



TOWN OF DUNSTABLE
511 Main Street
Dunstable, MA 01827
Capital Improvement Program (CIP)
Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title <u>New Fire Engine</u>	Included in Prior 5 year Capital Plan <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Project Sponsor <u>Fire Department</u>	Contact Name <u>Fire Chief</u>
Approving Body <u>Selectmen</u>	Date of Vote _____

PROJECT DESCRIPTION Purchase new fire engine

PROJECT JUSTIFICATION Replace outdated Engine #2 for structural firefighting

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment		\$360					\$360	
Other							\$	
TOTAL	\$	\$360	\$	\$	\$	\$	\$360	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	maintenance and insurance
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	increase safety of firefighters and residents

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	applying for grants but unlikely
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



**OFFICE OF THE FIRE CHIEF
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Structural Engine FY2018

The Dunstable Fire Department is requesting funding for a structural firefighting engine. Currently Engine 2 is used as a secondary structural engine and as a forestry fire engine. Its pump is under sized to adequately work with other structural apparatus. Due to limited space on engine 2 we do not currently have some of the most common pieces of equipment used for structural firefighting on this engine. Engine 2 is currently 30 years old, the life expectancy of an engine is around 20 years depending on the Department.

By purchasing a new engine, we can increase the safety of the department and residents below are some of the improvements or new equipment that would be added

- The replacement engine would have a minimum 1250GPM pump
- A larger water tank
- Foam system
- An adequate hose load for structure fires
- Roof Saw
- Thermal Imaging Equipment

Currently when engine 6 is out of town for mutual aid or out of service for maintenance Engine 2 becomes the primary attack truck. Due to Engines 2 limitations the departments capabilities are greatly reduced. Which increases the chances of injuries to our members and residents of the town.

Plan would be to keep Engine 2 as a forestry truck and could provide 10 to 20 more years of service for the town as a forestry truck.



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Project Info:

Project Title Replacement SCBA Included in Prior 5 year Capital Plan ☒Y ☐N
 Project Sponsor Fire Department Contact Name Fire Chief
 Approving Body Selectmen Date of Vote _____

PROJECT DESCRIPTION Replace aging self-contained breathing apparatus (SCBA)

PROJECT JUSTIFICATION Life safety

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment			\$110				\$110	
Other							\$	
TOTAL	\$	\$	\$110	\$	\$	\$	\$110	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insurance safety

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



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**Self-Contained Breathing Apparatus (SCBA)
FY Unknown**

Every 5 years NFPA releases new guideline for SCBA's and state that SCBA have out lasted their life expectance after 2 prior cycles. These guidelines are based new technology and lessons learned in the previous years.

Our current SCBA's are 2002 generation, 5 where purchased new in 2006 the remaining 14 where donated to our department from several sources when they were replaced for newer versions. Several of these packs where assembled from multiple packs to make them more consistent with features with all 19 scba we have in service.

When the next generation is released in the next few years all our packs will be more than 2 prior generations old making them obsolete by national standards. We are trying to have all personal protective equipment to be less than 10 years for their standard but our scba will all be over standard when the next generation is released.

The Departments plan is to apply for a grant to replace all the packs yearly until 1 year after release of the next generation. At that point we believe we have 2 options to keep our members safe with compliant SCBA's

1st would be to buy 16 new packs to cover all riding positions at an estimated cost of \$110,000 which would have a 15-year life span.

Or

2nd buy 17 Refurbished 2007 Generation SCBA at an estimated cost of \$40,000 with a 5 to 6 year life span



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FY 18- FY 22 (5 years)

Project Info:

Project Title 6 X 6 ATV Included in Prior 5 year Capital Plan ☒Y ☐N
 Project Sponsor Fire Department Contact Name Fire Chief
 Approving Body Selectmen Date of Vote _____

PROJECT DESCRIPTION 6 X 6 Off Road ATV for rescue and fire suppression

PROJECT JUSTIFICATION Do to the large number of trails being added and used in Town this will allow off road access to most of the trails during an emergency

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment		\$27					\$27	
Other							\$	
TOTAL	\$	\$27	\$	\$	\$	\$	\$27	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fuel, insurance, and maintenance
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase safety and capabilities

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Free Cash



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**Polaris Off Road Vehicle
FY2019-FY2020**

