
Barnstable County
Cape Cod, MA

**Fiscal Year 2021
Capital Request**



County of Barnstable
Finance Department
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Barnstable, MA 02630
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Board of Commissioners
Assembly of Delegates
Barnstable County

The Capital Improvement Committee respectfully presents to you the 5 year Capital Plan for Fiscal years 2021 through 2026. We have included the prior year appropriation amounts for existing and ongoing projects. The 5 year plan is to identify the immediate needs of the county departments as well as plan for future projects.

The Ordinance requesting approval and funding for the FY2021 capital projects is incorporated into this document and is accompanied by the detailed submission of the departments. Each submission was reviewed for project justification, timeliness, proposed funding source and affordability.

The County will continue to formalize a comprehensive plan for future use and care and custody of all its assets and will incorporate this plan into its capital plan. As debt service falls off in the future years, new projects will be incorporated into the capital plan and the budget. Additionally, the County will strategize to fund future capital needs from revenue sources other than borrowing, reserving the option of borrowing to those projects identified for long-term financing limited to a term no greater than the useful life (in years) of the asset.

We appreciate the commitment of the County's leadership while we forge a new future for our capital needs, developing a sustainable plan for the County's assets and building the framework for capital planning to be a component part of all operational discussions. We also thank the departments for their willingness to incorporate the consideration of their capital needs into the broader picture.

BARNSTABLE COUNTY BOARD OF COMMISSIONERS

In the Year Two Thousand Twenty

Proposed Ordinance 20-XX

To authorize the County to purchase capital equipment, and implement capital improvements for use in conducting the business of the County and to borrow money to pay, therefore;

The Cape Cod regional government, known as Barnstable county hereby ordains;

The Board of Commissioners is hereby authorized to purchase capital equipment, and implement capital improvements for use in conducting the business of the County as follows:

Section 1.

- a. To make available to Cape Cod Commission to perform a Planimetrics update that will gather geospatial data.

Item	Cost	Finance Account Number
Planimetrics Update	\$ 395,000	30210105.5840

- b. Implement the following capital request for the Real Estate Commission for use in conducting business specific to the operations and services of the Barnstable County Commissioners:

Item	Cost	Finance Account Number
Plan for Exploring New Office Building	\$ 100,000	30211000.5820

- c. Implement the following capital request for the Enterprise Dredge Department for use in conducting business specific to the operations and services of the Barnstable County Commissioners:

Item	Cost	Finance Account Number
Purchase of (2) Pickup Trucks	\$ 70,000	30210250.5870

- d. Make certain Courthouse capital improvements and upgrades and purchase the following equipment for Facilities for use in conducting business specific to the operations and services of the Barnstable County Commissioners:

Item	Cost	Finance Account Number
Registry of Deeds A/C Unit Replacement	\$ 80,000	30210205.5840
Second District HVAC Replacement	\$ 750,000	30210202.5840
Cnty Complex - Emergency Circuit Upgrade	\$ 50,000	30210202.5841
Total Facilities	\$ 880,000	

- a. Implement the following capital improvements and purchase the following equipment for the Cooperative Extension Department for use in conducting business specific to the operations and services of the Barnstable County Commissioners:

Item	Cost	Finance Account Number
Farm Facility - Addition/Renov	\$ 800,000	30210230.5890

- b. Implement the following capital improvements and purchase the following equipment for the Children's Cove Department for use in conducting business specific to the operations and services of the Barnstable County Commissioners:

Item	Cost	Finance Account Number
Children's Cove - Addition Planning/Design	\$ 50,000	30210320.5840

- c. Implement the following capital improvements and purchase the following equipment for the Health Department for use in conducting business specific to the operations and services of the Barnstable County Commissioners:

Item	Cost	Finance Account Number
Replace and Upgrade GC/MS	\$ 150,000	30210302.5870
Replace and Upgrade Fume Hood	\$ 45,000	30210302.5840
Replace 4WD Pickup With Hybrid 4WD	\$ 40,000	30210301.5870
Total Health	\$ 235,000	

- d. Implement the following capital improvements and purchase the following equipment for the Public Safety Training Academy for use in conducting business specific to the operations and services of the Barnstable County Commissioners:

Item	Cost	Finance Account Number
JBCC - Public Safety Facility Design	\$ 80,000	30210460.5890

The total cost of equipment, improvements and projects equals (=) \$2,610,000.

