

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: 2/7/2020

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

What amount is approved in the budget for this purchase? \$30,000

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

Hydraulic Rescue Tools for vehicle extrication to replace older tools with newest models for cutting and spreading new alloys.

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

These rescue tools are critical to our capability to respond to all types of vehicle accidents and other incidents with entrapped victims.

Have you obtained any quotes on the purchase to determine if it will come in, at, or below budget? If so, please attach.
Based on recent quotes, I anticipate that the bid will come in well below budget at approximately \$22,000.

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.

This purchase would replace front-line rescue tools that are now over 10 years old.

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

We plan to keep the older tools and rotate them into reserve status on a rescue truck.

Approval by City Administrator

approved via email on 2-7-2020

Signature and Date

Approval by Council President

approved via email on 2-7-2020

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)

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