

SUMMARY FORM - Project Requests, 2017-22 CIP

DEPARTMENT: School Department

**Department Requests - Capital Projects
Capital Improvement Program**

1	2	3	4	5	6 -- Funding Request						7	8
Project Number	Priority	Project (Short Title)	Amount for Project in Adopted 2015-16 Capital Budget (if applicable)	Current Balance - Project Reserve Account (if applicable)	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Total: Capital Cost: 2017-22	Estimated Funds Required Annually after Completion (Ongoing operating / maintenance expenses; example - service contracts...)
					2016-17	2017-18	2018-19	2019-20	2020-21	2021-22		
1	E	Capital Reserve - Technology	275,000		275,000	275,000	275,000	275,000	275,000	275,000	1,375,000	
2	B, F&I	PreK - 5 Playground - Compliance modifications	-		100,000	50,000					150,000	
3	C, E, G	Replacement of Maintenance Van				24,000		24,000			48,000	
4	B, E, G	Replacement of Mini-School Bus					55,000		55,000		110,000	
5											-	
6											-	
											-	
											-	
											-	
		TOTAL	275,000	-	375,000	349,000	330,000	299,000	330,000	-	1,683,000	

***Priority Levels:**

A. Protection of life.	F. Replacement or improvements of obsolete facilities.
B. Maintenance of the public health.	G. Reduction of operating costs.
C. Protection of property.	H. Public comfort and convenience.
D. Conservation of resources.	I. Provision of public recreation.
E. Provision of necessary public services.	J. Social, cultural or aesthetic values.
	K. Promotional values.

SUBMITTED BY: _____

TITLE: Dir of Admin & Fin DATE: 12/10/15

2017-22 CIP PROJECT REQUEST FORM - CAPITAL IMPROVEMENT PROGRAM

DEPT. PROJECT REQUEST NO. 1

DATE 12/10/15

1. **Department:** School Department

2. **Project or Equipment:** Capital Reserve - Technology

3. **Description and Purpose of Project:**
(Justification of project will be important factor in determining recommendation for funding)
 In FY16 implementation of a 1:1 program began at Barrington High School. Each student received a Chromebook and case. This purchase represents year 1 of a 6 year phased plan to move to 1:1 in grades 4-12. We will continue year 2 of our implementation plan in FY 17. To date the new devices have provided student immediate access to information and have fostered increased collaboration to support the development of 21st Century learning skills. .

In Comprehensive Plan (Yes/No)? _____ Strategy/Action # _____
Refer to Implementation Plan (provided)

4. **Status of Plans and Site (Y or N)**

Site Secured? N/A
 Preliminary Estimate Completed? _____
 Preliminary Plans Completed? _____
 Detailed Plans Completed? _____
 Specifications Completed? _____

5. **Estimate (\$):**

Land _____
Construction _____
Equipment \$275,000
Other _____
 Total \$ 275,000

6. **Proposed Priority:**

- | | |
|--|--|
| A. Protection of life. _____ | F. Replace or improve obsolete facilities. _____ |
| B. Maintenance of the public health. _____ | G. Reduction of operating costs. _____ |
| C. Protection of property. _____ | H. Public comfort and convenience. _____ |
| D. Conservation of resources. _____ | I. Provision of public recreation. _____ |
| E. Provision of necessary public services <u>X</u> | J. Social, cultural or aesthetic values. _____ |
| | K. Promotional values. _____ |

7. **Effect on Annual Budget (\$):**

<u>Increase</u>		<u>Decrease</u>	
<i>Operation</i>	<u>N/A</u>	<i>Operation</i>	_____
<i>Maintenance</i>	_____	<i>Maintenance</i>	_____
<i>Revenue</i>	_____	<i>Revenue</i>	_____
Total	_____	Total	_____
<i>Explain Effect</i>	_____	<i>Explain Effect</i>	_____

8. **Suggested Source of Funds:** _____

9. **Comments and Suggestions:** _____

10. **Contact Name:** _____

2017-22 CIP PROJECT REQUEST FORM - CAPITAL IMPROVEMENT PROGRAM

DEPT. PROJECT REQUEST NO. 2

DATE 12/10/15

1. **Department:** School Department

2. **Project or Equipment:** PreK - 5 Playground - Compliance modifications

3. **Description and Purpose of Project:** _____

(Justification of project will be important factor in determining recommendation for funding)

In FY15 we conducted a comprehensive evaluation of school playgrounds. As a result identified deficiencies and non-compliant conditions at the K-3 schools. In FY16 we addressed Primrose Hill School. It is our plan to complete the necessary repairs to the remaining schools. These repairs are eligible for 35% State Reimbursement (Housing Aid)

In Comprehensive Plan (Yes/No)? _____ Strategy/Action # _____
Refer to Implementation Plan (provided)

4. **Status of Plans and Site (Y or N)**

5. **Estimate (\$):**

Site Secured?	_____	Land	_____
Preliminary Estimate Completed?	_____	Construction	_____
Preliminary Plans Completed?	_____	Equipment	\$100,000
Detailed Plans Completed?	_____	Other	_____
Specifications Completed?	_____	Total	\$ 100,000