Barnstable County 5 Year Capital Plan FY2021

Department	Total Project Costs	Prior Years	Proposed FY2021	Proposed FY2022	Proposed FY2023	Proposed FY2024	Proposed FY2025	Funding Source	Source Code
Cape Cod Commission									
Planimetrics	395,000		395,000	0	0	0	0	Grants; Town Reimb	GR/Towns
Real Estate Commission									
Exploring New Office Building	100,000		100,000	0		0	0	Borrowing	Borrow
Dredge									
New Dredge	2,000,000	2,000,000	0	0	0	0	0	MLP Bond 2017	Borrow
New Dredge	1,300,000	1,300,000	0	0	0	0	0	Short Term BAN	Borrow
Replace Pickup Truck (2)	70,000	0	70,000	0	0	0	0	Dredge Reserves	Reserves
Facilities									
First District Roof Replacement	80,000	80,000						Reimbursement 97%	Reimb
First District Electrical Improvements	45,000	45,000						Reimbursement 97%	Reimb
First District - Chiller Replacement	250,000			250,000				Reimbursement 97%	Reimb
Registry of Deeds AC Unit Replacement	30,000	30,000						Reimbursement 40%	Reimb
Registry of Deeds - A/C Improvements	80,000		80,000					Reimbursement 40%	Reimb
Registry of Deeds - Exterior Renovations	225,000				225,000			Reimbursement 40%	Reimb
Farm Facility - Addition/Renov	1,400,000	600,000	800,000					Borrowing	Borrow
Second District HVAC replacement	1,325,000	200,000	750,000	200,000	175,000			Reimbursement 100%	Reimb
Second District Roof Replacement	170,000	170,000						Reimbursement 100%	Reimb
Superior Court House Roof Replacement	360,000	360,000						Reimbursement 74%	Reimb
Superior Court House Ext Renovations	210,000	210,000						Reimbursement 74%	Reimb
Superior Courthouse - Repair Ancient Wall	75,000	75,000						Reimbursement 74%	Reimb
Paving & new drains at County Complex	710,000	710,000						Reimbursement 76%	Reimb
County Complex - Emergency Circuit Upgrade	50,000		50,000					Reimbursement 76%	Reimb
County Complex - Vehicle Replacement	42,000					42,000		Reimbursement 76%	Reimb
White House/RDO - Roof Replacement	120,000					120,000		Borrowing	Borrow
White House/RDO - Exterior Entrance Upgrade	100,000						100,000	Borrowing	Borrow
Children's Cove - Addition Planning/Design	175,000		50,000	125,000				Borrowing	Borrow
Health Administration - Heating System (former HOC)	475,000				75,000	400,000		Borrowing	Borrow
Health Administration (Former HOC)- Building Renovations	150,000	150,000						Borrowing	Borrow
Health Department									
Lab Equipment Replace/Upgrade	188,000	188,000						Borrowing	Borrow
Replace and Upgrade GC/MS	150,000		150,000					Borrowing	Borrow
Replace and Upgrade Fume Hood	45,000		45,000					Borrowing	Borrow
Purchase GC/MS for 1,4 Dioxane Analysis	150,000			150,000				Borrowing	Borrow
Purchase of ICP OES/ for metals anlysis, replaces an old atomic adsorbtion spec.	180,000				180,000			Borrowing	Borrow
Purchase and Upgrade LCMSMS with Solid Phase Extraction Unit	300,000					300,000		Borrowing	Borrow
Replace and Upgrade GC/MS	150,000						150,000	Borrowing	Borrow

Barnstable County 5 Year Capital Plan FY2021

Department	Total Project Costs	Prior Years	Proposed FY2021	Proposed FY2022	Proposed FY2023	Proposed FY2024	Proposed FY2025	Funding Source	Source Code
Vehicles									
Purchase Ford F150 Hybrid 4WD or similar,replace - 2012 Ford F250 for landfill	40,000		40,000					Borrowing	Borrow
Purchase Ford F150 Hybrid 4WD or similar, replace - 2007 Ford Explorer for Emergency Mgt.	40,000			40,000				Borrowing	Borrow
Purchase 4WD SUV,replace 2014 Ford Explor	45,000					45,000		Borrowing	Borrow
Public Safety Training Academy									
JBCC - Public Safety Facility Design	80,000		80,000					Borrowing	Borrow
Steel / Metal-framed Bldg for apparat storage	150,000			150,000				Borrowing	Borrow
Multi-discipline public safety training facility	5,000,000				5,000,000			Borrowing	Borrow
CCCPST Department Vehicle / 4WD SUV	45,000			45,000				Borrowing	Borrow
	16,500,000	6,118,000	2,610,000	960,000	5,655,000	907,000	250,000		

