

CITY OF STRATFORD 2020 CAPITAL BUDGET SUMMARY			(Fed/Prov) Grants	Development Charges	Developer/ Homeowner	City Reserve	Long Term Debt
<b>TAX SUPPORTED PROJECTS:</b>							
<b>A</b>	<b>Information Technology &amp; Business Systems</b>						
1	Personal Computers	\$ 140,000				\$ (140,000) R-R11-ITCA	
2	Network Enhancements	\$ 105,000				\$ (105,000) R-R11-ITCA	
3	Wireless Enhancements	\$ 48,000				\$ (48,000) R-R11-ITCA	
4	Server Upgrades & Licensing	\$ 42,000				\$ (42,000) R-R11-ITCA	
5	Financial System Upgrade	\$ 40,000				\$ (40,000) R-R11-ITCA	
6	AMANDA Upgrades	\$ 100,000				\$ (100,000) R-R11-BSUR	
<b>B</b>	<b>Parking</b>						
7	Mobile Parking Payment System	\$ 20,000				\$ (20,000) R-R11-PRKG	
8	Pay by Plate Enhancements	\$ 57,000				\$ (57,000) R-R11-PRKG	
9	Smart Parking Project	\$ 150,000				\$ (150,000) R-R11-PRKG	
10	Coin Wrapping Machine	\$ 20,000				\$ (20,000) R-R11-PRKG	
<b>C</b>	<b>Fire</b>						
11	Utility Vehicle Replacement	\$ 80,000				\$ (80,000) R-R11-FIRE	
12	Battery Operated Cutter/Spreaders	\$ 40,000				\$ (40,000) R-R11-FIRE	
13	Fire Hose	\$ 10,000				\$ (10,000) R-R11-FIRE	
14	Aerial Apparatus Replacement	\$ 400,000				\$ (400,000) R-R11-FIRE	
<b>D</b>	<b>Community Services Facilities</b>						
15	Water Fountains at SERC, Upper Queens, Pool	\$ 24,000				\$ (24,000) R-R11-RECR	
16	Rebuild Plate and Frame at Rotary	\$ 30,000				\$ (30,000) R-R11-RECR	
17	Rotary Lot Patch Work	\$ 30,000				\$ (30,000) R-R11-RECR	
18	Lions Pool Condition Assessment	\$ 30,000				\$ (30,000) R-R11-RECR	
19	Scissor Lift	\$ 40,000				\$ (40,000) R-R11-RECR	
20	Refrigeration Compressor Refurbish	\$ 40,000				\$ (40,000) R-R11-RECR	
21	Ice Resurfacers at Dufferin	\$ 95,000				\$ (95,000) R-R11-RECR	
22	Cooling Tower Replacement at Rotary	\$ 140,000				\$ (140,000) R-R11-RECR	
<b>E</b>	<b>Cemetery</b>						
23	Niche Walls Columbarium	\$ 100,000				\$ (100,000) R-R11-CEME	

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<b>F</b>	<b>Parks &amp; Forestry</b>						
24	Playground Replacement Program - Optimist Park	\$ 70,000				\$ (70,000) R-R11-RECR	
25	One Ton Trucks (2)	\$ 150,000				\$ (150,000) R-R11-RECR	
<b>G</b>	<b>Transit</b>						
26	Accessible Bus Stops with Shelters	\$ 150,000	\$ (150,000)				
27	Farebox Upgrades	\$ 175,000	\$ (175,000)				
28	Transit Bus Replacements (2)	\$ 1,140,000	\$ (1,140,000)				
29	Parallel Transit Bus Replacement	\$ 100,000	\$ (73,330)			\$ (26,670) R-R11-FLET	
<b>H</b>	<b>Fleet</b>						
30	Sidewalk Tractor	\$ 150,000				\$ (150,000) R-R11-FLET	
31	Supervisor Truck	\$ 60,000				\$ (60,000) R-R11-FLET	
32	Wheel Loader	\$ 200,000				\$ (200,000) R-R11-FLET	
33	4" Pump Trailer	\$ 50,000				\$ (50,000) R-R11-FLET	
34	Shop Hoist	\$ 50,000				\$ (50,000) R-R11-FLET	
35	Engineering Vans (2)	\$ 90,000				\$ (90,000) R-R11-FLET	
36	Fuel Tanks	\$ 30,000				\$ (30,000) R-R11-FLET	
<b>I</b>	<b>City Buildings</b>						
37	City Hall - Front Stair Maintenance	\$ 25,000				\$ (25,000) R-R11-FACI	
38	City Hall - Painting	\$ 20,000				\$ (20,000) R-R11-FACI	
39	City Hall - Boiler Replacement	\$ 160,000				\$ (160,000) R-R11-FACI	
40	Justice Building - Ventilation for Drug Room	\$ 10,000				\$ (10,000) R-R11-FACI	
41	Justice Building - Flooring Replacement	\$ 10,000				\$ (10,000) R-R11-FACI	
42	Justice Building - Accessible Ramp Study & Design	\$ 30,000				\$ (30,000) R-R11-FACI	
43	Library - Second Floor Washroom	\$ 10,000				\$ (10,000) R-R11-FACI	
44	Library - Basement Washroom	\$ 15,000				\$ (15,000) R-R11-FACI	
45	47 Downie Building - Masonry Repairs	\$ 65,000				\$ (65,000) R-R11-FACI	
46	Annex - Masonry Repairs	\$ 15,000				\$ (15,000) R-R11-FACI	
47	Annex - Carpet / Flooring Replacement	\$ 20,000				\$ (20,000) R-R11-FACI	
48	Annex - HVAC Unit Replacement	\$ 28,000				\$ (28,000) R-R11-FACI	
49	Annex - Renovations	\$ 250,000				\$ (250,000) R-R11-FACI	
50	Discovery Centre - HVAC Unit Replacement	\$ 25,000				\$ (25,000) R-R11-FACI	

CITY OF STRATFORD 2020 CAPITAL BUDGET SUMMARY			(Fed/Prov) Grants	Development Charges	Developer/ Homeowner	City Reserve	Long Term Debt
<b>J</b>	<b>Perth &amp; Stratford Housing Corporation</b>						
51	Roof Replacements	\$ 250,000	\$ (250,000)				
52	Driveway Replacements	\$ 20,000			\$ (20,000)	R-R11-SSCA	
53	Connectivity and Security Camera Systems	\$ 140,000			\$ (140,000)	R-R11-SSCA	
54	Card Lock Systems	\$ 300,000			\$ (300,000)	R-R11-SSCA	
55	Fire Alarm System Equipment	\$ 268,000			\$ (268,000)	R-R11-SSCA	
56	Furnace Replacements	\$ 50,000			\$ (50,000)	R-R11-SSCA	
<b>K</b>	<b>Storm</b>						
<b>L</b>	<b>Roads &amp; Traffic</b>						
57	Accessibility Improvements	\$ 40,000			\$ (40,000)	R-R11-PWCA	
58	Trails / BP Master Plan Implementation	\$ 100,000			\$ (100,000)	R-R11-PWCA	
59	Sidewalk Replacement	\$ 130,000			\$ (130,000)	R-R11-PWCA	
60	Street Lighting Improvements	\$ 25,000			\$ (25,000)	R-R11-PWCA	
61	Signal Intersection Updates for AODA	\$ 42,000			\$ (42,000)	R-R11-PWCA	
62	Pedestrian Crossing Improvements	\$ 150,000			\$ (150,000)	R-R11-PWCA	
63	Bridge Improvements	\$ 750,000	\$ (500,000)		\$ (250,000)	R-R11-PWCA	
<b>COMBINATION-TAX SUPPORTED/USER PAY PROJECTS:</b>							
<b>M</b>	<b>Linear Infrastructure</b>						
64	Queen Street Storm Trunk Sewer	\$ 14,470,000			\$ (1,580,000)	R-R11-STRM	\$ (12,375,000)
					\$ (220,000)	R-R11-PWCA	
					\$ (75,000)	R-R11-WATR	
					\$ (220,000)	R-R11-WWTR	
65	Redford Cresent - at St. Vincent	\$ 3,050,000	\$ (2,100,000)		\$ (540,000)	R-R11-WATR	
					\$ (410,000)	R-R11-WWTR	
66	Huron Street - Matilda to Douglas	\$ 950,000	\$ (380,000)		\$ (332,500)	R-R11-WATR	
					\$ (237,500)	R-R11-WWTR	
67	Asphalt Resurfacing	\$ 1,290,000	\$ (1,215,000)		\$ (75,000)	R-R11-WATR	
<b>M</b>	<b>Shared Program Funding</b>						
68	House Service Applications	\$ 400,000			\$ (400,000)		

CITY OF STRATFORD 2020 CAPITAL BUDGET SUMMARY			(Fed/Prov) Grants	Development Charges	Developer/ Homeowner	City Reserve	Long Term Debt
<b>USER PAY PROJECTS:</b>							
<b>N</b>	<b>Water</b>						
69	Mechanical Upgrades to Wells	\$ 100,000				\$ (100,000) R-R11-WATR	
70	Miscellaneous Repairs	\$ 100,000				\$ (100,000) R-R11-WATR	
71	Watermain Relining Various Streets	\$ 175,000				\$ (175,000) R-R11-WATR	
72	Hydrant Distribution Monitoring	\$ 30,000				\$ (30,000) R-R11-WATR	
<b>N</b>	<b>Sanitary</b>						
73	Basement Isolation	\$ 30,000				\$ (30,000) R-R11-WWTR	
74	Residential Service Upgrades	\$ 75,000			\$ (25,000)	\$ (50,000) R-R11-WWTR	
75	Pumping Station Upgrades	\$ 100,000				\$ (100,000) R-R11-WWTR	
76	WPCP Improvements	\$ 350,000				\$ (350,000) R-R11-WWTR	
77	Sanitary Master Plan Update	\$ 75,000		\$ (37,500)		\$ (37,500) R-R11-WWTR	
78	SCADA & PLC Upgrades	\$ 20,000				\$ (20,000) R-R11-WWTR	
<b>N</b>	<b>Landfill</b>						
<b>TAX SUPPORTED PROJECTS:</b>							
<b>O</b>	<b>Stratford Public Library</b>						
79	Library Collection	\$ 246,000		\$ (20,000)		\$ (226,000) R-R11-LIBR	
80	Computer Equipment	\$ 40,300				\$ (40,300) R-R11-LIBR	
81	Carpet Replacement	\$ 10,000				\$ (10,000) R-R11-LIBR	
<b>P</b>	<b>Stratford Police Service</b>						
82	Controlled Energy Weapons (CEW)	\$ 126,790				\$ (126,790) R-R11-POLI	
83	Collision Recovering Equipment Replacement	\$ 70,000				\$ (70,000) R-R11-POLI	
84	Vehicle Replacements (4)	\$ 222,800				\$ (222,800) R-R11-POLI	
	<b>TOTALS</b>	<b>\$ 29,074,890</b>	<b>\$ (5,983,330)</b>	<b>\$ (57,500)</b>	<b>\$ (425,000)</b>	<b>\$ (10,234,060)</b>	<b>\$ (12,375,000)</b>

## 2020 Capital Project Detail Form

<b>Dept</b> Corporate Services	<b>Project #</b> 1	<b>Start Date</b> 1-1-20
<b>Division</b> Information Technology	<b>Project Name</b> Personal Computers	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Computers, Laptops & Monitors		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

To keep current with technology and maintain the level of support and services, computers and laptops are to be replaced on a four year replacement plan.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	140,000	Reserve	140,000	100	R-R11-ITCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 140,000</b>		<b>\$ 140,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

The equipment will become out of warranty. Support and Service level will deteriorate.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>yes</u>		
Projected Replacement Year	<u>2024</u>		
Projected Replacement Cost	<u>\$ 140,000</u>		
Projected Useful Life	<u>4 yrs</u>		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<hr/>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<hr/>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		

## 2020 Capital Project Detail Form

<b>Dept</b> Corporate Services	<b>Project #</b> 2	<b>Start Date</b> 1-1-20
<b>Division</b> Information Technology	<b>Project Name</b> Network Enhancements	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Upgrade and Enhance Network Hardware		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Based on a 5 year replacement cycle on network equipment across all City Facilities.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	105,000	Reserve	105,000	100	R-R11-ITCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 105,000</b>		<b>\$ 105,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

Deterioration of existing network equipment leading to slowdown and issues with network.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>yes</u>		
Projected Replacement Year	<u>2025</u>		
Projected Replacement Cost	<u>\$ 105,000</u>		
Projected Useful Life	<u>5 yrs</u>		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		

### 2020 Capital Project Detail Form

<b>Dept</b> Corporate Services	<b>Project #</b> 3	<b>Start Date</b> 1-1-20
<b>Division</b> Information Technology	<b>Project Name</b> Wireless Enhancements	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Upgrade and Enhance Wireless Hardware		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Based on a 4 year replacement cycle on wireless equipment across all City Facilities.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	48,000	Reserve	48,000	100	R-R11-ITCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 48,000</b>		<b>\$ 48,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current	
Description				

**D. Consequences if this item is not approved:**

Deterioration of existing network equipment leading to slowdown and issues with network.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____		
Projected Replacement Year	2023		
Projected Replacement Cost	\$ 48,000		
Projected Useful Life	5 yrs		
	Will this project maintain or increase service levels? Maintain _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> No _____		
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	_____ If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____		

### 2020 Capital Project Detail Form

<b>Dept</b> Corporate Services	<b>Project #</b> 4	<b>Start Date</b> 1-1-20
<b>Division</b> Information Technology	<b>Project Name</b> Server Upgrades & Licensing	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Upgrading of Server Hardware and Licenses		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Based on a 4 year replacement cycle on server hardware.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	42,000	Reserve	42,000	100	R-R11-ITCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 42,000</b>		<b>\$ 42,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current	
Description				

**D. Consequences if this item is not approved:**

Deterioration of existing network equipment leading to slowdown and issues with network.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____		
Projected Replacement Year	2023 _____		
Projected Replacement Cost	\$ 42,000 _____		
Projected Useful Life	5 yrs _____		
	Will this project maintain or increase service levels? Maintain _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> No _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		



## 2020 Capital Project Detail Form

<b>Dept</b> Corporate Services	<b>Project #</b> 5	<b>Start Date</b> 1-4-20
<b>Division</b> Information Technology	<b>Project Name</b> Financial System Upgrade	<b>End Date</b> 30-6-20
<b>Brief Project Description</b> Upgrading of City's Financial System		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

A major upgrade to the City's financial system for Finance, Payroll and Tax. This upgrade is necessary to maintain all City financial functions.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	40,000	Reserve	40,000	100	R-R11-ITCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 40,000</b>		<b>\$ 40,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only? <u>Current</u>
Description		

**D. Consequences if this item is not approved:**

The upgrade is needed to maintain a proper functioning payroll system.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Corporate Services	<b>Project #</b> 6	<b>Start Date</b> 1-4-20
<b>Division</b> Information Technology	<b>Project Name</b> AMANDA Upgrades	<b>End Date</b> 30-6-20
<b>Brief Project Description</b> Upgrade Software System		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The current AMANDA 6 permitting system we utilize in Building and By-Law departments is reaching the life end for service from the provider. They are currently indicating that we will need to upgrade to AMANDA 7. Along with this upgrade there are operational issues being experienced with staff having to complete work arounds on certain tasks. The plan for this project would be to work towards the required upgrade for AMANDA as well as look at options to fix the work arounds prior to the upgrade.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	100,000	Reserve (provide account #)	100,000	100	R-R11-BSUR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$10,000	Annual or Current Yr Budget only? Annual
Description	Estimated for possible maintenance and support annual costs.	

