

CITY OF OGDENSBURG



CAPITAL IMPROVEMENTS PROGRAM 2014-2019

Preliminary Budget Supplement 2014



CITY OF OGDENSBURG

CAPITAL IMPROVEMENTS PROGRAM

2014-2019

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CITY OF OGDENSBURG
CAPITAL IMPROVEMENTS PROGRAM
2013 - 2018

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CITY OF OGDENSBURG

CAPITAL IMPROVEMENTS PROGRAM

2014- 2019

INTRODUCTION

The City of Ogdensburg seeks to stimulate growth and progress. The community is using its location, physical resources, shared services and other development incentives to methodically address deficits and reach out to kindle new industrial and commercial ventures. Fiscally, the City of Ogdensburg is stressed, as 2/3 of the land is tax exempt. The City is no longer close to the State Constitution's taxing limit; this year's budget will slightly decrease its Constitutional Tax Limit, although it continues paying back bonds for the Visitor Center and will bond for portions of other major capital projects such as the Paterson Street Reconstruction project, almost all of which, except any required local matches, will ultimately be reimbursed by the appropriate state or federal funding agencies. Further the City staff's ability to secure grant funds, develop strategic plans, put together marketing for key sites, and acquire other financial incentive packages remain some of the major reasons to be optimistic about future growth.

Our challenge is matching the affordability of infrastructure repairs and replacement with the least impact to current and future taxpayers. This challenge can be met through rigorous efforts to finance infrastructure at the lowest possible costs and to obtain, whenever possible, federal and state grants to assist our projects.

The proposed Capital Improvements Program recognizes these significant increases in expenses as well as the demand of essential City services by identifying vital projects and recommending how they might be funded. We believe the City Council should move forward on these projects on a priority basis and within the City's financial means. The proposed program recommends projects for the next six years.

FISCAL AND PROGRAM ANALYSIS

The City's debt status for the three-year period immediately preceding this program is presented in Table 1. The assessed value and full value of property in the City during the period is shown in Table 2. The exact impact of the proposed Capital Improvements Program on the assessed valuation is difficult to project, but the activities proposed in the program will have a positive impact.

RECOMMENDED PROGRAM

The City's Capital Improvements Program is summarized in Table 3. It reflects a variety of needs. Detailed descriptions of each project contained in the program are found in Appendix B.

Table 4 summarizes the source of funding for the proposed Capital Improvements Program, as they presently seem. It is possible that within the changing realities of each fiscal year the actual sources of funding for a particular project could change as government issues evolve or as the City's own tax base increases or decreases.

CONSTITUTIONAL DEBT LIMIT

With several million dollars in capital projects underway or about to begin, along with a major long range planning effort that will provide a blueprint for the redevelopment of our waterfront, we can proudly say that we have a plan to succeed. The City's constitutional debt limit is at 20.21%. This figure is very low in relative terms to the full amount of borrowing power that the City has. However, it is possible that this figure will increase in order to carry out capital improvements as the utilization of a larger portion of constitutional debt limit is the cost to the City to compensate for some of the deferred investment in the City's physical base that has occurred in the past, as well as to meet the demands created by future growth.

CONCLUSION

The proposed Capital Improvements Program provides for the replacement and/or acquisition of facilities and equipment. The program will continue a tradition of providing a safe, healthy and acceptable environment for the citizens of Ogdensburg. It is important to keep the City competitive with other communities in attracting business, investment, tourism and new residents to the City. This will lead to a stronger tax base for the City and provide greater economic opportunities.

At this time it is uncertain to what extent General Fund Balance reserves will be available to program for the capital improvements projects recommended for 2014. After the 2013 budget is closed out, a determination on available reserve funds from 2013 can be made. The City Council will need to prioritize from among the various projects in order to establish which can actually be accomplished in 2014 and which will have to be put off for another year. Otherwise, with the support of the City Council and the people of Ogdensburg, the recommended Capital Improvements Program can be implemented during the timeframe provided.