Funding Sources	Amount
Borrowing	1,325,000
Grants; Town Reimb	395,000
Dredge Reserves	70,000
Reimbursements	820,000
Total Capital	2,610,000

Barnstable County
Cape Cod, MA

Cape Cod Commission Capital Request





Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years)
in accordance with the Capital Expenditure Policy)

Date Submitted: November 4, 2019

1. Project Details

Project Name: Planimetrics

Life (years): 5+

Project Originator (Name): Kristy Senatori

Phone: 508-744-1216

Department: Cape Cod Commission

Location: Cape Cod Region

Desired Project Timing:

Start Date: 8/1/2020

Completion Date: 12/31/2020

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

The first regional aerial flyover and planimetrics project was conducted in 2014 with an estimated useful life of five years. An update is planned for 2020 with a flight planned in the spring (FY20) and planimetrics update in the fall (FY21). The geospatial data resulting from the project enables regional and municipal leaders to make informed decisions about major infrastructure expenditures and assists staff with a variety of planning efforts across the region. Specific features/attributes will be determined by consensus of town managers/staff as well as any additional requests including some towns opting for a complete new dataset vs an update and the potential of utilizing LiDAR technology to create accurate bathymetry, topography and 3-D features. Among its uses, the information can assist with climate studies, coastal zone and flood risk mapping, transportation planning and engineering studies and municipal design modelling. Attached is a list of features captured in the 2014 project.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES NO

Amount: \$395,000

Project Cost Estimate:		Timing of Project Costs			
Total Project Cost: \$ 395,000		FY	21	Amount \$	395,000
		FY		Amount \$	
		FY		Amount \$	
		FY		Amount \$	
				Total \$	395,000

4. Project Funding Sources If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number CCC/Cost sharing with Towns

Amount: \$ Total less grant funding

Accounting Unit/Account Number Potential for grant funding (DLTA, EDA)

Amount: \$ 100-125k

5. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

n/a	<u>Annual Increase In Operating Costs</u>	<u>Annual Operating Savings</u>
Maintenance Costs: 0	0	0
Energy Costs:0	0	0
Salary Costs:0	0	0
Other: 0	0	0
Other: 0	0	0
Total: 0	0	0

Additional Estimated Revenue to be Generated \$ 0

*Approval of this form does not indicate approval of increases to any unit's operating budget. Any increase in operating budget must be approved through the normal budgeting process.

6. Financial Analysis

(only required on some projects)

Payback Period n/a

Internal Rate of Return n/a

Net Present Value n/a

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received 11/4/19

Amount: \$ 398,000

Approved in Activity n/a

Barnstable County
Cape Cod, MA

**Real Estate
Commission
Capital Request**





Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years)
in accordance with the Capital Expenditure Policy)

Date Submitted: November 4, 2019

1. Project Details

Project Name: New Office Building Exploration

Life (years): 30+

Project Originator (Name): County Administrator

Phone: n/a

Department: Commissioners

Location: Cape Cod

Desired Project Timing:

Start Date: 7/1/2020

Completion Date: 12/31/2021

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

For studying and planning the possibility of additional office space. We have several buildings and office space that will no longer be viable spaces to continue to occupy. The funds will be used for the purpose of seeking out properties that the County can expand needed office space.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES

NO

Amount: \$100,000

Project Cost Estimate:		Timing of Project Costs			
Total Project Cost: \$ 100,000		FY	21	Amount \$	100,000
		FY		Amount \$	
		FY		Amount \$	
		FY		Amount \$	
				Total \$	100,000

4. Project Funding Sources If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ 100,000

Accounting Unit/Account Number n/a

Amount: \$ 0

5. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost

data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

n/a	<u>Annual Increase In Operating Costs</u>	<u>Annual Operating Savings</u>
Maintenance Costs: 0	0	0
Energy Costs:0	0	0
Salary Costs:0	0	0
Other: 0	0	0
Other: 0	0	0
Total: 0	0	0

Additional Estimated Revenue to be Generated \$ 0

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6. Financial Analysis

(only required on some projects)

Payback Period n/a

Internal Rate of Return n/a

Net Present Value n/a

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received 11/4/19

Amount: \$ 100,000

Approved in Activity n/a

Barnstable County
Cape Cod, MA

**Dredge
Capital Request**





Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years)
in accordance with the Capital Expenditure Policy)