**D. Consequences if this item is not approved:**

If this project is not approved we will not be able to gain support for the AMANDA permitting software system.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	Fair _____	
Will it extend useful life?	Yes _____	If yes, amended useful life in years <u>5 year (or until next upgrade)</u>
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Corporate Services	<b>Project #</b> 7	<b>Start Date</b> 1-1-20
<b>Division</b> Parking	<b>Project Name</b> Mobile Parking Payment System	<b>End Date</b> 1-4-20
<b>Brief Project Description</b> Parking payment system using mobile phone		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The City currently allows users to pay for parking using coins at single space meters or with coin/credit cards at pay by licence plate machines. With any piece of equipment, that is subject to all weather conditions, there are periods where the unit malfunctions. The addition of a mobile parking payment system will provide users with greater flexibility to purchase parking and can provide additional features such as an option to purchase additional time. This method of payment enhances the parking service and meets a recommendation from the 2016 Parking Study.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	20,000	100	R-R11-PRKG
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other - Signs/Edu/Ads/Integration	20,000				
<b>Total Project Cost</b>	<b>\$ 20,000</b>		<b>\$ 20,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$15,000	Annual or Current Yr Budget only? Annual	
Description	Moneris CC processing fees between \$5,000-\$10,000; monthly cost for web office/analytics and costs associated with changes to system.		

**D. Consequences if this item is not approved:**

Does not meet needs of residents, visitors and the BIA. There is a loss of revenue when the meters/machines malfunction. Approval of this item will assist in providing users with an additional means of paying for parking.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b>	Yes
Projected Replacement Year	2030	
Projected Replacement Cost	\$ 10,000	
Projected Useful Life	10+ yrs	
	Will this project maintain or increase service levels?	Increase
<b>Explain:</b> By providing an additional method to purchase parking it should increase revenue.		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b>	No
Asset ID #	OR provide Make, Model, Year or Other Description:	
Current Condition Rating		
Will it extend useful life?	If yes, amended useful life in years	
	Will this project maintain or increase service levels?	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b>	No
Asset ID #	OR provide Make, Model, Year or Other Description:	

## 2020 Capital Project Detail Form

<b>Dept</b> Corporate Services	<b>Project #</b> 8	<b>Start Date</b> 1-1-20
<b>Division</b> Parking	<b>Project Name</b> Pay by Plate Enhancements	<b>End Date</b> 1-11-20
<b>Brief Project Description</b> Enhancements to Pay by Plate Machines		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Staff recommend enhancing the pay by plate machines by adding payment via debit cards in 2020 to all machines. Staff also recommend hard wiring the Erie lot solar powered machines and adding shelters to the units located in the Erie and Kalbfleisch lots in 2020. These enhancements will assist in improving the functionality of the machines and the customer experience which should result in increased revenue.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment - debit readers	12,000	Reserve (provide account #)	57,000	100	R-R11-PRKG
Equipment - shelters	15,000	Grant (specify)			
Professional Fees (hard wiring)	30,000	Taxation			
Building Upgrades		Other (specify)			
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 57,000</b>		<b>\$ 57,000</b>	<b>100</b>	<b>Total % must equal 100</b>

### C. Impact on Operating Budget Going Forward:

Amount	\$5,000	Annual or Current Yr Budget only? <u>Annual</u>
Moneris processing fees for debit cards.		
Description		

### D. Consequences if this item is not approved:

If this item is not improved it could result in a loss of revenue and increased moneris processing fees. The addition of shelters and hard wiring the units should assist in keeping the machines in order. Adding debit readers will result in lower annual processing fees as these fees are cheaper than credit card processing fees.

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>Yes</u>	
Projected Replacement Year	<u>2023</u>	Debit Readers
Projected Replacement Cost	<u>\$ 15,000</u>	
Projected Useful Life	<u>3 years</u>	
	Will this project maintain or increase service levels? <u>Increase</u>	
<b>Explain:</b>		
The addition of debit readers will provide another method of payment for parking by users. The addition of shelters and hard wiring should increase the functionality of the machines which should result in an increase in service levels.		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? <u>choose one</u>	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Corporate Services	<b>Project #</b> 9	<b>Start Date</b> 1-4-20
<b>Division</b> Parking	<b>Project Name</b> Smart Parking Project	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Continued installation of pucks to parking spaces		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The Smart Parking Project provides analytics to staff which will be used to guide parking time limits and rates which the Finance and Labour Relations Committee has requested staff to review. There is also a map generated which allows users to see where available parking spaces are.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment (pucks)	150,000	Reserve (provide account #)	150,000	100	R-R11-PRKG
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 150,000</b>		<b>\$ 150,000</b>	<b>100</b>	<b>Total % must equal 100</b>

### C. Impact on Operating Budget Going Forward:

Amount	\$15,400	Annual or Current Yr Budget only? <u>Annual</u>	
Maintenance and analytics for smart parking.			
Description			

### D. Consequences if this item is not approved:

Will not be able to collect concrete date on the usage of parking spaces unless a consultant is hired to undertake a manual count.

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____		
Projected Replacement Year	<u>2025</u>		
Projected Replacement Cost	<u>\$ 250,000</u>		
Projected Useful Life	<u>5 years</u>		
	Will this project maintain or increase service levels? <u>Increase</u>		
<b>Explain:</b>			
The Smart Parking Project provides analytics to staff which will be used to guide parking time limits and rates which will increase the service being provided to patrons. There is also a map generated which allows users to see where available parking spaces are.			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		



### 2020 Capital Project Detail Form

<b>Dept</b> Fire	<b>Project #</b> 11	<b>Start Date</b> 1-1-20
<b>Division</b> Fire	<b>Project Name</b> Utility Vehicle Replacement	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Replacement Vehicle		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The current vehicle, a mini van, will be 8 yrs old in 2020 and no longer suits the requirements for Fire Department operations. It needs to be replaced with a utility pickup truck. The van will be repurposed within the Corporation in another department.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment Vehicle Construction Professional Fees Building Upgrades Other (specify)	80,000	Reserve (provide account #) Grant (specify) Taxation Other (specify)	80,000	100	R-R11-FIRE
<b>Total Project Cost</b>	<b>\$ 80,000</b>		<b>\$ 80,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$3,000	Annual or Current Yr Budget only?	Annual
Description	\$3,000 for fuel and maintenance. Will need to increase after the warranty period is over to plan for repairs.		

**D. Consequences if this item is not approved:**

The Fire Department will continue to use a vehicle that cannot be used for emergency operations (i.e., transporting equipment back and forth from an emergency scene or any situation requiring four wheel drive).

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>yes</u>		
Projected Replacement Year	<u>2027</u>		
Projected Replacement Cost	<u>\$ 80,000</u>		
Projected Useful Life	<u>10 yrs</u>		
	Will this project maintain or increase service levels? <u>increase</u>		
<b>Explain:</b>	Transferring to a pickup truck from a car allows for greater flexibility on emergency scenes transporting essential equipment.		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>no</u>		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>yes</u>		Expected Disposal Date <u>01-09-19</u>
Asset ID #	OR provide Make, Model, Year or Other Description: <u>2009 Chevrolet Impala</u>		

### 2020 Capital Project Detail Form

<b>Dept</b> Fire	<b>Project #</b> 12	<b>Start Date</b> 1-1-20
<b>Division</b> Fire	<b>Project Name</b> Battery Operated Cutter/Spreaders	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Replacement of 1 pair		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

This battery operated set of vehicle extrication tools replaces an expired hydraulic set that was 20 yrs old. By going cordless with a non-proprietary battery system, the power system can be replaced for as low as \$200 per battery vs. \$12,000 for a new hydraulic gas operated power system.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	40,000	Reserve (provide account #) Grant (specify) Taxation Other (specify)	40,000	100	R-R11-FIRE
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 40,000</b>		<b>\$ 40,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	_____	Annual or Current Yr Budget only? <u>Current</u>
Description	Internal inspection and regular cleaning. No additional costs.	

**D. Consequences if this item is not approved:**

The old hydraulic set that was 30 yrs old and beyond repair has already been disposed of. By not approving this item, vehicle extrication operations will take longer to conduct if having to wait for the heavy hydraulic system on the Rescue Truck for every motor vehicle incident.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>yes</u>	
Projected Replacement Year	<u>2035</u>	
Projected Replacement Cost	<u>\$ 20,000</u>	
Projected Useful Life	<u>15 years</u>	
	Will this project maintain or increase service levels? <u>Increase</u>	
<b>Explain:</b>	The portability, speed and reduced noise of these tools will reduce the time it takes to remove a casualty from a piece of machinery/vehicle.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>no</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>no</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	



## 2020 Capital Project Detail Form

<b>Dept</b> Fire	<b>Project #</b> 13	<b>Start Date</b> 1-1-20
<b>Division</b> Fire	<b>Project Name</b> Fire Hose	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Replacement of expired hose		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

A significant amount of hose has reached end of life.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	10,000	Reserve (provide account #)	10,000	100	R-R11-FIRE
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 10,000</b>		<b>\$ 10,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \_\_\_\_\_ Annual or Current Yr Budget only? Current  
 Description No financial impact. Hose is inspected and tested annually internally with no third party inspection costs required.

**D. Consequences if this item is not approved:**

Old hose that is due to be replaced has significant amount of wear and leaks. If not approved there exists a possibility of failure during fire operations.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

**E.1 Is this project a new purchase or construction?** yes

Projected Replacement Year 2040  
 Projected Replacement Cost 20%-30% over today's costs  
 Projected Useful Life 20 years  
 Will this project maintain or increase service levels? Maintain current levels

**Explain:**  
 Hose is the lifeline of fire operations and should be replaced once extreme wear is visible or 20 years. Although 20 years is not set in stone, it is an unofficial benchmark for the consideration of replacement.

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**E.2 Is this project a major repair or rehabilitation of an existing asset?** no

Asset ID # \_\_\_\_\_ OR provide Make, Model, Year or Other Description: \_\_\_\_\_  
 Current Condition Rating \_\_\_\_\_  
 Will it extend useful life? \_\_\_\_\_ If yes, amended useful life in years \_\_\_\_\_  
 Will this project maintain or increase service levels? \_\_\_\_\_

**Explain:**

---

**E.3 Is there an asset to be disposed of?** no Expected Disposal Date \_\_\_\_\_

Asset ID # \_\_\_\_\_ OR provide Make, Model, Year or Other Description: \_\_\_\_\_

### 2020 Capital Project Detail Form

<b>Dept</b> Fire	<b>Project #</b> 14	<b>Start Date</b> 1-1-20
<b>Division</b> Fire	<b>Project Name</b> Aerial Fire Apparatus	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Replacement Vehicle		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The current Aerial Fire Apparatus was purchased in 1992. The maximum 30 year replacement date for this vehicle is 2022 with an approximate cost of \$1.8 million dollars. The intent is to conduct a search throughout North America for a used aerial for \$400,000 or less, approximately 10 years of age. If successful, the City will save \$1 million dollars and have a vehicle suitable for another 15-20 years of

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment Vehicle Construction Professional Fees Building Upgrades Other (specify)	400,000	Reserve (provide account #) Grant (specify) Taxation Other (specify)	400,000	100	R-R11-FIRE
<b>Total Project Cost</b>	<b>\$ 400,000</b>		<b>\$ 400,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$7,000	Annual or Current Yr Budget only?	Annual
Description	\$7,000 for fuel and maintenance; will need to increase after warranty period is over to plan for repairs.		

**D. Consequences if this item is not approved:**

The Fire Department will no longer have the capability to conduct rescues at extreme heights or engage roof fires without putting staff at higher than normal levels of risk.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>yes</u>		
Projected Replacement Year	<u>2040</u>		
Projected Replacement Cost	<u>\$ 2,000,000</u>		
Projected Useful Life	<u>20 yrs</u>		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>	An Aerial Fire Apparatus is a specialty vehicle within the fleet designed to engage roof fires and conduct rescue from extreme heights.		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>no</u>		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>yes</u>		Expected Disposal Date <u>01-12-20</u>
Asset ID #	OR provide Make, Model, Year or Other Description: <u>1992 E-One Aerial Fire Truck</u>		

### 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 15	<b>Start Date</b> 1-1-20
<b>Division</b> Recreation Facilities	<b>Project Name</b> Water Fountains	<b>End Date</b> 4-1-20
<b>Brief Project Description</b> Installation of three water fountains		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Provision of water fountains in the parks system promotes a healthy living ideal. Locations are SERC site, Upper Queens Park and Lions Pool

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	19,500	Reserve (provide account #)	24,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Plumber	4,500				
<b>Total Project Cost</b>	<b>\$ 24,000</b>		<b>\$ 24,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$500	Annual or Current Yr Budget only?	Annual
Description	Increased use of potable water.		

**D. Consequences if this item is not approved:**

Less use of sustainable drinking water bottles and more single use plastic going to landfill.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>yes</u>		
Projected Replacement Year	<u>2045</u>		
Projected Replacement Cost	<u>\$ 32,000</u>		
Projected Useful Life	<u>25 yrs</u>		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>	Purchase and installation of water bottle filling stations at Serc, Upper Queens and outside the pool will increase visibility of our drinking water resource for not only residents but also tourists in these high traffic park locations.		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		

### 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 16	<b>Start Date</b> 15-7-20
<b>Division</b> Recreation Facilities	<b>Project Name</b> Rebuild Plate and Frame at Rotary	<b>End Date</b> 30/7/20
<b>Brief Project Description</b> Evaporator Rebuild		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The evaporator is an essential part of the refrigeration system. The plate and frame must be taken apart and rubber components replaced in order to maintain our existing service levels.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	30,000	Reserve (provide account #)	30,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 30,000</b>		<b>\$ 30,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

Eventually the plate and frame evaporator will begin to leak anhydrous ammonia.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>no</u>		
Projected Replacement Year	<u>2032</u>		
Projected Replacement Cost	<u>\$ 40,000</u>		
Projected Useful Life	<u>12</u>		
	Will this project maintain or increase service levels? <u>maintain</u>		
<b>Explain:</b>			
The evaporator is an essential part of the refrigeration system. The plate and frame must be taken apart and rubber components replaced in order to maintain our existing service levels.			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>yes</u>		
Asset ID #	OR provide Make, Model, Year or Other Description:		<u>Alfa Laval Plate and Frame Evaporator</u>
Current Condition Rating			<u>poor</u>
Will it extend useful life?	If yes, amended useful life in years		<u>yes</u> <u>12</u>
	Will this project maintain or increase service levels? <u>maintain</u>		
<b>Explain:</b>			
The rubber components in the Plate and Frame need to be replaced after 12 years. This one will be 14 years old in 2020.			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>no</u> Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description:		

### 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 17	<b>Start Date</b> 1-1-20
<b>Division</b> Recreation Facilities	<b>Project Name</b> Rotary Lot Patch Work	<b>End Date</b> 8-1-20
<b>Brief Project Description</b> Repair of worst areas of Rotary Parking Lot		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Basic repairs to Rotary lot enables service provision to continue at existing levels.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	30,000	Reserve (provide account #)	30,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 30,000</b>		<b>\$ 30,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

Possible reduction in service due to untimely required repairs. Higher risk of lawsuits due to depth of potholes in the lot.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2 Is this project a major repair or rehabilitation of an existing asset?</b> Yes			
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	_____		
Will it extend useful life?	_____	If yes, amended useful life in years	_____
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<b>E.3 Is there an asset to be disposed of?</b> No			
	Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

## 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 18	<b>Start Date</b> 1-1-20
<b>Division</b> Recreation Facilities	<b>Project Name</b> Lions Pool Condition Assessment	<b>End Date</b> 7-1-20
<b>Brief Project Description</b> Assessment of Lions Pool Condition		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

In order to maintain our present service delivery in Lions pool a number of repairs and replacements appear likely. In order to give Council accurate budget numbers for such repairs we will undertake a building condition assessment.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	30,000	Reserve (provide account #)	30,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 30,000</b>		<b>\$ 30,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

Council will not have accurate numbers regarding pool repairs in capital forecasting.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> no _____		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> no _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	_____		_____
Will it extend useful life?	_____	If yes, amended useful life in years	_____
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> no _____ Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

### 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 19	<b>Start Date</b> 1-1-20
<b>Division</b> Recreation Facilities	<b>Project Name</b> Scissor Lift	<b>End Date</b> 1-1-20
<b>Brief Project Description</b> Replace existing scissor lift		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Project will allow staff to continue to provide the same level of service for events. The project will allow staff to maintain elevated equipment such as lighting and providing event services for our community halls.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	40,000	Reserve (provide account #)	40,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 40,000</b>		<b>\$ 40,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

