

2021 Capital Project Detail Form

Dept Corporate Services	Project # 1	Start Date April 1, 2020
Division Clerks Office / Parking	Project Name Downie Lot Improvements	End Date June 1, 2020
Brief Project Description To improve the condition of the Downie Parking Lot		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The Downie lot is in need of asphalt replacement and other repairs. As one of two free lots permitting overnight parking it is essential this lot remain in good condition.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	60,000	Reserve	60,000	100%	R-R11-PRKG
Vehicle					
Construction - asphalt resurfacing					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 60,000		\$ 60,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount 1,000 Annual or Current Yr Budget only? Annual
 Description There will be ongoing maintenance and pavement patching required. These funds are already included in the parking budget annually.

D. Consequences if this item is not approved:

The condition of the lot will continue to deteriorate and there could be additional insurance claims for trips and falls.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? Yes If yes, amended useful life in years 10 years
 Will this project maintain or increase service levels? Maintain

Explain:
 This project will ensure the lot remains in good condition and can continue to be used by members of the public.

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Corporate Services	Project # 2	Start Date February 1, 2021
Division Information Technology	Project Name Personal Computers	End Date June 1, 2021
Brief Project Description Computers, Laptops & Monitors		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

To keep current with technology and maintain the level of support and services, computers and laptops are to be replaced on a four year replacement plan.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Licensing	55,000	Reserve	55,000	100%	R-R11-ITCA
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 55,000		\$ 55,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____

Description _____

D. Consequences if this item is not approved:

The equipment will become out of warranty. Support and Service level will deteriorate.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____

Projected Replacement Year 2025

Projected Replacement Cost \$ 55,000

Projected Useful Life 4

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes _____

Asset ID # Various OR provide Make, Model, Year or Other Description: _____

Current Condition Rating 4

Will it extend useful life? No If yes, amended useful life in years _____

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? Yes _____ Expected Disposal Date December 1, 2021

Asset ID # Various OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Corporate Services	Project # 3	Start Date February 1, 2021
Division Information Technology	Project Name Unified Communication System	End Date June 1, 2021
Brief Project Description Integration of Microsoft Teams with Voice Over Internet Protocol (VOIP)		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Microsoft Teams full rollout with VOIP integration.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Licensing	15,000	Reserve	25,000	100%	R-R11-ITCA
Vehicle					
Construction					
Professional Fees	10,000				
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 25,000		\$ 25,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____

Description _____

D. Consequences if this item is not approved:

The project will enhance communication within City Staff groups.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Increase _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset No _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? Maintain _____

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Corporate Services	Project # 4	Start Date February 1, 2021
Division Information Technology	Project Name Network Enhancements	End Date June 1, 2021
Brief Project Description Upgrade and Enhance Network Hardware		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Based on a 5 year replacement cycle on network equipment across all City Facilities.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	90,000	Reserve	90,000	100%	R-R11-ITCA
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 90,000		\$ 90,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount 12,000 Annual or Current Yr Budget only? Annual
 Description Licensing on hardware

D. Consequences if this item is not approved:

Deterioration of existing network equipment leading to slowdown and issues with network.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset No

Asset ID # Various OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating 4
 Will it extend useful life? No If yes, amended useful life in years _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? Yes Expected Disposal Date August 2, 2021

Asset ID # Various OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Corporate Services	Project # 5	Start Date March 1, 2021
Division Information Technology	Project Name Wireless Enhancements	End Date July 1, 2021
Brief Project Description Upgrade and Enhance Wireless Hardware		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Based on a 5 year replacement cycle on network equipment across all City Facilities.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	65,000	Reserve	65,000	100%	R-R11-ITCA
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 65,000		\$ 65,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$15,000 Annual or Current Yr Budget only? Annual

Description Licensing on hardware

D. Consequences if this item is not approved:

Deterioration of existing network equipment leading to slowdown and issues with network.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? No

Asset ID # Various OR provide Make, Model, Year or Other Description: _____

Current Condition Rating 4

Will it extend useful life? No If yes, amended useful life in years _____

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? Yes Expected Disposal Date August 2, 2021

Asset ID # Various OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Corporate Services	Project # 6	Start Date March 1, 2021
Division Information Technology	Project Name Learning Management System	End Date August 1, 2021
Brief Project Description Learning Management System		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The City of Stratford requires a modernized, easy to use, accessible and flexible Learning Management System. This system will allow the City to create, distribute, and track training anywhere, on any corporate issued device.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Licenses	25,000	Reserve	25,000	100%	R-R11-ITCA
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 25,000		\$ 25,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount	\$8,000	Annual or Current Yr Budget only?	Annual
Description	Licensing costs		

D. Consequences if this item is not approved:

This project was started and was moved to 2021.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Corporate Services	Project # 7	Start Date March 1, 2021
Division Information Technology	Project Name Financial, Payroll and Tax System Enhancements	End Date July 1, 2021
Brief Project Description Financial System Enhancements		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Enable functionality within the system such as eSend and Virtual City Hall. This will further allow for integration with Citizen Portal project and eServices.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Licenses	25,000	Reserve	25,000	100%	R-R11-ITCA
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 25,000		\$ 25,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount	\$4,000	Annual or Current Yr Budget only?	Annual
Description	Licensing costs		

D. Consequences if this item is not approved:

This project will enhance Citizen experience.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Corporate Services	Project # 8	Start Date January 1, 2021
Division Information Technology	Project Name Website Enhancements	End Date July 1, 2021
Brief Project Description Website Enhancements		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The City upgraded its website in early 2020. In 2021 we are proposing to enhance the citizen experience by adding eservices and possibly a live attendant to our website.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Licenses	30,000	Reserve	30,000	100%	R-R11-ITCA
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 30,000		\$ 30,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount	\$30,000	Annual or Current Yr Budget only?	Annual
Description	Licensing costs		

D. Consequences if this item is not approved:

This project will enhance website usability experience.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Corporate Services	Project # 9	Start Date January 1, 2021
Division Clerk's Office	Project Name Records Management System	End Date May 1, 2021
Brief Project Description To acquire a new records management system for the City		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The City's former records management system, SIRE, is no longer supported and cannot be used by the City. In 2020, staff investigated a software upgrade with the current provider which proved to be cost prohibitive. Staff would like to issue a Request for Proposal for a Records Management System in order to ensure the system chosen is best suited to fit the Corporation's needs and is not cost prohibitive.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Reserve	100,000	100%	R-R11-ITCA
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify) Software	100,000				
Total Project Cost	\$ 100,000		\$ 100,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$50,000 Annual or Current Yr Budget only? Annual
 Description There will be annual support and licencing fees.

D. Consequences if this item is not approved:

The City will continue with our basic records management system but searching and retrieving records will not be as quick or an efficient process.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes
 Projected Replacement Year 2041
 Projected Replacement Cost \$ 100,000
 Projected Useful Life 20 years
 Will this project maintain or increase service levels? Increase

Explain:

With our current system it is taking longer to retain and search for records. With a new system the process will be easier and it can be rolled out to other departments for use.

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # 10	Start Date January 1, 2021
Division Recreation Facilities	Project Name Scissor Lift	End Date January 31, 2021
Brief Project Description Replace existing scissor lift		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Project will allow staff to continue to provide the same level of service for events. The project will allow staff to maintain elevated equipment such as lighting and providing event services for our community halls.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	42,000	Reserve	42,000	100%	R-R11-RECR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 42,000		\$ 42,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

The existing unit has been on borrowed time for the past few years. The item requires annual certification to enable use, and staff have been warned that the item is becoming unserviceable by our contractor.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____
 Projected Replacement Year 2036
 Projected Replacement Cost \$ 60,000
 Projected Useful Life 15
 Will this project maintain or increase service levels? Maintain

Explain:

The replacement will allow staff to continue to work safely at height.

E.2 Is this project a major repair or rehabilitation of an existing asset? No _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date January 31, 2021

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # <u>11</u>	Start Date January 1, 2021
Division Recreation Facilities	Project Name Ice Resurfacer	End Date July 1, 2021
Brief Project Description Replacement of existing ice resurfacer		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

In order to maintain present service levels in our arenas one ice resurfacer requires replacement. Electric model has multiple benefits including operational cost savings, reduction in emissions, energy savings and maintenance and fuel costs.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	154,000	Reserve	154,000	100%	R-R11-RECR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 154,000		\$ 154,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Inability to provide ice making on an ongoing basis.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year 2031

Projected Replacement Cost \$ 200,000

Projected Useful Life 10 years

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # 12	Start Date June 1, 2021
Division Recreation Facilities	Project Name Allman Cooling Tower	End Date July 31, 2021
Brief Project Description Replacement of the cooling tower at the Allman Arena		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
 Alman refrigeration condensor is a component of the ice making equipment used to give off heat. It has been failing for the last three years with many maintenance issues. It is the primary component on the roof that creates sound issues. Its replacement will enable the department to continue to provide high quality ice making at this location.

