



TOWN OF WAYLAND

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY13 - FY17 (FIVE YEARS)

| | | |
|---------------|---|--|
| PROJECT INFO: | Networking Upgrades <i>Project Title</i> | Yes <i>Included in Prior 5 Year Capital Plan? (Y/N)</i> |
|---------------|---|--|

| | | |
|------------------|--|--|
| PROJECT SPONSOR: | Leisha Simon <i>Sponsor (Advocate) Name</i> | leisha_simon@wayland.k12.ma.us <i>Contact Information</i> |
|------------------|--|--|

| | | |
|------------------------|---|---|
| APPROVING BODY / VOTE: | School Committee <i>Contact Name and Email Address</i> | 10/24/2011 <i>Date and Quantum of Vote (if required)</i> |
|------------------------|---|---|

| | |
|----------------------|---|
| PROJECT DESCRIPTION: | <p>Network wiring upgrades in the Middle and Elementary Schools to move from Cat 5e to Cat 6. This is to provide improved bandwidth performance to the desktop/client computers. Networking upgrades to support bring your own device and wireless growth for multiple hand-held devices.</p> |
|----------------------|---|

| | |
|------------------------|---|
| PROJECT JUSTIFICATION: | <p>Consistent funding will bring the District into closer alignment with the MA Department of Elementary and Secondary Education and National Standards as outlined by the International Society for Technology in Education's benchmarks for improved teaching and learning.</p> |
|------------------------|---|

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

| Does Not Meet or Does Not Apply | Partially Meets Criteria | Fully Meets Criteria |
|---------------------------------|--------------------------|----------------------|
| x | | |
| | | x |
| | x | |
| x | | |
| | | x |

EXPENDITURE SCHEDULE:

| ELEMENT | Prior to Date | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | Comments |
|----------------------|---------------|-----------|-----------|-----------|-----------|-----------|------------|----------|
| 1. PLANNING & DESIGN | | | | | | | \$ - | |
| 2. LAND | | | | | | | \$ - | |
| 3. CONSTRUCTION | | | | | | | \$ - | |
| 4. EQUIPMENT | | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 | \$ 250,000 | |
| 5. OTHER | | | | | | | \$ - | |
| TOTAL | \$ - | \$ 50,000 | \$ 50,000 | \$ 50,000 | \$ 50,000 | \$ 50,000 | \$ 250,000 | |

OPERATIONAL BUDGET IMPACT:

| | YES | NO | If YES, please provide details. |
|---|-----|----|--|
| 1. Will this Capital Request generate new revenue? | | x | |
| 2. Will this Capital Request <i>Increase</i> operating costs? | | x | |
| 3. Will this Capital Request <i>Decrease</i> operating costs? | | x | |
| 4. Will this Capital Request impact personnel? | x | | Improved technology services for staff and students. |

FUNDING SOURCES:

| | YES | NO | If YES, please provide details. |
|--|-----|----|---------------------------------|
| How will this Capital Request be paid for? | | | |
| 1. Borrowing/Cash Capital | x | | |
| 2. CPA Funds | | | |
| 3. Grants or Gifts | | | |
| 4. Other | | | |



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY13 - FY17 (FIVE YEARS)

| | | |
|-------------------------------|---|--|
| PROJECT INFO: | School Bus <i>Project Title</i> | No, but two buses were in FY09 capital plan <i>Included in Prior 5 Year Capital Plan? (Y/N)</i> |
| PROJECT SPONSOR: | Geoffrey MacDonald <i>Sponsor (Advocate) Name</i> | geoffrey_macdonald@wayland.k12.ma.us <i>Contact Information</i> |
| APPROVING BODY / VOTE: | Wayland School Committee <i>Contact Name and Email Address</i> | 10/24/11 voted as a placeholder <i>Date and Quantum of Vote (if required)</i> |
| PROJECT DESCRIPTION: | Purchase of one(1) full size, 77 or 71 passenger school bus to replace three old buses (1999, 2001, 2002). The 2002 has a blown engine and would cost \$17k to fix. The cost of repairs in FY11 for all three buses and the mini was \$15,978. The mileage on each bus as of 10/20/11 is 123,043 and 73,591, and 87,705, respectively. Wayland also owns a 2002 mini (seats 16) bus with 38,362 miles on it, which is used daily. The three full size buses would be sold at auction. | |
| PROJECT JUSTIFICATION: | Wayland only has one remaining driver employed. Bus service in Wayland, except for the one driver, is provided by the contractor First Student. The one driver and bus provide a regular route and do many field trips which in analysis is less expensive than going through the contractor. The possibility of Wayland undertaking it's own bus operation was addressed by the Abrahams Group. | |