TABLE 1
DEBT STATUS
FISCAL YEARS ENDING 2010, 2011, 2012, 2013

YEAR	OUTSTANDING DEBT NOT SUBJECT TO LIMIT TOTAL	OUTSTANDING DEBT SUBJECT TO LIMIT TOTAL	CONST. DEBT LIMIT	PERCENT OF DEBT CAPACITY UTILIZED
2010	458,666	4,956,334	17,326,816	28.60%
2011	406,702	4,613,298	18,113,884	25.47%
2012	383,981	4,296,019	18,720,482	22.95%
2013	371,105	4,128,895	18,975,359	21.76%

TABLE 2
ASSESSED AND FULL VALUE OF TAXABLE PROPERTY
AND STATE EQUALIZATION RATES
FOR FISCAL YEARS 2010, 2011, 2012, 2013

YEAR	FULLY TAXABLE ASSESSED VALUE	% CHANGE FROM PREVIOUS YEAR	STATE EQUALIZATION RATE
2010	273,471,571	+4.2%	100.00
2011	269,185,372	-1.6%	100.00
2012	275,063,208	+2.2%	100.00
2013	275,265,039	+0.1%	100.00

TABLE 3
CAPITAL IMPROVEMENTS PROGRAM
2014-2019
SUMMARY OF PROJECTS

DEPARTMENT	2014	2015	2016	2017	2018	2019	TOTAL
<u>Public Works</u>							
a) General	517,000	670,000	671,000	671,000	671,000	675,000	3,875,000
b) Engineering	5,740,000	800,000	505,000	3,075,000	75,000	75,000	10,270,000
c) City Hall	10,000	90,000	55,000	-	-	-	155,000
<u>Parks & Recreation</u>	32,000	-	-	-	-	-	32,000
<u>Fire</u>	-	75,000	-	30,000	-	-	105,000
<u>Police</u>	133,500	71,500	72,500	73,500	74,500	75,500	501,000
<u>Remington Museum</u>	359,620	2,000	2,000	2,000	2,000	-	367,620
<u>Library</u>	9,240	-	-	-	-	-	9,240
	6,801,360	1,708,500	1,305,500	3,851,500	822,500	825,500	15,314,860

TABLE 4
 SOURCES OF FINANCING
 2014-2019

State Aid	9,154,240	59.8%
General Obligation Bonds	2,850,000	18.6%
General Revenues	1,099,500	7.2%
Utility Revenues	1,213,500	7.9%
Capital Reserve	433,120	2.8%
Fund Balance	445,000	2.9%
Working Capital	63,000	0.4%
Other Federal Aid	56,500	0.4%
	<hr/>	
	15,314,860	100.0%
	<hr/> <hr/>	

CITY OF OGDENSBURG CAPITAL IMPROVEMENTS PROGRAM - FORM A

I			II	III						IV	V	VI	VII
ITEM NO	PROJECT NAME	PROJECT TYPE (Table I)	DEPARTMENTAL PRIORITY CATEGORY (Table II)	CITY OF OGDENSBURG Dept. of <u>Public Works</u> Date Submitted <u>October 28, 2013</u> Estimated Capital Cost per/year						ESTIMATED COST	STATUS OF IMPROVEMENT (Table V)	RECOMMENDED FINANCING (Table VI)	ESTIMATE IN MONTHS REQUIRED TO COMPLETE ACTIVITY
				2014	2015	2016	2017	2018	2019				
1	Street Rehab & Repair	OC	1	150,000	150,000	150,000	150,000	150,000	150,000	900,000	b	SA	ongoing
2	Street Milling & Resurfacing	OC	1	150,000	150,000	150,000	150,000	150,000	150,000	900,000	b	SA	6
3	Curbing Restoration & Reclamation	OC	1	----	60,000	60,000	60,000	60,000	75,000	315,000	b	GR/SA	6
4	Tree Replacement	OC	2	3,000	3,000	4,000	4,000	4,000	5,000	23,000	c	GR/OFA	2
5	Dump Truck Replacement	RE	1	70,000	72,000	72,000	72,000	72,000	75,000	433,000	c, e	GR/CR/UR	ongoing
6	Service trucks & Other Equipment Replacement	RE	1	64,000	70,000	70,000	70,000	70,000	70,000	414,000	c, e	CR/UR	7
7	Replacement and Rehab of Sewer Mains	OC	1	40,000	90,000	90,000	90,000	90,000	75,000	475,000	b	UR/FB	ongoing
8	Rehab and Replacement of Water Mains	OC	1	40,000	75,000	75,000	75,000	75,000	75,000	415,000	b	UR/FB	ongoing
ESTIMATED TOTAL COST				517,000	670,000	671,000	671,000	671,000	675,000	3,875,000			