The existing unit has been on borrowed time for the past few years. The item requires annual certification to enable use, and staff have been warned that the item is becoming unserviceable by our contractor.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>yes</u>		
Projected Replacement Year	<u>2035</u>		
Projected Replacement Cost	<u>\$ 60,000</u>		
Projected Useful Life	<u>15 yrs</u>		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>	The replacement will allow staff to continue to work safely at height.		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>no</u>		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>yes</u>		Expected Disposal Date <u>06-01-20</u>
Asset ID #	OR provide Make, Model, Year or Other Description:		Elevated Platform Scissor lift 22feet

## 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 20	<b>Start Date</b> 1-1-20
<b>Division</b> Recreation Facilities	<b>Project Name</b> Refrigeration Compressor Refurbish	<b>End Date</b> 2-1-20
<b>Brief Project Description</b> Refurbishment of existing compressor		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Overhaul of dated compressor allows the department to maintain its current level of service.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	40,000	Reserve (provide account #)	40,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 40,000</b>		<b>\$ 40,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

The compressor to be overhauled is the backup unit. Not doing so will cause an inability to maintain ice upon a failure of any of the existing compressors.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1 Is this project a new purchase or construction?</b> <u>yes</u>		
Projected Replacement Year	<u>2032</u>	
Projected Replacement Cost	<u>\$ 60,000</u>	
Projected Useful Life	<u>12 yrs</u>	
Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>		
The current compressors at Rotary and Allman have significant hours of run time. Two at Rotary are in excess of 57000 hours of use at time of writing and are due for overhaul shortly.		
<b>E.2 Is this project a major repair or rehabilitation of an existing asset?</b> <u>yes</u>		
Asset ID # _____	OR provide Make, Model, Year or Other Description:	<u>75 BHP Frick helical gear compressor</u>
Current Condition Rating	<u>poor</u>	
Will it extend useful life?	<u>yes</u>	
	If yes, amended useful life in years	<u>12</u>
Will this project maintain or increase service levels? <u>maintain</u>		
<b>Explain:</b>		
The compressors at Rotary have been in operation for 14 years. When problems occur with the compressor's harmonic the item must be overhauled. At the age they are now, failure is likely on one or more.		
<b>E.3 Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____		
Asset ID # _____	OR provide Make, Model, Year or Other Description:	



### 2020 Capital Project Detail Form

<b>Dept</b> Community Sevices	<b>Project #</b> 21	<b>Start Date</b> 15-8-20
<b>Division</b> Recreation Facilities	<b>Project Name</b> Ice Resurfacer Dufferin Arena	<b>End Date</b> 15/8/20
<b>Brief Project Description</b> Replacement of existing ice resurfacer		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

In order to maintain present service levels in our arenas one ice resurfacer requires replacement.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	95,000	Reserve (provide account #)	95,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 95,000</b>		<b>\$ 95,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description	Replacement of an existing unit.		

**D. Consequences if this item is not approved:**

Inability to provide ice making on an ongoing basis.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>yes</u>		
Projected Replacement Year	<u>2030</u>		
Projected Replacement Cost	<u>\$ 130,000</u>		
Projected Useful Life	<u>10</u>		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>	This replaces an aged failing ice resurfacer purchased in 2010.		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>no</u>		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>yes</u>		Expected Disposal Date <u>09-01-20</u>
Asset ID #	OR provide Make, Model, Year or Other Description: <u>2010 Olympia</u>		

## 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 22	<b>Start Date</b> 1-1-20
<b>Division</b> Recreation Facilities	<b>Project Name</b> Cooling Tower Replacement at Rotary	<b>End Date</b> 30-1-20
<b>Brief Project Description</b> Condensor replacement		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Rotary refrigeration condensor is a component of the ice making equipment used to give off heat. It has been failing for last three years with many maintenance issues. It is the primary component on the roof creating sound issues for local residents. Its replacement will increase the enjoyment of these residents and at same time enable the department to continue to provide high quality ice making at this location.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	120,000	Reserve (provide account #)	140,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Labour	20,000				
<b>Total Project Cost</b>	<b>\$ 140,000</b>		<b>\$ 140,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \$0 Annual or Current Yr Budget only? Current  
 Description This is replacement of an existing condensor. It will use similar electricity to the present model.

**D. Consequences if this item is not approved:**

Loss of ability to provide ice for bookings at the Rotary Complex if the item fails. Likelihood of lawsuit from residents due to present sound levels.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

**E.1 Is this project a new purchase or construction?** No  
 Projected Replacement Year 2035  
 Projected Replacement Cost \$ 170,000  
 Projected Useful Life 15  
 Will this project maintain or increase service levels? Maintain

**Explain:**  
 The condensor gives off the heat removed from ice making water. Without it we cannot provide ice making at this location.

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**E.2 Is this project a major repair or rehabilitation of an existing asset?** yes  
 Asset ID # \_\_\_\_\_ OR provide Make, Model, Year or Other Description: \_\_\_\_\_  
 Current Condition Rating poor  
 Will it extend useful life? yes If yes, amended useful life in years 15  
 Will this project maintain or increase service levels? maintain

**Explain:**  
 This is an EVAPCO evaporative condensor installed in 2006 with new building. Due to low quality water the unit has struggled to operate efficiently.

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**E.3 Is there an asset to be disposed of?** no Expected Disposal Date \_\_\_\_\_  
 Asset ID # \_\_\_\_\_ OR provide Make, Model, Year or Other Description: \_\_\_\_\_

### 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 23	<b>Start Date</b> May 1, 2020
<b>Division</b> Cemetery	<b>Project Name</b> Niche Walls Columbarium	<b>End Date</b> September 1, 2020
<b>Brief Project Description</b> Addition of New Columbarium Niche Walls		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Addition of 264 new niches to keep up with demand.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	100,000	Reserve (specify)	100,000	100	R-R11-CEME
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
Description _____	

**D. Consequences if this item is not approved:**

No future sales equates with loss of income and inability to perform a cemetery service.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____	
Projected Replacement Year	2070	
Projected Replacement Cost	\$ 200,000	
Projected Useful Life	50 - 100 years	
	Will this project maintain or increase service levels? Increase _____	
<b>Explain:</b>	To keep up with increasing demand for niche interment services. This is new build.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> No _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating _____	_____	
Will it extend useful life? _____	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>	_____	
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	

### 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 24	<b>Start Date</b> September - Mid September
<b>Division</b> Parks & Forestry	<b>Project Name</b> Playground Replacement Program - Optimist Park	<b>End Date</b> End of September
<b>Brief Project Description</b> Replacing aging existing play structure in Optimist Park as per the Dept. replacement program.		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Existing play structure is aging and in need of replacement with more accessible features. This project includes an accessible walkway from sidewalk.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	70,000	Reserve (specify)	70,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 70,000</b>		<b>\$ 70,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
Description _____	

**D. Consequences if this item is not approved:**

Structure will be removed if inspections show non satisfactory conditions.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or constructio</b> <u>yes</u>	
Projected Replacement Year	<u>2035</u>	
Projected Replacement Cost	<u>\$ 100,000</u>	
Projected Useful Life	<u>15 years</u>	
	Will this project maintain or increase service leve <u>Increase</u>	
<b>Explain:</b>	New, safe, accessible equipment will provide a busy neighbourhood and increased play value.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing ass</b> <u>no</u>	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	<u>Poor</u>	
Will it extend useful life? <u>Yes</u>	If yes, amended useful life in years _____	
	Will this project maintain or increase service leve <u>increase</u>	
<b>Explain:</b>	Replacement of aging playground equipment will provide more accessible play space for neighbourhood children.	
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes</u> Expected Disposal Date <u>At Time</u>	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	

Complete all yellow highlighted areas

## 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 25	<b>Start Date</b> 1-1-20
<b>Division</b> Parks	<b>Project Name</b> Replacement of 2 One-Ton Dump Trucks (Parks)	<b>End Date</b> 1-4-20
<b>Brief Project Description</b>		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Optimizing Stratford's physical assets (vehicle replacement) in order to maintain current operations.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	150,000	Reserve (provide account #)	150,000	100	R-R11-RECR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (non-rebated HST portion)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 150,000</b>		<b>\$ 150,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \_\_\_\_\_ Annual or Current Yr Budget only? \_\_\_\_\_

Description \_\_\_\_\_

**D. Consequences if this item is not approved:**

We currently have two trucks that have been removed from operations due to wear and tear. If not replaced, operations will be affected (both winter and summer).

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	<u>15 years</u>	
Projected Replacement Cost	<u>\$160,000 for two vehicles</u>	
Projected Useful Life	<u>15 years each</u>	
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes (2)</u> Expected Disposal Date <u>When new vehicles are received</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: <u>2004 Ford F450 (2)</u>	

## 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 26	<b>Start Date</b> 1-5-20
<b>Division</b> Transit	<b>Project Name</b> Accessible Bus Stops with Shelters	<b>End Date</b> 1-12-20
<b>Brief Project Description</b> Update existing/new bus stops for accessibility with shelters		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

To promote accessibility standards at bus stops that are user friendly for customers of all levels of ability.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	150,000	Federal ICIP	60,000	40%	ICIP = Investing in Canada Infrastructure Program
Vehicle		Provincial ICIP	50,000	33%	
Construction		Provincial Gas Tax	40,000	27%	
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 150,000</b>		<b>\$ 150,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	_____	Annual or Current Yr Budget only?	_____
	na		
Description	_____		

**D. Consequences if this item is not approved:**

Ease of bus stop use would be impacted. It would create a negative customer experience and would not promote independency.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____		
Projected Replacement Year	2045 _____		
Projected Replacement Cost	\$ 150,000 _____		
Projected Useful Life	25 years _____		
	Will this project maintain or increase service levels? both _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> No _____		
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	_____ If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____		

## 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 27	<b>Start Date</b> 1-5-20
<b>Division</b> Transit	<b>Project Name</b> Farebox Upgrades	<b>End Date</b> 1-12-20
<b>Brief Project Description</b> Update an aging farebox system and add an electronic fare capture		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

To assist in promoting equipment sustainability and to update an aging fare capturing system that is becoming more expensive to repair and maintain, and is outdated. Transit wants to become more innovative and lead the way in community-driven excellence while also providing a positive Customer experience.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	175,000	Federal ICIP	70,000	40%	ICIP = Investing in Canada Infrastructure Program
Vehicle		Provincial ICIP	58,330	33%	
Construction		Provincial Gas Tax	46,670	27%	
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 175,000</b>		<b>\$ 175,000</b>	<b>1</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	_____	Annual or Current Yr Budget only? _____
Description	Revenues lower if system is not capturing all transactions.	

**D. Consequences if this item is not approved:**

Aging fare collection system is outdated. Department is not confident that it is recording all fares/rides, which in turn jeopardizes Provincial Gas Tax funding, which is based on ridership statistics.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____	
Projected Replacement Year	2040 _____	
Projected Replacement Cost	\$ 150,000 _____	
Projected Useful Life	20 years _____	
	Will this project maintain or increase service levels? <u>maintain</u>	
<b>Explain:</b>		
<b>E.2 Is this project a major repair or rehabilitation of an existing asset?</b> _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3 Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

### 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 28	<b>Start Date</b> 1-5-20
<b>Division</b> Transit	<b>Project Name</b> Transit Bus Replacements	<b>End Date</b> 1-12-20
<b>Brief Project Description</b> Two new bus purchases to replace existing units		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

To assist in promoting equipment sustainability and to update an aging rolling stock that is becoming more expensive to repair and maintain and to continue to lead the way in community-driven excellence. These two new buses will replace a 1997 40ft Nova and a 2007 30ft Eldorado.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	1,140,000	Federal ICIP	456,000	40%	ICIP = Investing in Canada Infrastructure Program  (\$570,000 each bus)
Vehicle		Provincial ICIP	379,960	33%	
Construction		Provincial Gas Tax	304,040	27%	
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 1,140,000</b>		<b>\$ 1,140,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
na	
Description _____	

**D. Consequences if this item is not approved:**

Delivery of service would suffer when aging fleet repairs become difficult/costly to maintain.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>Yes</u>	
Projected Replacement Year	<u>2028</u>	
Projected Replacement Cost	<u>\$ 1,200,000</u> (\$600,000 each bus)	
Projected Useful Life	<u>8 years</u>	
	Will this project maintain or increase service levels? <u>both</u>	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating _____	_____	
Will it extend useful life? _____	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes</u> Expected Disposal Date <u>01-06-21</u>	
Asset ID # _____	OR provide Make, Model, Year or Other Description: <u>1997 40ft LFS Nova Bus</u>	
	<u>2007 30ft Eldorado Bus</u>	



### 2020 Capital Project Detail Form

<b>Dept</b> Community Services	<b>Project #</b> 29	<b>Start Date</b> 1-5-20
<b>Division</b> Parallel Transit	<b>Project Name</b> Parallel Transit Bus Replacement	<b>End Date</b> 1-12-20
<b>Brief Project Description</b> New bus purchase to replace aging fleet		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

One new Mobility Bus to replace aging 2009 unit. To improve ways to get around the City, which includes a sustainable service delivery that is accessible to people of all levels of ability, to show genuine interest in the well-being of everyone in the community and to demonstrate compassion in our work.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	100,000	Federal ICIP	40,000	40%	ICIP = Investing in Canada Infrastructure Program
Vehicle		Provincial ICIP	33,330	33%	
Construction		Reserve R-R11-FLET	26,670	27%	
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>1</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
N/A	
Description _____	

**D. Consequences if this item is not approved:**

Higher maintenance costs, and will impact service delivery when existing bus has major repairs and is not usable.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____		
Projected Replacement Year	2028 _____		
Projected Replacement Cost	\$ 100,000 _____		
Projected Useful Life	8 years _____		
	Will this project maintain or increase service levels? Maintain _____		
<b>Explain:</b>			
<b>E.2 Is this project a major repair or rehabilitation of an existing asset?</b> No _____			
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3 Is there an asset to be disposed of?</b> Yes _____ Expected Disposal Date _____ 01-06-20			
Asset ID #	OR provide Make, Model, Year or Other Description: 2009 Chev Mobility bus		

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 30	<b>Start Date</b>
<b>Division</b> Fleet	<b>Project Name</b> Sidewalk Tractor	<b>End Date</b>
<b>Brief Project Description</b> Replacement of Sidewalk Tractor		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Unit listed is at and/or surpassed usable estimated lifespan.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	150,000	Reserve (provide account #)	150,000	100	R-R11-FLET
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 150,000</b>		<b>\$ 150,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \_\_\_\_\_ Annual or Current Yr Budget only? Annual

Description \_\_\_\_\_

**D. Consequences if this item is not approved:**

Not able to maintain current level of service for sidewalk snow removal - will face overages in repair costing.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>New Purchase</u>		
Projected Replacement Year	<u>2030</u>		
Projected Replacement Cost	_____		
Projected Useful Life	<u>10</u>		
<b>Explain:</b>	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Repair</u>		
Asset ID #	<u>n/a</u>	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	<u>n/a</u>		
Will it extend useful life?	_____	If yes, amended useful life in years	<u>n/a</u>
<b>Explain:</b>	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes</u>		Expected Disposal Date <u>20-09-20</u>
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	<u>2005 Trackless Sidewalk Tractor</u>

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 31	<b>Start Date</b> _____
<b>Division</b> Fleet	<b>Project Name</b> Supervisor Truck	<b>End Date</b> _____
<b>Brief Project Description</b> Replacement of a Supervisor Truck		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Unit listed is at and/or surpassed usable estimated lifespan.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment Vehicle Construction Professional Fees Building Upgrades Other (specify)	60,000	Reserve (provide account #) Grant (specify) Taxation Other (specify)	60,000	100	R-R11-FLET
<b>Total Project Cost</b>	<b>\$ 60,000</b>		<b>\$ 60,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \_\_\_\_\_ Annual or Current Yr Budget only? Annual