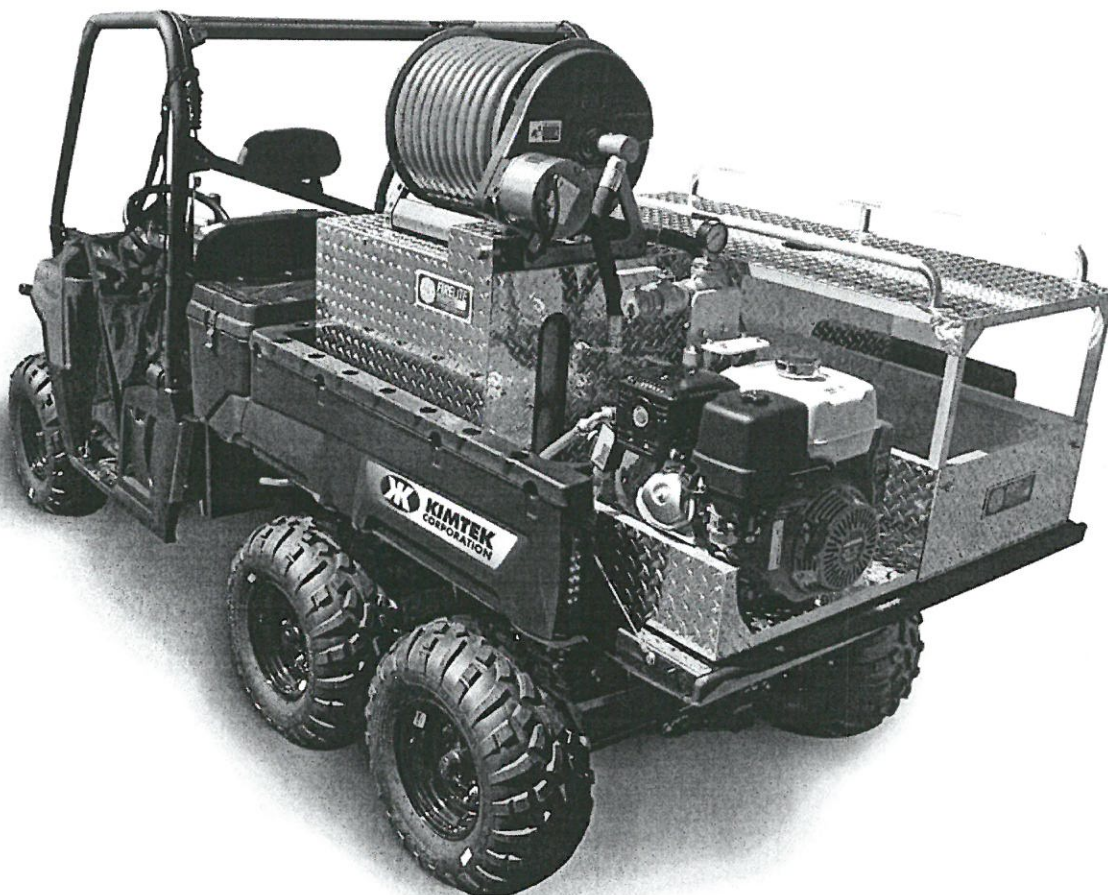
The Fire Department would like to purchase a 6x6 Polaris Ranger off road side by side utility vehicle. This unit would be equipped with a firefighting / rescue skid. Estimated cost would be under \$17,000 for the Polaris and under \$10,000 for skid and equipment. This unit would become the primary vehicle for off road rescue. It would also be used for brush fires, missing persons and other off road incidents. Due to its size and capabilities it will shorten the time to remove injured people from the many hiking trails in town. It will also shorten the time to locate and get personal to brush fires where our trucks can't easily reach.

I would like to suggest we purchase the Polaris in FY2019 and the skid and equipment in FY2020. With the Fire Chiefs Vehicle being paid off during FY2018 it would be an increase of less than \$4500 to the FY2019 budget and a decrease of \$7000 in FY2020



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Project Info:

Project Title Rescue Truck
 Project Sponsor Fire Department
 Approving Body Selectmen

Included in Prior 5 year Capital Plan ☒ Y ☐ N
 Contact Name Fire Chief
 Date of Vote _____

PROJECT DESCRIPTION

PROJECT JUSTIFICATION

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment						\$225	\$225	
Other							\$	
TOTAL	\$	\$	\$	\$	\$	\$	\$	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	insurance, and maintenance
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



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Project Info:

Project Title <u>Communication Tower</u>	Included in Prior 5 year Capital Plan <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Project Sponsor <u>Fire Department</u>	Contact Name <u>Fire Chief</u>
Approving Body <u>Selectmen</u>	Date of Vote _____
PROJECT DESCRIPTION <div style="border: 1px solid black; padding: 5px; display: inline-block;">Upgrade radio communications system</div>	

PROJECT JUSTIFICATION	To improve Fire Department radio communication
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Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction		To Be Determined See Following Page					\$	
Equipment							\$	
Other							\$	
TOTAL	\$	\$	\$	\$	\$	\$	\$	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	energy and maintenance
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input type="checkbox"/>	Will increase safety of personnel and residents

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If grants are unsuccessful
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	Will apply
Other	<input type="checkbox"/>	<input type="checkbox"/>	



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Fire Department Communication
Unknown Fiscal Year

In July of 2015 we were asked to remove our radio repeater from private property in the area of Forest Hill. The new owners did not want it on their property. Since then we have had it located at the Fire Station which didn't work sufficient. Another resident offered the use of a radio tower on his property as a temporary measure. Last fall a company approached the town about putting a tower on top of Blanchard Hill for a Doppler Radar and we decided to wait to see if they put up the tower. On August 30th 2016 I was advised the project was on hold. Currently we have areas in town with bad radio reception to none. As of today August 30, 2016 I began working on a project to bring the radio system to minimum standards for the town. These towers or tower could also be used to improve radio communication for the town police and highway departments.

Plan

1st design the system and locations for a minimum of 1 repeater up to 3 repeaters. Groton just did the same and it took 6 repeaters.

2nd Get a price estimate for the project.

3rd Apply for a grant through the Massachusetts Regional Emergency Communication Centers. The Town of Groton Police Department/ Dispatch would be applying for this. This might also include renovating the dispatch center and improving the police departments radio system. I've already talked to Interim Police Chief Dow and have talked to Groton Police Chief in the past about this possible project and applying for a grant

4th If we don't get the grant to approach the town with the project for funding

As far as a price I do not want to make an estimate of cost at this time.



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Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Stormwater Compliance MS4

Included in Prior 5 year Capital Plan ☐ Y ☒ N

Project Sponsor _____

Contact Name Tracey Hutton

Approving Body Selectmen

Date of Vote _____

PROJECT DESCRIPTION Engineering for MS4 Compliance

PROJECT JUSTIFICATION MS4 permit from EPA is a new federal requirement

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design		9	44	33.5	47	19.5	\$153	
Land							\$	
Construction		16					\$16	
Equipment							\$	
Other		43	43	43	40	20	\$189	IDDE Compliance
TOTAL	\$	\$68	\$87	\$77.5	\$87	\$39.5	\$358	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Free Cash



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FY 18- FY 22 (5 years)

Project Info:

Project Title Town Hall Roof/Windows/Doors Included in Prior 5 year Capital Plan ☒ Y ☐ N
Project Sponsor Selectmen Contact Name Tracey Hutton
Approving Body Town Meeting Date of Vote _____

PROJECT DESCRIPTION Roof repair / window and door efficiencies

PROJECT JUSTIFICATION Roof in disrepair and loosing slate

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction			\$140				\$140	
Equipment							\$	
Other							\$	
TOTAL	\$	\$	\$140	\$	\$	\$	\$140	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



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Project Info:

Project Title Unmarked Police Utility Vehicle Included in Prior 5 year Capital Plan ☐ Y ☒ N
 Project Sponsor Police Department Contact Name Police Chief
 Approving Body Selectmen Date of Vote _____

PROJECT DESCRIPTION New unmarked police utility vehicle

PROJECT JUSTIFICATION Used for training, transport, and utility.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$10	
Land							\$	
Construction							\$	
Equipment			\$38.5				\$38.5	
Other							\$	
TOTAL	\$	\$	\$38.5	\$	\$	\$	\$38.5	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Allows for transport and training

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Free Cash/Budget - has trade-in



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Project Info:

Project Title Cruiser Laptops (MDT) Included in Prior 5 year Capital Plan ☐Y ☒N
Project Sponsor Police Department Contact Name Police Chief
Approving Body Selectmen Date of Vote _____

PROJECT DESCRIPTION Replace the cruiser laptops.

PROJECT JUSTIFICATION Cruiser laptops have a 3-5 year lifespan. Currently some laptops are close to 4 years old.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment			\$10.5				\$10.5	
Other							\$	
TOTAL	\$	\$	\$10.5	\$	\$	\$	\$10.5	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Parking lot expansion and repaving Included in Prior 5 year Capital Plan ☐ Y ☒ N
 Project Sponsor Police Department Contact Name Police Chief
 Approving Body Selectmen Date of Vote _____

PROJECT DESCRIPTION Repave and enlarge the parking lot.