TABLE I
 NE - New equipment request
 RE - Replacement of equipment
 BR - Bldg. repair or reconstruction
 BA - Building additions
 NB - New building
 OC - Other construction

TABLE II
 1 - Required to maintain current level of departmental functioning
 2 - Required to upgrade level of departmental functioning
 3 - Required to meet future department needs

TABLE V
 a - Nothing completed
 b - Preliminary plans
 c - Detail plans & specs.
 d - Pre-bidding prepared for
 e - Available from State Bid list
 f - Available via Purchase Order

TABLE VI
 GR - General Revenue
 SC - Service Charges
 UR - Utility Revenue
 GOB - Gen. Obl. Bonds
 SA - State Aid
 RB - Revenue Bonds
 WC - Working Capital or Revenue Fund
 CD - Community Development
 OFA - Other Federal Aid (specify)
 CR - Capital Reserve
 FB - Fund Balance

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works
PROJECT NAME & NO.: (1) Street Rehab & Repair
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

It will be revenue saving because it will eliminate some borrowing,
bonding of principal costs of the projects. We will gain interest on
fund balance.

I. PURPOSE: (To what use will requested item be put?)

To upgrade and rebuild blocks of deteriorated streets.
Also, to follow-up water and sewer projects in
reconstruction of streets. Miscellaneous projects as
they arise. Funding could come from fund balance and
be rolled from year to year for future projects.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works
PROJECT NAME & NO.: (2) Street Resurfacing
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

Streets that are deteriorating, which now require heavy maintenance, would advance on a priority list each year and would be resurfaced with a micro pave of Nova chips. This would ensure the safety of the traveling public and enhance the general appearance of the City.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- X 5. Reduction in labor requirement made possible by this item.
- X 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

Will reduce some maintenance costs for street maintenance and equipment repairs.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works
PROJECT NAME & NO.: (3) Curbing Restoration & Reclamation
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015-2019
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

Currently most of the City the curb has disappeared with
many overlays of asphalt. In some areas we are able to
re-expose curb lines by milling. In other areas we need
to restore our curbs to control storm water and erosion of
the roadsides.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works
PROJECT NAME & NO.: (4) Tree Replacement
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

A yearly replacement program to replace 50-80 trees per
year. More are done if additional funding is available.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

1. Condition of existing equipment or facility.
2. Age of existing equipment or facility.
3. Cost of maintenance of existing equipment or facility.
4. Description of additional departmental services to be made possible by this item.
5. Reduction in labor requirement made possible by this item.
6. Improved safety to labor resulting from use of this item.
7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works
PROJECT NAME & NO.: (5) Dump Truck Replacement
PROJECT TYPE: RE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2013-2018
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

We are attempting to maintain a fifteen-year replacement program. We currently are still using trucks from the early 80's.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- X 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

Will cut down on high maintenance costs and give the City dependable vehicles to use for emergencies.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

- Specify: _____
- A. Tools: _____
 - B. Supplies: _____
 - C. Staff: _____
 - D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works
PROJECT NAME & NO.: (6) Service Trucks and Other Equipment
PROJECT TYPE: RE Replacement
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

We must continue to replace high mileage, undependable vehicles. I would wish to replace pickups every ten years. The larger equipment needs to be updated every 15 years - loaders, dozers, backhoe, etc.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- X 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

- Specify: _____
- A. Tools: _____
 - B. Supplies: _____
 - C. Staff: _____
 - D. Maintenance: New vehicles will be more dependable, safer, and will need less repair.