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

| Does Not Meet or Does Not Apply | Partially Meets Criteria | Fully Meets Criteria |
|---------------------------------|--------------------------|----------------------|
| | X | |
| | X | |
| X | | |
| | X | |
| | | X |

EXPENDITURE SCHEDULE:

| ELEMENT | Prior to Date | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | Comments |
|----------------------|---------------|-----------|------|------|------|------|-----------|----------|
| 1. PLANNING & DESIGN | | | | | | | \$ - | |
| 2. LAND | | | | | | | \$ - | |
| 3. CONSTRUCTION | | | | | | | \$ - | |
| 4. EQUIPMENT | | 70,000 | | | | | \$ 70,000 | |
| 5. OTHER | | | | | | | \$ - | |
| TOTAL | \$ - | \$ 70,000 | \$ - | \$ - | \$ - | \$ - | \$ 70,000 | |

OPERATIONAL BUDGET IMPACT:

| | YES | NO | If YES, please provide details. |
|---|-----|----|--|
| 1. Will this Capital Request generate new revenue? | | X | |
| 2. Will this Capital Request <i>Increase</i> operating costs? | | X | No, it is less expensive to operate non-contractor bus |
| 3. Will this Capital Request <i>Decrease</i> operating costs? | X | | Repair cost savings |
| 4. Will this Capital Request impact personnel? | | X | Keeps on Wayland driver in Wayland owned bus |

FUNDING SOURCES:

| | YES | NO | If YES, please provide details. |
|--|-----|----|--|
| How will this Capital Request be paid for? | | | |
| 1. Borrowing/Cash Capital | | X | |
| 2. CPA Funds | | X | |
| 3. Grants or Gifts | | X | |
| 4. Other | X | | Sufficient balance in transportation revolving account |



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY13 - FY17 (FIVE YEARS)

PROJECT INFO:

| | |
|---|---|
| Bobcat with Snowblower and Sidewalk Sweeper | Y |
| <i>Project Title</i> | <i>Included in Prior 5 Year Capital Plan? (Y/N)</i> |

PROJECT SPONSOR:

| | |
|------------------------------------|----------------------------|
| School Department/Facilities Dept. | John Moynihan |
| <i>Sponsor (Advocate) Name</i> | <i>Contact Information</i> |

APPROVING BODY / VOTE:

| | |
|---------------------------------------|---|
| School Committee | |
| <i>Contact Name and Email Address</i> | <i>Date and Quantum of Vote (if required)</i> |

PROJECT DESCRIPTION:

| |
|---|
| Bobcat with Snowblower and Sidewalk Sweeper |
|---|

PROJECT JUSTIFICATION:

| |
|--|
| Vehicle to be used on the Wayland HS campus to plow the sidewalk and do cleanup plowing on the school grounds in winter. It will also be used to sweep walkways of sand and debris as well as grass clippings after DPW/Parks mows grounds and fields. |
|--|

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

| Does Not Meet or Does Not Apply | Partially Meets Criteria | Fully Meets Criteria |
|---------------------------------|--------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

EXPENDITURE SCHEDULE:

| ELEMENT | Prior to Date | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | Comments |
|----------------------|---------------|-----------|------|------|------|------|-----------|----------|
| 1. PLANNING & DESIGN | | | | | | | \$ - | |
| 2. LAND | | | | | | | \$ - | |
| 3. CONSTRUCTION | | | | | | | \$ - | |
| 4. EQUIPMENT | | 50,000 | | | | | \$ 50,000 | |
| 5. OTHER | | | | | | | \$ - | |
| TOTAL | \$ - | \$ 50,000 | \$ - | \$ - | \$ - | \$ - | \$ 50,000 | |