B. Project Financials

(revise list as required) Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve	128,000	100%	R-R11-RECR
Vehicle					
Construction					
Professional Fees					
Building Upgrades	128,000				
Other (specify)					
Total Project Cost	\$ 128,000		\$ 128,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
 Description This is replacement of an existing condensor. It will use similar electricity to the present model.

D. Consequences if this item is not approved:
 Loss of ability to provide ice for bookings at the Allman if the item fails.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year 2036
 Projected Replacement Cost \$ 170,000
 Projected Useful Life 15 years
 Will this project maintain or increase service levels? Maintain

Explain:
 The condensor gives off the heat removed from ice making water. Without it we cannot provide ice making at this location.

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating poor
 Will it extend useful life? Yes If yes, amended useful life in years 15
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # 13	Start Date June 1, 2021
Division Recreation Facilities	Project Name Allman Plate and Frame Rebuild	End Date July 31, 2021
Brief Project Description Evaporator rebuild		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The evaporator is an essential part of the refrigeration system. The plate and frame must be taken apart and rubber components replaced in order to maintain our existing service levels.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	26,000	Reserve	26,000	100%	R-R11-RECR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 26,000		\$ 26,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Eventually the plate and frame evaporator will begin to leak anhydrous ammonia.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year 2033

Projected Replacement Cost \$ 40,000

Projected Useful Life 12 years

Will this project maintain or increase service levels? Maintain

Explain:
The evaporator is an essential part of the refrigeration system. The plate and frame must be taken apart and rubber components replaced in order to maintain our existing service levels.

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating Poor

Will it extend useful life? Yes If yes, amended useful life in years _____

Will this project maintain or increase service levels? Maintain

Explain:
The rubber components in the Plate and Frame need to be replaced after 12 years.

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # 14	Start Date January 1, 2021
Division Recreation Facilities	Project Name Water Fountains (3)	End Date July 1, 2021
Brief Project Description Installation of three water fountains		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
 Provision of water fountains in the parks system promotes a healthy living ideal. Fountains will be located at Stratford Education and Recreation Centre (SERC), Upper Queens Park and Lions Pool.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	20,000	Reserve	25,000	100%	R-R11-RECR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (plumber)	5,000				
Total Project Cost	\$ 25,000		\$ 25,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$500 Annual or Current Yr Budget only? Annual

Description Increase on potable water consumption

D. Consequences if this item is not approved:
 Less use of sustainable drinking water bottles and more single use plastic going to landfill.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year 2046

Projected Replacement Cost \$ 32,000

Projected Useful Life 25 years

Will this project maintain or increase service levels? Increase

Explain:
 Purchase and installation of water bottle filling stations at Serc, Upper Queens and outside the pool will increase visibility of our drinking water resource for not only residents but also tourists in these high traffic park locations.

E.2 Is this project a major repair or rehabilitation of an existing asset? No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? Increase

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date January 31, 2021

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # 15	Start Date January 1, 2021
Division Recreation Facilities	Project Name Rotary Parking Lot Repairs	End Date July 1, 2021
Brief Project Description Repair the worst areas of the Rotary Complex Parking Lot		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Basic repairs to Rotary lot enables service provision to continue at existing levels.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	32,000	Reserve	32,000	100%	R-R11-RECR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 32,000		\$ 32,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Possible reduction in service due to untimely required repairs. Higher risk of lawsuits due to depth of potholes in the lot.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No _____

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____

Will this project maintain or increase service levels? Maintain _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # 16	Start Date April 1, 2021
Division Recreation Facilities	Project Name Back Stop Replacement at Packham	End Date May 1, 2021
Brief Project Description Replace back stops on Diamonds 3, 4 & 5		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Existing back stops have had many repairs and now need to be replaced to ensure a safe playing surface.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	20,000	Reserve	20,000	100%	R-R11-RECR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 20,000		\$ 20,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Diamonds would not be safe for use.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain

Explain:
Must be replaced in order to continue play on these diamonds.

E.2 Is this project a major repair or rehabilitation of an existing asset? No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # 17	Start Date August
Division Parks & Forestry	Project Name Optimist Park Playground Equipment Replacement	End Date September
Brief Project Description Replacing aging existing play structure in Optimist Park as per the replacement program.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Existing play structure is aging and in need of replacement with more accessible features. This project includes an accessible walkway from the sidewalk. This project was cancelled in 2020 due to COVID.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	82,000	Reserve	82,000	100%	R-R11-RPLT
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 82,000		\$ 82,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Structure will be removed if inspections show non satisfactory conditions.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____

Projected Replacement Year 2036

Projected Replacement Cost \$ 100,000

Projected Useful Life 15 years

Will this project maintain or increase service levels? Increase

Explain:
New, safe, accessible equipment will provide a busy neighbourhood increased play value.

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating Poor

Will it extend useful life? Yes If yes, amended useful life in years _____

Will this project maintain or increase service levels? Increase

Explain:
Replacement of aging playground equipment will provide more accessible play space for neighbourhood children.

E.3 Is there an asset to be disposed of? Yes _____ Expected Disposal Date At Time

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # 18	Start Date May 1, 2021
Division Cemetery	Project Name Cemetery Road Repair	End Date September 1, 2021
Brief Project Description Repair of deteriorated road sections		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

To repair deteriorated sections of roadway within the cemetery grounds. Specific areas are becoming seriously deteriorated resulting in potentially undriveable areas.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	22,000	Reserve	22,000	100%	R-R11-CEME
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 22,000		\$ 22,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount	Annual or Current Yr Budget only?	
Description	Decrease time to plow road surface and complete maintenance services.	

D. Consequences if this item is not approved:

Unusable sections of roadway within cemetery grounds.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1	Is this project a new purchase or construction? No _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? Maintain _____	
Explain:	Ongoing section repair.	
E.2	Is this project a major repair or rehabilitation of an existing asset Yes _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
Explain:		
E.3	Is there an asset to be disposed of? No _____ Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

2021 Capital Project Detail Form

Dept Community Services	Project # 19	Start Date May 1, 2021
Division Cemetery	Project Name Riding Mower with Leaf Picker Replacement	End Date September 1, 2021
Brief Project Description Replacement of front deck mower		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Replacement of front deck mower that is used for cemetery grass cutting, cemetery and park leaf pick-up and Rotary Complex blowing of sidewalks and entry ways.

B. Project Financials

(revise list as required) Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	42,000	Reserve	42,000	100%	R-R11-CEME
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 42,000		\$ 42,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Maintenance of cemetery grounds and snow removal would be incomplete.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No _____
 Projected Replacement Year 2026 _____
 Projected Replacement Cost \$ 50,000 _____
 Projected Useful Life 5 years _____
 Will this project maintain or increase service levels? Maintain _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? No _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? Maintain _____

Explain:

E.3 Is there an asset to be disposed of? Yes _____ Expected Disposal Date When new one purchased _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Community Services	Project # 20	Start Date 1-5-21
Division Transit	Project Name 40 Foot Conventional Bus purchases	End Date 1-12-21
Brief Project Description Purchase of two new buses		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

To assist in promoting equipment sustainability and to update an aging rolling stock that is becoming more expensive to repair and maintain, and to continue to lead the way in community-driven excellence. These buses replace a 2008 LFS 40 ft Nova and a 2007 35 ft Eldorado.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve	232,000	20%	R-R11-RGAS ICIP (Investing in Canada Infrastructure Program)
Vehicle 1	580,000	Grant	928,000	80%	
Vehicle 2	580,000				
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 1,160,000		\$ 1,160,000	1	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
 Description na

D. Consequences if this item is not approved:

Delivery of service would suffer when aging fleet repairs become difficult/costly to maintain.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____
 Projected Replacement Year 2021
 Projected Replacement Cost \$ 1,160,000
 Projected Useful Life 8 years
 Will this project maintain or increase service levels? both

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? No _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? Yes _____ Expected Disposal Date 01-06-21

Asset ID # _____ OR provide Make, Model, Year or Other Description: 2008 LFS 40 foot Nova; and 2007 Eldorado 35 foot

2021 Capital Project Detail Form

Dept Community Services	Project # 21	Start Date 1-5-21
Division Parallel Transit	Project Name Parallel Bus Replacement	End Date 1-12-21
Brief Project Description New bus purchase to replace aging fleet		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

One new Mobility bus to replace aging unit. To improve ways to get around the City which includes a sustainable service delivery that is accessible to people of all levels of ability. To show genuine interest in the well-being of everyone in the community and to demonstrate compassion in our work.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve	20,000	20%	R-R11-RGAS ICIP (Investing in Canada Infrastructure Program)
Vehicle	100,000	Grant	80,000	80%	
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 100,000		\$ 100,000	100	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount		Annual or Current Yr Budget only?	
Description	N/A		