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works
PROJECT NAME & NO.: (7) Replacement & Rehab of Sewer Lines
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

Funding for this project could be from the fund balance, if available,
and rolled over from year to year for future projects. This would save
the City money as it would not have to bond some projects. We would
make interest on our money rather than pay interest on bonds.

I. PURPOSE: (To what use will requested item be put?)

This will be a major step forward in alleviating problem
sewers. Sewer collapsing and root problems are a major
concern. Our current system is very old and needs to be
updated.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

- Specify: _____
- A. Tools: _____
 - B. Supplies: _____
 - C. Staff: _____
 - D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works
PROJECT NAME & NO.: (8) Rehab & Replacement of Water Mains
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

To replace and update water mains that have existed since the turn of the century. Also, to replace valves, hydrants and other deteriorated parts.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

Funding for this project could come from fund balance, if available, or possibly utilize revenue, or both. Rolling over any money not spent from year to year for future projects will save the City money in interest payments and keep the cost down on water main breaks. There is also a savings in labor cost and overtime.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

- Specify: _____
- A. Tools: _____
 - B. Supplies: _____
 - C. Staff: _____
 - D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENTS PROGRAM - FORM A

I		II	III							IV	V	VI	VII	
ITEM NO	PROJECT NAME	PROJECT TYPE (Table I)	DEPARTMENTAL PRIORITY CATEGORY (Table II)	CITY OF OGDENSBURG Dept. of Public Works/Engineering Date Submitted <u>October 28, 2013</u> Estimated Capital Cost per/year							ESTIMATED COST	STATUS OF IMPROVEMENT (Table V)	RECOMMENDED FINANCING (Table VI)	ESTIMATE IN MONTHS REQUIRED TO COMPLETE ACTIVITY
				2014	2015	2016	2017	2018	2019					
1	Replace Primary Equipment - WWTP	RE	1	40,000	75,000	75,000	75,000	75,000	75,000	415,000	b, c	UR	ongoing	
2	Paterson Street Reconstruction	OC	2	5,600,000	----	----	----	----	----	5,600,000	a	SA/GOB	48	
3	Linden/Champlain Sts Water Main Loop	OC	2	100,000	----	----	----	----	----	100,000	a	SA/GOB	2	
4	Spring St. Bridge Phase II Renov.	OC	2	----	430,000	----	----	----	----	430,000	d	GOB	6	
5	DPW Salt Barn Roof Paint Elevated	BR	1	----	75,000	----	----	----	----	75,000	a	GR	6	
6	Water Storage Tanks	BR	1	----	220,000	----	----	----	----	220,000	1	GR	4	
7	Judson Street Sewer Enhancement	OC	2	----	----	----	1,500,000	----	----	1,500,000	b	SA	12	
8	Water Force Main from Intake to Filters	OC	1	----	----	----	1,500,000	----	----	1,500,000	a	GOB	12	
9	Replace Sludge Press at WWTP	RE	1	----	----	430,000	----	----	----	430,000	a	GOB	6	
ESTIMATED TOTAL COST				5,740,000	800,000	505,000	3,075,000	75,000	75,000	10,270,000				

TABLE I
 NE - New equipment request
 RE - Replacement of equipment
 BR - Bldg. repair or reconstruction
 BA - Building additions
 NB - New building
 OC - Other construction

TABLE II
 1 - Required to maintain current level of departmental functioning
 2 - Required to upgrade level of departmental functioning
 3 - Required to meet future department needs

TABLE V
 a - Nothing completed
 b - Preliminary plans
 c - Detail plans & specs.
 d - Pre-bidding prepared for
 e - Available from State Bid list
 f - Available via Purchase Order