OPERATIONAL BUDGET IMPACT:

| | YES | NO | If YES, please provide details. |
|---|-----|----|---------------------------------|
| 1. Will this Capital Request generate new revenue? | | | |
| 2. Will this Capital Request <i>Increase</i> operating costs? | | | |
| 3. Will this Capital Request <i>Decrease</i> operating costs? | | | |
| 4. Will this Capital Request impact personnel? | | | More efficient use of manpower |

FUNDING SOURCES:

| | YES | NO | If YES, please provide details. |
|--|-----|----|---------------------------------|
| How will this Capital Request be paid for? | | | |
| 1. Borrowing/Cash Capital | X | | |
| 2. CPA Funds | | | |
| 3. Grants or Gifts | | | |
| 4. Other | | | |



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WAYLAND, MASSACHUSETTS 01778

CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY13 - FY17 (FIVE YEARS)

PROJECT INFO:

| | |
|--|---|
| Claypit Hill Classroom Furniture <i>Project Title</i> | No <i>Included in Prior 5 Year Capital Plan? (Y/N)</i> |
|--|---|

PROJECT SPONSOR:

| | |
|--|---|
| School Committee/Facilities Department <i>Sponsor (Advocate) Name</i> | John Moynihan <i>Contact Information</i> |
|--|---|

APPROVING BODY / VOTE:

| | |
|---|---|
| School Committee <i>Contact Name and Email Address</i> | 10/24/2011 <i>Date and Quantum of Vote (if required)</i> |
|---|---|

PROJECT DESCRIPTION:

This is the first year request of a multiple year program to replace classroom furniture throughout the school. The current furniture is 20-25 years old and beginning to break down.

PROJECT JUSTIFICATION:

Classroom furniture has a useful life of 15-20 years. This request will replace/update the classroom environment.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

| Does Not Meet or Does Not Apply | Partially Meets Criteria | Fully Meets Criteria |
|---------------------------------|--------------------------|----------------------|
| | X | |
| | | X |
| X | | |
| X | | |
| | | X |

EXPENDITURE SCHEDULE:

| ELEMENT | Prior to Date | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | Comments |
|----------------------|---------------|-----------|-----------|-----------|-----------|-----------|------------|----------|
| 1. PLANNING & DESIGN | | | | | | | \$ - | |
| 2. LAND | | | | | | | \$ - | |
| 3. CONSTRUCTION | | | | | | | \$ - | |
| 4. EQUIPMENT | | 30,000 | 30,000 | 35,000 | 35,000 | 25,000 | \$ 155,000 | |
| 5. OTHER | | | | | | | \$ - | |
| TOTAL | \$ - | \$ 30,000 | \$ 30,000 | \$ 35,000 | \$ 35,000 | \$ 25,000 | \$ 155,000 | |

OPERATIONAL BUDGET IMPACT:

| | YES | NO | If YES, please provide details. |
|---|-----|----|---------------------------------|
| 1. Will this Capital Request generate new revenue? | | X | |
| 2. Will this Capital Request <i>increase</i> operating costs? | | X | |
| 3. Will this Capital Request <i>Decrease</i> operating costs? | | X | |
| 4. Will this Capital Request impact personnel? | | X | |

FUNDING SOURCES:

| | YES | NO | If YES, please provide details. |
|--|-----|----|---------------------------------|
| How will this Capital Request be paid for? | | | |
| 1. Borrowing/Cash Capital | X | | |
| 2. CPA Funds | | | |
| 3. Grants or Gifts | | | |
| 4. Other | | | |



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY13 - FY17 (FIVE YEARS)

PROJECT INFO:

| | |
|--|---|
| Happy Hollow Classroom Furniture Replacement <i>Project Title</i> | No <i>Included In Prior 5 Year Capital Plan? (Y/N)</i> |
|--|---|

PROJECT SPONSOR:

| | |
|--|---|
| School Committee/Facilities Department <i>Sponsor (Advocate) Name</i> | John Moynihan <i>Contact Information</i> |
|--|---|

APPROVING BODY / VOTE:

| | |
|---|---|
| School Committee <i>Contact Name and Email Address</i> | 10/24/2011 <i>Date and Quantum of Vote (if required)</i> |
|---|---|

PROJECT DESCRIPTION:

| |
|---|
| Multi-year program to replace worn and outdated classroom furniture |
|---|

PROJECT JUSTIFICATION:

| |
|--|
| Current furniture is 20-25 years old. The replacement will help improve the classroom environment. |
|--|

