Capital Purchase Worksheet

Directions:
Please complete all questions below and submit to Mike Thompson and Wayne Trawick for approval.

Submitted by: Chief J. Darby

Date Submitted: 11/19/2019

Is this purchase listed as a capital purchase in the approved budget? yes

What amount is approved in the budget for this purchase? $10,000

Description of the item and why the item is needed at this time.
This request is for a compressed air firefighting foam system to be installed on our rescue truck. This system will give us added firefighting capabilities for flammable liquid/fuel fires for small aircraft incidents as well as the ability to respond to a variety of special incidents like the balloon festival with a smaller, more versatile truck.

Can your job be performed without the purchase of this item? Please explain below.
This equipment will give us capabilites that we currently don't have for specialized incidents.

Have you obtained any quotes on the purchase to determine if it will come in, at, or below budget? If so, please attach.
We have obtained the attached quote from the sole-source vendor, and it is exactly at the budgeted amount of $10,000.
This item is budgeted under the Fire Ad valorem Fund.

Is this to replace a current capital asset? no
If so please list below the item being replaced and why it can not be used any longer.
N/A

How do you plan to dispose of the item that is being replaced?
N/A

Approval by City Administrator

Signature and Date

Approval by Council President

Signature and Date

********THIS COMPLETED FORM MUST BE ATTACHED TO THE AGENDA ITEM IN LEGISTAR*********

Capital Project Worksheet

Directions:
Please complete all questions below and submit to Mike Thompson and Wayne Trawick for approval.
If this project is approved, you must complete the Pre-Project Worksheet and Budget forms.

Submitted by: _____

Date Submitted: _____

Is this purchase listed on the capital projects plan in the approved budget? _____

What amount is approved in the plan for this project? _____

In what year is this project shown to begin in the plan? _____

Description of the project and why the project needs to be completed at this time.

_____
_____
_____

Can your job be performed without the completion of this project? Please explain below.

_____
_____
_____

Will not completing this project cause a public safety issue? Please explain below.

_____
_____
_____

Do you expect to come in, at, or under budget on this project? Please explain below.

_____
_____
_____

Is there a grant associated with this project? _____
If so please list below the grant amount and the match required by the City.

_____
_____
_____

Approval by City Administrator

_____
Signature and Date

Approval by Council President

_____
Signature and Date

If you need an account number/project number in order to complete your Agenda Item, forward this signed form to Miranda Bell (mbell@cityoffoley.org) and to Sue Steigerwald (ssteigerwald@cityoffoley.org)

********THIS COMPLETED FORM MUST BE ATTACHED TO THE AGENDA ITEM IN LEGISTAR*********