

CAPITAL IMPROVEMENT PROGRAM
City of Missoula CIP Project Request Form FY 2017-2021

| Program Category: | Project Title: | | 15 Project # | 16 Project # | 17 Project # |
|-----------------------|------------------------|--|--------------|--------------|--------------|
| Wastewater Facilities | Mass Spectrophotometer | | | WW-14 | WW-11 |

Description and justification of project and funding sources:

The new discharge permit requires significantly increased metals (copper, lead and iron) testing for the plant effluent. The former permit required quarterly metals testing. The new permit requires monthly testing. Currently the Wastewater Division sends metal testing out to an independent laboratory. Now that monthly testing is required, this should be done in-house to control costs and meet reporting deadlines.

Is this equipment prioritized on an equipment replacement schedule?

| | | |
|-----|----|----|
| Yes | No | NA |
| | x | |

Are there any site requirements:

N/A

How is this project going to be funded:

| Revenue | Funding Source | Accounting Code | FY17 | FY18 | FY19 | FY20 | FY21 | Funded in Prior Years |
|---------|----------------------------------|-----------------|------|--------|------|------|------|-----------------------|
| | | | | | | | | |
| | Sewer Replacement & Depreciation | | | 50,000 | | | | n/a |
| | | | - | 50,000 | - | - | - | - |

How is this project going to be spent:

| Expense | Budgeted Funds | Accounting Code | FY17 | FY18 | FY19 | FY20 | FY21 | Spent in Prior Years |
|---------|------------------------------------|-----------------|------|--------|------|------|------|----------------------|
| | | | | | | | | |
| | A. Land Cost | | | | | | | |
| | B. Construction Cost | | | | | | | |
| | C. Contingencies (10% of B) | | | | | | | |
| | D. Design & Engineering (15% of B) | | | | | | | |
| | E. Percent for Art (1% of B) | | | | | | | |
| | F. Equipment Costs | | | | | | | |
| | G. Other | | | | | | | |
| | | | - | 50,000 | - | - | - | - |
| | | | - | 50,000 | - | - | - | - |

Does this project have any additional impact on the operating budget:

| Operating Budget Costs | Expense Object | Accounting Code | FY17 | FY18 | FY19 | FY20 | FY21 | Spent in Prior Years |
|------------------------|--------------------|-----------------|------|------|------|------|------|----------------------|
| | | | | | | | | |
| | Personnel | | | | | | | |
| | Supplies | | | | | | | |
| | Purchased Services | | | | | | | |
| | Fixed Charges | | | | | | | |
| | Capital Outlay | | | | | | | |
| | Debt Service | | | | | | | |
| | | | - | - | - | - | - | - |
| | | | - | - | - | - | - | - |

Description of additional operating budget impact:

| Responsible Person: | Responsible Department: | Date Submitted to Finance | Today's Date and Time | Preparer's Initials | Total Score |
|---------------------|-------------------------|---------------------------|-----------------------|---------------------|-------------|
| Starr Sullivan | Public Works | 3/23/2016 | 4/19/16 15:23 | AJD | 20 |

CAPITAL IMPROVEMENT PROGRAM

Project Rating

(See C.I.P. Instructions For Explanation of Criteria)

| Program Category: | Project Title: | | | | 10 Project # | |
|---|------------------------|--|----------|--|--------------|-------------|
| Wastewater Facilities | Mass Spectrophotometer | | | | WW-11 | |
| Qualitative Analysis | Yes | No | Comments | | | |
| 1. Is the project necessary to meet federal, state, or local legal requirements? This criterion includes projects mandated by Court Order to meet requirements of law or other requirements. Of special concern is that the project be accessible to the handicapped. | X | | | | | |
| 2. Is the project necessary to fulfill a contractual requirement? This criterion includes Federal or State grants which require local participation. Indicate the Grant name and number in the comment column. | X | | | | | |
| 3. Is this project urgently required? Will delay result in curtailment of an essential service? This statement should be checked "Yes" only if an emergency is clearly indicated; otherwise, answer "No". If "Yes", be sure to give full justification. | X | | | | | |
| 4. Does the project provide for and/or improve public health and/or public safety? This criterion should be answered "No" unless public health and/or safety can be shown to be an urgent or critical factor. | X | | | | | |
| Quantitative Analysis | Raw Score Range | Comments | | | Weight | Total Score |
| 5. Does the project result in maximum benefit to the community from the investment dollar? | (0-3) 1 | This will control testing costs. | | | 5 | 5 |
| 6. Does the project require speedy implementation in order to assure its maximum effectiveness? | (0-3) 1 | The new permit will be in effect April 2015. | | | 4 | 4 |
| 7. Does the project conserve energy, cultural or natural resources, or reduce pollution? | (0-3) 1 | This equipment will monitor pollutants to the Clark Fork River more closely. | | | 3 | 3 |
| 8. Does the project improve or expand upon essential City services where such services are recognized and accepted as being necessary and effective? | (0-2) 1 | | | | 4 | 4 |
| 9. Does the project specifically relate to the City's strategic planning priorities or other plans? | (0-3) 1 | | | | 4 | 4 |
| Total Score | | | | | 20 | |

| 17 Project # | Project Title: |
|--------------|------------------------|
| WW-11 | Mass Spectrophotometer |

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