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

| Does Not Meet or Does Not Apply | Partially Meets Criteria | Fully Meets Criteria |
|---------------------------------|--------------------------|----------------------|
| | X | |
| | | X |
| X | | |
| X | | |
| | | X |

EXPENDITURE SCHEDULE:

| ELEMENT | Prior to Date | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | Comments |
|----------------------|---------------|-----------|-----------|-----------|-----------|-----------|------------|----------|
| 1. PLANNING & DESIGN | | | | | | | \$ - | |
| 2. LAND | | | | | | | \$ - | |
| 3. CONSTRUCTION | | | | | | | \$ - | |
| 4. EQUIPMENT | | 30,000 | 30,000 | 35,000 | 35,000 | 25,000 | \$ 155,000 | |
| 5. OTHER | | | | | | | \$ - | |
| TOTAL | \$ - | \$ 30,000 | \$ 30,000 | \$ 35,000 | \$ 35,000 | \$ 25,000 | \$ 155,000 | |

OPERATIONAL BUDGET IMPACT:

| | YES | NO | If YES, please provide details. |
|---|-----|----|---------------------------------|
| 1. Will this Capital Request generate new revenue? | | X | |
| 2. Will this Capital Request <i>Increase</i> operating costs? | | X | |
| 3. Will this Capital Request <i>Decrease</i> operating costs? | | X | |
| 4. Will this Capital Request impact personnel? | | X | |

FUNDING SOURCES:

| | YES | NO | If YES, please provide details. |
|--|-----|----|---------------------------------|
| How will this Capital Request be paid for? | | | |
| 1. Borrowing/Cash Capital | X | | |
| 2. CPA Funds | | | |
| 3. Grants or Gifts | | | |
| 4. Other | | | |



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY13 - FY17 (FIVE YEARS)

PROJECT INFO:

| | |
|-------------------------|---|
| Claypit Hill Floor Tile | FY 12 |
| <i>Project Title</i> | <i>Included in Prior 5 Year Capital Plan? (Y/N)</i> |

PROJECT SPONSOR:

| | |
|--|----------------------------|
| School Committee/Facilities Department | John Moynihan |
| <i>Sponsor (Advocate) Name</i> | <i>Contact Information</i> |

APPROVING BODY / VOTE:

| | |
|---------------------------------------|---|
| School Committee | 10/24/2011 |
| <i>Contact Name and Email Address</i> | <i>Date and Quantum of Vote (if required)</i> |

PROJECT DESCRIPTION:

| |
|--|
| Remove and replace approximation 5600 SF of ACM floor tile and replace with vinyl-containing floor tile. |
|--|

PROJECT JUSTIFICATION:

| |
|---|
| Removes potential exposure to falling asbestos floor tiles which will improve the health and safety of students and staff.. |
|---|

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

| Does Not Meet or Does Not Apply | Partially Meets Criteria | Fully Meets Criteria |
|---------------------------------|--------------------------|----------------------|
| | | X |
| | | X |
| | X | |
| X | | |
| | | X |

EXPENDITURE SCHEDULE:

| ELEMENT | Prior to Date | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | Comments |
|----------------------|------------------|------------------|------------------|------------------|------------------|-------------|-------------------|----------|
| 1. PLANNING & DESIGN | | | | | | | \$ - | |
| 2. LAND | | | | | | | \$ - | |
| 3. CONSTRUCTION | 45,000 | 45,000 | 50,000 | 50,000 | 50,000 | | \$ 195,000 | |
| 4. EQUIPMENT | | | | | | | \$ - | |
| 5. OTHER | | | | | | | \$ - | |
| TOTAL | \$ 45,000 | \$ 45,000 | \$ 50,000 | \$ 50,000 | \$ 50,000 | \$ - | \$ 195,000 | |

OPERATIONAL BUDGET IMPACT:

| | YES | NO | If YES, please provide details. |
|---|-----|----|---------------------------------|
| 1. Will this Capital Request generate new revenue? | | X | |
| 2. Will this Capital Request <i>Increase</i> operating costs? | | X | |
| 3. Will this Capital Request <i>Decrease</i> operating costs? | | X | |
| 4. Will this Capital Request impact personnel? | | X | |