Description \_\_\_\_\_

**D. Consequences if this item is not approved:**

Not able to maintain current level of service - will face overages in repair costing.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>New Purchase</u>		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>	_____		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____		
Asset ID #	<u>n/a</u>	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	<u>n/a</u>		
Will it extend useful life?	_____	If yes, amended useful life in years	<u>n/a</u>
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>	_____		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> _____ Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 32	<b>Start Date</b>
<b>Division</b> Fleet	<b>Project Name</b> Wheel Loader	<b>End Date</b>
<b>Brief Project Description</b> Replacement of front end loader		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Unit listed is at and/or surpassed usable estimated lifespan.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	200,000	Reserve (provide account #)	200,000	100	R-R11-FLET
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 200,000</b>		<b>\$ 200,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? <u>Annual</u>
Description _____	

**D. Consequences if this item is not approved:**

Not able to maintain current level of service - will face overages in repair costing.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>New Purchase</u>		
Projected Replacement Year	<u>2030</u>		
Projected Replacement Cost	_____		
Projected Useful Life	<u>10</u>		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<b>E.2 Is this project a major repair or rehabilitation of an existing asset?</b> _____			
Asset ID #	<u>n/a</u>	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	<u>n/a</u>		
Will it extend useful life?	_____	If yes, amended useful life in years	<u>n/a</u>
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3 Is there an asset to be disposed of?</b> <u>Yes</u> Expected Disposal Date <u>20-09-20</u>			
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	<u>2007 CAT 930H loader</u>

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 33	<b>Start Date</b>
<b>Division</b> Fleet	<b>Project Name</b> 4" Pump Trailer	<b>End Date</b>
<b>Brief Project Description</b> Replacement of 4" Pump Trailer		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Unit listed is at and/or surpassed usable estimated lifespan.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	50,000	Reserve (provide account #)	50,000	100	R-R11-FLET
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 50,000</b>		<b>\$ 50,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? <u>Annual</u>
Description _____	

**D. Consequences if this item is not approved:**

Not able to maintain proper balancing of ponding areas in the City. Unable to respond appropriately to emergency situations requiring a large pump.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>New Purchase</u>		
Projected Replacement Year	<u>2040</u>		
Projected Replacement Cost	_____		
Projected Useful Life	<u>20</u>		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<b>E.2 Is this project a major repair or rehabilitation of an existing asset?</b> _____			
Asset ID #	<u>n/a</u>	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	<u>n/a</u>		
Will it extend useful life?	_____	If yes, amended useful life in years	<u>n/a</u>
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3 Is there an asset to be disposed of?</b> <u>Yes</u> Expected Disposal Date <u>20-09-20</u>			
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	<u>1994 Gorman Rupp 4" pump</u>

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 34	<b>Start Date</b>
<b>Division</b> Fleet	<b>Project Name</b> Shop Hoist	<b>End Date</b>
<b>Brief Project Description</b> Replacement of Shop Hoist		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

To continue to provide adequate service at the Public Works shop.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	50,000	Reserve (provide account #)	50,000	100	R-R11-FLET
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 50,000</b>		<b>\$ 50,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \_\_\_\_\_ Annual or Current Yr Budget only? Annual

Description \_\_\_\_\_

**D. Consequences if this item is not approved:**

Not able to maintain level of service - contracting more repairs out.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>New Purchase</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>		
<b>E.2 Is this project a major repair or rehabilitation of an existing asset?</b> _____		
Asset ID #	<u>n/a</u>	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating	<u>n/a</u>	
Will it extend useful life?	_____	If yes, amended useful life in years <u>n/a</u>
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3 Is there an asset to be disposed of?</b> _____ Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 35	<b>Start Date</b>
<b>Division</b> Fleet	<b>Project Name</b> Engineering Vans (2)	<b>End Date</b>
<b>Brief Project Description</b> Replacement of 2 Engineering Vans		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Units listed are at and/or surpassed usable estimated lifespan.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Van # 1	45,000	Reserve (provide account #)	90,000	100	R-R11-FLET
Van # 2	45,000	Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 90,000</b>		<b>\$ 90,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? <u>Annual</u>
Description _____	

**D. Consequences if this item is not approved:**

Not able to maintain current level of service - will face overages in repair costing.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>New Purchase</u>	
Projected Replacement Year _____		
Projected Replacement Cost _____		
Projected Useful Life _____	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
Asset ID # <u>n/a</u>	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating <u>n/a</u>		
Will it extend useful life? _____	If yes, amended useful life in years	<u>n/a</u>
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes</u> Expected Disposal Date _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description:	#1 - 2008 Dodge Pick-up #2 - 2007 Chevrolet Van

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 36	<b>Start Date</b> 01/01/20
<b>Division</b> Public Works	<b>Project Name</b> Fuel Tanks	<b>End Date</b> 31/12/20
<b>Brief Project Description</b> Install fuel depot at 303 King St. Diesel, Colour Diesel and Gasoline pumps.		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Current fueling system is not efficient. Gasoline vehicles fueling at local gas station with set hours. Departments runs 24 hours and need access to fuel at any given time during winter operations.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	30,000	Reserve (provide account #)	30,000	100	R-R11-FLET
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 30,000</b>		<b>\$ 30,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	Annual or Current Yr Budget only? <u>Current</u>
Description	Annual certification addition of shop equipment.

**D. Consequences if this item is not approved:**

Vehicles unable to fuel during afternoon and night shifts; may result in changes to levels of service.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>New Purchase</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? <u>Increase</u>	
<b>Explain:</b>	Vehicles from multiple departments able to utilize fuel depot 24/7.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
Asset ID #	<u>n/a</u>	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating	<u>n/a</u>	
Will it extend useful life?	_____	If yes, amended useful life in years <u>n/a</u>
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	



## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 37	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> City Hall - Front Stair Maintenance	<b>End Date</b>
<b>Brief Project Description</b> Maintain existing front stair and walls at City Hall		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The stairs at City Hall are a tourist destination and favourite spot for photos. Replacement of the stairs with new stairs for this heritage building has been estimated at over \$600,000. In lieu of replacement of the stairs, annual maintenance to maintain their safety and elegance is required. In addition, spot masonry repairs to the building are also necessary. Maintenance is required on an annual basis due to the age and characteristics of the materials.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	25,000	Reserve (provide account #)	25,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 25,000</b>		<b>\$ 25,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only: <u>Current</u>
Description		

**D. Consequences if this item is not approved:**

This item if not approved, would result in safety and appearance issues for both the main historical entrance to the City Hall and remaining brickwork.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>	
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	<u>Fair</u>	
Will it extend useful life?	<u>Yes</u>	If yes, amended useful life in years <u>25 years</u>
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 38	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> City Hall - Painting	<b>End Date</b>
<b>Brief Project Description</b> Maintain interior and exterior of building with paint maintenance		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

City Hall is a tourist destination and favourite spot for photos. The interior walls and exterior windows and details at City Hall require a certain amount of annual maintenance to maintain the appearance of the City Hall and protect from deterioration. The plan is to work on various areas of the facility over a multi-year approach to improve the appearance. Currently there are locations where the paint, specifically on the exterior, is starting to peel and flake off.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	20,000	Reserve (provide account #)	20,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 20,000</b>		<b>\$ 20,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

This item if not approved, would result in the interior and exterior finishes being reduced for the main historical entrance to the City Hall. There may also be complaints about the way the City has decided to maintain the City Hall Facility.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	<u>Fair</u>		
Will it extend useful life?	<u>Yes</u>	If yes, amended useful life in years	<u>15 years</u>
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
Painting is required on an ongoing basis and will need to be completed again in future years to maintain the building.			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 39	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> City Hall - Boiler Replacement	<b>End Date</b>
<b>Brief Project Description</b> Replace the existing Boiler		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The boiler was planned to be replaced in 2019 but the consultant recommended the new boiler be vented through an existing chimney and not directly to the exterior of the building. This requires the chimney to be relined. This change in scope of the project necessitated tendering the project late in the year. The consultant believes the City could benefit if the project were tendered early in 2020. For this reason, the project did not proceed in 2019 but is recommended to proceed in 2020.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	160,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction	145,000	Taxation			
Professional Fees	15,000	Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 160,000</b>		<b>\$ 160,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \$0	Annual or Current Yr Budget only: Current
Description	

**D. Consequences if this item is not approved:**

If this project is not completed, boiler repairs will be more frequent and more costly and could result in days of no heat in City Hall.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	15-20 yrs	
	Will this project maintain or increase service levels? Maintain _____	
<b>Explain:</b>		
<b>E.2 Is this project a major repair or rehabilitation of an existing asset?</b> _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3 Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 40	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> Justice Building - Ventilation for Drug Room	<b>End Date</b>
<b>Brief Project Description</b> Install ventilation system for Drug Room		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

This project will see that a proper ventilation system is installed in the Police Station. There were complaints in 2019 from the Courts as the smells were present in the upper courts level.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	10,000	Reserve (provide account #)	10,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 10,000</b>		<b>\$ 10,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only:	Current
Description			

**D. Consequences if this item is not approved:**

If this project is not completed there may be Health & Safety concerns as well as occupant complaints in the facility.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	20 yrs _____		
	Will this project maintain or increase service levels? Maintain _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> No _____		
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	_____ If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____		

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 41	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> Justice Building - Flooring Replacement	<b>End Date</b>
<b>Brief Project Description</b> Continue to replace worn out flooring		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

This project will continue replacing the worn out flooring within both the Police Station and Courts. The intent of this project is to be proactive and ensure there are no trip hazards present in the facility.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	10,000	Reserve (provide account #)	10,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 10,000</b>		<b>\$ 10,000</b>	<b>100</b>	<b>Total % must equal 100</b>

### C. Impact on Operating Budget Going Forward:

Amount	\$0	Annual or Current Yr Budget only? Current
Description		

### D. Consequences if this item is not approved:

If this project is not completed there may be continued Health & Safety issues for trips etc. as the carpets continue to deteriorate.

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	Poor	
Will it extend useful life?	Yes	If yes, amended useful life in years 15 years
	Will this project maintain or increase service levels? Maintain	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No	
	Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 42	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> Justice Building - Accessible Ramp Study/Design	<b>End Date</b> 
<b>Brief Project Description</b> Study and design to provide accessible access to the Police Station		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The current barrier free access to the Police station is located at the rear of the building and not at the public entry to the station abutting the street. This causes an operational issue for the Police. The existing barrier free access is a work around to allow access to the building to those with accessibility issues. The extent of this project would be to complete a study to review possible options for access and to provide designs. Construction of the barrier free access would be subject to budget approval in subsequent years, probably 2021.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	30,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction	-	Taxation			
Professional Fees	30,000	Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 30,000</b>		<b>\$ 30,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

If this project is not completed, the City could be open to a human rights complaint.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	Poor		
Will it extend useful life?	Yes	If yes, amended useful life in years	25 years
	Will this project maintain or increase service levels? Increase		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No		
	Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 43	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> Library - Washroom - Second Floor	<b>End Date</b>
<b>Brief Project Description</b> Replace and upgrade staff washroom		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

This project will include replacing finishes and fixtures in the staff washroom. The existing staff washroom is old and past serviceable life. This project would provide this washroom with new fixtures and repair damaged floors and wall surfaces.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	10,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction	10,000	Taxation			
Professional Fees	-	Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 10,000</b>		<b>\$ 10,000</b>	<b>100</b>	<b>Total % must equal 100</b>

### C. Impact on Operating Budget Going Forward:

Amount	\$0	Annual or Current Yr Budget only? Current
Description		

### D. Consequences if this item is not approved:

If this project is not completed it may cause larger renovation costs to be required in future years.

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	Poor	
Will it extend useful life?	No	If yes, amended useful life in years: 25 years
	Will this project maintain or increase service levels? Increase	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No	
	Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 44	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> Library - Basement Washroom	<b>End Date</b>
<b>Brief Project Description</b> Replace and upgrade basement washrooms		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

This project will include engaging a consultant to design male and female washroom facilities in the basement. The existing basement washrooms are old and have been causing operational problems due to maintenance issues. When maintenance issues arise these washrooms are required to be closed and these washrooms are the main washrooms for the Library. Part of the project would also be to look at providing proper accessible washroom facilities. Reconstruction of the washrooms would occur in 2021.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	15,000	Reserve (provide account #)	15,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 15,000</b>		<b>\$ 15,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only? <u>Current</u>
Description		

**D. Consequences if this item is not approved:**

If this project is not completed there may be continued and ongoing maintenance and operational concerns.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	<u>Poor</u>	
Will it extend useful life?	<u>No</u>	
	If yes, amended useful life in years	<u>25 years</u>
	Will this project maintain or increase service levels? <u>Increase</u>	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	



## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 45	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> 47 Downie - Masonry Repair	<b>End Date</b>
<b>Brief Project Description</b> Repair Masonry from front façade of building		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The lower stonework at the front entry to the Tourism facility has been deteriorating over time and is reaching a point that any further deterioration could result in excessive water access to the wall structure behind the stone and cause additional damage to the facility. This project was originally planned to be completed in 2019 but when the contractors started to explore replacement options in keeping with the original Indiana Limestone, it became apparent the original quote from the contractor and 2019 budget of \$25,000 was insufficient.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	65,000	Reserve (provide account #)	65,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 65,000</b>		<b>\$ 65,000</b>	<b>100</b>	<b>Total % must equal 100</b>

### C. Impact on Operating Budget Going Forward:

Amount	\$0	Annual or Current Yr Budget only? <u>Current</u>
Description		

### D. Consequences if this item is not approved:

The stonework will continue to deteriorate and water will continue to penetrate into the wall system. This will likely cause additional structural issues as well as a chance for mold growth in the wall system. The cost to replace after this time will be substantially more

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	<u>Poor</u>		
Will it extend useful life?	<u>Yes</u>	If yes, amended useful life in years	<u>25 years</u>
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 46	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> Annex - Masonry Repairs	<b>End Date</b>
<b>Brief Project Description</b> Repair and Repointing of Existing Masonry		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The masonry on the Annex building is generally in good condition but there are some locations where repoint is required. In 2019 some spots repairs were completed where the brick was ready to fall to the ground. During this process staff had the contractor look at other areas specifically the high areas that are not visible from the ground. This investigation laid out other areas specifically around the windows where time has taken a toll on the condition of the mortar. The costs to repoint the existing brick is significantly less than the costs for large scale replacement.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	15,000	Reserve (provide account #)	15,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)	-				
<b>Total Project Cost</b>	<b>\$ 15,000</b>		<b>\$ 15,000</b>	<b>100</b>	<b>Total % must equal 100</b>

### C. Impact on Operating Budget Going Forward:

Amount	\$0	Annual or Current Yr Budget only?	Current
Description			

### D. Consequences if this item is not approved:

If this project is not approved the City could see larger and more holistic repairs in the future.

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	Fair		
Will it extend useful life?	No	If yes, amended useful life in years	20 years
	Will this project maintain or increase service levels? Maintain		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No		
	Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 47	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> Annex - Carpet/Flooring replacement	<b>End Date</b>
<b>Brief Project Description</b> Replace existing flooring		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The department has been working to replace the existing flooring to maintain the appearance and serviceability of the facility. In many locations the carpet has worn through and requires replacement. There have also been Health & Safety concerns brought forward as trip hazards have been identified.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	20,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction	20,000	Taxation			
Professional Fees	-	Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 20,000</b>		<b>\$ 20,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \$0 Annual or Current Yr Budget only: Current

Description

**D. Consequences if this item is not approved:**

The carpet may continue to tear causing trip hazards.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	Poor	_____	
Will it extend useful life?	No	If yes, amended useful life in years	20 years
	Will this project maintain or increase service levels? Maintain _____		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 48	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> Annex - HVAC Unit Replacement	<b>End Date</b>
<b>Brief Project Description</b> Replace existing HVAC Unit		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The department has been working to replace the existing HVAC units on City facilities. The HVAC units at 82 Erie Street have reached their serviceable life. This replacement is part of the ongoing work to maintain the facility.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	28,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction	28,000	Taxation			
Professional Fees	-	Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 28,000</b>		<b>\$ 28,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only:	Current
Description			

**D. Consequences if this item is not approved:**

The HVAC unit may break down causing outages and higher maintenance costs.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	Poor		
Will it extend useful life?	No	If yes, amended useful life in years	25 years
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No		
	Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 49	<b>Start Date</b> During 2020
<b>Division</b> City Buildings	<b>Project Name</b> Annex - Renovations	<b>End Date</b> During 2020
<b>Brief Project Description</b> Renovations to 82 Erie Street offices		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Renovations are needed to the front reception area of Social Services in order to further provide integrated services within the Social Services Department. The current configuration does not allow for proper flow of clients nor does it offer the privacy required in dealing with sensitive issues.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	250,000	Reserve (provide account #)	250,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 250,000</b>		<b>\$ 250,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \$0 Annual or Current Yr Budget only? Current Yr  
 No impact on budgets going forward.