D. Consequences if this item is not approved:

Higher maintenance costs will impact service delivery when buses need major repairs and are not usable.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1	Is this project a new purchase or construction?	Yes
Projected Replacement Year	2021	
Projected Replacement Cost	\$ 100,000	
Projected Useful Life	8 years	
	Will this project maintain or increase service levels?	both
Explain:		
E.2	Is this project a major repair or rehabilitation of an existing asset?	No
Asset ID #	OR provide Make, Model, Year or Other Description:	
Current Condition Rating		
Will it extend useful life?	If yes, amended useful life in years	
	Will this project maintain or increase service levels?	choose one
Explain:		
E.3	Is there an asset to be disposed of?	Yes
	Expected Disposal Date	01-06-21
Asset ID #	OR provide Make, Model, Year or Other Description:	

2021 Capital Project Detail Form

Dept Community Services	Project # 22	Start Date 1-5-21
Division Transit	Project Name Bus Shelters	End Date 1-12-21
Brief Project Description Update existing/new bus stops for accessibility with shelters		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
To promote accessibility standards at bus stops that are user friendly for customers of all levels of ability.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	150,000	Reserve	30,000	20%	R-R11-RGAS ICIP (Investing in Canada Infrastructure Program)
Vehicle		Grant	120,000	80%	
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 150,000		\$ 150,000	100	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description N/A

D. Consequences if this item is not approved:
Ease of bus stop use would be impacted and would create a negative customer experience and wouldn't promote independence.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____

Projected Replacement Year 2021

Projected Replacement Cost \$ 150,000

Projected Useful Life 25 years

Will this project maintain or increase service levels? both

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? No _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? choose one

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 23	Start Date May 3, 2021
Division Engineering	Project Name Sidewalk Improvements	End Date November 30, 2021
Brief Project Description Annual program for replacement of existing sidewalks in poor condition and elimination of trip hazards, plus an allowance for City contribution towards sidewalk replacement at driveways when requested by private citizens.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Required to meet minimum maintenance standards, and as per Council Policy S.2.10 Sidewalk Replacement at Driveways.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	130,000	Reserve	130,000	100%	R-R11-WORK
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 130,000		\$ 130,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount net zero Annual or Current Yr Budget only? _____

Description

D. Consequences if this item is not approved:

Will not comply with council policy, will not meet minimum maintenance standards, deterioration of sidewalk network and possible claims due to injury.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes

Asset ID # _____

OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? Yes

If yes, amended useful life in years _____

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____

OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 24	Start Date May 3, 2021
Division Engineering	Project Name Accessibility Improvements	End Date September 30, 2021
Brief Project Description Annual program to repair or correct sidewalk areas that do not meet AODA requirements, new curb cuts and/or ramps as requested by Accessibility Advisory Committee.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Compliance with Accessibility for Ontarians with Disabilities Act (AODA).

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	50,000	Reserve	50,000	100%	R-R11-WORK
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 50,000		\$ 50,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Accessibility improvements will not take place.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life 40 years
 Will this project maintain or increase service levels? Increase

Explain:
New ramps to increase accessibility.

E.2 Is this project a major repair or rehabilitation of an existing asset Yes _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? Yes If yes, amended useful life in years _____
 Will this project maintain or increase service levels? Increase

Explain:
Repair of an existing sidewalk or curb to make it accessible.

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 25	Start Date June, 2021
Division Engineering	Project Name Bridge Appraisal	End Date September, 2021
Brief Project Description Bi-annual Bridge inspections as mandated by the Province		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Inspection of all bridges and culverts according to O. Reg 104/97 and the Ontario Structure Inspection Manual; final year of current consultant's approved works.

B. Project Financials

(revise list as required)	Cost	(revise list as required)	Amount	%	Comments/Additional Detail
Expenses incl. 1.76% net HST		Method of Financing			
Equipment		Reserve	20,000	100%	R-R11-WORK
Vehicle					
Construction	-				
Professional Fees	20,000				
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 20,000		\$ 20,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Current

Description _____

D. Consequences if this item is not approved:

Deficiencies and deterioration of structures will continue; safety and operation concerns.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 26	Start Date May, 201
Division Engineering	Project Name Bridge Improvements	End Date October 1, 2021
Brief Project Description various bridge, footbridge, and culvert repairs		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Recommended work, included in the latest Ontario Structure Inspection Manual (OSIM) bridge appraisal reports, to maintain safety. Work includes erosion protection for various structures, maintenance and repairs to various footbridges and other structures, engineering work in preparation for retaining wall replacement along TJ Dolan Drive under the railway.

B. Project Financials

(revise list as required) Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	450,000	Reserve	450,000	100%	R-R11-RFED
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 450,000		\$ 450,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

If not approved, there will be deterioration of structures, safety concerns, and possible culvert collapse.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? Yes _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? Maintain _____

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 27	Start Date May, 2021
Division Engineering	Project Name New Sidewalks on Collector or Arterial Roads	End Date October, 2021
Brief Project Description Installation of new development charge eligible sidewalks on Mornington Street and at the Hospital		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Part of the implementation of the Bike and Pedestrian Master Plan recommendations. Priority projects requested by Active Transportation Advisory Committee and Accessibility Advisory Committee.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	200,000	Reserve (provide account #)	100,000	50%	R-R11-WORK
Vehicle		Reserve (provide account #)	100,000	50%	R-DIS-ROAD
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 200,000		\$ 200,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual
 Description increased maintenance and operation costs

D. Consequences if this item is not approved:

Pedestrian access and safety will continue to be an issue in these locations.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life 40 to 60 years
 Will this project maintain or increase service levels? Increase

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 28	Start Date January, 2021
Division Engineering	Project Name SWM Facility Cleanout Reserve	End Date January, 2021
Brief Project Description Annual program to establish a reserve fund for the upcoming cleanout and rehabilitation of existing stormwater management facilities.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Set aside funds to establish a reserve for the cleanout and rehabilitation of existing stormwater management facilities.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Reserve	50,000	100%	R-R11-STRM
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)	50,000				
Total Project Cost	\$ 50,000		\$ 50,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual

Description _____

D. Consequences if this item is not approved:

SWM facility cleanouts are estimated to cost over \$500,000, depending on the size of the facility, the level of contamination of the sediments within the pond, and costs for disposal. Without a reserve to fund the cleanout, long term financing will be required.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? Yes _____ If yes, amended useful life in years 25

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 29	Start Date March, 2021
Division Engineering	Project Name Pumping Station Upgrades	End Date December, 2021
Brief Project Description Upgrades to pumping stations as per 2015 Condition Assessment Report		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Continual improvements and upgrades ensure the integrity of the pump stations, the protection of the environment, and the health and safety of staff and the public.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	150,000	Reserve	150,000	100%	R-R11-WWTR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 150,000		\$ 150,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

The work is based on a 2014 assessment report that listed more than \$6,000,000 in upgrade recommendations. The upgrades include health and safety, electrical and process upgrades. Failure to continue to improve/upgrade could compromise safety and process related activities with increased risk to the public and staff.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? Yes _____ If yes, amended useful life in years 20 years
 Will this project maintain or increase service levels? Maintain _____

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 30	Start Date January, 2021
Division Engineering	Project Name Residential Service Upgrades-Sewer Subsidy program	End Date December, 2021
Brief Project Description Annual program to provide subsidy to eligible residential properties to replace aging sanitary services and eliminate infiltration.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Council Policy S.1.3 - Payback for this program is through reduced flows and treatment costs.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail	
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%		
Equipment	75,000	Reserve	50,000	67%	R-R11-WWTR	
Vehicle		Homeowners	25,000	33%		
Construction						
Professional Fees						
Building Upgrades						
Other (specify)						
Total Project Cost	\$ 75,000		\$ 75,000	100%	Total % must equal 100	

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Inflow and infiltration of the sanitary system results in higher flows and overflow events at the wastewater treatment plant costing hundreds of thousands of dollars per year in unnecessary treatment.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? Yes _____ If yes, amended useful life in years 60 years
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 31	Start Date January, 2021
Division Engineering	Project Name Basement Isolation	End Date December, 2021
Brief Project Description Annual program to provide subsidy to eligible properties in accordance with the basement isolation and sump pump subsidy program.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
Payback for this program is through reduced flows and treatment costs.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	30,000	Reserve	30,000	100%	R-R11-WWTR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 30,000		\$ 30,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____

Description _____

D. Consequences if this item is not approved:
Inflow and infiltration of the sanitary system results in higher flows and overflow events at the wastewater treatment plant costing hundreds of thousands of dollars per year in unnecessary treatment.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:
This project is a grant program for private property and does improve City assets.

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 32	Start Date March, 2021
Division Engineering	Project Name Water Pollution Control Plant Improvements	End Date November, 2021
Brief Project Description Annual allowance for various improvements to the Water Pollution Control Plant (WPCP) as recommended and required by Ontario Clean Water Agency.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
Continual improvements and upgrades ensures the integrity of the treatment plant and the protection of the environment and health and safety of staff and the public.

