

TOWN OF
MILFORD



OCD use:
CIP project # _____

2024-2029 CIP PROJECT REQUEST FORM

1. **DEPARTMENT:** _____ Wadleigh Memorial Library _____
2. **DATE REQUEST PREPARED:** _____ May 23, 2023 _____
3. **ITEM/PROJECT NAME:** _____ Restroom Addition _____
4. **REQUEST PREPARED BY:** _____ WML Library Trustees _____
5. **DEPT PRIORITY: # OF PROJECTS:** _____ 3 _____

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

Now that the meeting room in the lower area of the library is open, public restrooms will be required. As the lower area is below grade, a pumping system will be required for septage removal.

Meeting rooms in the upper floor of the library currently have no restroom facility and this is a problem especially for disabled patrons who have to navigate to the main floor to use those restrooms

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 checked="" type="checkbox"/> Improves the quality of life for residents. | <input type="checkbox"/> Results in cost savings. |
| <input checked="" type="checkbox"/> Benefits residents and/or businesses or a segment thereof. | <input type="checkbox"/> Supports job creation and development |
| <input type="checkbox"/> Addresses an emergency or public safety need. | <input type="checkbox"/> Increases tax base. |
| <input type="checkbox"/> Increases the delivery of social services. | <input checked="" type="checkbox"/> Identified in a long-range plan or program, including the town master plan. |
| <input checked="" type="checkbox"/> Corrects a deficiency in operations, facility, or equipment. | <input type="checkbox"/> Non-property tax revenue and fees offset a portion of costs. |
| <input checked="" type="checkbox"/> Provides capacity needed for anticipated or planned growth. | <input type="checkbox"/> Matching funds are available for a limited time. |
| <input type="checkbox"/> Other _____ | |

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: 2024

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? 2020 Expansion

14. COST ESTIMATE: \$ 250k basement 900k 3rd floor

15. CAPITAL COSTS: (If known)

Dollar Amount (in current \$)	
	Planning/feasibility analysis
	Professional services
	Real estate acquisition
	Site preparation
	Construction
	Furnishings & equipment
	Vehicles & capital equipment
	Capital Reserve fund
	Other
\$ 0.00	Total Project Cost

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:

Funding Source	Dollar Amount (in current \$)	Describe Source (for grants/loans/special assessments/other)
Grant		
Loan		
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		
Total Project cost	\$ 0.00	

18. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2029

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

CIP CITIZENS' ADVISORY NOTES: