

TOWN OF OAK BLUFFS
Capital Improvement Program

Project Request Form
(Please Type All Responses)

Date:9/18/20

Project No.2

1. **Department: Conservation Commission**
2. **Project or Equipment (Short Title): Salt Marsh Assessment**
3. **Description and Purpose of Project or Equipment: To assess the health of our salt marshes at Sengekontacket, Farm and Brush Ponds to determine their ability to withstand sea level rise and to develop strategies for protecting the marshes**
4. **Justification of Project: (Why is it necessary to complete this project? What is the benefit to the Town?)**
Salt marshes provide many critical public services – for free. They absorb and contain floodwater, filter pollutants that would otherwise end up in the ponds, are important fish and shellfish habitat, and they absorb a large amount of carbon.

5. **STATUS OF PROJECT OR EQUIPMENT:** Estimate life of project or equipment _N/A_
Years

SITE:	Secured	Not Secured	Not Required
SURVEY OF NEED:	Under Study	Completed	Not Required
PRELIMINARY PLANS OR SPECIFICATIONS:	Under Study	Completed	Not Required
FINAL PLANS OR SPECIFICATIONS:	Under Study	Completed	Not Required

6. **PRIORITY** Urgent Necessary Desirable

7. **COST ESTIMATES** Preliminary Final

Land Cost	\$_____
Construction Cost	\$_____
Equipment Cost	\$_____
Other Cost	\$_____
Total Cost	\$100,000

8. **EFFECT ON ANNUAL OPERATING BUDGET:**

Operational (+)(-)	\$_____
Maintenance (+)(-)	\$_____
Total (+)(-)	\$_____
Revenue From Project	\$_____/YR
New Personnel Required	\$_____

9. **SOURCE OF FUNDS:**

Current Revenue	\$_____	
Bond Issue	\$_____	Years ____
Short Term Note	\$_____	Years ____
Other (describe)	_____	

10. **YEAR PROPOSED FOR CONSTRUCTION OR ACQUISITION: FY 26**

11 **ADDITIONAL COMMENTS AND JUSTIFICATION** (Please attach a sheet or use this space to describe need in more detail, including any costs associated with not completing this project):

12 **SIGNATURE** _____

TITLE _____