B. Project Financials
(revise list as required)

Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	350,000	Reserve	350,000	100%	R-R11-WWTR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 350,000		\$ 350,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:
Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:
Annual amounts are based on the 2014 needs report that listed more than \$8,500,000 recommended upgrades. The upgrades include health and safety, electrical, process and civil upgrades. They are determined yearly based on current conditions and priorities. Failure to continue to improve or upgrade could compromise safety and process related activities with increased risk to the public and staff.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____
Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? Yes _____ If yes, amended useful life in years 40 to 60 years
 Will this project maintain or increase service levels? Maintain _____
Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 33	Start Date August, 2021
Division Engineering	Project Name Sewer Relining	End Date October, 2021
Brief Project Description New annual program to rehabilitate deteriorated storm and sanitary mains by relining, eliminating the need for open cut construction and restoration.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Rehabilitation of deteriorated or failing storm and sanitary mains in the most cost effective manner.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Road	500,000	Reserve	500,000	100%	R-R11-WWTR
Storm					
Water					
Water					
Professional Fees					
Other (specify)					
Total Project Cost	\$ 500,000		\$ 500,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual _____

Decreased cost of maintenance and flushing of poorly performing sewers, reduction of infiltration resulting in less overflows at Wastewater Treatment Plant.

Description _____

D. Consequences if this item is not approved:

Sewer mains will continue to deteriorate, there will be more impacts to service, and mains will have to be replaced by open cut construction at significantly greater cost.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? Yes _____ If yes, amended useful life in years 50

Will this project maintain or increase service levels? Maintain _____

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 34	Start Date January, 2021
Division Engineering	Project Name Line 29 Pumping Station and Forcemains	End Date June, 2022
Brief Project Description Sanitary Pumping Station and Forcemains for new development south of Line 29		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
Provides sanitary service to new industrial lands and development.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Developer Contribution	1,264,000	32%	
Vehicle		Long Term Financing	2,736,000	68%	
Construction	3,360,000				
Professional Fees	640,000				
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 4,000,000		\$ 4,000,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual

Description operation and maintenance of a new facility

D. Consequences if this item is not approved:
Newly annexed lands will not be serviced and will not develop.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life 60 years

Will this project maintain or increase service levels? Increase

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 35	Start Date January 1, 2021
Division Environmental Services	Project Name Renewable Natural Gas	End Date December 31, 2022
Brief Project Description Renewable Natural Gas production at the Water Pollution Control Plant		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Installing infrastructure to allow for the codigestion of food organics. Developing Our Resources - Optimizing Stratford's physical assets and planning a sustainable future for Stratford's resources and environment.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Grant	5,000,000	22%	
Vehicle		Long Term Debt	17,700,000	78%	
Construction	19,700,000				
Professional Fees	3,000,000				
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 22,700,000		\$22,700,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? Annual
 There will be ongoing operating and debt costs for the project. Revenues generated from the sale of renewable gas and the acceptance of food organics is to provide the revenues needed to cover the costs.
 Description There is also the opportunity to earn yearly revenues in excess of costs.

D. Consequences if this item is not approved:

The City will continue to have food organics processed by an external contractor and the potential loss of revenue in excess of costs.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year 2052

Projected Replacement Cost

Projected Useful Life 30

Will this project maintain or increase service levels? Maintain

Explain:
Will provide the City with its own capabilities to process food organics.

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes

Asset ID # OR provide Make, Model, Year or Other Description:

Current Condition Rating

Will it extend useful life? Yes If yes, amended useful life in years 30

Will this project maintain or increase service levels? Maintain

Explain:
As part of the works required to accept food organics replacement of parts at the existing digestors at the WPCP will be carried out.

E.3 Is there an asset to be disposed of? No Expected Disposal Date

Asset ID # OR provide Make, Model, Year or Other Description:

2021 Capital Project Detail Form

Dept IDS	Project # 36	Start Date January, 2021
Division Engineering	Project Name Miscellaneous Water Repairs	End Date December, 2021
Brief Project Description An allowance for unplanned or emergency repairs required in the distribution system where immediate or timely attention is necessary		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
Ensures that safe drinking water is maintained during unexpected findings.

B. Project Financials
(revise list as required)

Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	100,000	Reserve	100,000	100%	R-R11-WATR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 100,000		\$ 100,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:
Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:
Lack of contingency funding should an unusual finding occur, that was not previously identified, and requires a timely or immediate response. This includes possible compromised water mains (poor condition at time of repair), lead removal on a watermain (lead poured joints), or any other finding that could put the system at risk.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____
Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? Yes _____ If yes, amended useful life in years 40 to 60 years
 Will this project maintain or increase service levels? Maintain _____
Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 37	Start Date Jun , 2021
Division Engineering	Project Name Mechanical Upgrades to Wells	End Date September, 2021
Brief Project Description Various repairs to wells in accordance with the "Well Monitoring Study" completed in Fall 2019 by C3 Water.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
 Maintain the City's resources and the services we provide to the public.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	100,000	Reserve	100,000	100%	R-R11-WATR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 100,000		\$ 100,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual

Description May vary from year to year based on the study but approximately \$125,000 to rehabilitate a well fully.

D. Consequences if this item is not approved:
 Wells must be maintained to ensure safe drinking water. Part of the multiple barrier approach.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:
 Required to ensure long term sustainability to the drinking water system.

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? Yes If yes, amended useful life in years 20 to 40 years

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 38	Start Date June, 2021
Division Engineering	Project Name Hydrant Distribution Monitoring	End Date August, 2021
Brief Project Description Monitoring equipment for water distribution analysis - year 2 of a 5 year program		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Equipment to purchase for distribution monitoring program to deal with leaks in the system.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	30,000	Reserve	30,000	100%	R-R11-WATR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 30,000		\$ 30,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual
 May vary from year to year , approximately \$30,000 annually

Description _____

D. Consequences if this item is not approved:

Leak detection would be a manual exercise but no real time monitoring - improves monitoring and results in less risk to the system.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Increase

Explain:
Increases monitoring for better response to distribution issues.

E.2 Is this project a major repair or rehabilitation of an existing asset No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 39	Start Date June, 2021
Division Engineering	Project Name Romeo Reservoir Works Phase 2	End Date September, 2021
Brief Project Description Continued rehabilitation of Romeo Street Reservoir including engineering services to oversee the project		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
 Inspection services and some repairs completed with 2019 project, remaining structural and other repairs to be finalized to ensure the continued operation of the reservoir.

B. Project Financials

(revise list as required) Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve	100,000	100%	R-R11-WATR
Vehicle					
Construction	80,000				
Professional Fees	20,000				
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 100,000		\$ 100,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:
 Amount _____ Annual or Current Yr Budget only? Current
 Description _____

D. Consequences if this item is not approved:
 Repair of the reservoir will not be completed.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____
Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years 20 to 40 years
 Will this project maintain or increase service levels? Maintain
Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 40	Start Date January, 2021
Division Water	Project Name Erie Street Watermain Extension	End Date December, 2021
Brief Project Description Extend watermain on Erie Street south to Line 29		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Provides water service to new industrial lands and development.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Developer Contribution	345,000	60%	
Vehicle		Long Term Financing	230,000	40%	
Construction	525,000				
Professional Fees	50,000				
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 575,000		\$ 575,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual
 Description Operation and maintenance of new infrastructure

D. Consequences if this item is not approved:

Newly annexed lands will not be serviced and will not develop.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life 80 Years
 Will this project maintain or increase service levels? Increase

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset No _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 41	Start Date April 2021
--------------------	------------------------	---------------------------------

Division Engineering	Project Name Asphalt Resurfacing	End Date October 2021
--------------------------------	--	---------------------------------

Brief Project Description

Annual program for the reconstruction/rehabilitation of various streets. Streets to be determined according to the pavement evaluation completed in 2019 and geotechnical report recommendations. Romeo Street from McCarthy Road to Arden Park, including minor storm sewer replacement between Arden Park and Devon. Bike lanes will be indicated between McCarthy Road and Devon Street. Budget includes allowance for crack sealing, and a geotechnical program to provide data for future roadworks.

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Annual program for the reconstruction and/or rehabilitation of various streets.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Road	1,000,000	Reserve	1,075,000	69%	R-R11-WORK
Storm	325,000		325,000	21%	R-R11-STRM
Sanitary	75,000		75,000	5%	R-R11-WATR
Water	75,000		75,000	5%	R-R11-WWTR
Professional Fees	75,000				
Other (specify)					
Total Project Cost	\$ 1,550,000		\$ 1,550,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount	Annual or Current Yr Budget only: Annual	
Description	Less patching, pothole and emergency repairs - will allow more work to be done on other non-improved roads	

D. Consequences if this item is not approved:

Deterioration of asphalt roads requiring more remediation and additional costs.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes _____

Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating _____		
Will it extend useful life? Yes _____	If yes, amended useful life in years _____	25
Will this project maintain or increase service levels? Maintain _____		

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____	OR provide Make, Model, Year or Other Description: _____
------------------	--

2021 Capital Project Detail Form

Dept IDS	Project # 42	Start Date April, 2021
Division Engineering	Project Name Huron Street Reconstruction Phase 1	End Date October, 2021
Brief Project Description Reconstruction of Huron Street from Mornington to approximately Avondale		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
Replacement of sanitary, water, storm and road which are all in poor condition - a Connecting Link project.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Road	1,915,000	Reserve	291,500	8%	R-R11-WORK
Storm	1,000,000		350,000	9%	R-R11-WWTR
Sanitary	350,000		560,000	15%	R-R11-WATR
Water	560,000		Grant	2,623,500	69%
Other (specify)					
Total Project Cost	\$ 3,825,000		\$ 3,825,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:
Amount some reduction Annual or Current Yr Budget only? Annual
Description new road, sidewalks and underground infrastructure will require less maintenance.

