



# CAPITAL ITEM BUDGET FORM

**Submitted by:**

Daisha Barnes

**Date**

01/22/2026

**Department**

Engineering

**Email**

dbarnes@cityoffoley.org

**Select item type**

Capital Project

**Item Listed in Budget**

Capital Project Plan

**Capital item description**

1st Responder Safe Room

**Will this capital item replace a current capital asset?**

No

**Is there a Grant associated with this capital item?**

No

## CAPITAL PURCHASE/PROJECT EXPENDITURE

### Budget Information

**Budgeted Capital Purchase: Approved and funds are appropriated by the City Council as part of the adoption of the Current Fiscal Year Budget.**

**Planned Capital Purchase: Included in the 10-Year Capital Purchases Plan within the Current Fiscal Year Budget, but funds are not appropriated at the time of budget adoption.**

**Capital Project: Included in the 10-Year Capital Projects Plan within the Current Fiscal Year Budget, but funds are not appropriated at the time of budget adoption.**

The approved current fiscal year budget shows the capital item expenditure is budgeted/planned in fiscal year(s) (1) 2026 and/or (2) 2027 .

**Please Select**

**Please Select**

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<b>Planned Project Amount (1)</b>	\$4,578,770
<b>Planned Project Amount (2)</b>	\$1,000,000
<b>Planned Project Total (1+2)</b>	\$5,578,770
<b>Planned Grant Amount</b>	\$0
<b>Projected Cost/Expenditure</b>	\$18,000
<b>Excess/(Deficiency)</b>	\$5,560,770

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## Funding Information

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<b>Appropriated Amount</b>	\$18,000
<b>Approved Grant Amount</b>	\$0
<b>Projected Cost/Expenditure</b>	\$18,000
<b>Excess(Deficient) Funds</b>	\$0

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**Explanation for deficient funds or other important information:**  
 GeoCon's Construction Material Testing Proposal

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**Request the following budget impact:**

Increase Budget by APPROPRIATING Funds

**Budget Category appropriating funds to:**

Capital Project

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**Budget Appropriation Detail:**

Amount of Funds	Account Number	Account Name
18000	400-9200-5100	1st Responder Safe Room

**Explanation for budget appropriation and/or transfer:**  
 GeoCon's Construction Material Testing Proposal

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## Approval Activity History

Actor	Actions	Date
mthompson@cityoffoley.org	<p data-bbox="596 282 759 344">Approve</p> <p data-bbox="592 367 1002 439"><i>Michael Thompson</i></p>	Friday, January 23, 2026
Notification	<p data-bbox="580 486 1005 553">Approve &amp; Sign request sent to group approval:</p> <p data-bbox="580 555 962 622"><b>Require response from one person</b></p> <p data-bbox="580 624 1011 768"><b>To:</b> wtrawick@trawickb.com, trawickb@gulftel.com, wtrawick@cityoffoley.org</p>	Friday, January 23, 2026
wtrawick@trawickb.com	<p data-bbox="596 822 759 884">Approve</p> <p data-bbox="592 907 1002 978"><i>Wayne Trawick</i></p> <p data-bbox="592 1001 807 1034"> Approve &amp; Sign</p>	Friday, January 23, 2026
Group Approval	<p data-bbox="596 1106 759 1169">Approve</p>	Friday, January 23, 2026
Notification	<p data-bbox="592 1245 994 1323">Email sent. (Your request has been approved.)</p> <p data-bbox="253 1326 927 1359">Foley Safe Room CMT Proposal.pdf</p> <p data-bbox="592 1335 927 1368">cbarnes@cityoffoley.org</p>	Friday, January 23, 2026