Description \_\_\_\_\_

**D. Consequences if this item is not approved:**

If renovations are not completed in this location, client services will be inhibited due to improper flow of service delivery and possible breaches of confidentiality and privacy.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
<b>Explain:</b>	Will this project maintain or increase service levels? _____	
<b>E.2 Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>		
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
<b>Explain:</b>	Will this project maintain or increase service levels? <u>Increase</u>	
Renovation of the existing reception area will allow for better flow of service delivery as well as increased privacy and confidentiality.		
<b>E.3 Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 50	<b>Start Date</b> N/A
<b>Division</b> City Buildings	<b>Project Name</b> Discovery Centre - HVAC Unit replacement	<b>End Date</b>
<b>Brief Project Description</b> Replace existing HVAC Unit		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The department has been working to replace the existing HVAC units on City facilities. The HVAC unit at the Discovery Centre has reached its serviceable life. This replacement is part of the ongoing work to maintain the facility.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	25,000	100	R-R11-FACI
Vehicle		Grant (specify)			
Construction	25,000	Taxation			
Professional Fees	-	Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 25,000</b>		<b>\$ 25,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \$0 Annual or Current Yr Budget only: Current

Description

**D. Consequences if this item is not approved:**

The HVAC unit may breakdown causing outages and higher maintenance costs.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

**E.1 Is this project a new purchase or construction?** No

Projected Replacement Year \_\_\_\_\_

Projected Replacement Cost \_\_\_\_\_

Projected Useful Life \_\_\_\_\_

Will this project maintain or increase service levels? \_\_\_\_\_

**Explain:**

---

**E.2 Is this project a major repair or rehabilitation of an existing asset?** Yes

Asset ID # \_\_\_\_\_ OR provide Make, Model, Year or Other Description: \_\_\_\_\_

Current Condition Rating Poor

Will it extend useful life? No If yes, amended useful life in years 20 years

Will this project maintain or increase service levels? Maintain

**Explain:**

---

**E.3 Is there an asset to be disposed of?** No Expected Disposal Date \_\_\_\_\_

Asset ID # \_\_\_\_\_ OR provide Make, Model, Year or Other Description: \_\_\_\_\_

## 2020 Capital Project Detail Form

<b>Dept</b> Social Services	<b>Project #</b> 51	<b>Start Date</b> During 2020
<b>Division</b> Housing	<b>Project Name</b> Roof Replacements	<b>End Date</b> During 2020
<b>Brief Project Description</b> Replacement of roofs at several locations		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Providing roof replacements at 60 Cawston Street and several Family units in both Stratford and the County will improve the integrity of the buildings, reducing operating costs and reducing the risk of safety and liability issues.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Grant	250,000	100	Ontario Priorities Housing Initiative funding (OPHI)
Vehicle					
Construction					
Professional Fees					
Building Upgrades					
Roof Replacement	250,000				
<b>Total Project Cost</b>	<b>\$ 250,000</b>		\$ 250,000	100	Total % must equal 100

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description	Will only impact current year budget		

**D. Consequences if this item is not approved:**

The roofs have reached the end of life, failure to replace them will result in increased operating costs and possible safety and liability issues should a failure lead to water penetration.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No _____		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
<b>Explain:</b>	Will this project maintain or increase service levels? _____		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	_____		
Will it extend useful life?	_____	If yes, amended useful life in years	_____
<b>Explain:</b>	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

### 2020 Capital Project Detail Form

<b>Dept</b> Social Services	<b>Project #</b> 52	<b>Start Date</b> During 2020
<b>Division</b> Housing	<b>Project Name</b> Driveway Replacements	<b>End Date</b> During 2020
<b>Brief Project Description</b> Family unit driveway replacements		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Existing driveways at several family units within Stratford and the County have reached the end of life, creating trip hazards and safety issues due to deteriorating pavement.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	20,000	100	R-R11-SSCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Driveway/Other Paving	20,000				
<b>Total Project Cost</b>	<b>\$ 20,000</b>		<b>\$ 20,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only?	Current
Description	Impact is only on current year budget.		

**D. Consequences if this item is not approved:**

Existing driveways are currently at the end of life. Deterioration has created trip hazards and safety issues. Failure to replace existing driveways may result in liability issues.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		
Current Condition Rating	_____		
Will it extend useful life?	If yes, amended useful life in years _____		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>	Replacement of existing driveways which have reached the end of life.		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No		
	Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		



## 2020 Capital Project Detail Form

<b>Dept</b> Social Services	<b>Project #</b> 53	<b>Start Date</b> During 2020
<b>Division</b> Housing	<b>Project Name</b> Connectivity and Security Camera Systems	<b>End Date</b> During 2020
<b>Brief Project Description</b> Installation of cameras as well as connectivity equipment		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Continued installation of security cameras at several locations. Further, there is a need to be able to access these files remotely and save recordings using cloud storage at sites with existing security cameras as well as new installations moving forward. This work will improve the safety of clients and members of the public and reduce the risk of liability.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	140,000	100	R-R11-SSCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Security Cameras/Connectiv	140,000				
<b>Total Project Cost</b>	<b>\$ 140,000</b>		<b>\$ 140,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$2,000	Annual or Current Yr Budget only? <u>Annual</u>	
Annual operating costs associated with connectivity, cloud storage and product purchases will be required.			
The \$2,000 estimate is for the phase to be completed in 2020 only, after 4 year phase in ongoing costs are estimated at \$7,500 per year.			
Description			

**D. Consequences if this item is not approved:**

Failure to complete this project will decrease safety and lead to possible liability issues.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>		<b>Is this project a new purchase or construction?</b> <u>Yes</u>	
Projected Replacement Year	<u>2045</u>		
Projected Replacement Cost	<u>unknown</u>		
Projected Useful Life	<u>25+ Years</u>		
		Will this project maintain or increase service levels? <u>Increase</u>	
<b>Explain:</b>			
Security cameras will increase safety around the building and deter possible serious occurrences and reduce possible liability issues.			
<b>E.2</b>		<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>	
Asset ID #	<u></u>	OR provide Make, Model, Year or Other Description: <u></u>	
Current Condition Rating	<u></u>		
Will it extend useful life?	<u></u>	If yes, amended useful life in years <u></u>	
		Will this project maintain or increase service levels? <u></u>	
<b>Explain:</b>			
<b>E.3</b>		<b>Is there an asset to be disposed of?</b> <u>No</u>	
		Expected Disposal Date <u></u>	
Asset ID #	<u></u>	OR provide Make, Model, Year or Other Description: <u></u>	

## 2020 Capital Project Detail Form

<b>Dept</b> Social Services	<b>Project #</b> 54	<b>Start Date</b> During 2020
<b>Division</b> Housing	<b>Project Name</b> Card Lock Systems	<b>End Date</b> During 2020
<b>Brief Project Description</b> Exchange current key lock systems with card lock systems		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Exchanging current key lock systems with card lock systems will reduce operating costs and increase safety in the units.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	300,000	100	R-R11-SSCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Card Lock Systems	300,000				
<b>Total Project Cost</b>	<b>\$ 300,000</b>		<b>\$ 300,000</b>	<b>100</b>	Total % must equal 100

**C. Impact on Operating Budget Going Forward:**

Amount	\$5,000	Annual or Current Yr Budget only?	Annual	Annual operating costs will be minimal. The only costs anticipated will be for period replenishment of cards as supplies dwindle. It is anticipated that cards would be returned at turnover and re-used, however some annual loss is anticipated. Anticipated costs would be offset by anticipated savings in locksmith charges as well as after hour call outs (e.g. a key broken off in a lock after hours needing immediate resolution).
Description				

**D. Consequences if this item is not approved:**

Existing key lock systems are more costly to operate with locksmith charges in the event of lost keys, unit turnover, etc. Keys also provide less security if they are lost and/or duplicated without proper authorization. Implementing card lock system will allow the activation/deactivation of cards in the event of lost cards or unit turnover. It is also less likely that a key card can be duplicated and used by someone not authorized to access the buildings and units.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No _____		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
<b>Explain:</b>	Will this project maintain or increase service levels? _____		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	_____		
Will it extend useful life?	_____	If yes, amended useful life in years	_____
<b>Explain:</b>	Will this project maintain or increase service levels? Increase _____		
Implementation of card lock systems will reduce the number of occurrences where locksmith services are required as well as increase the efficiency of "lock" changeovers due to lost keys (cards) or unit turnovers. This will also increase safety with reduced ability for unauthorized use of keys (cards) and increased reporting ability (able to monitor card usage and be alerted to potential issues with the			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

### 2020 Capital Project Detail Form

<b>Dept</b> Social Services	<b>Project #</b> 55	<b>Start Date</b> During 2020
<b>Division</b> Housing	<b>Project Name</b> Fire Alarm System Equipment	<b>End Date</b> During 2020
<b>Brief Project Description</b> Replacement of Heat/Fire Alarm System Equipment		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Existing smoke/heat detectors, pull stations and alarm panels are reaching the end of their lives. Replacement of these systems is needed in several buildings throughout the County.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	268,000	100	R-R11-SSCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Fire Alarm Systems	268,000				
<b>Total Project Cost</b>	<b>\$ 268,000</b>		<b>\$ 268,000</b>	<b>100</b>	Total % must equal 100

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only? <u>Current</u>
Description	No ongoing operating costs above existing costs are anticipated with this replacement.	

**D. Consequences if this item is not approved:**

Failure to replace existing systems will contravene legislative safety requirements to maintain a fire alerting system. This would increase life safety risks as well as litigation risks.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>	Replacement of existing fire alerting systems that have reached the end of life.	
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Social Services	<b>Project #</b> 56	<b>Start Date</b> During 2020
<b>Division</b> Housing	<b>Project Name</b> Furnace Replacements	<b>End Date</b> During 2020
<b>Brief Project Description</b> Replacement furnaces for family units		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Several family unit furnaces have reached the end of life. Replacement of furnaces is required in order to reduce the likelihood of heating system failures which will result in increased operating costs.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve (provide account #)	50,000	100	R-R11-SSCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Furnaces	50,000				
<b>Total Project Cost</b>	<b>\$ 50,000</b>		<b>\$ 50,000</b>	<b>100</b>	Total % must equal 100

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only? Current	_____
Description	No additional operating budget impact beyond current year.		

**D. Consequences if this item is not approved:**

Furnaces that are not replaced and are at the end of life cycle have a greater risk of breakdown, which will result in increased operating costs to repair as well as potential after hours service costs.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No _____		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	_____		
Will it extend useful life?	_____	If yes, amended useful life in years	_____
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>	Replacement of furnaces at end of life cycle will reduce the occurrences of breakdowns and decrease operational costs to repair.		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 57	<b>Start Date</b>
<b>Division</b> Roads & Traffic	<b>Project Name</b> Accessibility Improvements	<b>End Date</b>
<b>Brief Project Description</b> Annual program to repair or correct sidewalk areas that do not meet AODA requirements, new curb cuts and/or ramps as requested by Accessibility Advisory Committee.		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Compliance with Accessibility for Ontarians with Disabilities Act.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	40,000	Reserve (provide account #)	40,000	100	R-R11-PWCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 40,000</b>		<b>\$ 40,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only? <u>Current</u>
Description		

**D. Consequences if this item is not approved:**

Accessibility improvements will not take place.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>Yes</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	<u>n/a</u>	
	Will this project maintain or increase service levels? <u>Increase</u>	
<b>Explain:</b>	New ramps to increase accessibility.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>	
Asset ID #	<u>n/a</u>	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating	_____	
Will it extend useful life?	_____	If yes, amended useful life in years _____
	Will this project maintain or increase service levels? <u>increase</u>	
<b>Explain:</b>	Repair of an existing sidewalk or curb to make it accessible.	
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 58	<b>Start Date</b> _____
<b>Division</b> Roads & Traffic	<b>Project Name</b> Trails/BP Master Plan Implementation	<b>End Date</b> _____
<b>Brief Project Description</b> Construction of various trails, sidewalks, bike lanes and signage, or completion of studies in accordance with the Bicycle and Pedestrian Master Plan (BPMP), and with input from the Active Transportation Advisory Committee (ATAC).		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Implementation of BPMP and ATAC recommendations.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	100,000	Reserve (provide account #)	100,000	100	R-R11-PWCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	varies	Annual or Current Yr Budget only? _____
Depending on what projects are completed, may or may not increase operations and maintenance costs.		
Description _____		

**D. Consequences if this item is not approved:**

If not approved, new trails or bicycle lanes will not be created.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? <u>Maintain/Increase</u>	
<b>Explain:</b>	This is dependent on what projects are completed.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> No _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating _____	_____	
Will it extend useful life? _____	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 59	<b>Start Date</b>
<b>Division</b> Roads & Traffic	<b>Project Name</b> Sidewalk Replacement	<b>End Date</b>
<b>Brief Project Description</b> Annual program for replacement of existing sidewalks in poor condition and elimination of trip hazards, plus an allowance for City contribution towards sidewalk replacement at driveways when requested by private citizens		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Required to meet minimum maintenance standards, and as per Council policy S.2.10 Sidewalk Replacement at Driveways.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	130,000	Reserve (provide account #)	130,000	100	R-R11-PWCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 130,000</b>		<b>\$ 130,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount <u>net zero</u>	Annual or Current Yr Budget only? <u>Current</u>
Description	

**D. Consequences if this item is not approved:**

Will not comply with Council policy, will not meet minimum maintenance standards, deterioration of sidewalk network and possible claims due to injury.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Repair</u>	
Asset ID #	<u>n/a</u>	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating	<u>n/a</u>	
Will it extend useful life?	_____	If yes, amended useful life in years <u>n/a</u>
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 60	<b>Start Date</b>
<b>Division</b> Roads & Traffic	<b>Project Name</b> Street Lighting Improvements	<b>End Date</b>
<b>Brief Project Description</b> Annual program to provide for new street lights		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Installation of new street lights in areas with poor lighting.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	25,000	Reserve (provide account #)	25,000	100	R-R11-PWCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 25,000</b>		<b>\$ 25,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount varies \_\_\_\_\_ Annual or Current Yr Budget only? Annual \_\_\_\_\_  
 Description Increased cost of electricity, depending on number of street lights installed. Number of lights dependent on location and difficulty of installation, which in turn determines cost of installation.

**D. Consequences if this item is not approved:**

No improvement to low lit areas or intersections.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? Increase _____	
<b>Explain:</b>	This will provide better lighting.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	_____ If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____	



### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 61	<b>Start Date</b> _____
<b>Division</b> Roads & Traffic	<b>Project Name</b> Signal Intersection Updates for AODA	<b>End Date</b> _____
<b>Brief Project Description</b> 2nd of a 7 year program to install audible signals as mandated by the Province		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Provincially mandated by the Accessibility for Ontarians with Disabilities Act.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	42,000	Reserve (provide account #)	42,000	100	R-R11-PWCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 42,000</b>		<b>\$ 42,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
Description _____	

**D. Consequences if this item is not approved:**

Signals will not be in compliance with the Accessibility for Ontarians with Disabilities Act (AODA).

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? Increase _____	
<b>Explain:</b>	This project will provide audible signals at intersections.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating _____	_____	
Will it extend useful life? _____	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 62	<b>Start Date</b>
<b>Division</b> Roads & Traffic	<b>Project Name</b> Pedestrian Crossing Improvements	<b>End Date</b>
<b>Brief Project Description</b> New pedestrian crossings or intersection improvements. 2020 work to include Ontario/Church/St. Andrew and Downie/George.		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

2019 Downtown Transportation Study will provide design and recommendations for the improvement of the pedestrian crossings and intersection improvements throughout the downtown core.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	150,000	Reserve (provide account #)	150,000	100	R-R11-PWCA
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 150,000</b>		<b>\$ 150,000</b>	<b>100</b>	<b>Total % must equal 100</b>

### C. Impact on Operating Budget Going Forward:

Amount	n/a	Annual or Current Yr Budget only? Current
Description		

### D. Consequences if this item is not approved:

Pedestrian safety will continue to be an issue at problematic intersections.

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? Increase _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 63	<b>Start Date</b>
<b>Division</b> Roads & Traffic	<b>Project Name</b> Bridge Improvements	<b>End Date</b>
<b>Brief Project Description</b> Various bridge, footbridge, and culvert repairs		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Recommended work, included in the latest Ontario Structure Inspection Manual (OSIM) bridge appraisal reports, to maintain safety. Work includes erosion protection for various structures, maintenance and repairs to various footbridges and other structures, and engineering work in preparation for retaining wall replacement along TJ Dolan Drive under the railway.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve R-R11-PWCA	250,000	33	
Vehicle		Federal Gas Tax	500,000	67	
Construction	650,000				
Professional Fees	100,000				
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 750,000</b>		<b>\$ 750,000</b>	<b>100</b>	Total % must equal 100

**C. Impact on Operating Budget Going Forward:**

Amount	n/a	Annual or Current Yr Budget only?	Current
Description			

**D. Consequences if this item is not approved:**

If not approved, there will be deterioration of structures, safety concerns, and possible culvert collapse.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels?	_____
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes	
Asset ID #	n/a	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating	_____	
Will it extend useful life?	_____	If yes, amended useful life in years _____
	Will this project maintain or increase service levels?	Maintain
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> IDS	<b>Project #</b> 64	<b>Start Date</b>
<b>Division</b> Linear Infrastructure	<b>Project Name</b> Queen Street Storm Trunk Sewer	<b>End Date</b>
<b>Brief Project Description</b> Construction of the Queen Street Diversion trunk storm sewer by microtunnelling, from Brunswick Street to Lakeside Drive		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Construction of the Queen Street Diversion trunk storm sewer was recommended in the 2004 South Side Storm System Class EA. A Class Environmental Assessment Schedule B was completed in July 2017 and detailed design recommending microtunneling completed in November 2017. The City has until 2022 to construct the trunk sewer without completing another Class EA. This storm trunk sewer will divert drainage from the Brunswick/Rebecca trunk system which also runs under the Avon theatre and the downtown core, creating capacity in that sewer.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment		Reserve R-R11-STRM	1,580,000	10%	
Vehicle		Reserve R-R11-PWCA	220,000	2%	
Construction	14,220,000	Reserve R-R11-WATR	75,000	1%	
Professional Fees	250,000	Reserve R-R11-WWTR	220,000	2%	
Building Upgrades		Long Term Financing	12,375,000	85%	
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 14,470,000</b>		<b>\$ 14,470,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
Description _____	

**D. Consequences if this item is not approved:**

The current system of trunk sewers will be maintained. Many sections are undersized and the risk of flooding during our more frequent extreme storm events increases. The trunk sewer under the Avon Theatre, although rehabilitated to increase flow capacity, will still be undersized for large events and pose a risk.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____	
Projected Replacement Year	2120 _____	
Projected Replacement Cost	\$ 20,000,000 _____	
Projected Useful Life	100 _____	
	Will this project maintain or increase service levels? Increase _____	
<b>Explain:</b>	The new trunk sewer will provide more capacity for large storm events.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating _____	_____	
Will it extend useful life? _____	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 65	<b>Start Date</b>
<b>Division</b> Linear Infrastructure	<b>Project Name</b> Redford Crescent at St. Vincent Reconstruction	<b>End Date</b>
<b>Brief Project Description</b> Reconstruction of road, replace sanitary, water and storm sewer		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

The current infrastructure is in poor condition.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Road	900,000	Reserve R-R11-WATR	540,000	18%	
Storm	1,200,000	Reserve R-R11-WWTR	410,000	13%	
Sanitary	410,000	Federal Gas Tax	2,100,000	69%	
Water	540,000				
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 3,050,000</b>		<b>\$ 3,050,000</b>	<b>100</b>	<b>Total % must equal 100</b>

### C. Impact on Operating Budget Going Forward:

Amount	some reduction	Annual or Current Yr Budget only?	Annual
Description	New road, sidewalks and underground infrastructure will require less maintenance.		

### D. Consequences if this item is not approved:

Further deterioration of watermain, further breaks and repairs. Increased deterioration of road, storm sewer, sidewalks. Increased maintenance of sanitary system.

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No _____		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	_____		
Will it extend useful life?	_____	If yes, amended useful life in years	_____
	Will this project maintain or increase service levels? <u>maintain</u>		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____		
Asset ID #	_____	OR provide Make, Model, Year or Other Description:	_____

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 66	<b>Start Date</b>
<b>Division</b> Linear infrastructure	<b>Project Name</b> Huron Street - Matilda to Douglas Reconstruction	<b>End Date</b>
<b>Brief Project Description</b> Year 1 - hiring of a consulting firm to complete the design and obtain relevant approvals in preparation for applying to the MTO for connecting link funding in future years.		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Huron Street is eligible for connecting link funding, in the amount of 90% of the eligible roadworks. The road is deteriorated; the storm system is undersized, twinned in some sections, and between 60-100yrs old; the sanitary sytem is between 60-120yrs old; the watermain has 16 historic breaks with the majority between 60-120yrs old. Staff do not recommend replacing the roadworks without replacing the underground servicing. In order to apply for funding, the design must be 90% complete. Staff do not have the capacity to undertake such a large project in addition to their yearly work.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Professional Fees	950,000	Reserve R-R11-WATR	332,500	35%	
Other (specify)		Reserve R-R11-WWTR	237,500	25%	
Total Project Cost		Federal Gas Tax	380,000	40%	
	<b>\$ 950,000</b>		<b>\$ 950,000</b>	<b>100</b>	<b>Total % must equal 100</b>

### C. Impact on Operating Budget Going Forward:

Amount _____	Annual or Current Yr Budget only? _____
Description _____	

### D. Consequences if this item is not approved:

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes _____	
Asset ID #	_____	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating	_____	
Will it extend useful life?	_____	If yes, amended useful life in years _____
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID #	_____	OR provide Make, Model, Year or Other Description: _____

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 67	<b>Start Date</b>
<b>Division</b> Linear Infrastructure	<b>Project Name</b> Asphalt Resurfacing	<b>End Date</b>
<b>Brief Project Description</b> Annual program for the reconstruction/rehabilitation of various streets.		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Streets to be determined once final geotechnical reports and pavement assessment reports have been received, appropriate method of rehabilitation is established, and cost estimates are completed. O'Loane Avenue north of Galt requires immediate attention, and will be the priority for work. After the cost estimates are finalized, additional road segments may be added as budget allows. Budget includes allowance for crack sealing, and a geotechnical program to provide data for future roadworks.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Road	1,065,000	Reserve R-R11-WATR	75,000	6%	
Storm	75,000	Federal Gas Tax	1,215,000	94%	
Water	75,000				
Professional Fees	75,000				
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 1,290,000</b>		<b>\$ 1,290,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	negligible	Annual or Current Yr Budget only?	Annual
Description	Less patching, pothole and emergency repairs - will allow more work to be done on other non-improved roads.		

**D. Consequences if this item is not approved:**

Deterioration of asphalt roads requiring more remediation and additional costs.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes		
Asset ID #	n/a	OR provide Make, Model, Year or Other Description:	_____
Current Condition Rating	_____		
Will it extend useful life?	yes	If yes, amended useful life in years	25
	Will this project maintain or increase service levels? <u>maintain</u>		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No		
	Expected Disposal Date _____		
Asset ID #	OR provide Make, Model, Year or Other Description: _____		

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 68	<b>Start Date</b> _____
<b>Division</b> Shared Program Funding	<b>Project Name</b> House Service Applications	<b>End Date</b> _____
<b>Brief Project Description</b> Installation of new or replacement storm, sanitary and water services for private property at owner request.		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Current practice is to construct new services for private properties and recover those costs once the work is done. The services, once complete, are owned by the private properties, as per City policies.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Road	100,000	Reserve (provide account #)			Homeowners
Storm	100,000	Grant (specify)			
Sanitary	100,000	Taxation			
Water	100,000	Other (specify)	400,000	100	
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 400,000</b>		<b>\$ 400,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	n/a	Annual or Current Yr Budget only? _____
Description		

**D. Consequences if this item is not approved:**

If not approved, private property owners will not be able to service their lands.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> N/A _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> N/A _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> _____ Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	



### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 69	<b>Start Date</b>
<b>Division</b> Water	<b>Project Name</b> Mechanical Upgrades to Wells	<b>End Date</b>
<b>Brief Project Description</b> Various well repairs		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Various repairs to wells in accordance to the "Well Monitoring Study" being completed in Fall 2019 by C3 Water.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	100,000	Reserve (provide account #)	100,000	100	R-R11-WATR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	Annual or Current Yr Budget only? <u>Annual</u>	Description
		May vary from year to year based on the study but approximately \$125,000 to fully rehabilitate a well.

**D. Consequences if this item is not approved:**

Wells must be maintained to ensure safe drinking water. This is part of the multiple barrier approach.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>	Required to ensure long term sustainability to the drinking water system.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 70	<b>Start Date</b> _____
<b>Division</b> Water	<b>Project Name</b> Miscellaneous Repairs - Water	<b>End Date</b> _____
<b>Brief Project Description</b> An allowance for unplanned or emergency repairs required in the distribution system where immediate or timely attention is necessary.		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Ensures that safe drinking water is maintained during unexpected findings.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	100,000	Reserve (provide account #)	100,000	100	R-R11-WATR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount <u>none</u>	Annual or Current Yr Budget only? <u>Current</u>
Description _____	

**D. Consequences if this item is not approved:**

Lack of contingency funding should an unusual finding occur, that was not previously identified, and requires a timely or immediate response. This includes possible compromised water mains (poor condition at time of repair), lead removal on a water main (lead poured joints), or any other finding that could put the system at risk.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>	
Asset ID #	<u>n/a</u>	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating	_____	
Will it extend useful life?	_____	If yes, amended useful life in years _____
	Will this project maintain or increase service levels? <u>maintain</u>	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 71	<b>Start Date</b>
<b>Division</b> Water	<b>Project Name</b> Watermain Relining Various Streets	<b>End Date</b>
<b>Brief Project Description</b> New annual program to rehabilitate deteriorated watermains by relining, eliminating the need for open cut construction and restoration.		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Rehabilitation of deteriorated or failing watermains in the most cost effective manner.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	175,000	Reserve (provide account #)	175,000	100	R-R11-WATR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 175,000</b>		<b>\$ 175,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
Description _____	

**D. Consequences if this item is not approved:**

Watermains will continue to deteriorate and break, there will be more impacts to service, and mains will have to be replaced by open cut construction at significantly greater cost

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> No _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? Increase _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> Yes _____	
Asset ID #	n/a _____	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating	_____	
Will it extend useful life?	yes _____	If yes, amended useful life in years 50 _____
	Will this project maintain or increase service levels? maintain _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

Complete all yellow highlighted areas

## 2020 Capital Project Detail Form

<b>Dept</b> IDS	<b>Project #</b> 72	<b>Start Date</b>
<b>Division</b> Engineering	<b>Project Name</b> Hydrant Distribution Monitoring	<b>End Date</b>
<b>Brief Project Description</b> Monitoring equipment for water distribution analysis		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Equipment to purchase for distribution monitoring program.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	30,000	Reserve (provide account #)	30,000		R-R11-WATR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 30,000</b>		<b>\$ 30,000</b>	<b>-</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \_\_\_\_\_ Annual or Current Yr Budget only? Annual \_\_\_\_\_  
 May vary from year to year but approximately \$30,000 per year for approximately 5 years.

Description \_\_\_\_\_

**D. Consequences if this item is not approved:**

Leak detection would be a manual exercise but no real time monitoring - improves monitoring and results in less risk to the system.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> Yes _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? Increase _____	
<b>Explain:</b>	Increases monitoring for better response to distribution issues.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> No _____	
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	_____ If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? choose one _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 73	<b>Start Date</b>
<b>Division</b> Sanitary	<b>Project Name</b> Basement Isolation	<b>End Date</b>
<b>Brief Project Description</b> Annual program to provide subsidy to eligible properties in accordance with the basement isolation and sump pump subsidy program		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Payback for this program is through reduced flows and treatment costs.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Sanitary	30,000	Reserve (provide account #) Grant (specify) Taxation Other (specify)	30,000	100	R-R11-WWTR
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 30,000</b>		<b>\$ 30,000</b>	<b>100</b>	Total % must equal 100

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
Description _____	

**D. Consequences if this item is not approved:**

Inflow and infiltration of the sanitary system results in higher flows and overflow events at the wastewater treatment plant costing hundreds of thousands of dollars per year in unnecessary treatment.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> _____	
	Projected Replacement Year _____	
	Projected Replacement Cost _____	
	Projected Useful Life _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
	Asset ID # _____	OR provide Make, Model, Year or Other Description: _____
	Current Condition Rating _____	
	Will it extend useful life? _____	If yes, amended useful life in years _____
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
	Asset ID # _____	OR provide Make, Model, Year or Other Description: _____

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 74	<b>Start Date</b>
<b>Division</b> Sanitary	<b>Project Name</b> Residential Service Upgrades	<b>End Date</b>
<b>Brief Project Description</b> Annual program to provide subsidy to eligible residential properties to replace aging sanitary services and eliminate infiltration		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Council Policy S.1.3 - payback for this program is through reduced flows and treatment costs.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	75,000	Reserve (provide account #)	50,000	67	R-R11-WWTR
Vehicle		Other (specify)	25,000	33	Homeowner Contribution
Construction					
Professional Fees					
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 75,000</b>		<b>\$ 75,000</b>	<b>100</b>	Total % must equal 100

**C. Impact on Operating Budget Going Forward:**

Amount \_\_\_\_\_ Annual or Current Yr Budget only? \_\_\_\_\_

Description \_\_\_\_\_

**D. Consequences if this item is not approved:**

Inflow and infiltration of the sanitary system results in higher flows and overflow events at the wastewater treatment plant costing hundreds of thousands of dollars per year in unnecessary treatment.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	_____ If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID #	_____ OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 75	<b>Start Date</b>
<b>Division</b> Sanitary	<b>Project Name</b> Pumping Station Upgrades	<b>End Date</b>
<b>Brief Project Description</b> Upgrades to pumping stations as per 2015 Condition Assessment Report		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Continual improvements and upgrades ensures the integrity of the pump stations, the protection of the environment, and health and safety of staff and the public.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	100,000	Reserve (provide account #)	100,000	100	R-R11-WWTR
Construction		Grant (specify)			
Professional Fees		Taxation			
Other (specify)		Other (specify)			
<b>Total Project Cost</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
Description	

**D. Consequences if this item is not approved:**

The work is based on a 2014 assessment report that listed more than \$6,000,000 in upgrade recommendations. The upgrades include health and safety, electrical and process upgrades. Failure to continue to improve/upgrade could compromise safety and process related activities with increased risk to the public and staff.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> _____	
	Projected Replacement Year _____	
	Projected Replacement Cost _____	
	Projected Useful Life _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
	Asset ID # _____	OR provide Make, Model, Year or Other Description: _____
	Current Condition Rating _____	
	Will it extend useful life? _____	If yes, amended useful life in years _____
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
	Asset ID # _____	OR provide Make, Model, Year or Other Description: _____

## 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 76	<b>Start Date</b>
<b>Division</b> Sanitary	<b>Project Name</b> Water Pollution Control Plant Improvements	<b>End Date</b>
<b>Brief Project Description</b> Annual allowance for various improvements to the WPCP as recommended and required by Ontario Clean Water Agency		

### A. Project Justification/Contribution to City Services & Strategic Priorities (full details):

Continual improvements and upgrades ensures the integrity of the treatment plant and the protection of the environment and health and safety of staff and the public.

