

Departmental Capital Expenditure Request Form

Department: Highway date: 1/29/24

Contact: Jeff Johnston email: highway@townofball.org tele: 337-4462

Purchase/Project Name: USED truck

Estimated Total Cost: 90,000 Fiscal Year of expenditure: 25

Source of Estimate: NONE

Departmental Ranking: Next FY only No. 1 of 4 capital requests

Priority category:	Very High	_____	Criteria:	Emergency	_____
	High	<u>X</u>		Public safety issue	<u>X</u>
	Medium	_____		Court ordered	_____
	Low	_____		To maintain service	_____
				Asset preservation	_____
				Matching funds	_____
				Multiple deferrals	_____
				Continuation of prior funding	_____

Purchase/Project Description

Release of stabilization funds to seek and possibly purchase a new used truck to take the place of Truck 1

Please identify funding source, if known, i.e., Chapter 90, grant, etc.

Explain Impact on Future Operating Budgets

Useful life 10 years

Reduce cost X Cost unchanged _____ Increase cost _____

Anticipated less downtime due to repairs that may be needed.

Attach other data, photographs, quote sheets or information as warranted

TO BE COMPLETED BY CIC

Funding Source:	General Fund	\$ _____
	Free Cash	\$ _____
	Stabilization	\$ _____
	Borrowing	\$ _____
	Rate revenue	\$ _____
	State/Federal	\$ _____
	Chapter 90	\$ _____
	Grant funding	\$ _____
	Other:	\$ _____

Departmental Capital Expenditure Request Form

Department: Highway date: 1/29/24
Contact: Jeff email: highway@townofhathorn.org tele: 413-337-4462
Purchase/Project Name: Storage Container
Estimated Total Cost: 4500 + Shipping Fiscal Year of expenditure: 25
Source of Estimate: Shipping Containers of New England, Inc, Kelcom
Departmental Ranking: Next FY only No. 3 of 34 capital requests
Priority category: Very High _____
High _____
Medium _____
Low X
Criteria: Emergency _____
Public safety issue _____
Court ordered _____
To maintain service _____
Asset preservation X
Matching funds _____
Multiple deferrals _____
Continuation of prior funding _____

Purchase/Project Description

Purchase a ~~new~~ used 40' storage container to use as cold storage for highway department

Please identify funding source, if known, i.e., Chapter 90, grant, etc.

Explain Impact on Future Operating Budgets

Reduce cost _____

Cost unchanged _____

Increase cost X

Useful life 20 years

1 year

Attach other data, photographs, quote sheets or information as warranted

TO BE COMPLETED BY CIC

Funding Source:

General Fund	\$ _____
Free Cash	\$ _____
Stabilization	\$ _____
Borrowing	\$ _____
Rate revenue	\$ _____
State/Federal	\$ _____
Chapter 90	\$ _____
Grant funding	\$ _____
Other:	\$ _____

Departmental Capital Expenditure Request Form

Department: highway date: 1/29/24
Contact: Jeff email: highway@townofleath.oh tele: 413-337-4462

Purchase/Project Name: LEAF BLOWER

Estimated Total Cost: \$7350.00 Fiscal Year of expenditure: 25

Source of Estimate: Town County Contractor supply

Departmental Ranking: Next FY only No. 2 of 34 capital requests

Priority category:	Very High	_____	Criteria:	Emergency	_____
	High	<u>X</u>		Public safety issue	<u>X</u>
	Medium	_____		Court ordered	_____
	Low	_____		To maintain service	_____
				Asset preservation	_____
				Matching funds	_____
				Multiple deferrals	_____
				Continuation of prior funding	_____

Purchase/Project Description

Purchase new 3pt hitch leaf blower that ATTACHES to our tractor and discard the old gas powered tow behind

Please identify funding source, if known, i.e., Chapter 90, grant, etc.

Explain Impact on Future Operating Budgets

Useful life 10 years

Reduce cost X Cost unchanged _____ Increase cost _____

Attach other data, photographs, quote sheets or information as warranted

TO BE COMPLETED BY CIC

Funding Source:	General Fund	\$ _____
	Free Cash	\$ _____
	Stabilization	\$ _____
	Borrowing	\$ _____
	Rate revenue	\$ _____
	State/Federal	\$ _____
	Chapter 90	\$ _____
	Grant funding	\$ _____
	Other:	\$ _____

Departmental Capital Expenditure Request Form

Department: highway date: 1/29/24
Contact: Jeff email: highway@townofbath.org tele: 413-337-4462

Purchase/Project Name: Roadside mower REPAIR

Estimated Total Cost: ~~10,000~~ \$9300 Fiscal Year of expenditure: 25

Source of Estimate: Pinnacle equipment, Northfield Fabrication

Departmental Ranking: Next FY only No. 4 of 4 capital requests

Priority category: Very High _____
High _____
Medium X _____
Low _____

Criteria: Emergency _____
Public safety issue _____
Court ordered _____
To maintain service X _____
Asset preservation _____
Matching funds _____
Multiple deferrals _____
Continuation of prior funding _____

Purchase/Project Description

Purchase necessary replacement parts to keep mower running. New Mower expected to exceed \$30,000.00

Please identify funding source, if known, i.e., Chapter 90, grant, etc.

Explain Impact on Future Operating Budgets

Useful life _____ years

Reduce cost _____ Cost unchanged _____ Increase cost _____

Attach other data, photographs, quote sheets or information as warranted

TO BE COMPLETED BY CIC

Funding Source:	General Fund	\$ _____
	Free Cash	\$ _____
	Stabilization	\$ _____
	Borrowing	\$ _____
	Rate revenue	\$ _____
	State/Federal	\$ _____
	Chapter 90	\$ _____
	Grant funding	\$ _____
	Other:	\$ _____