TABLE VI
 GR - General Revenue
 SC - Service Charges
 UR - Utility Revenue
 GOB - Gen. Obl. Bonds
 SA - State Aid
 RB - Revenue Bonds
 WC - Working Capital or Revenue Fund
 CD - Community Development
 OFA - Other Federal Aid (specify)
 CR - Capital Reserve
 C - Private Contributions

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/Engineering
PROJECT NAME & NO.: (1) Replace Primary Equipment - WWTP
PROJECT TYPE: RE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

To maintain proper operation of sewage treatment plant it is now necessary to replace several pieces of equipment installed with the primary treatment plant in 1965.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- X 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

Several pieces of original equipment can no longer be repaired. Their next failure will require emergency replacement with unbudgeted funds. This work must be done and should be done at a time of our choosing rather than when the equipment fails. In several instances equipment failure could result in damage to associated equipment.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

- Specify: _____
- A. Tools: _____
 - B. Supplies: _____
 - C. Staff: _____
 - D. Maintenance: Replacement equipment will reduce maintenance costs.

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/Engineering
PROJECT NAME & NO.: (2)Paterson Street Reconstruction
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

Total reconstruction of Paterson Street from the City limits to the Port.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/Engineering
PROJECT NAME & NO.: (3) Linden/Champlain St Water Main Loop
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

To eliminate dead ends on Linden & Champlain Streets to
improve water quality.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- 1. Condition of existing equipment or facility.
- 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/Engineering
PROJECT NAME & NO.: (4) Spring Street Bridge Phase II Renov.
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

Repairs to the under deck of the Spring Street Bridge to
include base work, foundation and wall restoration. Phase I
(sealing of the upper deck) was completed in 2007.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/Engineering
PROJECT NAME & NO.: (5)DPW Salt Barn Roof
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

Replacement of the roof on the DPW salt barn, which is an
extremely deteriorated condition.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/Engineering
PROJECT NAME & NO.: (6)Paint Elevated Water Storage Tanks
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

We are starting to notice rust on the outside of the City's
potable water elevated storage tanks. They were last painted
in 2001 and 2002; they are due to be painted every 11th year.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/Engineering
PROJECT NAME & NO.: (7)Judson Street Sewer Enhancement Project
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2017
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

Separation of sewer lines, new sidewalks, curbs and street.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- X 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/Engineering
PROJECT NAME & NO.: (8)Water Force Main from Intake to Filters
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2017
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

The existing water force main is old and there is no backup.
The new line would provide redundancy protection for the
water treatment plant.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/Engineering
PROJECT NAME & NO.: (9) Replace Sludge Press at WWTP
PROJECT TYPE: RE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2016
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

To maintain proper operation of sewage treatment plant it
will be necessary to replace the sludge press.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENTS PROGRAM - FORM A

I		II	III							IV	V	VI	VII	
ITEM NO	PROJECT NAME	PROJECT TYPE (Table I)	DEPARTMENTAL PRIORITY CATEGORY (Table II)	CITY OF OGDENSBURG Dept. of Public Works/City Hall Date Submitted <u>October 28, 2013</u> Estimated Capital Cost per/year							ESTIMATED COST	STATUS OF IMPROVEMENT (Table V)	RECOMMENDED FINANCING (Table VI)	ESTIMATE IN MONTHS REQUIRED TO COMPLETE ACTIVITY
				2014	2015	2016	2017	2018	2019					
1	Heating System Imp.	RE	2	----	15,000	----	----	----	----	15,000	a	GR	8	
2	Elevator Upgrade	RE	1	----	75,000	----	----	----	----	75,000	b	GOB	12	
3	Windows Upgrade	BR	2	10,000	----	----	----	----	----	10,000	a	GR	12	
4	Building Repointing	BR	1	----	----	55,000	----	----	----	55,000	a	GOB	2	
ESTIMATED TOTAL COST				10,000	90,000	55,000	----	----	----	155,000				