D. Consequences if this item is not approved:
Further deterioration of watermain, further breaks and repairs. Increased deterioration of road, storm sewer, sidewalks. Increased maintenance of sanitary system.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Increase

Explain:
New storm sewer will be designed to current standards and provide better drainage, updated signalized intersections will improve traffic flow.

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? Yes If yes, amended useful life in years 25 to 60 years
 Will this project maintain or increase service levels? Increase

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 43	Start Date October, 2021
Division Engineering	Project Name Queen Street Storm Trunk Sewer	End Date May, 2022
Brief Project Description Construction of the Queen Street Diversion trunk storm sewer by microtunnelling, from Brunswick Street to Lakeside Drive		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Construction of the Queen Street Diversion trunk storm sewer was recommended in the 2004 South Side Storm System Class EA. A Class Environmental Assessment Schedule B was completed in July 2017 and detailed design recommending microtunneling completed in November 2017. The City has until 2022 to construct the trunk sewer without completing another Class EA. This storm trunk sewer will divert drainage from the Brunswick/Rebecca trunk system which also runs under the Avon theatre and the downtown core, creating capacity in that sewer.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Road	220,000	Reserve	220,000	2%	R-R11-WORK
Storm	13,705,000		220,000	2%	R-R11-WWTR
Sanitary	220,000		75,000	1%	R-R11-WATR
Water	75,000		2,300,000	16%	R-R11-STRM
Professional Fees (Storm)	250,000	Long Term Financing	11,655,000	81%	
Other (specify)					
Total Project Cost	\$ 14,470,000		\$ 14,470,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

The current system of trunk sewers will be maintained. Many sections are undersized and the risk of flooding during our more frequent extreme storm events increases. The trunk sewer under the Avon Theatre, although rehabilitated to increase flow capacity, will still be undersized for large events and pose a risk.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____

Projected Replacement Year 2120
 Projected Replacement Cost \$ 20,000,000
 Projected Useful Life 100
 Will this project maintain or increase service levels? Increase

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 44	Start Date April, 2021
Division Engineering	Project Name Argyle Street Reconstruction	End Date October, 2021
Brief Project Description Reconstruction of road, replace sanitary, water and storm sewer in poor condition, from St. David to Cambria		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
see description

B. Project Financials
(revise list as required)

Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	Comments/Additional Detail
Road	310,000	Reserve	180,000		R-R11-STRM
Storm	260,000		220,000		R-R11-WATR
Sanitary	160,000		160,000		R-R11-WWTR
Water	220,000		390,000		R-R11-RFED
Building Upgrades Other (specify)					
Total Project Cost	\$ 950,000		\$ 950,000	0%	Total % must equal 100

C. Impact on Operating Budget Going Forward:
Amount some reduction Annual or Current Yr Budget only? Annual
Description new road, sidewalks and underground infrastructure will require less maintenance.

D. Consequences if this item is not approved:
Further deterioration of watermain, further breaks and repairs. Increased deterioration of road, storm sewer, sidewalks. Increased maintenance of sanitary system.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life 40 to 60 years
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 45	Start Date April, 2021
Division Engineering	Project Name MacKenzie Street Reconstruction	End Date October, 2021
Brief Project Description Reconstruction of road, replace sanitary, water and storm sewer in poor condition, St. David to Cambria		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
see description

B. Project Financials
(revise list as required)

Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Road	500,000	Reserve	500,000		R-R11-WORK
Storm	270,000		270,000		R-R11-STRM
Sanitary	160,000		220,000		R-R11-WATR
Water	220,000		160,000		R-R11-WWTR
Building Upgrades Other (specify)					
Total Project Cost	\$ 1,150,000		\$ 1,150,000	0%	Total % must equal 100

C. Impact on Operating Budget Going Forward:
 Amount some reduction Annual or Current Yr Budget only? Annual
 Description new road, sidewalks and underground infrastructure will require less maintenance.

D. Consequences if this item is not approved:
 Further deterioration of watermain, further breaks and repairs. Increased deterioration of road, storm sewer, sidewalks. Increased maintenance of sanitary system.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life 40 to 60 years
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 46	Start Date March, 2021
Division Engineering	Project Name House Service Applications	End Date November, 2021
Brief Project Description Installation of new or replacement storm, sanitary and water services for private property at owner request		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
 Current practice is to construct new services for private properties and recover those costs once the work is done. The services, once complete, are owned by the private properties, as per City policies.

B. Project Financials
 (revise list as required)

Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	Comments/Additional Detail
Road	100,000	Homeowners	400,000	100%	
Storm	100,000				
Water	100,000				
Sanitary	100,000				
Professional Fees					
Other (specify)					
Total Project Cost	\$ 400,000		\$ 400,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:
 Amount _____ Annual or Current Yr Budget only? _____
 Description _____

D. Consequences if this item is not approved:
 If not approved, private property owners will not be able to service their lands.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain
Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? Maintain
Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 47	Start Date March, 2021
Division Engineering	Project Name Street Lighting Improvements	End Date November, 2021
Brief Project Description Annual program to provide for new street lights		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Installation of new street lights in areas with poor lighting.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	25,000	Reserve	25,000	100%	R-R11-WORK
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 25,000		\$ 25,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount varies Annual or Current Yr Budget only? Annual
 Description Increased cost of electricity, dependent on number of street lights installed. Number of lights dependent on location and difficulty of installation, which in turn determines cost of installation.

D. Consequences if this item is not approved:

No improvement to low lit areas or intersections.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life 30 years
 Will this project maintain or increase service levels? Increase

Explain:
better lighting

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 48	Start Date May, 2021
Division Engineering	Project Name Signal Intersection Upgrades for AODA	End Date June, 2021
Brief Project Description 3rd of a 7 year program to install audible signals as mandated by the Province		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
 Provincially mandated by Accessibility for Ontarians with Disabilities Act (AODA).

B. Project Financials
 (revise list as required)

Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	Comments/Additional Detail
Equipment	42,000	Reserve	42,000	100%	R-R11-WORK
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 42,000		\$ 42,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:
 Amount varies _____ Annual or Current Yr Budget only? Annual
 Description _____

D. Consequences if this item is not approved:
 Signals will not be in compliance with the Accessibility for Ontarians with Disabilities Act (AODA).

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life 25 Years
 Will this project maintain or increase service levels? Increase

Explain:
 This project will provide audible signals at intersections.

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 49	Start Date June, 2021
Division Engineering	Project Name Pedestrian Crossing Improvements	End Date October, 2021
Brief Project Description New pedestrian crossings or intersection improvements. 2021 work to include Ontario/Church/St. Andrew and Downie/George streets.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

2019 Downtown Transportation Study will provide design and recommendations for the improvement of the pedestrian crossings and intersection improvements throughout the downtown core.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	100,000	Reserve	100,000	100%	R-R11-WORK
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 100,000		\$ 100,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Pedestrian safety will continue to be an issue at problematic intersections.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life 60 years
 Will this project maintain or increase service levels? Increase

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? Yes If yes, amended useful life in years 60 years
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 50	Start Date January, 2021
Division Public Works	Project Name 2021 Replacement Equipment - Roll Off Truck	End Date December, 2021
Brief Project Description Roll off plow/sander/brine truck		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Unit listed is at and or surpassed usable estimated lifespan.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	420,000	Reserve	420,000	100%	R-R11-FLET
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 420,000		\$ 420,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual
Description _____

D. Consequences if this item is not approved:

Not able to maintain current level of service - face overages in repair costing.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? New Purchase
 Projected Replacement Year 2031
 Projected Replacement Cost _____
 Projected Useful Life 10
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Repair

Asset ID # n/a OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating n/a
 Will it extend useful life? _____ If yes, amended useful life in years n/a
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? Yes Expected Disposal Date 01-09-21

Asset ID # K20 OR provide Make, Model, Year or Other Description: 2003 GMC 2 ton

2021 Capital Project Detail Form

Dept IDS	Project # 51	Start Date March, 2021
Division Public Works	Project Name 2021 Replacement Equipment - Shop Hoist	End Date April, 2021
Brief Project Description Shop Hoist		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

To continue to provide adequate service at the Public Works shop.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	85,000	Reserve	85,000	100%	R-R11-FLET
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 85,000		\$ 85,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual

Description _____

D. Consequences if this item is not approved:

Not able to maintain level of service - contracting more repairs out.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? New Purchase