FUNDING SOURCES:

| | YES | NO | If YES, please provide details. |
|--|-----|----|---------------------------------|
| How will this Capital Request be paid for? | | | |
| 1. Borrowing/Cash Capital | X | | |
| 2. CPA Funds | | | |
| 3. Grants or Gifts | | | |
| 4. Other | | | |



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY13 - FY17 (FIVE YEARS)

PROJECT INFO:

| | |
|---|--|
| Claypit Hill Paving <i>Project Title</i> | FY 12 <i>Included in Prior 5 Year Capital Plan? (Y/N)</i> |
|---|--|

PROJECT SPONSOR:

| | |
|--|---|
| School Committee/Facilities Department <i>Sponsor (Advocate) Name</i> | John Moynihan <i>Contact Information</i> |
|--|---|

APPROVING BODY / VOTE:

| | |
|---|---|
| School committee <i>Contact Name and Email Address</i> | 10/24/2011 <i>Date and Quantum of Vote (if required)</i> |
|---|---|

PROJECT DESCRIPTION:

Repave existing parking lot to the left/rear of the building.

PROJECT JUSTIFICATION:

Improves safety and surface condition.

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

| Does Not Meet or Does Not Apply | Partially Meets Criteria | Fully Meets Criteria |
|---------------------------------|--------------------------|----------------------|
| | X | |
| | | X |
| X | | |
| | X | |
| | | X |

EXPENDITURE SCHEDULE:

| ELEMENT | Prior to Date | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | Comments |
|----------------------|---------------|-----------|-----------|------|------|------|------------|----------|
| 1. PLANNING & DESIGN | | | | | | | \$ - | |
| 2. LAND | | | | | | | \$ - | |
| 3. CONSTRUCTION | 55,000 | 50,000 | 50,000 | | | | \$ 100,000 | |
| 4. EQUIPMENT | | | | | | | \$ - | |
| 5. OTHER | | | | | | | \$ - | |
| TOTAL | \$ 55,000 | \$ 50,000 | \$ 50,000 | \$ - | \$ - | \$ - | \$ 100,000 | |

OPERATIONAL BUDGET IMPACT:

| | YES | NO | If YES, please provide details. |
|---|-----|----|---------------------------------|
| 1. Will this Capital Request generate new revenue? | | X | |
| 2. Will this Capital Request <i>Increase</i> operating costs? | | X | |
| 3. Will this Capital Request <i>Decrease</i> operating costs? | | X | |
| 4. Will this Capital Request impact personnel? | | X | |

FUNDING SOURCES:

| | YES | NO | If YES, please provide details. |
|--|-----|----|---------------------------------|
| How will this Capital Request be paid for? | | | |
| 1. Borrowing/Cash Capital | X | | |
| 2. CPA Funds | | | |
| 3. Grants or Gifts | | | |
| 4. Other | | | |



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY13 - FY17 (FIVE YEARS)

| | | |
|-------------------------------|---|---|
| PROJECT INFO: | Middle School Roof Replacement <i>Project Title</i> | Y <i>Included In Prior 5 Year Capital Plan? (Y/N)</i> |
| PROJECT SPONSOR: | School Committee/Facilities Dept. <i>Sponsor (Advocate) Name</i> | John Moynihan <i>Contact Information</i> |
| APPROVING BODY / VOTE: | School Committee <i>Contact Name and Email Address</i> | 10/24/2011 <i>Date and Quantum of Vote (if required)</i> |
| PROJECT DESCRIPTION: | Remove and replace existing EPDM roofing system with new roofing system. | |
| PROJECT JUSTIFICATION: | Project will stop water infiltration and decrease maintenance and energy costs. | |

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

| Does Not Meet or Does Not Apply | Partially Meets Criteria | Fully Meets Criteria |
|---------------------------------|--------------------------|----------------------|
| | | X |
| | | X |
| X | | |
| | | X |
| | | X |

| EXPENDITURE SCHEDULE: | | | | | | | | |
|-----------------------|---------------|--------------|------|------|------|------|--------------|----------|
| ELEMENT | Prior to Date | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | Comments |
| 1. PLANNING & DESIGN | | | | | | | \$ - | |
| 2. LAND | | | | | | | \$ - | |
| 3. CONSTRUCTION | | 1,500,000 | | | | | \$ 1,500,000 | |
| 4. EQUIPMENT | | | | | | | \$ - | |
| 5. OTHER | | | | | | | \$ - | |
| TOTAL | \$ - | \$ 1,500,000 | \$ - | \$ - | \$ - | \$ - | \$ 1,500,000 | |