TABLE I
 NE - New equipment request
 RE - Replacement of equipment
 BR - Bldg. repair or reconstruction
 BA - Building additions
 NB - New building
 OC - Other construction

TABLE II
 1 - Required to maintain current level of departmental functioning
 2 - Required to upgrade level of departmental functioning
 3 - Required to meet future department needs

TABLE V
 a - Nothing completed
 b - Preliminary plans
 c - Detail plans & specs.
 d - Pre-bidding prepared for
 e - Available from State Bid list
 f - Available via Purchase Order

TABLE VI
 GR - General Revenue
 SC - Service Charges
 UR - Utility Revenue
 GOB - Gen. Obl. Bonds
 SA - State Aid
 RB - Revenue Bonds
 WC - Working Capital or Revenue Fund
 CD - Community Development
 OFA - Other Federal Aid (specify)
 CR - Capital Reserve

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/City Hall
PROJECT NAME & NO.: (1)Heating System Improvements
PROJECT TYPE: RE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

Heating system improvements will result in energy savings.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/City Hall
PROJECT NAME & NO.: (2) Elevator Upgrade
PROJECT TYPE: RE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

The elevator was installed in 1986. Parts for repair
are now obsolete and are unavailable. A major upgrade
is required.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/City Hall
PROJECT NAME & NO.: (3) Windows Upgrade
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

The windows need to be upgraded as part of the energy
efficiency upgrades being completed in the building.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Public Works/City Hall
PROJECT NAME & NO.: (4)Building Repointing
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2016
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

To maintain the masonry integrity of the building and
maintain the structural integrity of the building walls.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Parks & Recreation
PROJECT NAME & NO.: (1) New Sander
PROJECT TYPE: NE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

Used as a primary sander for department. Department
sands all City property, sidewalks and trails.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- x 1. Condition of existing equipment or facility.
- x 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: Will require routine oil changes and yearly maintenance.

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Parks & Recreation
PROJECT NAME & NO.: (2) Reseal Maple City Trail
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

Preventative maintenance on 1.2 miles of trail.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Parks & Recreation
PROJECT NAME & NO.: (3) Montroy Park Field Renovation
PROJECT TYPE: OC
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

Total renovation of one baseball field at Montroy Park.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Parks & Recreation
PROJECT NAME & NO.: (4) Pool Fire Alarm System
PROJECT TYPE: NE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

A new system that will connect the pool to the Fire
Department.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- X 6. Improved safety to labor/public resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENTS PROGRAM - FORM A

I		II	III							IV	V	VI	VII	
ITEM NO	PROJECT NAME	PROJECT TYPE (Table I)	DEPARTMENTAL PRIORITY CATEGORY (Table II)	CITY OF OGDENSBURG Dept. of Fire Date Submitted <u>October 8, 2013</u> Estimated Capital Cost per/year							ESTIMATED COST	STATUS OF IMPROVEMENT (Table V)	RECOMMENDED FINANCING (Table VI)	ESTIMATE IN MONTHS REQUIRED TO COMPLETE ACTIVITY
				2014	2015	2016	2017	2018	2019					
1	Front Apron Repair	BR	3	----	75,000	----	----	----	----	75,000	a	CR	1	
2	Emergency Generator	RE	2,3	----	----	----	30,000	----	----	30,000	a	OFA	1	
ESTIMATED TOTAL COST				----	75,000	----	30,000	----	----	105,000				

TABLE I
 NE - New equipment request
 RE - Replacement of equipment
 BR - Bldg. repair or reconstruction
 BA - Building additions
 NB - New building
 OC - Other construction

TABLE II
 1 - Required to maintain current level of departmental functioning
 2 - Required to upgrade level of departmental functioning
 3 - Required to meet future department needs

TABLE V
 a - Nothing completed
 b - Preliminary plans
 c - Detail plans & specs.
 d - Pre-bidding prepared for
 e - Available from State Bid list
 f - Available via Purchase Order

