

**TOWN OF OAK BLUFFS
FISCAL YEAR 2022 CAPITAL IMPROVEMENT PROGRAM**

*Capital Improvement Program
Summary Form*

Department: COA

Project (short title)	Prior Funds Appropriated	ESTIMATED DISBURSEMENTS REQUIRED						Funds Required After 2027 For Completion	Total Funds Required
		Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027		
Cabinet Replacement		15,000						15,000	

Submitted By: Breth Glebo Title: Administrator

Date: September 30, 2020

TOWN OF OAK BLUFFS
Capital Improvement Program

Project Request Form

(Please Type All Responses)

Date: 9/30/2020

Project No. _____

1. Department: COA
2. Project or Equipment (Short Title): Cabinet Replacement
3. Description and Purpose of Project or Equipment: Funding for this project would add to and update existing storage cabinets in poor shape.
4. Justification of Project: (Why is it necessary to complete this project? What is the benefit to the Town?)
Existing cabinets for supplies and program storage are falling apart.

5. **STATUS OF PROJECT OR EQUIPMENT:** Estimate life of project or equipment 20 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 \$ 15,000-

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 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** Bre di. Costaro
TITLE Admistratore OBCCA