Date Submitted: November 4, 2019

1. Project Details

Project Name: Dredge Enterprise Pick Up Trucks (2)

Life (years): 8

Project Originator (Name): Steve Tebo

Phone: [Click or tap here to enter text.](#)

Department: Dredge Enterprise

Location: Dredge

Desired Project Timing:

Start Date: July 1, 2020

Completion Date: June 30, 2021

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

The Barnstable County Dredge Enterprise is seeking capital funds to purchase (2) 4wd pickup trucks for the dredge facility use. These vehicles will be replacement pickup trucks.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES

NO

Amount: \$70,000.00

Project Cost Estimate:		Timing of Project Costs			
Total Project Cost: \$ 70,000		FY	21	Amount \$	70,000
		FY		Amount \$	
		FY		Amount \$	
		FY		Amount \$	
				Total \$	

4. Project Funding Sources

If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ 70,000

Accounting Unit/Account Number n/a

Amount: \$ 0

5. Annual Operating Cost Impact

Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

Health and Environment Truck	Annual Increase In Operating Costs	Annual Operating Savings
Maintenance Costs: 0	0	0
Energy Costs:0	0	0
Salary Costs:0	0	0
Other: 0	0	0
Other: 0	0	0
Total: 0	0	0

Additional Estimated Revenue to be Generated \$ 0.00

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6. Financial Analysis

(only required on some projects)

Payback Period 0

Internal Rate of Return 0

Net Present Value 0

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received 12/15/19

Amount: \$ 70,000

Approved in Activity n/a

Barnstable County
Cape Cod, MA

Facilities Capital Request





Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years)
in accordance with the Capital Expenditure Policy)

Date Submitted: n/a

1. Project Details

Project Name: Deeds A/C Improvements

Life (years): 20

Project Originator (Name): Donald Reynolds

Phone: 774-212-4553

Department: Facilities

Location: Deeds and Probate Building

Desired Project Timing:

Start Date: Fall 2020

Completion Date: Spring 2021

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

Project requested to replace equipment in use that is well beyond its useful operating expectancy. Two areas are in need of equipment replacement; the Registry of Deeds public file room/title researching area Roof Top Unit (RTU) and the Registry of Deeds counter service/clerks area HVAC machinery systems.

Both of these systems provide for Public and Employee conditioned air and fresh air changes required by industry standards. The RTU in use was installed thirty years ago, the Deeds main office and clerical area machinery is circa 1955 and original to the building. Updating these vital pieces of equipment will ensure continuity of operations, provide for fresh air intake and comfort levels mandated by the DLS and reduce power consumption through the use of outside enthalpy calculators, economizers and the latest industry standards.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES

NO

Amount: \$80,000

Project Cost Estimate:		Timing of Project Costs			
Total Project Cost: \$ 80,000		FY	21	Amount \$	80,000
		FY		Amount \$	
		FY		Amount \$	
		FY		Amount \$	
				Total \$	80,000

4. Project Funding Sources

If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ 80,000

Accounting Unit/Account Number n/a

Amount: \$ 0

5. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

Deeds A/C	Annual Increase <u>In Operating Costs</u>	<u>Annual Operating Savings</u>
Maintenance Costs: New equipment reduces costs	0	5% reduction to equipment repair line
Energy Costs:0	0	10-15% reduction in electricity
Salary Costs:0	0	00
Other: 0	0	0
Other: 0	0	0
Total: 0	0	0

Additional Estimated Revenue to be Generated \$ Trial Court Lease reimburses 40% of total costs

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6. Financial Analysis

(only required on some projects)

Payback Period n/a

Internal Rate of Return n/a

Net Present Value n/a

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received n/a Amount: \$ 80,000 Approved in Activity n/a



Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years) in accordance with the Capital Expenditure Policy)

Date Submitted: 18 NOV 2019

1. Project Details

Project Name: 2nd District Interior Renovations and HVAC Replacement

Life (years): 20 years

Project Originator (Name): Donald T Reynolds

Phone: 774-212-4553

Department: Facilities

Location: 2nd District Court

Desired Project Timing:

Start Date: Spring 2020

Completion Date: FY 2023

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

--Replace chilled water system piping insulation, repair areas affected by moisture, obtain engineered plans to replace HVAC delivery system, replace packaged AC chiller and heating system boilers.

-Failing insulation on chilled water piping has damaged ceilings and walls in the building. A failing HVAC system has been unable to keep up with seasonal heat and humidity. The existing HVAC system is original to the building which opened in 1970.