| OPERATIONAL BUDGET IMPACT: | | | |
|---|-----|----|---------------------------------|
| | YES | NO | if YES, please provide details. |
| 1. Will this Capital Request generate new revenue? | | X | |
| 2. Will this Capital Request <i>Increase</i> operating costs? | | X | |
| 3. Will this Capital Request <i>Decrease</i> operating costs? | X | | Lower energy costs |
| 4. Will this Capital Request impact personnel? | | X | |

| FUNDING SOURCES: | | | |
|--|-----|----|---------------------------------|
| | YES | NO | if YES, please provide details. |
| How will this Capital Request be paid for? | | | |
| 1. Borrowing/Cash Capital | X | | |
| 2. CPA Funds | | | |
| 3. Grants or Gifts | | | |
| 4. Other | | | |



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CAPITAL IMPROVEMENT PROGRAM (CIP) CAPITAL APPROPRIATION REQUEST FY13 - FY17 (FIVE YEARS)

PROJECT INFO:

| | |
|---|--|
| Happy Hollow Floor Tile Replacement <i>Project Title</i> | Yes <i>Included in Prior 5 Year Capital Plan? (Y/N)</i> |
|---|--|

PROJECT SPONSOR:

| | |
|--|---|
| School Committee/Facilities Department <i>Sponsor (Advocate) Name</i> | John Moynihan <i>Contact Information</i> |
|--|---|

APPROVING BODY / VOTE:

| | |
|---|---|
| School Committee <i>Contact Name and Email Address</i> | 10/24/2011 <i>Date and Quantum of Vote (if required)</i> |
|---|---|

PROJECT DESCRIPTION:

| |
|--|
| Continuing replacement of ACM floor tile with vinyl-contain floor tile |
|--|

PROJECT JUSTIFICATION:

| |
|--|
| Removes potential exposure to asbestos floor tiles which will improve the health and safety of students and staff. |
|--|

EVALUATION CRITERIA: (Applies to current year budget requests only)

- A. ALTERNATIVE MEANS TO SATISFY NEEDS
- B. MAINTAINS OR IMPROVES THE STANDARD OF SERVICE
- C. MANDATED BY LEGAL OR REGULATORY REQUIREMENTS
- D. OPERATIONAL BUDGET IMPACT
- E. PROJECT FEASIBILITY, (READINESS)

| Does Not Meet or Does Not Apply | Partially Meets Criteria | Fully Meets Criteria |
|---------------------------------|--------------------------|----------------------|
| | | X |
| | | X |
| X | | |
| X | | |
| | | X |

EXPENDITURE SCHEDULE:

| ELEMENT | Prior to Date | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | Comments |
|----------------------|---------------|-----------|-----------|-----------|-----------|-----------|------------|----------|
| 1. PLANNING & DESIGN | | | | | | | \$ - | |
| 2. LAND | | | | | | | \$ - | |
| 3. CONSTRUCTION | | 45,000 | 60,000 | 50,000 | 55,000 | 55,000 | \$ 255,000 | |
| 4. EQUIPMENT | | | | | | | \$ - | |
| 5. OTHER | | | | | | | \$ - | |
| TOTAL | \$ - | \$ 45,000 | \$ 60,000 | \$ 60,000 | \$ 55,000 | \$ 55,000 | \$ 255,000 | |

OPERATIONAL BUDGET IMPACT:

| | YES | NO | If YES, please provide details. |
|---|-----|----|---------------------------------|
| 1. Will this Capital Request generate new revenue? | | X | |
| 2. Will this Capital Request <i>Increase</i> operating costs? | | X | |
| 3. Will this Capital Request <i>Decrease</i> operating costs? | | X | |
| 4. Will this Capital Request impact personnel? | | X | |

FUNDING SOURCES:

| | YES | NO | If YES, please provide details. |
|--|-----|----|---------------------------------|
| How will this Capital Request be paid for? | | | |
| 1. Borrowing/Cash Capital | X | | |
| 2. CPA Funds | | | |
| 3. Grants or Gifts | | | |
| 4. Other | | | |