



TOWN OF MILFORD

OCD use: CIP project # _____
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# 2022-2027 CIP Project Review & Evaluation Form

1. DEPARTMENT: FIRE DEPARTMENT
2. DATE REQUEST PREPARED: July 7, 2021
3. ITEM/PROJECT NAME: REPLACE LADDER TRUCK
4. REQUEST PREPARED BY: CHIEF KENNETH FLAHERTY
5. DEPT PRIORITY: # 6 OF 7 PROJECTS

Using the following

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

Replace Ladder 1, a 110 FT aerial device. The Department proposes to replace the Vehicle with another of the same capabilities.

7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?** YES  NO

(Examples: Milford Master Plan; departmental work program (s); facilities plans; equipment/vehicle replacement plan, etc.)

Plan or document reference (attach supporting materials):

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

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

\* Note *Removes imminent threat to public health or safety* can ONLY be checked if funding requested in 2017.

9. **ITEM / PROJECT JUSTIFICATION NARRATIVE**

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

10. ESTIMATED USEFUL LIFE (Years): 20

11. YEAR REQUIRED: 2034

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

13. IF YES, WHAT YEAR WAS PROJECT FIRST INCLUDED IN THE CIP? 2019

14. COST ESTIMATE: \$ 1.3 Million

15. CAPITAL COSTS (If known)

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

16. IMPACT ON OPERATING & MAINTENANCE:

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

Explain: \_\_\_\_\_

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

17. SOURCES OF FUNDING:

	Dollar Amount (in current \$)	Describe Source (for grants/loans/special assessments/other)
Grant		
Loan	1.3M	
Donation/Bequest/Private		
User Fees & Charges		
Capital reserve withdrawal		
Impact fee account		
Current revenue		
General obligation bond		
Revenue bond		
Special Assessment		
Other source		
Other source		
Project cost		
Minus revenue		
<b>Total Project cost</b>	1.3M	

14. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2024

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

CIP CITIZENS' ADVISORY NOTES: