Capital Purchase Worksheet

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

Submitted by: Kevin Carnley

Date Submitted: 2/18/2020

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

What amount is approved in the budget for this purchase? $50,000

Description of the item and why the item is needed at this time.

Our current van is not a secure transport van. We need a secure van to transport prisoners from one location to another.

Can your job be performed without the purchase of this item? Please explain below.

No. Prisoners are often in need of transport from our facility to the hospital or to doctors appointments etc.
We need a secure van for our correction officers to rransport prisoners/inmates.

Have you obtained any quotes on the purchase to determine if it will come in, at, or below budget? If so, please attach.
We expect the van to come in over budget and are requesting an additional $10,000 to cover the costs.

Is this to replace a current capital asset? Yes
If so please list below the item being replaced and why it can not be used any longer.

The Jail Van is being replaced due to it not being a secured transport vehicle.

How do you plan to dispose of the item that is being replaced?
We will be giving the van to Public Works.

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.

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)

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