### B. Project Financials

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	350,000	Reserve (provide account #)	350,000	100	R-R11-WWTR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 350,000</b>		<b>\$ 350,000</b>	<b>100</b>	Total % must equal 100

### C. Impact on Operating Budget Going Forward:

Amount _____	Annual or Current Yr Budget only? _____
Description	

### D. Consequences if this item is not approved:

Annual amounts are based on the 2014 needs report that listed more than \$8,500,000 recommended upgrades. The upgrades include health and safety, electrical, process and civil upgrades. They are determined yearly based on current conditions and priorities. Failure to continue to improve or upgrade could compromise safety and process related activities with increased risk to the public and staff.

### E. Asset Management Plan: complete either E.1 or E.2; complete E.3

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
Asset ID #	n/a _____	OR provide Make, Model, Year or Other Description: _____
Current Condition Rating	_____	
Will it extend useful life?	_____	If yes, amended useful life in years _____
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	



### 2020 Capital Project Detail Form

<b>Dept</b> Infrastructure & Dev. Services	<b>Project #</b> 77	<b>Start Date</b> _____
<b>Division</b> Sanitary	<b>Project Name</b> Sanitary Master Plan update	<b>End Date</b> _____
<b>Brief Project Description</b> Update the Sanitary Master Plan		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The City has completed a program of flow monitoring and has updated the sanitary system model. The master plan, last completed in 2003, can now be updated to include new developments, completed annexations, and future growth. The master plan will provide servicing solutions for current and future growth, and provide a program to improve ongoing issues with infiltration into the system.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	75,000	Reserve (provide account #)	37,500	50	R-R11-WWTR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Development Charges	37,500	50	R-DIS-WAST
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 75,000</b>		<b>\$ 75,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount _____	Annual or Current Yr Budget only? _____
Description _____	

**D. Consequences if this item is not approved:**

If not approved, staff will continue to implement current, but out of date, recommendations while attempting to extrapolate them for all lands not included in the current master plan. It may result in over or underdesign of systems.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> _____	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>	_____	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>	_____	
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> No _____ Expected Disposal Date _____	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	

## 2020 Capital Project Detail Form

<b>Dept</b> IDS	<b>Project #</b> 78	<b>Start Date</b>
<b>Division</b> Engineering	<b>Project Name</b> SCADA/PLC (Hardware) Upgrades to Sanitary	<b>End Date</b>
<b>Brief Project Description</b> Automation hardware for remote operations and data acquisition of pumping stations		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Equipment to purchase to upgrade pumping stations for remote monitoring at Dunn Road and Vic Inn PS

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	20,000	Reserve (provide account #)	20,000		R-R11-WWTR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades Other (specify)					
<b>Total Project Cost</b>	<b>\$ 20,000</b>		<b>\$ 20,000</b>	<b>-</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \_\_\_\_\_ Annual or Current Yr Budget only? Current  
 Upgrades only. No further costs.

Description \_\_\_\_\_

**D. Consequences if this item is not approved:**

Improves monitoring and results in less risk to the system.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
	Will this project maintain or increase service levels? <u>Increase</u>	
<b>Explain:</b>	Increases monitoring for better response to issues and less risk to the environment.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating _____	_____	
Will it extend useful life? _____	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>No</u> Expected Disposal Date _____	
Asset ID # _____	OR provide Make, Model, Year or Other Description: _____	

### 2020 Capital Project Detail Form

<b>Dept</b> Library	<b>Project #</b> 79	<b>Start Date</b> 1-1-20
<b>Division</b>	<b>Project Name</b> Library Collection	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Annual purchase of library materials		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

The purchase of physical and electronic books, audio-visual, and other information resources such as research databases. It enables the core mission of the Library to provide the community with timely and relevant information and cultural resources.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Book Collection	246,000	Reserve (provide account #)	226,000	92	R-R11-LIBR
Vehicle		Development Charges	20,000	8	R-DGS-LIBR
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 246,000</b>		<b>\$ 246,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount \$246,000 Annual or Current Yr Budget only? Annual  
 Description \_\_\_\_\_  
 Cost may increase for annual inflation or depending on formats/resources required.

**D. Consequences if this item is not approved:**

If this project is not approved, it would result in an inability for the Library to provide its core services. The Stratford community would lose access to timely, accurate and high quality informational/cultural resources.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

**E.1 Is this project a new purchase or construction?** Yes \_\_\_\_\_

Projected Replacement Year \_\_\_\_\_  
 Projected Replacement Cost \_\_\_\_\_  
 Projected Useful Life \_\_\_\_\_  
 Will this project maintain or increase service levels? Maintain

**Explain:**

---

**E.2 Is this project a major repair or rehabilitation of an existing asset?** No \_\_\_\_\_

Asset ID # \_\_\_\_\_ OR provide Make, Model, Year or Other Description: \_\_\_\_\_  
 Current Condition Rating \_\_\_\_\_  
 Will it extend useful life? \_\_\_\_\_ If yes, amended useful life in years \_\_\_\_\_  
 Will this project maintain or increase service levels? \_\_\_\_\_

**Explain:**

---

**E.3 Is there an asset to be disposed of?** Yes \_\_\_\_\_ Expected Disposal Date various

Physical library materials are de-selected and replaced based on deterioration and usage patterns. Digital materials are frequently restricted by licensing periods of either a specific time frame or a limited number of uses.

Asset ID # \_\_\_\_\_ OR provide Make, Model, Year or Other Description: as above

### 2020 Capital Project Detail Form

<b>Dept</b> Library	<b>Project #</b> 80	<b>Start Date</b> 1-1-20
<b>Division</b>	<b>Project Name</b> Library Computer Equipment	<b>End Date</b> 31-12-20
<b>Brief Project Description</b> Replacement of computers/server/printer		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Routine replacement of computer equipment, as per maintenance/warranty schedule.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	40,300	Reserve (provide account #)	40,300	100	R-R11-LIBR
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 40,300</b>		<b>\$ 40,300</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	\$0	Annual or Current Yr Budget only? <u>Current</u>
Description	Capital computer equipment is replacement only for existing services.	

**D. Consequences if this item is not approved:**

Reduced functionality of core public service; possibility of service outages; potential to compromise security of public and organizational data

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>Yes</u>	
Projected Replacement Year	<u>2025</u>	
Projected Replacement Cost	<u>\$ 42,000</u>	
Projected Useful Life	<u>5 years</u>	
	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>Explain:</b>	Staff computers are replaced on a 5 year cycle. The Library's servers are replaced in rotation (1 per year) and per the manufacturer's warranty, typically 3 years.	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>No</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: _____	
Current Condition Rating	_____	
Will it extend useful life?	If yes, amended useful life in years _____	
	Will this project maintain or increase service levels? _____	
<b>Explain:</b>		
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes</u> Expected Disposal Date <u>25-12-19</u>	
Asset ID #	OR provide Make, Model, Year or Other Description: <u>as above</u>	



## 2020 Capital Project Detail Form

<b>Dept</b> Stratford Police Service	<b>Project #</b> 82	<b>Start Date</b> 1-1-20
<b>Division</b>	<b>Project Name</b> Controlled Energy Weapons	<b>End Date</b> 1-9-20
<b>Brief Project Description</b> Replacement of Police Services' CEWs (Tasers)		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Replace Service's existing inventory of CEWs which will become obsolete in 2020.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	126,790	Reserve (provide account #)	126,790	100	R-R11-POLI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 126,790</b>		<b>\$ 126,790</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount 1.15% Annual or Current Yr Budget only? Current Yr Budget

Description

**D. Consequences if this item is not approved:**

Current CEWs no longer supported by Axon.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>		
Projected Replacement Year	_____		
Projected Replacement Cost	_____		
Projected Useful Life	_____		
	Will this project maintain or increase service levels? _____		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes - rehabilitation</u>		
Asset ID #	OR provide Make, Model, Year or Other Description:	<u>X26-Taser</u>	
Current Condition Rating	_____		
Will it extend useful life?	<u>Yes</u>	If yes, amended useful life in years	<u>5 years (approx)</u>
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes</u>		Expected Disposal Date <u>September 1, 2020 (to be destroyed)</u>
Asset ID #	OR provide Make, Model, Year or Other Description:	<u>Taser X26</u>	

## 2020 Capital Project Detail Form

<b>Dept</b> Stratford Police Service	<b>Project #</b> 83	<b>Start Date</b> 1-1-20
<b>Division</b>	<b>Project Name</b> Collision Recovering Equipment Replacement	<b>End Date</b> 1-9-20
<b>Brief Project Description</b> Replacement of "Total Station" collision recovering equipment		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Replace "Total Station" collision recovering equipment. Needed for complex collision and crime scene measurement.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	70,000	Reserve (provide account #)	70,000	100	R-R11-POLI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 70,000</b>		<b>\$ 70,000</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	0.6%	Annual or Current Yr Budget only? <u>Current Yr Budget</u>
Description		

**D. Consequences if this item is not approved:**

Inability to measure serious collisions or crime scenes.

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>	
Projected Replacement Year	_____	
Projected Replacement Cost	_____	
Projected Useful Life	_____	
<b>Explain:</b>	Will this project maintain or increase service levels? _____	
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes - rehabilitation</u>	
Asset ID #	OR provide Make, Model, Year or Other Description:	<u>Total Station</u>
Current Condition Rating	<u>Poor</u>	
Will it extend useful life?	If yes, amended useful life in years	<u>5-10 years</u>
<b>Explain:</b>	Will this project maintain or increase service levels? <u>Maintain</u>	
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes</u>	Expected Disposal Date <u>September 1, 2020 (existing Total Station to be destroyed)</u>
Asset ID #	OR provide Make, Model, Year or Other Description:	

### 2020 Capital Project Detail Form

<b>Dept</b> Stratford Police Service	<b>Project #</b> 84	<b>Start Date</b> 1-1-20
<b>Division</b>	<b>Project Name</b> Vehicle Replacement	<b>End Date</b> 1-6-20
<b>Brief Project Description</b> Replacement of 4-Police cruisers		

**A. Project Justification/Contribution to City Services & Strategic Priorities (full details):**

Regular replacement of police cruisers - primary response vehicles - 4 vehicles due for replacement in 2020. Includes the cost of the vehicle, installation of equipment and graphics.

**B. Project Financials**

(revise list as required) Expenses incl. net HST	Cost	(revise list as required) Method of Financing	Amount	%	Comments/Additional Detail
Equipment	222,800	Reserve (provide account #)	222,800	100	R-R11-POLI
Vehicle		Grant (specify)			
Construction		Taxation			
Professional Fees		Other (specify)			
Building Upgrades					
Other (specify)					
<b>Total Project Cost</b>	<b>\$ 222,800</b>		<b>\$ 222,800</b>	<b>100</b>	<b>Total % must equal 100</b>

**C. Impact on Operating Budget Going Forward:**

Amount	1.9%	Annual or Current Yr Budget only?	Current Yr Budget Only
Description			

**D. Consequences if this item is not approved:**

--

**E. Asset Management Plan: complete either E.1 or E.2; complete E.3**

<b>E.1</b>	<b>Is this project a new purchase or construction?</b> <u>No</u>		
Projected Replacement Year	<u>every two years</u>		
Projected Replacement Cost	<u>\$55,700/year</u>		
Projected Useful Life	<u>2 years</u>		
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<b>E.2</b>	<b>Is this project a major repair or rehabilitation of an existing asset?</b> <u>Yes</u>		
Asset ID #	OR provide Make, Model, Year or Other Description:	<u>Cars 2,4,6,8</u>	
Current Condition Rating			
Will it extend useful life?	<u>No</u>	If yes, amended useful life in years	
	Will this project maintain or increase service levels? <u>Maintain</u>		
<b>Explain:</b>			
<b>E.3</b>	<b>Is there an asset to be disposed of?</b> <u>Yes</u>		Expected Disposal Date <u>01-06-20</u>
Asset ID #	OR provide Make, Model, Year or Other Description:	<u>Cars 2,4,6,8</u>	



**CITY OF STRATFORD  
2020 TAX SUPPORTED CAPITAL BUDGET  
2021 -2029 TAX SUPPORTED CAPITAL FORECAST**

Dept	Corporate Services	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
<b>A</b>	<b>Information Technology &amp; Business Systems</b>											
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
1	Personal Computers	140,000	90,000	90,000	96,000	140,000	90,000	90,000	96,000	140,000	90,000	\$ 1,062,000
2	Network Enhancements	105,000	60,000	60,000	105,000	60,000	60,000	105,000	60,000	60,000	105,000	\$ 780,000
3	Wireless Enhancements	48,000			48,000			48,000			48,000	\$ 192,000
4	Server Upgrades & Licensing	42,000			42,000			42,000			42,000	\$ 168,000
5	Financial System Upgrade	40,000	25,000	10,000	25,000	10,000	25,000	10,000	25,000	10,000		\$ 180,000
6	AMANDA Upgrades	100,000										\$ 100,000
	HRIS		50,000	50,000				50,000				\$ 150,000
	IT Strategy		50,000					50,000				\$ 100,000
	Intranet		30,000			50,000			50,000			\$ 130,000
	Permitting & Licensing Enhancements		25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000		\$ 200,000
	Work Order System Enhancements		25,000	12,500	12,500	12,500	12,500	12,500	12,500	12,500		\$ 112,500
	Parking Software Enhancements		12,500			12,500			12,500			\$ 37,500
	GIS Enhancements		12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500		\$ 100,000
	Website Enhancements		10,000	10,000	35,000	10,000	10,000	10,000	10,000	10,000		\$ 105,000
	Mobile App Enhancements		5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000		\$ 40,000
	Unified Communication System			60,000		12,000				120,000		\$ 192,000
	Open Data Portal			12,500				12,500				\$ 25,000
	Video Surveillance System Enhancements				34,000				34,000			\$ 68,000
	Access Control Systems Enhancements				50,000				50,000			\$ 100,000
	Records Management Enhancement				24,500					24,500		\$ 49,000
<b>TOTAL Replacm. of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 475,000</b>	<b>\$ 395,000</b>	<b>\$ 347,500</b>	<b>\$ 514,500</b>	<b>\$ 349,500</b>	<b>\$ 240,000</b>	<b>\$ 472,500</b>	<b>\$ 392,500</b>	<b>\$ 419,500</b>	<b>\$ 285,000</b>	<b>\$ 3,891,000</b>

**CITY OF STRATFORD  
2020 TAX SUPPORTED CAPITAL BUDGET  
2021 -2029 TAX SUPPORTED CAPITAL FORECAST**

Dept		Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
<b>B</b>	<b>Parking</b>											
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
7	Mobile Parking Payment System	20,000										\$ 20,000
8	Pay by Plate Enhancements	57,000	40,000		15,000							\$ 112,000
9	Smart Parking Project	150,000	100,000			100,000	250,000					\$ 600,000
10	Coin Wrapping Machine	20,000										\$ 20,000
	Erie Street Parking Lot Improvements		50,000	450,000	450,000							\$ 950,000
	York Lot Parking Improvements			25,000	700,000							\$ 725,000
	Parking Structure					40,000,000						\$ 40,000,000
<b>TOTAL Replacm. of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 247,000</b>	<b>\$ 190,000</b>	<b>\$ 475,000</b>	<b>\$ 1,165,000</b>	<b>\$ 40,100,000</b>	<b>\$ 250,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 42,427,000</b>

CITY OF STRATFORD												
2020 TAX SUPPORTED CAPITAL BUDGET												
2021 -2029 TAX SUPPORTED CAPITAL FORECAST												
Dept	Fire	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	Total Project Cost
C	Airport											
Replacement Of Existing Capital Assets & Non DC Eligible New Assets:												
	Hangar Area Expansion		125,000	125,000								\$ 250,000
	Airfield Lighting System Upgrade				600,000	600,000						\$ 1,200,000
	Rwy 05-23 Extension						100,000	1,000,000				\$ 1,100,000
	Apron Reconstruction								650,000			\$ 650,000
												\$ -
<b>TOTAL Replacm. of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ -</b>	<b>\$ 125,000</b>	<b>\$ 125,000</b>	<b>\$ 600,000</b>	<b>\$ 600,000</b>	<b>\$ 100,000</b>	<b>\$ 1,000,000</b>	<b>\$ 650,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,200,000</b>