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Repair

Asset ID # n/a OR provide Make, Model, Year or Other Description: _____

Current Condition Rating n/a

Will it extend useful life? _____ If yes, amended useful life in years n/a

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 52	Start Date March, 2021
Division Public Works	Project Name 2021 Replacement Equipment - Sidewalk Tractor	End Date April, 2021
Brief Project Description Sidewalk Tractor		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Unit listed is at and or surpassed usable estimated lifespan.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	150,000	Reserve	150,000	100%	R-R11-FLET
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 150,000		\$ 150,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual
Description _____

D. Consequences if this item is not approved:

Not able to maintain current level of service for sidewalk snow removal - face overages in repair costing.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? New Purchase
 Projected Replacement Year 2031
 Projected Replacement Cost _____
 Projected Useful Life 10
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Repair

Asset ID # n/a OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating n/a
 Will it extend useful life? _____ If yes, amended useful life in years n/a
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? Yes Expected Disposal Date 20-09-21

Asset ID # _____ OR provide Make, Model, Year or Other Description: 2005 Trackless Sidewalk Tractor

2021 Capital Project Detail Form

Dept IDS	Project # 53	Start Date March, 2021
Division Public Works	Project Name 2021 Replacement Equipment - Truck	End Date April, 2021
Brief Project Description 1 ton truck with front plow and sander		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Unit listed is at and or surpassed usable estimated lifespan.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment Vehicle Construction Professional Fees Building Upgrades Other (specify)	80,000	Reserve	80,000	100%	R-R11-FLET
Total Project Cost	\$ 80,000		\$ 80,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual

Description _____

D. Consequences if this item is not approved:

Not able to maintain current level of service - face overages in repair costing.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? New Purchase

Projected Replacement Year 2031

Projected Replacement Cost _____

Projected Useful Life 10

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Repair

Asset ID # n/a OR provide Make, Model, Year or Other Description: _____

Current Condition Rating n/a

Will it extend useful life? _____ If yes, amended useful life in years n/a

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? Yes Expected Disposal Date 01-09-21

Asset ID # N-21 OR provide Make, Model, Year or Other Description: 2008 Dodge 4x4

2021 Capital Project Detail Form

Dept Fleet	Project # 54	Start Date March, 2021
Division Public Works	Project Name 2021 Replacement Equipment - Pickups	End Date April, 2021
Brief Project Description Purchase of 3 4x4 pick up trucks		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Unit listed is at and or surpassed usable estimated lifespan.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	178,000	Reserve	178,000	100%	R-R11-FLET
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 178,000		\$ 178,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual
Description _____

D. Consequences if this item is not approved:

Not able to maintain current level of service - face overages in repair costing.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? New Purchase

Projected Replacement Year 2031

Projected Replacement Cost _____

Projected Useful Life 10

Will this project maintain or increase service levels? Maintain

Explain:

2019 Colorado mid size pickup truck L72 (not a good fit for PW too small) would be moved to Transit for Supervisor and purchase of new full size 4x4 pickup truck for PW.

E.2 Is this project a major repair or rehabilitation of an existing asset Repair

Asset ID # n/a

OR provide Make, Model, Year or Other Description: _____

Current Condition Rating n/a

Will it extend useful life? _____

If yes, amended useful life in years n/a

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? Yes Expected Disposal Date 01-09-21

Asset ID # 328

OR provide Make, Model, Year or Other Description: _____

2004 Chev pickup

2021 Capital Project Detail Form

Dept IDS	Project # 55	Start Date March, 2021
Division Public Works	Project Name 2021 Replacement Equipment - Loader	End Date April, 2021
Brief Project Description Front End Loader		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Unit listed is at and or surpassed usable estimated lifespan.

B. Project Financials

(revise list as required) Expenses incl. net HST		(revise list as required) Method of Financing		Amount	%	Comments/Additional Detail
Cost						
Equipment	250,000	Reserve		250,000	100%	R-R11-FLET
Vehicle						
Construction						
Professional Fees						
Building Upgrades						
Other (specify)						
Total Project Cost	\$ 250,000			\$ 250,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Annual
Description _____

D. Consequences if this item is not approved:

Not able to maintain current level of service - face overages in repair costing.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? New Purchase
 Projected Replacement Year 2031
 Projected Replacement Cost _____
 Projected Useful Life 10
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Repair

Asset ID # n/a OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating n/a
 Will it extend useful life? _____ If yes, amended useful life in years n/a
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? Yes Expected Disposal Date 20-09-21

Asset ID # _____ OR provide Make, Model, Year or Other Description: 2007 CAT 930H loader

2021 Capital Project Detail Form

Dept IDS	Project # 56	Start Date January 4, 2021
Division Waste	Project Name New Landfill Cell	End Date November 5, 2021
Brief Project Description Construction of a new landfill cell in order to allow for the disposal of waste.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

This project will allow the City to develop an existing resource making use of the approvals given by the Province to carry out landfill activities on the site.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	1,200,000	Reserve	1,200,000	100%	R-R11-WAST
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 1,200,000		\$ 1,200,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Current

Description Funds are already included in the operating budget to cover landfilling costs.

D. Consequences if this item is not approved:

Without capacity at the City's landfill we would need to find another landfill to dispose of the waste. This would result in significant costs to the City to send waste to a private facility.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? Yes If yes, amended useful life in years 5 - 8 years

Will this project maintain or increase service levels: Maintain

Explain:

The new cell will allow us to continue to use the site for landfill activities for which it has received provincial approval.

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 57	Start Date January 1, 2021
Division Waste	Project Name Landfill Buffer Purchase	End Date September 1, 2021
Brief Project Description Purchase of lands adjacent to landfill to provide a buffer.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

This is required by the Ministry of the Environment, Conservation & Parks.

B. Project Financials

(revise list as required) Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve	150,000	100%	R-R11-WAST
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other Land	150,000				
Total Project Cost	\$ 150,000		\$ 150,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? Current
 Description This is a one time purchase.

D. Consequences if this item is not approved:

An order may be issued by the Province to comply.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes
 Projected Replacement Year N/A
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain

Explain:

The land is currently vacant and the purchase will ensure that no development takes place on it next to the landfill.

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 58	Start Date June, 2021
Division Building	Project Name 47 Downie St - Masonry Repair	End Date August, 2021
Brief Project Description Repair Masonry from front façade of building		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The lower stonework at the front entry to the Tourism facility has been deteriorating over time and has reached a point where water is entering the wall structure behind the stone and is causing damage to the facility. This project was originally planned to be completed in 2019 and then again in 2020 but with COVID-19 the project has been delayed. We have engaged a consultant to start the design work for the replacement but this was also temporarily stopped due to the work stoppages in 2020. The work will proceed in early 2021 should this proposal be approved by Council.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	85,000	Reserve	85,000	100%	R-R11-FACI
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 85,000		\$ 85,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Damage to the sub-structure of 47 Downie as well as appearance issues for Tourists visiting this facility.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating Fair

Will it extend useful life? Yes If yes, amended useful life in years 30 years

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 59	Start Date April, 2021
Division Building	Project Name 82 Erie St - Replace 2 HVAC units	End Date June, 2021
Brief Project Description Replace HVAC units that have exceeded serviceable life.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The department has been working to replace the existing HVAC units on City facilities. The two remaining old HVAC units at 82 Erie Street have reached their serviceable life. In recent years we have had expensive repairs to these units. This replacement is part of the ongoing work to maintain the facility.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	85,000	Reserve	85,000	100%	R-R11-FACI
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 85,000		\$ 85,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____

Description _____

D. Consequences if this item is not approved:

This work if not approved, would result in expensive repairs and maintenance issued within the building including no heat or cooling.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating Poor

Will it extend useful life? Yes If yes, amended useful life in years 25 years

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 60	Start Date May, 2021
Division Building	Project Name 82 Erie St - Masonry Repairs	End Date July, 2021
Brief Project Description Repair masonry by re-pointing program		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
 This project is to start a program of maintaining the masonry work by hiring a consultant to review and provide the City with a plan to repair/repoint the existing masonry to maintain the historical features of the Annex building.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	10,000	Reserve	10,000	100%	R-R11-FACI
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 10,000		\$ 10,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:
 Amount _____ Annual or Current Yr Budget only? _____
 Description _____

D. Consequences if this item is not approved:
 If no work is completed the building will continue to deteriorate and masonry could become dislodged and fall, becoming a hazard.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating Fair/Poor
 Will it extend useful life? Yes If yes, amended useful life in years 25 years
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 61	Start Date May, 2021
Division Building	Project Name 270 Water St - Window Replacement	End Date August, 2021
Brief Project Description Hire Consultant and start painting program		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The intent of this project is to hire a consultant to provide for a plan to refurbish the exterior windows on the designated building at 270 Water street. Once we have the final report and tender documents we will in subsequent years start a program to repaint the existing windows and potentially install storm windows to protect the windows.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Reserve	30,000	100%	R-R11-FACI
Vehicle					
Construction	20,000				
Professional Fees	10,000				
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 30,000		\$ 30,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