PROJECT JUSTIFICATION The current parking lot is beginning to fail and space is becoming limited due to additional employees. There is concern with the opening of the business next door.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction					\$10.5		\$10.5	
Equipment							\$	
Other							\$	
TOTAL	\$	\$	\$	\$	\$10.5	\$	\$10.5	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Police Station roof replacement Included in Prior 5 year Capital Plan ☐ Y ☒ N
 Project Sponsor Police Department Contact Name Police Chief
 Approving Body Selectmen Date of Vote _____

PROJECT DESCRIPTION Replace roof on Police station.

PROJECT JUSTIFICATION The current roof is beginning to fail during the winter month evidenced by ice dams and leaking.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction			\$10				\$10	
Equipment							\$	
Other							\$	
TOTAL	\$	\$	\$10	\$	\$	\$	\$10	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Speed Trailer Included in Prior 5 year Capital Plan ☐ Y ☒ N
 Project Sponsor Police Department Contact Name Police Chief
 Approving Body Selectmen Date of Vote _____

PROJECT DESCRIPTION Purchase new speed trailer.

PROJECT JUSTIFICATION Current equipment is used to supplement traffic enforcement and as a speed deterrent. Old unit upkeep is becoming costly.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment		\$16					\$16	
Other							\$	
TOTAL	\$	\$16	\$	\$	\$	\$	\$16	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Police Station HVAC Included in Prior 5 year Capital Plan ☐ Y ☒ N
 Project Sponsor Police Department Contact Name Police Chief
 Approving Body Selectmen Date of Vote _____

PROJECT DESCRIPTION Replace Police Station AC and furnace.

PROJECT JUSTIFICATION Current HVAC is outdated and are begining to fail. Units have been repaired several times.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment					\$10		\$10	
Other							\$	
TOTAL	\$	\$	\$	\$	\$10	\$	\$10	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
511 Main Street
Dunstable, MA 01827
Capital Improvement Program (CIP)
Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Public Library Exit Door Portico Included in Prior 5 year Capital Plan ☐Y ☒N
Project Sponsor Dunstable Free Public Library Contact Name Chairman Library Trustees
Approving Body _____ Date of Vote _____

PROJECT DESCRIPTION Add storm water porticos to Library exits

PROJECT JUSTIFICATION Ice and snow clock emergency exits at the Library. Porticos will shelter doors to allow free egress as required by the Fire Code.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design	\$10						\$10	
Land							\$	
Construction		\$100					\$100	10% escalator if delayed
Equipment							\$	
Other							\$	
TOTAL	\$10	\$100	\$	\$	\$	\$	\$110	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Simplify snow and ice removal
Will this capital request impact personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reduce staff needs to monitor doors

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Library Trust funds to contribute



TOWN OF DUNSTABLE

511 Main Street
Dunstable, MA 01827

Capital Improvement Program (CIP) Capital Appropriation Request FY 18- FY 22 (5 years)

Project Info:

Project Title One Ton Dump

Included in Prior 5 year Capital Plan ☐ Y ☒ N

Project Sponsor Highway Department

Contact Name Highway Superintendent

Approving Body Road Commission

Date of Vote _____

PROJECT DESCRIPTION New one ton dump truck.

PROJECT JUSTIFICATION Replace 2005 Ford 1-ton dump; this truck has been redone once and now needs more body work. It also has high mileage.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment				\$65.5			\$65.5	
Other							\$	
TOTAL	\$	\$	\$	\$65.5	\$	\$	\$65.5	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reduce maintenance costs
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Plow Truck Included in Prior 5 year Capital Plan ☐ Y ☒ N
 Project Sponsor Highway Department Contact Name Highway Superintendent
 Approving Body Road Commission Date of Vote _____

PROJECT DESCRIPTION Replace 1996 Ford L 8000. This is a sander truck front with wing plow.

PROJECT JUSTIFICATION At this time there is 55K in the truck in repairs and now need a new front end and motor. Needs to have oil added whenever it is run.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment		\$165	\$				\$165	
Other							\$	
TOTAL	\$	\$165	\$	\$	\$	\$	\$165	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reduce maintenance costs
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Backhoe Included in Prior 5 year Capital Plan ☐ Y ☒ N
 Project Sponsor Highway Department Contact Name Highway Superintendent
 Approving Body Road Commission Date of Vote _____

PROJECT DESCRIPTION New backhoe.

