

**TOWN OF EAST HAMPTON
EAST HAMPTON CT 06424**

BOARD OF FINANCE

Special Meeting
Monday, September 22, 2014
6:45 PM

Town Hall

AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Public Comments
4. Discuss and take possible action on a request to transfer funds within the Capital Reserve Fund (Public Works Chip Sealing) for the purpose of funding costs associated with repairs to Long Crossing culvert.
5. Adjournment

Town of East Hampton
FY 2014-2015 Capital Decision Package

Town Manager's Use

Approved:	
Not Approved:	
Other:	

Public Works

SUBMITTED BY: _____
Enter the Department, and division, if applicable

CONTACT PERSON: Philip Sissick
Enter the name and telephone number of the person who can best answer detailed questions about this project.

Title of Request/Project Name: Long Crossing Culvert Repairs
Enter the title best describing the project. Be concise, but as descriptive as possible.

This form should be used for capital items of \$7,500 and above.

Fiscal Year	Cost
2015	\$121,000.00
2016	
2017	
2018	
2019	

Project Description:

- 1) Repair Long Crossing Culvert, Construction, Inspection, and Design as per bid specs. It should be understood that repair recommendations are based on apparent and obvious conditions. Unknown defects may require additional work changes and incur additional cost.
Construction costs low apparent bidder NJR Construction, LLC - \$104,000.00
On call engineer Inspection, construction oversight and associated administration - \$17,000.00

Give a full, detailed description of the project. The description must contain enough information to allow for a detailed project cost estimate. If costs are estimated to exceed \$250,000 additional information may be required. If the project is construction of a building, specify the following: size; use; type of building; utility type; etc. If it is a street project, specify the following: length; width; whether it is new construction, reconstruction or resurfacing; whether it involves new signals, sewers, and/or sidewalks; etc. Photos and other documentation should also be submitted if they provide relevant information. Any project with insufficient information to develop a cost estimate will not be considered.

- 2) Useful Life (in years): 30

3) Purpose:

- Scheduled Replacement* Increased Personnel Efficiency
- New/Expanded Service Replace Obsolete/Unsafe Equipment*
- Other (please explain) _____

* Please note how old equipment will be disposed of

4) Justification: Culvert is in active sate of decline. Road will ultimately collapse into Pine Brook and block access to and from this area of Long Crossing.

Support the need for this project. Some of the questions you might want to consider below:

- Does the project meet established standards, codes or mandates?
- Does the project address a Town Council policy initiative or Board of Education goal?
- Does it address a health, fire, safety or security concern?
- Does it serve a segment of the community not currently served?
- Does it foster private investment? How much?
- Does it create jobs? How many? What type?
- Does it support economic development (i.e. tourism)?
- Does the project require additional staffing or operational increases (e.g. grant writer)?
- Does the project create any revenue?
- Do grant funds or other opportunities exist to offset costs?
- What will happen if the Town does not undertake this project?

5) How did you determine the project’s cost?

Construction Bid/inspection estimate

6) Additional Cost Data (Equipment Only)

Purchase Price: _____
 Less Trade-In: _____
 Net Cost: _____

7) Are non-Town revenues available to reduce cost (i.e. grants)?

Possibly

8) What will be the effect on your department if this project is delayed?

Further deterioration

9) Please describe the effect of this project on your operating budget.

Personnel Budget	Expense Budget:
<input type="checkbox"/> increase	<input type="checkbox"/> increase
<input type="checkbox"/> decrease	<input checked="" type="checkbox"/> decrease
<input checked="" type="checkbox"/> no change	<input type="checkbox"/> no change
<input type="checkbox"/> amount of change	<input type="checkbox"/> amount of change

10) PROJECT LOCATION AND SERVICE AREA: Give a brief description of the community impact the project will have as well as the area it will serve.

Allow passage across Long Crossing Culvert to and from residences on road.

11) SIGNATURE: The Department Director must sign the bottom of the form and date it. The signature indicates that the director approves of the submission of the project and agrees with the information provided.

Signature

Date

Finance Director's Note: There is \$491,332 available in the Chip Sealing account.