Planning & Design						
Land Acquisition						
Site Development						
Construction						
Other (specify):	65,000					
TOTAL	\$ 65,000	\$ -	\$ -	\$ -	\$ -	

15. Estimated Net Effects on Operation Costs (+/-): <div style="display: flex; justify-content: space-between;"> One-Time \$ Annual \$ </div> <table style="width: 100%;"> <tr> <td>Personnel</td> <td></td> <td></td> </tr> <tr> <td>Utilities</td> <td></td> <td></td> </tr> <tr> <td>Supplies</td> <td></td> <td></td> </tr> <tr> <td>Other (specify):</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> </table>	Personnel			Utilities			Supplies			Other (specify):			TOTAL	\$ -	\$ -	16. Estimated Net Effects On Municipal Revenue (+/-): 17. Recommended Financing Source (if known): 18. Signature:
Personnel																
Utilities																
Supplies																
Other (specify):																
TOTAL	\$ -	\$ -														

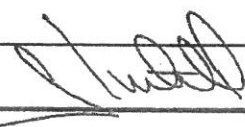
Notes (reserved):

For Capital Committee Use Only: Recommended Number of Years (if any): Statutory Reference:	Estimated Annual Debt Service (Initial Fiscal Year): Maximum Number of Years Allowed: Date Estimated Provided:
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**TOWN OF TOWNSEND CAPITAL PLANNING COMMITTEE
FORM A - CAPITAL PROJECT REQUEST**

1. Department Townsend Police Department	2. Date: 12/1/2019
3. Contact Person & Title: <div style="text-align: right;">Deputy Chief James Sartell</div>	4. Phone: Extension: 978-597-6214 ext 1503
5. Project Title: <div style="text-align: center;">Second Floor Restroom</div>	6. Contact Email Address: <div style="text-align: right;">jsartell@townsendpd.org</div>
7. Purpose of Project Request Form (check): () Add a New Project to the CIP (X) Modify a Project Already in the CIP () Resubmit Previous Project Request If Prior Unfunded Request, What FY 1st Submitted? _____	8. Fiscal Year Requested in CIP: 2022
	9. Department Priority: 1
	10. Estimated Useful Life in Years:
11. Description/Justification (attach any relevant background information): <div style="text-align: center; padding: 20px;">See attached</div>	
12. Need for Consultant Advisory Services? (check): () Yes (X) No	
13. Month & Year Project Will Begin If Funded? <u>2022</u> Month & Year Project Will End If Funded <u>2022</u>	

14. Estimated Capital Costs:						
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	TOTAL
Planning & Design						
Land Acquisition						
Site Development						
Construction						
Other (specify):		15,000				
TOTAL	\$ -	\$ 15,000	\$ -	\$ -	\$ -	\$ -

15. Estimated Net Effects on Operation Costs (+/-): <div style="display: flex; justify-content: space-between;"> One-Time \$ Annual \$ </div>		16. Estimated Net Effects On Municipal Revenue (+/-):
Personnel		17. Recommended Financing Source (if known):
Utilities		
Supplies		
Other (specify):		
TOTAL	\$ - \$ -	18. Signature: 


Notes (reserved):

For Capital Committee Use Only: Recommended Number of Years (if any): Statutory Reference:	Estimated Annual Debt Service (Initial Fiscal Year): Maximum Number of Years Allowed: Date Estimated Provided:
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**TOWN OF TOWNSEND CAPITAL PLANNING COMMITTEE
FORM A - CAPITAL PROJECT REQUEST**