-Further degradation of system will affect the health and welfare of personnel as well as worsening conditions and permanent damage to the building.

This multi-year capital project will upgrade all relevant systems, provide significant energy savings and sustain operations for the next 25-30 years.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES NO

Amount: \$200,000

Project Cost Estimate:		Timing of Project Costs			
Total Project Cost: \$ 1,325,000		FY	20	Amount \$	200,000
		FY	21	Amount \$	750,000
		FY	22	Amount \$	200,000
		FY	23	Amount \$	175,000
				Total \$	1,325,000

4. Project Funding Sources If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ 200,000

Accounting Unit/Account Number n/a

Amount: \$ 0

5. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

2 nd District Hvac & Interior		Annual Increase In Operating Costs	Annual Operating Savings
Maintenance Costs: Reduced contractual services costs to Trane for chiller service calls		0	\$3000-\$5000 yrly
Energy Costs:Electric and gas		0	15-20 %
Salary Costs:0		0	0
Other:	All associated costs are reimbursed by the Trial Court per the schedule of costs at 100%	0	0
Other:	n/a	0	0
Total: 19,000		0	19,000

Additional Estimated Revenue to be Generated \$ n/a

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6. Financial Analysis

(only required on some projects)

Payback Period n/a
 Internal Rate of Return n/a
 Net Present Value n/a

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received 11/19/2019 Amount: \$ 1,325,000 Approved in Activity



Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years)
in accordance with the Capital Expenditure Policy)

Date Submitted: [Click or tap here to enter text.](#)

1. Project Details

Project Name: Emergency Generator Circuit Upgrades

Life (years): 20 Plus

Project Originator (Name): Donald T Reynolds

Phone: 774-212-4553

Department: FACILITIES

Location: Superior Court/Deeds and Probate

Desired Project Timing:

Start Date: Summer 2020 Completion Date: Winter 2021

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

This project would upgrade the circuitry of building emergency generators to provide for the continuity of operations in the event of a power loss. Currently, neither County nor State Trial Court operations may continue while street power is out. The upgrades proposed in this project would allow for County and Deeds administration offices and at least one court room to be fully functional in the event of a power outage.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES NO

Amount: \$50,000

Project Cost Estimate:		Timing of Project Costs			
Total Project Cost: \$ 50,000		FY	21	Amount \$	50,000
		FY		Amount \$	
		FY		Amount \$	
		FY		Amount \$	
				Total \$	50,000

4. Project Funding Sources

If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ 50,000

Accounting Unit/Account Number n/a

Amount: \$ 0

5. Annual Operating Cost Impact

Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost



Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years)
in accordance with the Capital Expenditure Policy)

Date Submitted: 10/31/2019

1. Project Details

Project Name: Farm House Office Buid.ing

Life (years): 25

Project Originator (Name): Mike Maguire

Phone: 508-375-6701

Department: Cooperative Extension

Location: County Farm

Desired Project Timing:

Start Date: Summer 2020 Completion Date: Fall 2021

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

Barnstable County is seeking qualified bidders for a municipal building project on a property owned by Barnstable County located at 3675 Main St (Route 6A) in Barnstable, Massachusetts. The existing site is home to the former Barnstable County Farm and is currently leased to a tenant farmer. The site contains several buildings including a former ranch style house and three bay garage formerly utilized by the Barnstable County Sheriff's Department and currently utilized by Cape Cod Cooperative Extension a department of Barnstable County.

See addendum

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES

NO

Amount: \$800,000

Project Cost Estimate:		Timing of Project Costs			
Total Project Cost: \$ 1,400,000 prior year appropriation of 600,000		FY	2020	Amount \$	200,000
		FY	2021	Amount \$	1,200,000
		FY		Amount \$	
		FY		Amount \$	
				Total \$	1,400,000

4. Project Funding Sources

If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ 800,000

Accounting Unit/Account Number n/a

Amount: \$ n/a

5. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

Cove Addition	Annual Increase <u>In Operating Costs</u>	<u>Annual Operating Savings</u>
Maintenance Costs: 0	0	0
Energy Costs: 0	0	0
Salary Costs:0	0	0
Other: 0	0	0
Other: 0	0	0
Total: 0	0	0

Additional Estimated Revenue to be Generated \$ 0

*Approval of this form does not indicate approval of increases to any unit's operating budget. Any increase in operating budget must be approved through the normal budgeting process.

6. Financial Analysis

(only required on some projects)

Payback Period 0
 Internal Rate of Return 0
 Net Present Value 0

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received 12/27/2019 Amount: \$ 800,000 Approved in Activity n/a

County Farm Building Scope

Barnstable County is seeking qualified bidders for a municipal building project on a property owned by Barnstable County located at 3675 Main St (Route 6A) in Barnstable, Massachusetts. The existing site is home to the former Barnstable County Farm and is currently leased to a tenant farmer. The site contains several buildings including a former ranch style house and three bay garage formerly utilized by the Barnstable County Sheriff's Department and currently utilized by Cape Cod Cooperative Extension a department of Barnstable County.

The ranch style house is utilized as a field office for Extension staff for 8 employees with another 10 employees located at a different site at the Barnstable County complex. The proposed construction project is seeking to create a new facility for all Extension staff by removing the existing farmhouse and three bay garage and constructing a single building utilizing the existing footprints of the two buildings and the open space between them to create one new building of approximately 6,000 square feet – roughly 150 feet long by 40 feet wide.

The building site and mission of Extension lend itself to a simple, open building plan with the following needs in mind:

- Office space for 18 total employees
- Open foyer / reception area to greet public
- Administrative area for core office operations
- Break room / employee kitchen
- Meeting / training room with occupancy up to 50 persons
 - Attached commercial kitchen to training room for training and demonstration purposes
- Bathrooms for meeting room and staff
- Ground floor / basement for storage and indoor fieldwork / workshop space for working with biological samples and equipment

The building is located on an active farm and the “backyard” of the building will be home to a large approximately two acre demonstration garden and horticulture research grounds that will be operated and maintained by the Cooperative Extension. Having such a notable landscape feature will lend itself to a building design that allows the farm setting to be viewed from inside the building. The property has a deed restriction held by the Town of Barnstable that the buildings and activities on the property be based on the agricultural component of the property. In that vein, the new construction needs to be consistent with the mission of the organization and the intent of the deed restriction.

Desired construction components will include a one story farm house with an “open government” layout. The single story structure will also contain a full basement to be utilized for storage and utility needs. This basement will need easy access for moving stored items in and out on a frequent basis with room for field staff to have an indoor space to process shellfish, insect, and plant samples and work on equipment like water quality monitoring devices and other components of field work that need an indoor workshop space.

A site assessment has been conducted and an existing conditions building survey and existing land survey have been completed and are available to bidders. The building will need to be constructed in a manner consistent with Massachusetts municipal building codes and public building requirements including ADA and required fire suppression systems among.



Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years)
in accordance with the Capital Expenditure Policy)

Date Submitted: 10/31/2019

1. Project Details

Project Name: Children's Cove Improvements and Expansion

Life (years): 25

Project Originator (Name): Stacy Gallagher

Phone: 508-375-0410

Department: Children's Cove

Location: Children's Cove

Desired Project Timing:

Start Date: Summer 2020 Completion Date: Fall 2021

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

Children's Cove was renovated in 2006 adding the existing conference room and two office spaces meeting our needs at that time. Thirteen years later, the challenges within the field of child sexual abuse and domestic violence have expanded to the degree that additional space is critical.

See addendum

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES NO

Amount: \$0.00

Project Cost Estimate:		Timing of Project Costs			
Total Project Cost: \$ 175,000		FY	2021	Amount \$	50,000
		FY	2022	Amount \$	125,000
		FY		Amount \$	
		FY		Amount \$	
				Total \$	175,000

4. Project Funding Sources

If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ n/a

Accounting Unit/Account Number n/a

Amount: \$ n/a

Children's Cove Capital Request

Children's Cove was renovated in 2006 adding the existing conference room and two office spaces meeting our needs at that time. Thirteen years later, the challenges within the field of child sexual abuse and domestic violence have expanded to the degree that additional space is critical. As the only Child Advocacy Center serving Cape Cod and the Islands, Children's Cove is at a tipping point for providing best practice protocols to the child victims and families we serve.

The current facility has reached its maximum capacity for housing staff, providing optimal services for children and families seeking support and providing required trainings and case review with partner agencies that are essential for agency accreditation.

Children's Cove is requesting capital improvement funds to improve expand the existing facility that will provide:

- additional office space for existing and future staff
- expanded medical suite on the main floor to meet ADA compliance. This area will include an office area for the Pediatric Sexual Assault Nurse Examiner and an ADA compliant half bathroom.
- Replacement of 30 year old oil-fired heating system with a high efficiency gas-fired system
- larger conference room to accommodate 10-15 additional people
- confidential staff area
- additional storage space
- copy room that provides confidentiality of records and documents

The addition would be situated on the rear of the existing building and consist of two levels.