TABLE VI
 GR - General Revenue
 SC - Service Charges
 UR - Utility Revenue
 GOB - Gen. Obl. Bonds
 SA - State Aid
 RB - Revenue Bonds
 WC - Working Capital or Revenue Fund
 CD - Community Development
 OFA - Other Federal Aid (specify)
 CR - Capital Reserve

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Fire
PROJECT NAME & NO.: (1) Front Apron Repair
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

Upgrade the front apron to enhance safety and decrease
vehicle chassis/frame deterioration.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- X 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Fire
PROJECT NAME & NO.: (2) Emergency Generator
PROJECT TYPE: RE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2017
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

To replace existing 36 year old emergency stand-by generator.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- X 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Police
PROJECT NAME & NO.: (1) Vehicles
PROJECT TYPE: RE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

To replace vehicles currently in use.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Police
PROJECT NAME & NO.: (2) Parking Lot Resurfacing
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

To repair existing black top surface that is deteriorating,
Before it is so bad it needs to be completely replaced.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Police
PROJECT NAME & NO.: (3) Clean & Repair Building Brickwork
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014-2019
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

Clean and seal existing brickwork that is still in good condition. Repair and replace deteriorating mortar joints and brickwork. Repairs need to be done before deterioration in various places negatively impacts the building's integrity, resulting in more extensive and costly future repairs.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Remington Art Museum
PROJECT NAME & NO.: (1) Computer Upgrade
PROJECT TYPE: NE
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2015-2018
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

Will replace aging computers, monitors and printers.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: Will be funded from museum revenues

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Remington Art Museum
PROJECT NAME & NO.: (2) Masonry Repair & Bay Window Roof
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

Complete restoration of Parish Mansion

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: To be funded by Museum capital campaign

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

- A. Tools: _____
- B. Supplies: _____
- C. Staff: Outside contractor(s)
- D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Remington Art Museum
PROJECT NAME & NO.: (3) Roof/Courtyard
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

I. PURPOSE: (To what use will requested item be put?)

Replace 311 Washington roof, main roof of Parish Mansion
and the Vilas Courtyard

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- 5. Reduction in labor requirement made possible by this item.
- 6. Improved safety to labor resulting from use of this item.
- 7. Improved departmental efficiency resulting from use of this item.

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: To be funded by Parks grant and other donations

A. Tools: _____

B. Supplies: _____

C. Staff: Outside contractor(s)

D. Maintenance: _____

CITY OF OGDENSBURG CAPITAL IMPROVEMENT PROGRAM - FORM B

PROJECT JUSTIFICATION

INSTRUCTIONS: Complete for each item and/or project enumerated on FORM A.

CITY DEPARTMENT: Library
PROJECT NAME & NO.: (1) Building Master Plan
PROJECT TYPE: BR
(See Form A, Table I)
RECOMMENDED YEAR FOR COMPLETION OF ACTIVITY: 2014
(See Form A, Column III)

8. Will this item be revenue producing? If so, specify.
(attach additional sheets if required)

I. PURPOSE: (To what use will requested item be put?)

An architect has been hired and preliminary discussions held. Patterns, energy concerns, handicapped access and related concerns have been identified by staff, friends, and Board. City Council has engaged in discussion about needs. Architect scheduled to survey building and needs.

II. NEED: (Why is this item required?) Examples: (For illustrative purposes only. Supportive data required where applicable.)

- X 1. Condition of existing equipment or facility.
- X 2. Age of existing equipment or facility.
- X 3. Cost of maintenance of existing equipment or facility.
- 4. Description of additional departmental services to be made possible by this item.
- X 5. Reduction in labor requirement made possible by this item.
- X 6. Improved safety to labor resulting from use of this item.
- X 7. Improved departmental efficiency resulting from use of this item.

III. OTHER EFFECTS: (Will this item necessitate additional departmental expenditures related to new tools, supplies, staff or maintenance costs?)

Specify: _____

A. Tools: _____

B. Supplies: _____

C. Staff: _____

D. Maintenance: _____