1. Department <u>Townsend Police Department</u>	2. Date: <u>12/1/2019</u>
3. Contact Person & Title: <div style="text-align: right;"><u>Deputy Chief James Sartell</u></div>	4. Phone: Extension: <u>978-597-6214 ext 1508</u>
5. Project Title: <div style="text-align: center;"><u>Renovation of Comm Center/Records</u></div>	6. Contact Email Address: <div style="text-align: center;"><u>jsartell@townsendpd.org</u></div>
7. Purpose of Project Request Form (check): () Add a New Project to the CIP (X) Modify a Project Already in the CIP () Resubmit Previous Project Request If Prior Unfunded Request, What FY 1st Submitted? _____	8. Fiscal Year Requested in CIP: <u>2022</u>
	9. Department Priority: <u>1</u>
	10. Estimated Useful Life in Years:
11. Description/Justification (attach any relevant background information): <div style="text-align: center; padding: 20px;">See attached</div>	
12. Need for Consultant Advisory Services? (check): () Yes (X) No	
13. Month & Year Project Will Begin If Funded? <u>2022</u> Month & Year Project Will End If Funded <u>2022</u>	

14. Estimated Capital Costs:						
	FY2021	FY2022	FY2023	FY2024	FY2025	TOTAL
Planning & Design						
Land Acquisition						
Site Development						
Construction						
Other (specify):		60,000				
TOTAL	\$ -	\$ 60,000	\$ -	\$ -	\$ -	\$ 60,000

15. Estimated Net Effects on Operation Costs (+/-): <div style="display: flex; justify-content: space-between;"> One-Time \$ Annual \$ </div>			16. Estimated Net Effects On Municipal Revenue (+/-):
Personnel			17. Recommended Financing Source (if known):
Utilities			
Supplies			
Other (specify):			
TOTAL	\$ -	\$ -	18. Signature: 

Notes (reserved):

For Capital Committee Use Only: Recommended Number of Years (if any): Statutory Reference:	Estimated Annual Debt Service (Initial Fiscal Year): Maximum Number of Years Allowed: Date Estimated Provided:
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[illegible]

12/1/2019
Date Submitted

DEPARTMENT NAME: Fire-EM

Total All Projects & Equipment	
1990	100
1991	100
1992	100
1993	100
1994	100
1995	100
1996	100
1997	100
1998	100
1999	100
2000	100
2001	100
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2097	100
2098	100
2099	100
2100	100

Department Head Signature

LAN OF FISCAL YEAR 2021- 2025
IS

3 yrs lease
Selling
3 yr lease

FY 21	FY 22	FY 23	FY 24	FY 25	Total
71,868	—	—			\$ 215,604
5,000					\$ 5,000
111,599	—	—	—	—	\$ 557,995
50,000					\$ 50,000
10,000					\$ 10,000
10,000					\$ 10,000
103,180	—	—			\$ 309,180
63,450					\$ 63,450
	69,978				\$ 69,978
		65,325			\$ 65,325
			600,000		\$ 600,000
				240,000	\$ 240,000
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
16,610					\$ -
					\$ -
					\$ -
\$ 258,467	\$ 69,978	\$ 65,325	\$ 600,000	\$ 240,000	\$ 2,196,532