Windows will deteriorate and allow water to enter the building wall system and cause future issues and costly repairs to the building.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating Poor
 Will it extend useful life? Yes If yes, amended useful life in years 25 years
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 62	Start Date June, 2021
Division Building	Project Name 1 Wellington St - Front Stairs and Masonry Repairs	End Date August, 2021
Brief Project Description Maintain existing front stairs and walls at City Hall		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The stair at City Hall is a tourist destination and a favorite spot for photos. Replacement of the stair with a new stair for this heritage building has been estimated at over \$600,000. In lieu of replacement of the stairs, annual maintenance to maintain the safety and elegance of the stairs is required. In addition, spot masonry repairs to the building are necessary. Maintenance is required on an annual basis due to the age and characteristics of the materials.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	25,000	Reserve	25,000	100%	R-R11-FACI
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 25,000		\$ 25,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

There would be safety and appearance issues for both the main historical entrance of the City Hall and remaining brickwork.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating Fair
 Will it extend useful life? Yes If yes, amended useful life in years 25 years
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 63	Start Date July, 2021
Division Building	Project Name 1 Wellington St - Exterior Painting	End Date August, 2021
Brief Project Description Maintain existing windows and trim work with paint maintenance		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

City Hall is a tourist destination and a favourite spot for photos. The interior and exterior windows and details at City Hall require a certain amount of annual maintenance to maintain the appearance of City Hall as well as to protect these items from deterioration. The plan will be to continue with painting the exterior of the building in a multi-year approach. Currently there are many locations where the paint is starting to peel and flake off.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	30,000	Reserve	30,000	100%	R-R11-FACI
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 30,000		\$ 30,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____

Description _____

D. Consequences if this item is not approved:

The lifespan of the windows and trim items would be shortened as they would not be protected from the elements.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating Fair

Will it extend useful life? Yes If yes, amended useful life in years 15 years

Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Infrastructure & Development Services	Project # <u>64</u>	Start Date February, 2021
Division Building Services	Project Name 17 George St - Accessible Access to the Police Station	End Date June, 2021
Brief Project Description Study and design to provide accessible access to the Police Station		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The current barrier free access to the Police station is located at the rear of the building and not at the public entry to the station abutting the street. This causes an operational issue for the Police. The existing barrier free access is a work around to allow access to the building to those accessibility issues. The extent of this project would be to complete a study to review possible options for access and to provide designs. Construction of the barrier free access would be subject to budget approval in subsequent years, probably 2022.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve	30,000	100	R-R11-FACI
Vehicle					
Construction	-				
Professional Fees	30,000				
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 30,000		\$ 30,000	100	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

If this project is not completed, the City could be open to a human rights complaint.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes/No

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain/Increase

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating Poor
 Will it extend useful life? Yes If yes, amended useful life in years 25 years
 Will this project maintain or increase service levels? Increase

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 65	Start Date February, 2021
Division Building	Project Name 17 George St - Shower replacement	End Date March, 2021
Brief Project Description Replace existing shower rooms		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The shower areas within the existing Police station are aging and require additional maintenance time. This project would replace the existing shower rooms with new finishes which would be easier to clean/maintain as well as become more accessible for access.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	35,000	Reserve	35,000	100%	R-R11-FACI
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 35,000		\$ 35,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____	Annual or Current Yr Budget only? _____
Description _____	

D. Consequences if this item is not approved:

Lifespan of showers and changerooms would be shortened, and leaking would cause more costly future repairs.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset Yes

Asset ID # _____	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating <u>Fair</u>	
Will it extend useful life? <u>Yes</u>	If yes, amended useful life in years <u>20 years</u>
Will this project maintain or increase service levels? <u>Maintain</u>	

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____	OR provide Make, Model, Year or Other Description: _____
------------------	--

2021 Capital Project Detail Form

Dept IDS	Project # 66	Start Date June, 2021
Division Building	Project Name 17 St. Andrew St - Bench and Accessible Ramp	End Date September, 2021
Brief Project Description Replace existing sidewalk and benches at Library		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

This project would generally include replacement of concrete and pavenstone area on the east side of the Library building and would allow persons from the barrier free parking spaces on the south side of the building to access the book drop where they cannot currently do so.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	35,000	Reserve	35,000	100%	R-R11-FACI
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 35,000		\$ 35,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

This work if not approved, would result in persons with disabilities having difficulties returning books and materials to the book drop.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? Yes

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating Fair
 Will it extend useful life? Yes If yes, amended useful life in years 30 years
 Will this project maintain or increase service levels? Maintain

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 67	Start Date March, 2021
Division Engineering	Project Name Transportation Master Plan Update	End Date December, 2021
Brief Project Description Update the Transportation Master Plan		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The master plan, last completed in 2010, should be updated to include new developments, completed annexations, and future growth. The master plan will ensure our transportation network will continue to provide acceptable service for current and future growth.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	175,000	Reserve	175,000	100%	R-DIS-ROAD
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 175,000		\$ 175,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
Description _____

D. Consequences if this item is not approved:

If not approved, staff will continue to implement current, but out of date, recommendations while attempting to extrapolate them for all lands not included in the current master plan. It may result in over or under design of infrastructure.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset No _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? Increase

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept IDS	Project # 68	Start Date May, 2021
Division Engineering	Project Name Development Charge Study	End Date March, 2022
Brief Project Description Update the current Development Charge Study and by-law		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
 The current Development Charges By-law will expire in April of 2022. A new study and by-law are required in order for the City to continue to collect development charges.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	70,000	Reserve	70,000	100%	G-R18-STUD-0000
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 70,000		\$ 70,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____

Description _____

D. Consequences if this item is not approved:
 If not approved, the current by-law will expire, and the City will not be in compliance with legislation or be able to collect development charges.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset No _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? Increase _____

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Social Services	Project # 69	Start Date During 2021
Division Housing	Project Name Driveways and Parking Lots	End Date During 2021
Brief Project Description Replacement of driveway and parking lot at 9 Fulton, Milverton		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Existing driveways at 9 Fulton, Milverton (9 units) has reached the end of life, creating trip hazards and liability issues due to deteriorating pavement.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Reserve	35,000	100%	R-R11-HOUS
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Driveway Replacement	35,000				
Total Project Cost	\$ 35,000		\$ 35,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? Current
 Description Impact is only on current year budget

D. Consequences if this item is not approved:

Existing driveways are currently at the end of life. Deterioration has created trip hazards and safety issues. Failure to replace existing driveways may result in liability issues.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Social Services	Project # 70	Start Date During 2021
Division Housing	Project Name Connectivity and Security Systems	End Date During 2021
Brief Project Description Installation of new video surveillance and electronic door systems		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

In 2020, the Housing and IT Divisions jointly engaged the services of a connectivity consultant (Synnapex) to conduct a thorough needs assessment of the security requirements for the multi-residential properties owned and managed by the City (Britannia) and the Perth & Stratford Housing Corporation (19 sites). The recommendations from this study are being used to guide a multi-year phased in approach to upgrading the video surveillance systems and introducing new electronic door locking systems (saltos) throughout the portfolio. This will have large impact on improving the safety and security of housing units for our tenants, and will also reduce operating costs in the long-term as less staff time will be needed to address lock changes and to manually retrieve video footage, particularly for sites in St. Marys and Perth County.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Reserve	145,000	100%	R-R11-HOUS
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Connectivity/Security	145,000				
Total Project Cost	\$ 145,000		\$ 145,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$200,000 Annual or Current Yr Budget only? Annual

Description We are currently awaiting final cost estimates from Synnapex, however, initial projections indicate that the capital cost of installing video surveillance and electronic door systems throughout the portfolio will be about \$200,000. This will be offset by reductions in operating expenses related to the need to manually change door locks and retrieve video footage.

D. Consequences if this item is not approved:

Failure to implement a new connectivity/security system will impact safety and security of the properties, and lead to possible liability issues and complaints.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year _____

Projected Replacement Cost _____

Projected Useful Life _____

Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Social Services	Project # 71	Start Date During 2021
Division Housing	Project Name Fire alarm systems	End Date During 2021
Brief Project Description Replacement of heat/fire alarm equipment		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Existing smoke/heat detectors, pull stations and alarm panels are reaching the end of their lives. This project was originally approved in the 2020 Capital Budget, but was cancelled due to budgetary pressures related to COVID.

B. Project Financials

(revise list as required) Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve	268,000	100%	R-R11-HOUS
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Fire Alarm Systems	268,000				
Total Project Cost	\$ 268,000		\$ 268,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? Current
 Description No ongoing operating costs above existing costs are anticipated with this replacement.

