

TOWN OF OAK BLUFFS
FISCAL YEAR 2022 CAPITAL IMPROVEMENT PROGRAM

Capital Improvement Program

Department: Fire/EMS

Summary Form

Project (short title)	Prior Funds Appropriated	ESTIMATED DISBURSEMENTS REQUIRED						Funds Required After 2027 For Completion	Total Funds Required
		Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year		
		2022	2023	2024	2025	2026	2027		
Station radio/alert system		\$26,000.00							\$26,000.00
Intercept Vehicle	\$52,000								0
Replace radar/navigation		*\$21,000							\$21,000
Recondition fire truck		*\$100,000	82,500.00	82,500.00	82,500.00	82,500.00			\$430,000.00
Re-chasis ambulance (2)	\$100,000	\$69,914	\$69,914	\$69,914	\$69,914				\$279,656.00
Purchase new ambulance				\$320,000			\$340,000.00		\$660,000.00
Fire rehab Unit			\$80,000						\$80,000.00
Replace turnout gear		\$150,000							\$150,000.00
Replace Scott Air Packs					\$215,000				\$215,000.00
Replace Fire Truck						\$750,000			\$750,000.00
Replace 510			\$80,000						\$80,000.00
Replace 500					\$85,000				\$85,000.00

(*funds displaced to FY 2022 due to COVID 19 concerns)

Submitted By: MARTIN GREENE

Title: FIRE Chief

Date: 9/30/2020

PCL XL Error

Subsystem: KERNEL

Error: IllegalTag

File Name: kernel.c

Line Number: 1933

TOWN OF OAK BLUFFS
Capital Improvement Program

Project Request Form
(Please Type All Responses)

Date: 9/30/2020

Project No. 1

1. Department: Fire-EMS
2. Project or Equipment (Short Title): Station alert system
3. Description and Purpose of Project or Equipment: The station never had a "station alert" system installed during construction when new

4. Justification of Project: The station being a fairly large building with many different private and public areas has no "alert system" to alert staff to a call. There have been several times we have had to track down staff within the building to alert them to a call. Also other town's background noise can offer create situations were radio traffic becomes background noise. This system which will work with the existing radios and county improvements will alert duty staff with a tone and lights that an incident has occurred and they need to respond.

5. **STATUS OF PROJECT OR EQUIPMENT:** Estimate life of project or equipment 10 Years

SITE:	<input type="checkbox"/> Secured	<input type="checkbox"/> Not Secured	<input checked="" type="checkbox"/> Not Required
SURVEY OF NEED:	<input type="checkbox"/> Under Study	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Required
PRELIMINARY PLANS OR SPECIFICATIONS:	<input type="checkbox"/> Under Study	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Required
FINAL PLANS OR SPECIFICATIONS:	<input type="checkbox"/> Under Study	<input type="checkbox"/> Completed	<input checked="" type="checkbox"/> Not Required

6. **PRIORITY** Urgent Necessary Desirable

7. **COST ESTIMATES** Preliminary Final

Land Cost	\$ _____
Construction Cost	\$ _____
Equipment Cost	\$ <u>\$26,000</u>
Other Cost	\$ _____
Total Cost	\$ <u>\$26,000.00</u>

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 _21_____

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): There also is an option to lease the equipment for \$6,000.00 dollars per year which may be a better option but would have to be in the general budget as an operating cost.

12 **SIGNATURE** _____

A handwritten signature in black ink, appearing to be 'J. G.', written over a horizontal line.

TITLE Fire Chief

TOWN OF OAK BLUFFS
Capital Improvement Program

Project Request Form
(Please Type All Responses)

Date: 9/30/2020

Project No. 2

1. Department: Fire-EMS
2. Project or Equipment (Short Title): Replace Radar and Navigation on Rescue Boat
3. Description and Purpose of Project or Equipment: Navigation and radar are an essential piece of safety equipment during a hazardous marine environment, weather and location of vessels in distress

4. Justification of Project: (Why is it necessary to complete this project? What is the benefit to the Town?)
In 2017 there was a fire that impacted the radar & navigation system on the rescue boat. The repair was "temporary" and the depth finder is not operational and the system itself is 14 years old.

5. STATUS OF PROJECT OR EQUIPMENT: Estimate life of project or equipment 10 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 \$ 21,000 _____

Other Cost \$ _____

Total Cost \$ \$21,000 _____

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 _____

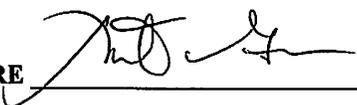
Short Term Note \$ _____ Years _____

Other (describe) _____

10 YEAR PROPOSED FOR CONSTRUCTION OR ACQUISITION: FY 2022

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):

Originally in FY 2021 but due to COVID 19 concerns pushed back to FY 2022

12 **SIGNATURE**  _____
TITLE Fire Chief _____

TOWN OF OAK BLUFFS
Capital Improvement Program

Project Request Form

(Please Type All Responses)