12/1/2019

Date Submitted

Bonding

**TOWN OF TOWNSEND CAPITAL PLANNING COMMITTEE
FORM B - EQUIPMENT PURCHASE/LEASE REQUEST**

1. Department Fire-EMS Department				2. Date: 12/1/2019	
3. Contact Person & Title: Mark Boynton, Chief				4. Phone: Extension: 978-597-8150	
5. Project Title: Engine 3 Replacement				6. Contact Email Address: mboynton@townsendfire-ems.org	
7. Purpose of Equipment Request Form (check): <input type="checkbox"/> Add a New Equipment to the CIP <input checked="" type="checkbox"/> Modify a Equipment Already in the CIP <input type="checkbox"/> Resubmit Previous Equipment Request If Prior Unfunded Request, What FY 1st Submitted? _____				8. Fiscal Year Requested in CIP: FY 2023	
				9. Department Priority: 2nd Priority	
				10. Form of Acquisition (check): <input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Lease/Purchase	
11. Purpose of Expenditure (check all applicable):					
<input checked="" type="checkbox"/> Increased Safety/Emergency		<input type="checkbox"/> Reduce Personnel Time		<input type="checkbox"/> Expanded Service	
<input type="checkbox"/> Mandated by Federal, State, or Local Law		<input checked="" type="checkbox"/> Scheduled Replacement		<input type="checkbox"/> New Operation	
<input type="checkbox"/> Improve Procedures, Records, etc.		<input checked="" type="checkbox"/> Replace Worn-Out Equipment		<input checked="" type="checkbox"/> Present Equipment Obsolete	
12. Number of Units Requested: 1			13. Number of Similar Items in Inventory: 3		
14. Cost of Purchase or Annual Lease: Per Unit: \$ 600,000 Total: \$ 600,000			15. Estimated Useful Life in Years: 20 years		
16. Description/Justification (attach any relevant background information): Schedule replacement.					
17. Replaced Equipment (if any):					
Item	Make	Age	Mileage	Maintenance Costs	Prior Fiscal Year's # of Breakdowns Rental Costs
Engine 3	E-One	20	27,281	\$2,000.00	2 NA
B.					
18. Recommended Disposal of Replaced Equipment (check):					
<input checked="" type="checkbox"/> Trade-In <input type="checkbox"/> Sale <input type="checkbox"/> Possible Use by Other Agencies <input type="checkbox"/> Other _____					
19. Estimated Net Effects on Future Operating Costs (+/-):					
	One-Time \$	Annual \$			
Personnel					
Utilities					
Supplies					
Other (specify): Repairs					
TOTAL	\$ -	\$ -			
			20. Recommended Financing Source (if known):		
			21. Signature: Mark Boynton, Chief		

Notes (reserved):

For Treasurer's Use Only: Recommended Number of Years (if any): _____ Statutory Reference: _____	Estimated Annual Debt Service (Initial Fiscal Year): _____ Maximum Number of Years Allowed: _____ Date Estimated Provided: _____
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**TOWN OF TOWNSEND CAPITAL PLANNING COMMITTEE
FORM B - EQUIPMENT PURCHASE/LEASE REQUEST**

1. Department Fire-EMS Department		2. Date: 12/1/2009	
3. Contact Person & Title: Mark Boynton, Chief		4. Phone: Extension: 978-597-8150	
5. Project Title: Replace ALS Equipment		6. Contact Email Address: mboynton@townsendfire-ems.org	
7. Purpose of Equipment Request Form (check): <input type="checkbox"/> Add a New Equipment to the CIP <input checked="" type="checkbox"/> Modify a Equipment Already in the CIP <input type="checkbox"/> Resubmit Previous Equipment Request If Prior Unfunded Request, What FY 1st Submitted? _____		8. Fiscal Year Requested in CIP: FY 2022	
		9. Department Priority: 1st Priority	
		10. Form of Acquisition (check): <input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Lease/Purchase	
11. Purpose of Expenditure (check all applicable): <input checked="" type="checkbox"/> Increased Safety/Emergency <input checked="" type="checkbox"/> Reduce Personnel Time <input type="checkbox"/> Expanded Service <input checked="" type="checkbox"/> Mandated by Federal, State, or Local Law <input checked="" type="checkbox"/> Scheduled Replacement <input type="checkbox"/> New Operation <input checked="" type="checkbox"/> Improve Procedures, Records, etc. <input type="checkbox"/> Replace Worn-Out Equipment <input type="checkbox"/> Present Equipment Obsolete			
12. Number of Units Requested: 1		13. Number of Similar Items in Inventory: 1	
14. Cost of Purchase or Annual Lease: Per Unit: \$ __Varies__ Total: \$ 65,325		15. Estimated Useful Life in Years: 5 - 10 years	
16. Description/Justification (attach any relevant background information): Advance Life Suport Equipment is on a 6 year replacement plan. By replacing the ALS Equipment on 1 of our 3 ALS vehicles every other year this life saving equipment will never be older than 6 years old. Equipment included cardiac monitor, EZIO, Laringoscopes, PED Trauma Kit, RAD 57, CPAP and IV Pumps.			
17. Replaced Equipment (if any):			
Prior Fiscal Year's			
Item	Make	Age	Mileage
A. Varies	Varies	6	
B.			
Maintenance Costs # of Breakdowns Rental Costs			
2 NA			
18. Recommended Disposal of Replaced Equipment (check): <input checked="" type="checkbox"/> Trade <input type="checkbox"/> Sale <input type="checkbox"/> Possible Use by Other Agencies <input type="checkbox"/> Other			
19. Estimated Net Effects on Future Operating Costs (+/-)			
	One-Time \$	Annual \$	
Personnel			20. Recommended Financing Source (if known): Ambulance/Intercep Revenue
Utilities			
Supplies			
Other (specify):			
TOTAL	\$ -	\$ -	21. Signature: Mark R. Boynton, Chief

