

Form 1. Individual Project Proposal Descriptions and Justification

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Project Title: Apparatus Replacement Prgram Program Area: Ledyard Fire Company

Project Description:

This CIP request will allow the Ledyard and Gales Ferry Fire Company to contribute matching amounts into the Fire Apparatus Replacement line item. The amount was determined by the Administrator of Emergency Services and both Fire Chiefs.

The amount requested directly responds to the long-term needs assessment and fleet plan created in cooperation with both fire departments and Town of Ledyard. A slight increase in this year's request makes the replacement plan more realistic and prevents our department from seeking additional funding at the time of purchase.

Evaluation Category: RPH

Planning Context:

The aforementioned funding requirement is part of a joint line item which allows for staggered purchases of fleet vehicles for both fire departments.

Schedule:

The requested annual amount will allow the fire departments to purchase emergency vehicles, without additional funding, at the end of their 20 year life span.

Coordination:

This project is not linked to other budget or CIP requests or covered by other funding sources.

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Previous Town Meeting Action:

No previous action.

Project Priority:

1 / Highest priority within department/program area

Estimated Cost: \$100,000

Basis of Cost Estimate: Check one of the following. If you want to provide more detail on the estimate, do so with a narrative after indicating the type of estimate.

- Cost of comparable facility or equipment
 - Rule of thumb indicator, unit costs
 - From the cost estimate from engineer, architect, or vendor
 - From bids received
 - Preliminary estimate, (e.g. no other basis for estimate, guesstimate)
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Alternative Financing:

No alternative funding available for this project.
