

Form 1. Individual Project Proposal Descriptions and Justification

Prepared by: **Chief Saccone**

Date Prepared: **December 31, 2013**

Project Title: **Breathing Air Bottle Replacement**

Program Area: **Emergency Services**

Project Description: Mandatory Replacement of breathing air cylinders due to Dept. of Transportation Regulations

Planning Context: Mandatory Replacement

Schedule: Scheduled replacement in 2019, and 2020

Coordination: N/A

Previous Town Meeting Action: N/A

Project Priority: .

 1 priority within department/program area

Estimated Cost: \$ 49,000 total, over 2 years

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

 X 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: N/A