Notes (reserved):

For Capital Planning Committee's Use Only:	Estimated Annual Debt Service (Initial Fiscal Year):
Recommended Number of Years (if any):	Maximum Number of Years Allowed:
Statutory Reference:	Date Estimate Provided:

**TOWN OF TOWNSEND CAPITAL PLANNING COMMITTEE
FORM B - EQUIPMENT PURCHASE/LEASE REQUEST**

1. Department Fire-EMS Department				2. Date: 12/1/2019			
3. Contact Person & Title: Mark Boynton, Chief				4. Phone: Extension: 978-597-8150			
5. Project Title: Replace Car 1				6. Contact Email Address: mboynton@townsendfire-ems.org			
7. Purpose of Equipment Request Form (check): <input type="checkbox"/> Add a New Equipment to the CIP <input checked="" type="checkbox"/> Modify a Equipment Already in the CIP <input type="checkbox"/> Resubmit Previous Equipment Request If Prior Unfunded Request, What FY 1st Submitted? _____				8. Fiscal Year Requested in CIP: FY 2020			
				9. Department Priority: 3rd Priority			
10. Form of Acquisition (check): <input type="checkbox"/> Purchase <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Lease/Purchase							
11. Purpose of Expenditure (check all applicable):							
<input checked="" type="checkbox"/> Increased Safety/Emergency <input type="checkbox"/> Reduce Personnel Time <input type="checkbox"/> Expanded Service <input type="checkbox"/> Mandated by Federal, State, or Local Law <input checked="" type="checkbox"/> Scheduled Replacement <input type="checkbox"/> New Operation <input type="checkbox"/> Improve Procedures, Records, etc. <input checked="" type="checkbox"/> Replace Worn-Out Equipment <input type="checkbox"/> Present Equipment Obsolete							
12. Number of Units Requested: 1				13. Number of Similar Items in Inventory: 1			
14. Cost of Purchase or Annual Lease: Per Unit: \$ <u>68,360</u> Total: \$ <u>68,360</u>				15. Estimated Useful Life in Years: 8-10 Years			
16. Description/Justification (attach any relevant background information): Planned replacement at 8 years of age. Vehicle is the only command vehicle in the fleet set up to managed incidents, people and resources. Vehicle is assigned the Fire Chief.							
17. Replaced Equipment (if any):							
				Prior Fiscal Year's			
Item	Make	Age	Mileage	Maintenance Costs	# of Breakdowns	Rental Costs	
Ford Explorer		8	TBD	TBD	TBD		
B.							
18. Recommended Disposal of Replaced Equipment (check):							
<input checked="" type="checkbox"/> Trade-In <input type="checkbox"/> Sale <input checked="" type="checkbox"/> Possible Use by Other Agencies <input type="checkbox"/> Other _____							
19. Estimated Net Effects on Future Operating Costs (+/-):				20. Recommended Financing Source (if known):			
One-Time \$ Annual \$							
Personnel							
Utilities							
Supplies							
Other (specify): Repairs							
TOTAL				21. Signature: Mark R. Boynton, Chief			
\$ - \$ -							

Notes (reserved):

For Treasurer's Use Only:	Estimated Annual Debt Service (Initial Fiscal Year): _____
Recommended Number of Years (if any): _____	Maximum Number of Years Allowed: _____
Statutory Reference: _____	Date Estimated Provided: _____