D. Consequences if this item is not approved:

Failure to replace existing systems will contravene legislative safety requirements to maintain a fire alerting system. This would increase life safety risks as well as litigation risks.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Social Services	Project # 72	Start Date During 2021
Division Housing	Project Name Kitchens	End Date During 2021
Brief Project Description Replacement of the kitchen cabinets		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Kitchen cabinets in most units are original and have long passed their useful life expectancy. Legislation mandates landlords to maintain a certain level of maintenance on the properties. Cabinets will be exchanged during until turnover.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Reserve	175,000	100%	R-R11-HOUS
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Kitchens	175,000				
Total Project Cost	\$ 175,000		\$ 175,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? Current
 Description No ongoing operating costs are anticipated with this replacement.

D. Consequences if this item is not approved:

Failure to replace cupboards has the potential of not meeting legislative requirements to maintain the buildings to an acceptable standard.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Social Services	Project # 73	Start Date During 2021
Division Housing	Project Name Furnaces	End Date During 2021
Brief Project Description Replacement of furnaces in family units		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Several family unit furnaces have reached the end of life. Replacement of furnaces is required in order to reduce the likelihood of heating system failures which will result in increased operating costs.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Reserve	50,000	100%	R-R11-HOUS
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Furnaces	50,000				
Total Project Cost	\$ 50,000		\$ 50,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? Current
 Description No additional operating costs are anticipated with this replacement.

D. Consequences if this item is not approved:

Furnaces that are not replaced and are at the end of life cycle have a greater risk of breakdown which will result in increased operating costs to repair as well as potential after hours service costs.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Social Services	Project # 74	Start Date April 1, 2020
Division Britannia	Project Name Britannia Phase 2	End Date December 31, 2020
Brief Project Description Build of 25 Unit affordable housing building		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

This is the second phase of the Britannia Street affordable housing build, which was approved by Council in 2017. This build will add approximately 25 new affordable housing units to the City's housing stock. This project is directly referenced under development of resources in the strategic priority plan.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Construction	6,000,000	Grant	1,063,920	18%	OPHI Year 2 and 3 funding (Ontario Priorities Housing Initiative)
		Long Term Financing	4,936,080	82%	
Total Project Cost	\$ 6,000,000		\$ 6,000,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount _____ Annual or Current Yr Budget only? _____
 Description Once built, phase 2's operating costs, which include payback of debentures, will be recovered through user fees (rental payments).

D. Consequences if this item is not approved:

As mentioned in section A, phase 2 of the Britannia build was approved in principle by Council in 2017 and is directly spoken to in the City's strategic priorities. Not following through on this build could result in loss of the OPHI funding earmarked for this project, as well as failing to comply with both the City's strategic priorities and the community's 10-year Housing and Homelessness Plan.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes _____
 Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? _____
Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____
Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____
 Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2020 Capital Project Detail Form

Dept Stratford Public Library	Project # 75	Start Date 1-1-21
Division	Project Name Library Collection	End Date 31-12-21
Brief Project Description Annual purchase of library materials		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The purchase of physical and electronic books, audio-visual, and other information resources such as research databases. It enables the core mission of the Library to provide the community with timely and relevant information and cultural resources.

B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Book Collection	250,500	Reserve (provide account #)	230,500	92	R-R11-LIBR
Vehicle		Development Charges	20,000	8	R-DGS-LIBR
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 250,500		\$ 250,500	100	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$250,500 Annual or Current Yr Budget only? Annual
 Description Cost may increase for annual inflation or depending on formats/resources required.

D. Consequences if this item is not approved:

If this project is not approved, it will result in the Library being unable to provide its core services. The Stratford community would lose access to timely, accurate and high quality informational/cultural resources.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year _____
 Projected Replacement Cost _____
 Projected Useful Life _____
 Will this project maintain or increase service levels? Maintain

Explain:

E.2 Is this project a major repair or rehabilitation of an existing asset? No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? Yes Expected Disposal Date various

Physical library materials are de-selected and replaced based on deterioration and usage patterns. Digital materials are frequently restricted licensing periods of either a specific time frame or a limited number of uses.

Asset ID # _____ OR provide Make, Model, Year or Other Description: as above

2021 Capital Project Detail Form

Dept Stratford Public Library	Project # 76	Start Date January 1, 2021
Division	Project Name Library Computer Equipment	End Date December 31, 2021
Brief Project Description Replacement public access computers, firewall		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):
 Routine replacement of computer equipment, as per maintenance/warranty schedule.

B. Project Financials
 (revise list as required)

Expenses incl. 1.76% net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	32,200	Reserve	32,200	100%	R-R11-LIBR
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 32,200		\$ 32,200	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? Current
 Description Capital computer equipment is replacement only for existing services.

D. Consequences if this item is not approved:
 Reduced functionality of core public service; possibility of service outages; potential to compromise security of public and organizational data.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year 2025
 Projected Replacement Cost \$ 34,900
 Projected Useful Life 4 years
 Will this project maintain or increase service levels? Maintain

Explain:
 Public computers are replaced on a 4 year cycle. The Library's firewall requires upgrades, per maintenance schedule.

E.2 Is this project a major repair or rehabilitation of an existing asset? No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? _____ Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Stratford Public Library	Project # <u>77</u>	Start Date January 1, 2021
Division	Project Name Carpet Replacement	End Date 31/12/2021
Brief Project Description Replacement of carpet in public areas.		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Supports the hygienic and safe delivery of library services. Sections of existing carpet in poor condition.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment		Reserve	17,800	100%	
Vehicle					
Construction					
Professional Fees					
Building Upgrades	17,800				
Other (specify)					
Total Project Cost	\$ 17,800		\$ 17,800	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$0 Annual or Current Yr Budget only? Current
 Description Not all affected carpet will be able to be replaced within the standard capital budget for the library; complete replacement anticipated to require several years but will not affect the operating budget.

D. Consequences if this item is not approved:

Health & safety risk due to tripping hazards, lowered hygiene levels.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? Yes

Projected Replacement Year 2036
 Projected Replacement Cost \$ 24,000
 Projected Useful Life 15 years
 Will this project maintain or increase service levels? Maintain

Explain:
 Durable carpet tile will be purchased; repairs anticipated to be minimal.

E.2 Is this project a major repair or rehabilitation of an existing asset? No

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Stratford Police Service	Project # 78	Start Date January 1, 2021
Division	Project Name Telephone System Upgrade	End Date December 31 2021
Brief Project Description		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Update and upgrade of service administrative phone system. Current system is approaching end of life in 2021.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	128,592	Reserve	158,000	100%	R-R11-POLI
Vehicle					
Construction					
Professional Fees	29,380				
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 157,972		\$ 158,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$24,000 Annual or Current Yr Budget only? Annual
 Description Maintenance agreement for system projected cost is \$24,000 annually. Includes priority service call and network monitoring. This cost has been applied to the 2021 draft budget.

D. Consequences if this item is not approved:

Administrative phone system is critical to the operations of the police service. While somewhat different than the 911, the administrative system receives a high percentage of urgent and non-urgent calls from the community.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No
 Projected Replacement Year _____
 Projected Replacement Cost \$ 250,000
 Projected Useful Life 10
 Will this project maintain or increase service levels? Maintain

Explain:
 Upgrading the current phone system will ensure administrative phone line support for approximately 10 years.

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____
 Current Condition Rating _____
 Will it extend useful life? _____ If yes, amended useful life in years _____
 Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

2021 Capital Project Detail Form

Dept Stratford Police Service	Project # <u>79</u>	Start Date January 1, 2021
Division	Project Name Radio System Upgrade	End Date December 1, 2021
Brief Project Description		

A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Critical upgrades to the Stratford Police Radio system are required to ensure system meets operational demands. System upgrade is necessary to maintain officer safety. Upgrade will also include replacement and modernization of dispatch consoles to prepare them for NG911.

B. Project Financials

(revise list as required)		(revise list as required)			Comments/Additional Detail
Expenses incl. 1.76% net HST	Cost	Method of Financing	Amount	%	
Equipment	590,000	Reserve	590,000	100%	R-R11-POLI
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
Total Project Cost	\$ 590,000		\$ 590,000	100%	Total % must equal 100

C. Impact on Operating Budget Going Forward:

Amount \$151,000 Annual or Current Yr Budget only? Current
 Description \$151,000 from operating budget to reserve account to supplement existing radio reserves for project.

D. Consequences if this item is not approved:

Ongoing radio reception and transmission issues may result in injury to service members or public.

E. Asset Management Plan: complete either E.1 or E.2; complete E.3

E.1 Is this project a new purchase or construction? No

Projected Replacement Year 2030

Projected Replacement Cost \$ 1,000,000

Projected Useful Life 10 years

Will this project maintain or increase service levels? Increase

Explain:

Project is to increase radio transmission and reception rates from approximately 80% to 95% thus achieving industry standards. Once replaced, it is anticipated the refreshed system would last for 10 years before an update is required. Increase in service levels as components will be NG911 compliant.

E.2 Is this project a major repair or rehabilitation of an existing asset? _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____

Current Condition Rating _____

Will it extend useful life? _____ If yes, amended useful life in years _____

Will this project maintain or increase service levels? _____

Explain:

E.3 Is there an asset to be disposed of? No Expected Disposal Date _____

Asset ID # _____ OR provide Make, Model, Year or Other Description: _____