Barnstable County
Cape Cod, MA

**Health
Capital Request**





Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years)
in accordance with the Capital Expenditure Policy)

Date Submitted: 11/4/19

1. Project Details

Project Name: Laboratory Equipment Replacement GC/MS

Life (years): 10

Project Originator (Name): Sean M. O'Brien

Phone: 508-375-6618

Department: Health & Environment

Location: Laboratory

Desired Project Timing:

Start Date: July 1, 2020

Completion Date: June 30, 2030

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

The Barnstable County Laboratory seeks capital funding to replace a twelve-year-old Gas Chromatograph Mass Spectrophotometer (GC/MS). The instrument to be replaced has surpassed its serviceable life and is not operable at this time. The new instrument will be used for our continued analysis for volatile organic compound analysis for both drinking water and groundwater samples. The laboratory has two GC/MSs, the second GC/MS is approximately 5 years old. It is important to have 2 instruments for redundancy for this critical analysis, second it gives the laboratory the ability to have one instrument dedicated to run drinking water samples while the other instrument run raw groundwater and effluent samples. The organics section of the laboratory brings between \$80,000.00 to \$100,000.00 of gross revenue annually.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES

NO

Amount: \$150,000.00

Project Cost Estimate:		Timing of Project Costs	
Total Project Cost: \$ 150,000.00		FY	Amount \$
			Total \$

4. Project Funding Sources

If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ 150,000

Accounting Unit/Account Number n/a

Amount: \$ 0

5. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

Gas Chromatograph Mas Spectrophotometer	<u>Annual Increase In Operating Costs</u>	<u>Annual Operating Savings</u>
Maintenance Costs: None Year 1-4	Year 5 + Maintenance Agreement Approximately \$20,000.00 per year	0
Energy Costs: Would be part of existing power foot print.	0	0
Salary Costs: Existing Staff	0	0
Other: 0	0	0
Other: 0	0	0
Total: 0	\$20,000.00 after year 5	\$20,000.00 after Year 5

Additional Estimated Revenue to be Generated \$ Equipment Replacement

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6. Financial Analysis

(only required on some projects)

Payback Period n/a

Internal Rate of Return n/a

Net Present Value n/a

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received 11/1/19

Amount: \$ 150,000

Approved in Activity n/a



Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years) in accordance with the Capital Expenditure Policy)

Date Submitted: 11/4/19

1. Project Details

Project Name: Laboratory Equipment Replacement, Fume Hood

Life (years): 10 years

Project Originator (Name): Sean M. O'Brien

Phone: 508-375-6618

Department: Health and Environment

Location: Laboratory

Desired Project Timing:

Start Date: July 1, 2020

Completion Date: June 30, 2021

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

The Barnstable County Laboratory seeks capital funding to replace a ten-year-old Fume hood in the Inorganics laboratory. The hood to be replaced has surpassed its serviceable life and has been degraded from acid digestion that is conducted there. Acid digestion is a required step for the analysis for Total Kjeldahl Nitrogen for which we receive many samples. The present hood is also connected to the laboratory ventilation system. The new hood to replace this unit will be ductless and self contained so it will no longer connect to the vent system and may prolong the life of this laboratory system. This ductless hood would also provide more safety for the analyst who conducts these analyses since it will be designed for acid digestion. There will be some additional monthly maintenance on this system. This inorganic analysis alone brings about \$70,000.00 of gross revenue annually.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES NO

Amount: \$45,000.00

Project Cost Estimate:		Timing of Project Costs	
Total Project Cost: \$ 45,000.00		FY	Amount \$
			Total \$

4. Project Funding Sources

If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ 45,000

Accounting Unit/Account Number n/a

Amount: \$ n/a

5. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

Fume Hood	Annual Increase In Operating Costs	Annual Operating Savings
Maintenance Costs: \$150.00/Month Filter Replacement	\$1,800.00 annually	0
Energy Costs:0	0	0
Salary Costs:0	0	0
Other: 00	0	0
Other: 0	0	0
Total: 1,800	0	0

Additional Estimated Revenue to be Generated \$ 0

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6. Financial Analysis

(only required on some projects)

Payback Period n/a
 Internal Rate of Return n/a
 Net Present Value n/a

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received 11/1/19 Amount: \$ 45,000 Approved in Activity n/a



Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years)
in accordance with the Capital Expenditure Policy)

Date Submitted: November 4, 2019

1. Project Details

Project Name: Health and Environment Truck

Life (years): 8

Project Originator (Name): Sean M. O'Brien

Phone: 508-375-6618

Department: Health and Environment

Location: Old Jail

Desired Project Timing:

Start Date: July 1, 2020

Completion Date: June 30, 2028

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

The Barnstable County Department of Health and Environment is seeking capital funds to purchase a 2020 Hybrid 4wd pickup with cap and accessories for the landfill monitoring program. This vehicle will replace a 2012 Ford F250 which will get limited use in the emergency management program serving as a tow vehicle for the emergency management program and a plow vehicle for the Septic System Test Center. The new hybrid vehicle will provide better gas mileage for lower fuel costs and will give environmental staff a power source for operating pumps during sampling rounds.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES

NO

Amount: \$40,000.00

Project Cost Estimate:		Timing of Project Costs	
Total Project Cost: \$ 40,000		FY	Amount \$
			Total \$

4. Project Funding Sources

If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number n/a

Amount: \$ 40,000

Accounting Unit/Account Number n/a

Amount: \$ 0

5. Annual Operating Cost Impact

Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost

data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

Health and Environment Truck	Annual Increase In Operating Costs	Annual Operating Savings
Maintenance Costs: 250	0	0
Energy Costs:0	0	0
Salary Costs:0	0	0
Other: 0	0	0
Other: 0	0	0
Total: 250	0	0

Additional Estimated Revenue to be Generated \$ [Click or tap here to enter text.](#)

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6. Financial Analysis

(only required on some projects)

Payback Period 0
 Internal Rate of Return 0
 Net Present Value 0

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received 11/1/19 Amount: \$ 40,000 Approved in Activity n/a

Barnstable County
Cape Cod, MA

**Public Safety Training
Academy
Capital Request**





Detailed Capital Budget Request Form

(Individual expenditures/projects > \$25,000 (with useful life of at least 5 years) in accordance with the Capital Expenditure Policy)

Date Submitted: 12/23/2019

1. Project Details

Project Name: Preliminary Designs

Life (years): Year 1 of multi-year project

Project Originator (Name): Philip Burt

Phone: 508-375-6902

Department: Cape Cod Center for Public Safety Training

Location: Barnstable

Desired Project Timing:

Start Date: July 2020

Completion Date: Jan 2021

2. Project Description/Justification

Include a detailed description of the project and justification. Attach additional documentation as necessary.

Keeping in mind the long-term vision for the Cape Cod Center for Public Safety Training and the ongoing PFAS remediation efforts at the grounds of the former Barnstable County Fire & Rescue Training Academy, the FY2021 budget reflects the expectation that the CCCPST's Fire Training Division will be vacating its location at South Flint Rock Road in Hyannis and moving to a new site at Joint Base Cape Cod. The capital budget request includes \$80,000 for preliminary designs and cost estimates for a new facility at JBCC.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a Facilities Department Cost Estimate.

Included in Fiscal Year Budget: YES NO

Amount: \$80,000

Project Cost Estimate:		Timing of Project Costs	
Total Project Cost: \$ 80,000		FY	21
		Amount \$	80,000
		FY	
		Amount \$	
		FY	
		Amount \$	
		FY	
		Amount \$	
		Total \$	80,000

4. Project Funding Sources

If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budget pool, please specify the account number and amount of funding below.

Accounting Unit/Account Number N/A

Amount: \$ 80,000

Accounting Unit/Account Number N/A

Amount: \$ 0

5. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

NOT APPLICABLE TO THIS PHASE OF THE PROJECT	Annual Increase <u>In Operating Costs</u>	<u>Annual Operating Savings</u>
Maintenance Costs: 0	0	0
Energy Costs:0	0	0
Salary Costs:0	0	0
Other: 0	0	0
Other: 0	0	0
Total: 0	0	0

Additional Estimated Revenue to be Generated \$ N/A

*Approval of this form does not indicate approval of increases to any unit's operating budget. Any increase in operating budget must be approved through the normal budgeting process.

6. Financial Analysis

(only required on some projects)

Payback Period 0
 Internal Rate of Return 0
 Net Present Value 0

7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
Finance Director	_____	_____	_____
County Administrator	_____	_____	_____

8. Finance Use Only

Date Received 12/23/19 Amount: \$ 80,000 Approved in Activity n/a