6. **Proposed Priority:**

- | | | | |
|--|-------|--|-------|
| A. Protection of life. | _____ | F. Replace or improve obsolete facilities. | X |
| B. Maintenance of the public health. | X | G. Reduction of operating costs. | _____ |
| C. Protection of property. | _____ | H. Public comfort and convenience. | _____ |
| D. Conservation of resources. | _____ | I. Provision of public recreation. | X |
| E. Provision of necessary public services. | _____ | J. Social, cultural or aesthetic values. | _____ |
| | | K. Promotional values. | _____ |

7. **Effect on Annual Budget (\$):**

Increase		Decrease	
Operation	_____	Operation	_____
Maintenance	_____	Maintenance	_____
Revenue	_____	Revenue	_____
Total	_____	Total	_____
Explain Effect	_____	Explain Effect	_____

8. **Suggested Source of Funds:** _____

9. **Comments and Suggestions:** _____

10. **Contact Name:** _____

2017-22 CIP PROJECT REQUEST FORM - CAPITAL IMPROVEMENT PROGRAM

DEPT. PROJECT REQUEST NO. 3

DATE 12/10/15

1. **Department:** School Department

2. **Project or Equipment:** Maintenance Vans

3. **Description and Purpose of Project:** _____

(Justification of project will be important factor in determining recommendation for funding)

In FY17 we are scheduled to replace 2007 maintenance van and in FY18 a 2008 maintenance van.

In Comprehensive Plan (Yes/No)? _____ Strategy/Action # _____
Refer to Implementation Plan (provided)

4. **Status of Plans and Site (Y or N)**

Site Secured? N/A

Preliminary Estimate Completed? _____

Preliminary Plans Completed? _____

Detailed Plans Completed? _____

Specifications Completed? _____

5. **Estimate (\$):**

Land _____

Construction _____

Equipment \$48,000

Other _____

Total \$ 48,000

6. **Proposed Priority:**

- | | |
|---|--|
| A. Protection of life. _____ | F. Replace or improve obsolete facilities. _____ |
| B. Maintenance of the public health. _____ | G. Reduction of operating costs. <u>X</u> |
| C. Protection of property. _____ | H. Public comfort and convenience. _____ |
| D. Conservation of resources. _____ | I. Provision of public recreation. _____ |
| E. Provision of necessary public services. <u>X</u> | J. Social, cultural or aesthetic values. _____ |
| | K. Promotional values. _____ |

7. **Effect on Annual Budget (\$):**

<u>Increase</u>		<u>Decrease</u>	
<i>Operation</i>	_____	<i>Operation</i>	_____
<i>Maintenance</i>	_____	<i>Maintenance</i>	_____
<i>Revenue</i>	_____	<i>Revenue</i>	_____
Total	_____	Total	_____
<i>Explain Effect</i>	_____	<i>Explain Effect</i>	_____

8. **Suggested Source of Funds:** _____

9. **Comments and Suggestions:** _____

10. **Contact Name:** _____

2017-22 CIP PROJECT REQUEST FORM - CAPITAL IMPROVEMENT PROGRAM

DEPT. PROJECT REQUEST NO. 4

DATE 12/10/15

1. **Department:** School Department

2. **Project or Equipment:** Replacement of Mini-School Bus

3. **Description and Purpose of Project:** In FY19 we are scheduled to replacement of a 2005 mini bus and in FY21 a 2006 mini bus. These buses are used to transport Barrington students to/from in-district schools
(Justification of project will be important factor in determining recommendation for funding)

In Comprehensive Plan (Yes/No)? _____ Strategy/Action # _____
Refer to Implementation Plan (provided)

4. Status of Plans and Site (Y or N)		5. Estimate (\$):	
Site Secured?	<u>N/A</u>	<i>Land</i>	_____
Preliminary Estimate Completed?	_____	<i>Construction</i>	_____
Preliminary Plans Completed?	_____	<i>Equipment</i>	<u>\$110,000</u>
Detailed Plans Completed?	_____	<i>Other</i>	_____
Specifications Completed?	_____	Total	\$ 110,000

6. **Proposed Priority:**
- | | | | |
|--|----------|--|-------|
| A. Protection of life. | _____ | F. Replace or improve obsolete facilities. | _____ |
| B. Maintenance of the public health. | X | G. Reduction of operating costs. | _____ |
| C. Protection of property. | _____ | H. Public comfort and convenience. | _____ |
| D. Conservation of resources. | _____ | I. Provision of public recreation. | _____ |
| E. Provision of necessary public services. | X | J. Social, cultural or aesthetic values. | _____ |
| | | K. Promotional values. | _____ |

7. **Effect on Annual Budget (\$):**

<u>Increase</u>		<u>Decrease</u>	
<i>Operation</i>	_____	<i>Operation</i>	_____
<i>Maintenance</i>	_____	<i>Maintenance</i>	_____
<i>Revenue</i>	_____	<i>Revenue</i>	_____
Total	_____	Total	_____
<i>Explain Effect</i>	_____	<i>Explain Effect</i>	_____

8. **Suggested Source of Funds:** _____

9. **Comments and Suggestions:** _____

10. **Contact Name:** _____