Date: 9/30/2020

Project No. 3

1. Department: Fire-EMS
2. Project or Equipment (Short Title): Recondition Fire Truck
3. Description and Purpose of Project or Equipment: Although the chasis of engine 521 after 30 years of service is still in fair condition, many of the inner workings are either outdated or past their life expectancy. After considering the costs of replacing the fire engine (\$650-750K), we decided it would be more cost effective to refurbish E-521. The 32 year old existing piping in the truck needs replacing, the 24 volt wiring system is out of date. The engine of the trucj needs to be rebuilt, the water tank replaced, and the water pump needs service to certify it capabilities.
4. Justification of Project: (Why is it necessary to complete this project? What is the benefit to the Town?)
Fire Truck Engine 521 was built in 1988 and is an essential piece of equipment needed to protect our community. Updating this fire engine will increse Firefighter safety, while enhancing the ability to fight fires. It will also help the town to maintain the lowest ISO rating on the island.

5. **STATUS OF PROJECT OR EQUIPMENT:** Estimate life of project or equipment 15-20 Years

SITE:	<input type="checkbox"/> Secured	<input type="checkbox"/> Not Secured	<input checked="" type="checkbox"/> Not Required
SURVEY OF NEED:	<input type="checkbox"/> Under Study	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Required
PRELIMINARY PLANS OR SPECIFICATIONS:	<input type="checkbox"/> Under Study	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Required
FINAL PLANS OR SPECIFICATIONS:	<input type="checkbox"/> Under Study	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Required

6. **PRIORITY** Urgent Necessary Desirable

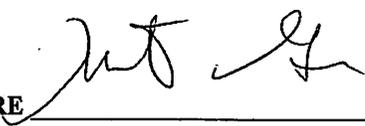
7. **COST ESTIMATES** Preliminary Final

Land Cost	\$ _____
Construction Cost	\$ _____
Equipment Cost	\$ <u>100,000</u>
Other Cost	\$ _____
Total Cost	\$ _____

8 EFFECT ON ANNUAL OPERATING BUDGET:	9 SOURCE OF FUNDS:			
Operational (+)(-)	\$ _____	Current Revenue	\$ _____	
Maintenance (+)(-)	\$ _____	Bond Issue	\$ _____	Years _____
Total (+)(-)	\$ _____	Short Term Note	\$ _____	Years _____
Revenue From Project	\$ _____ /YR	Other (describe)	_____	
New Personnel Required	\$ _____	_____		

10 **YEAR PROPOSED FOR CONSTRUCTION OR ACQUISITION:** FY 2022

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): Lease an additional \$82,5000 a year for four years.

12 **SIGNATURE**  _____

TITLE Fire chief _____

TOWN OF OAK BLUFFS
Capital Improvement Program

Project Request Form

(Please Type All Responses)

Date: 9/30/2020

Project No. 4

1. Department: Fire-EMS
2. Project or Equipment (Short Title): Re-chasis two ambulances. Second year payment of five, lease purchase of re-chasis
3. Description and Purpose of Project or Equipment: Both ambulances in FY 2021 are being supplied with a new chassis, and updates to patient area of each vehicle.
4. Justification of Project: (Why is it necessary to complete this project? What is the benefit to the Town?)
Amount is year 2 payment of a 5 year lease.

5. **STATUS OF PROJECT OR EQUIPMENT:** Estimate life of project or equipment 10 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 \$ 69,914

Other Cost \$ _____

Total Cost \$ _____

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

Operational (+)(-) \$ _____

Maintenance (+)(-) \$ _____

Total (+)(-) \$ _____

Revenue From Project \$ _____/YR

New Personnel Required \$ _____

9. **SOURCE OF FUNDS:**

Current Revenue \$ _____

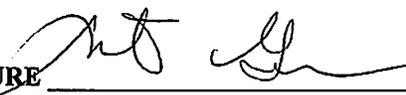
Bond Issue \$ _____ Years _____

Short Term Note \$ _____ Years _____

Other (describe) _____

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

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): Second year of a 5 year lease.

12 **SIGNATURE**  _____

TITLE Fire Chief _____

TOWN OF OAK BLUFFS
Capital Improvement Program

Project Request Form

(Please Type All Responses)

Date: 9/30/2020

Project No. 5

1. Department: Fire-EMS
2. Project or Equipment (Short Title): Replace FF Protective Clothing (turn out gear)
3. Description and Purpose of Project or Equipment: Replace firefighter structural protective clothing. The National Fire Protection Association (NFPA) standard 1971 recommends replacement of protective clothing after ten years of service regardless of the amount of use.
4. Justification of Project: (Why is it necessary to complete this project? Replacement of old worn out and outdated protective clothing allows better safety and protection of our volunteer fire personnel.)

5. **STATUS OF PROJECT OR EQUIPMENT:**

Estimate life of project or equipment 10 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 \$ 150,000

Other Cost \$ _____

Total Cost \$ _____

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) _____

PCL XL Error

Subsystem: KERNEL

Error: IllegalTag

File Name: kernel.c

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10 YEAR PROPOSED FOR CONSTRUCTION OR ACQUISITION: FY 22

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 Fire Chief

PCL XL Error

Subsystem: KERNEL

Error: IllegalTag

File Name: kernel.c

Line Number: 1933