PROJECT JUSTIFICATION Replace 2002 John Deere 310 SG backhoe. This equipment needs a new cab and all new steel lines, estimate 25K.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction							\$	
Equipment			\$110				\$110	
Other							\$	
TOTAL	\$	\$	\$110	\$	\$	\$	\$110	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reduce maintenance costs
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Replacement of Hydropneumatic tanks Included in Prior 5 year Capital Plan ☐Y ☒N
 Project Sponsor Water Commission Contact Name Chairman Water Commission
 Approving Body Town Meeting Date of Vote _____

PROJECT DESCRIPTION Replacement of two hydropneumatic tanks located on Pond Street and move to the MUD.

PROJECT JUSTIFICATION Tanks are 90+ years old and have had significant problems in recent years. If a permanent loss of pressure were to occur, we would not be able to supply water to the customers.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design		\$95					\$95	
Land							\$	
Construction			UNK				UNK	
Equipment							\$	
Other							\$	
TOTAL	\$	\$95	\$	\$	\$	\$	\$95	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE

511 Main Street
Dunstable, MA 01827

Capital Improvement Program (CIP) Capital Appropriation Request FY 18- FY 22 (5 years)

Project Info:

Project Title Rehabilitation of Well #1 Included in Prior 5 year Capital Plan ☐ Y ☒ N
Project Sponsor Water Commission Contact Name Chairman Water Commission
Approving Body Town Meeting Date of Vote _____

PROJECT DESCRIPTION Rehabilitation of Well #1 and improvements to well site access

PROJECT JUSTIFICATION Well #1 needs updating due to its age when the hydropneumatic tanks are replaced

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design		\$105					\$	
Land							\$	
Construction			UNK				UNK	
Equipment							\$	
Other							\$	
TOTAL	\$	\$105	UNK	\$	\$	\$	\$105 +	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Water Main (Pleasant Street) Included in Prior 5 year Capital Plan ☐Y ☒N
 Project Sponsor Water Commission Contact Name Chairman Water Commission
 Approving Body Town Meeting Date of Vote _____

PROJECT DESCRIPTION Replace undersized water main of unknown material and age with C900 or ductile iron.

PROJECT JUSTIFICATION Replace 4" water main on Pleasant Street.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction				\$630			\$630	
Equipment							\$	
Other							\$	
TOTAL	\$	\$	\$	\$630	\$	\$	\$630	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Water Main (Lowell Street) Included in Prior 5 year Capital Plan ☐ Y ☒ N
 Project Sponsor Water Commission Contact Name Chairman Water Commission
 Approving Body Town Meeting Date of Vote _____

PROJECT DESCRIPTION Replace undersized water main of unknown material and age with C900 or ductile iron.

PROJECT JUSTIFICATION Replace 2" water main on Lowell Street.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction				\$245			\$245	
Equipment							\$	
Other							\$	
TOTAL	\$	\$	\$	\$	\$	\$	\$245	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



TOWN OF DUNSTABLE
 511 Main Street
 Dunstable, MA 01827
Capital Improvement Program (CIP)
 Capital Appropriation Request
FY 18- FY 22 (5 years)

Project Info:

Project Title Water Main (Hillcrest Street) Included in Prior 5 year Capital Plan ☐ Y ☒ N
 Project Sponsor Water Commission Contact Name Chairman Water Commission
 Approving Body Town Meeting Date of Vote _____

PROJECT DESCRIPTION Replace undersized water main of unknown material and age with C900 or ductile iron.

PROJECT JUSTIFICATION Replace 4" water main on Hillcrest/Main Streets.

Evaluation Criteria:

(Applies to current year budget requests only)

	Does Not Apply	Does not Meet Criteria	Partially Meets Criteria	Fully Meets Criteria
No Alternative Means to Satisfy Needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains or Improves the Level of Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated by Legal or Regulatory Requirement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Budget Impact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Feasibility (Readiness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expenditure Schedule (in \$k):

Element	Prior Date	2018	2019	2020	2021	2022	TOTAL	Comments
Planning and Design							\$	
Land							\$	
Construction				\$700			\$700	
Equipment							\$	
Other							\$	
TOTAL	\$	\$	\$	\$700	\$	\$	\$700	

Operational Budget Impact:

	YES	NO	If Yes, Provide Details
Will this capital request generate new revenue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>INCREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request <i>DECREASE</i> operating costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Will this capital request impact personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Funding Sources:

How will this Capital Request be paid For?	YES	NO	If Yes, Provide Details
Borrowing/Cash Capital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CPA Funds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Grants/Gifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	