CITY OF STRATFORD  
 2019 TAX SUPPORTED CAPITAL BUDGET  
 2020 -2028 TAX SUPPORTED CAPITAL FORECAST

Dept		Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	
C	Fire											
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
11	Utility Vehicle Replacement	80,000										\$ 80,000
12	Battery Operated Cutter/Spreaders	40,000										\$ 40,000
13	Fire Hose	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	\$ 100,000
13	Aerial Apparatus Replacement	400,000										\$ 400,000
	Computer Aided Dispatch System		700,000									\$ 700,000
	Bollards Installed by Station Bay Doors		20,000									\$ 20,000
	Engine 2 Replacement								700,000			\$ 700,000
<b>TOTAL Replacm. of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 530,000</b>	<b>\$ 730,000</b>	<b>\$ 10,000</b>	<b>\$ 10,000</b>	<b>\$ 10,000</b>	<b>\$ 10,000</b>	<b>\$ 10,000</b>	<b>\$ 710,000</b>	<b>\$ 10,000</b>	<b>\$ 10,000</b>	<b>\$ 2,040,000</b>
<b>New Assets Identified in DC Background Study:</b>												
	Fire Hall 1 Expansion						\$ 1,400,000					\$ 1,400,000
	Fire Hall 2 Expansion								\$ 861,000			\$ 861,000
<b>TOTAL New Assets Identified in DC Background Study</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,400,000</b>	<b>\$ -</b>	<b>\$ 861,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,261,000</b>

**CITY OF STRATFORD**  
**2020 TAX SUPPORTED CAPITAL BUDGET**  
**2021 -2029 TAX SUPPORTED CAPITAL FORECAST**

Dept		Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
<b>D Facilities</b>												
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
15	Water Fountains at SERC, Upper Queens, Pool	24,000										\$ 24,000
16	Rebuild Plate and Frame at Rotary	30,000										\$ 30,000
17	Rotary Lot Patch Work	30,000										\$ 30,000
18	Lions Pool Condition Assessment	30,000										\$ 30,000
19	Scissor Lift	40,000										\$ 40,000
20	Refrigeration Compressor Refurbish	40,000										\$ 40,000
21	Ice Resurfacer at Dufferin	95,000										\$ 95,000
22	Cooling Tower Replacement at Rotary	140,000										\$ 140,000
	Triple Mount Fork Lift		36,000									\$ 36,000
	Allman Sound System		50,000									\$ 50,000
	Packham Drainage		75,000									\$ 75,000
	SERC Bathroom Upgrades		150,000									\$ 150,000
	Replace Pool Liner - Deep End		250,000									\$ 250,000
	National Stadium Parking Lot		250,000									\$ 250,000
	Allman Parking Review			10,000								\$ 10,000
	National Stadium Repointing			20,000								\$ 20,000
	Rotary Sound Upgrades			30,000								\$ 30,000
	Allman Lot Repair and Repaint			35,000								\$ 35,000
	Cemetery Office Pointing			40,000								\$ 40,000
	Winterize Allman Bathrooms			51,000								\$ 51,000
	Facility Truck			80,000								\$ 80,000
	HVAC at Gallery			350,000								\$ 350,000
	National Stadium Bathroom				25,000							\$ 25,000
	Removal of Parks Lunchroom				30,000							\$ 30,000
	Allman Lobby Floor				30,000							\$ 30,000
	Municipal Golf Course Windows and Siding				60,000							\$ 60,000
	Ice Resurfacer at Rotary				100,000							\$ 100,000
	HVAC Rotary/Agriplex (2)				200,000							\$ 200,000
	Allman Parking Lot				300,000							\$ 300,000
	HVAC Allman					110,000						\$ 110,000
	Gallery Parking Lot					110,000						\$ 110,000
	HVAC at Rotary					200,000						\$ 200,000
	HVAC Rotary (6)					500,000						\$ 500,000
	Allman Window Replacement						30,000					\$ 30,000
	Allman Polymer Glass						35,000					\$ 35,000
	Rotary RBC Polymer Glass						35,000					\$ 35,000
	HVAC Rotary (7)						570,000					\$ 570,000
	Rotary Flat Roof Membrane						650,000					\$ 650,000
	Rotary Parking Lot						700,000	750,000	700,000			\$ 2,150,000
	Allman Roof						1,100,000					\$ 1,100,000

Dept	Community Services	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
<b>D</b>	<b>Facilities</b>											
	HVAC Rotary (2)							200,000				\$ 200,000
	Rotary Arena Board							400,000				\$ 400,000
	Allman South Wall							2,500,000				\$ 2,500,000
	Insulated Floor								140,000			\$ 140,000
	HVAC Agriplex (5)								500,000			\$ 500,000
	Lions Pool Mechanical									250,000		\$ 250,000
	HVAC Agriplex (4)									400,000		\$ 400,000
	Transit Garage Roof									1,000,000		\$ 1,000,000
	SERC Sportsfield Lighting										300,000	\$ 300,000
	Packham Sportsfield Lighting										600,000	\$ 600,000
<b>TOTAL Replacm. of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 429,000</b>	<b>\$ 811,000</b>	<b>\$ 616,000</b>	<b>\$ 745,000</b>	<b>\$ 920,000</b>	<b>\$ 3,120,000</b>	<b>\$ 3,850,000</b>	<b>\$ 1,340,000</b>	<b>\$ 1,650,000</b>	<b>\$ 900,000</b>	<b>\$ 14,381,000</b>

**CITY OF STRATFORD  
2020 TAX SUPPORTED CAPITAL BUDGET  
2021 -2029 TAX SUPPORTED CAPITAL FORECAST**

<i>Dept</i>		Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
<b>E Cemetery</b>												
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
23	Niche Walls Columbarium	100,000			110,000	100,000		120,000		100,000	130,000	\$ 660,000
	Repair of Cemetery Roads		20,000									\$ 20,000
	Riding Mower with Attachments		40,000		40,000	45,000		40,000	70,000		40,000	\$ 275,000
	Mid-Size Utility Tractor With Attachments			45,000			70,000					\$ 115,000
	Utility Truck with Attachments				75,000			75,000		60,000	75,000	\$ 285,000
<b>TOTAL Replacm. of Existing Capital Assets &amp; Non DC Eligible</b>		<b>\$ 100,000</b>	<b>\$ 60,000</b>	<b>\$ 45,000</b>	<b>\$ 225,000</b>	<b>\$ 145,000</b>	<b>\$ 70,000</b>	<b>\$ 235,000</b>	<b>\$ 70,000</b>	<b>\$ 160,000</b>	<b>\$ 245,000</b>	<b>\$ 1,355,000</b>

**CITY OF STRATFORD  
2020 TAX SUPPORTED CAPITAL BUDGET  
2021 -2029 TAX SUPPORTED CAPITAL FORECAST**

<b>Dept</b>		<b>Gross Project Cost</b>										<b>Total Project Cost</b>
<b>Project Number</b>	<b>Project Description &amp; Location</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	
<b>F</b>	<b>Parks &amp; Forestry</b>											
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
24	Playground Replacement Program - Optimist Park	70,000										\$ 70,000
25	One Ton Trucks (2)	150,000										\$ 150,000
	Playground Replacement Program - Location TBD		70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	\$ 630,000
	1 Ton Truck With Attachments		75,000	75,000		80,000			80,000			\$ 310,000
	3/4 Ton Truck With Attachments				55,000			50,000		75,000		\$ 180,000
	Upper Queens Park Play Surface						50,000					\$ 50,000
	Forestry Chipper						80,000					\$ 80,000
	Utility Tractor										50,000	\$ 50,000
<b>TOTAL Replacm. of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 220,000</b>	<b>\$ 145,000</b>	<b>\$ 145,000</b>	<b>\$ 125,000</b>	<b>\$ 150,000</b>	<b>\$ 200,000</b>	<b>\$ 120,000</b>	<b>\$ 150,000</b>	<b>\$ 145,000</b>	<b>\$ 120,000</b>	<b>\$ 1,520,000</b>



**CITY OF STRATFORD  
 2020 TAX SUPPORTED CAPITAL BUDGET  
 2021 -2029 TAX SUPPORTED CAPITAL FORECAST**

<b>Dept</b>		<b>Gross Project Cost</b>										<b>Total Project Cost</b>
<b>Project Number</b>	<b>Project Description &amp; Location</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	
<b>G Transit</b>												
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
26	Accessible Bus Stops with Shelters	150,000	150,000		150,000	150,000	150,000	100,000	100,000	100,000	100,000	\$ 1,150,000
27	Farebox Upgrades	175,000										\$ 175,000
28	Transit Bus Replacements (2)	1,140,000	1,160,000	580,000	580,000	590,000	590,000	600,000	600,000	600,000	600,000	\$ 7,040,000
29	Parallel Transit Bus Replacement Facility Upgrades	100,000	100,000	100,000		110,000		3,500,000	115,000	115,000	115,000	\$ 755,000
												\$ 3,500,000
<b>TOTAL Replacm. of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 1,565,000</b>	<b>\$ 1,410,000</b>	<b>\$ 680,000</b>	<b>\$ 730,000</b>	<b>\$ 850,000</b>	<b>\$ 4,240,000</b>	<b>\$ 815,000</b>	<b>\$ 815,000</b>	<b>\$ 700,000</b>	<b>\$ 815,000</b>	<b>\$ 12,620,000</b>

CITY OF STRATFORD													
2020 TAX SUPPORTED CAPITAL BUDGET													
2021 -2029 TAX SUPPORTED CAPITAL FORECAST													
Dept	Infrastructure and Development Services			Gross Project Cost									Total Project Cost
Project Number	Unit #	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
H	Fleet												
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>													
30		Sidewalk Tractor	150,000										\$ 150,000
31		Supervisor Truck	60,000										\$ 60,000
32		Wheel Loader	200,000										\$ 200,000
33		4" Pump Trailer	50,000										\$ 50,000
34		Shop Hoist	50,000										\$ 50,000
35		Engineering Vans (2)	90,000										\$ 90,000
36		Fuel Tanks	30,000										\$ 30,000
		Fleet Purchases		650,000	650,000	650,000	650,000	650,000	650,000	650,000	650,000	650,000	\$ 5,850,000
<b>TOTAL Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets</b>			<b>\$ 630,000</b>	<b>\$ 650,000</b>	<b>\$ 650,000</b>	<b>\$ 650,000</b>	<b>\$ 650,000</b>	<b>\$ 650,000</b>	<b>\$ 650,000</b>	<b>\$ 650,000</b>	<b>\$ 650,000</b>	<b>\$ 650,000</b>	<b>\$ 6,480,000</b>

**CITY OF STRATFORD**  
**2020 TAX SUPPORTED CAPITAL BUDGET**  
**2021 -2029 TAX SUPPORTED CAPITAL FORECAST**

<b>Dept</b>		<b>Gross Project Cost</b>										<b>Total Project Cost</b>
<b>Project Number</b>	<b>Project Description &amp; Location</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	
<b>I City Buildings</b>												
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
<b>1 Wellington St - City Hall</b>												
37	Front Stair - Maintenance	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	\$ 225,000
38	Painting	20,000	30,000	30,000						20,000		\$ 100,000
39	Boiler Replacement	160,000										\$ 160,000
	Rear Entry Door		20,000									\$ 20,000
	Rear Door at Main Floor Entry		20,000									\$ 20,000
	Control Access System - Interior - Salto		25,000									\$ 25,000
	Auditorium Floor / Stage		60,000									\$ 60,000
	Roof - Slate			10,000			10,000			10,000		\$ 30,000
	Carpet / Flooring			20,000		20,000	20,000			20,000		\$ 80,000
	Lighting - Roof				30,000							\$ 30,000
	Roof Flat				60,000							\$ 60,000
	Roof - Heat Cable					50,000						\$ 50,000
<b>39 George St - Administration of Justice</b>												
40	Ventilation for Drug Room	10,000										\$ 10,000
41	Flooring Replacement	10,000			20,000			20,000	20,000			\$ 70,000
42	Accessible Ramp Study & Design	30,000		275,000								\$ 305,000
	Ventilation for Locker Rooms		10,000									\$ 10,000
	Windows		10,000									\$ 10,000
	Windows		20,000	20,000								\$ 40,000
	Painting - Interior		20,000		20,000			20,000		20,000		\$ 80,000
	Shower replacement		25,000									\$ 25,000
	HVAC Unit				25,000							\$ 25,000
	Roof					90,000						\$ 90,000
<b>246 Railway Ave</b>												
	Roof									8,000		\$ 8,000
<b>19 St Andrew St - Public Library</b>												
43	Washroom - Second Floor	10,000										\$ 10,000
44	Washroom - Basement	15,000	125,000									\$ 140,000
	Roof Pitch		10,000								10,000	\$ 20,000
	Power door Access - Lower level - Accessibility		12,000									\$ 12,000
	Exterior Concrete/Benches		20,000									\$ 20,000
	Control Access System - Interior - Salto		30,000									\$ 30,000
	Washroom - Main floor		10,000									\$ 10,000
	Flooring		20,000		20,000			20,000				\$ 60,000
	Roof Flat					50,000						\$ 50,000
	Elevator Control								100,000			\$ 100,000
	Painting Exterior										25,000	\$ 25,000

Dept	Infrastructure and Development Services	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
I	City Buildings											
<b>47 Downie St - Stratford Tourism Alliance</b>												
45	Masonry Repairs	65,000							25,000			\$ 90,000
	Roof		35,000									\$ 35,000
	Carpet / Flooring							20,000				\$ 20,000
	HVAC Unit										25,000	\$ 25,000
<b>City Hall - Market Square</b>												
	Furniture Replacement							40,000				\$ 40,000
<b>82 Erie St - City Hall Annex</b>												
46	Masonry Repairs	15,000	15,000									\$ 30,000
47	Carpet / Flooring Replacement	20,000	20,000				20,000	20,000				\$ 80,000
48	HVAC Unit Replacement	28,000										\$ 28,000
49	Renovations of 82 Erie Street	250,000										\$ 250,000
	Painting - Interior		20,000			20,000			20,000	20,000		\$ 80,000
	Exterior Staff Stair					15,000						\$ 15,000
<b>245 Water St - Discovery Centre</b>												
50	HVAC Unit Replacement	25,000			25,000							\$ 50,000
	Windows		120,000	240,000								\$ 360,000
	Elevator Control								100,000			\$ 100,000
	Boiler Replacement									75,000		\$ 75,000
	Painting Exterior									25,000		\$ 25,000
<b>103 Bruce St - Anne Hathaway Day Care</b>												
	Roof - upper										65,000	\$ 65,000
	Roof - lower				55,000							\$ 55,000
<b>TOTAL Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 683,000</b>	<b>\$ 702,000</b>	<b>\$ 620,000</b>	<b>\$ 280,000</b>	<b>\$ 270,000</b>	<b>\$ 75,000</b>	<b>\$ 165,000</b>	<b>\$ 190,000</b>	<b>\$ 323,000</b>	<b>\$ 125,000</b>	<b>\$ 3,433,000</b>

CITY OF STRATFORD												
2020 TAX SUPPORTED CAPITAL BUDGET												
2021 -2029 TAX SUPPORTED CAPITAL FORECAST												
Dept	Social Services	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	Total Project Cost
J	Perth & Stratford Housing Corporation											
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
	Universal Accessibility upgrades		130,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	\$ 650,000
51	Roof Replacements	250,000	220,000	125,000			105,000	55,000	55,000	55,000	120,000	\$ 985,000
52	Driveway Replacements	20,000	80,000	50,000	50,000	50,000	50,000	50,000				\$ 350,000
53	Connectivity and Security Camera Systems	140,000	95,000	95,000	95,000							\$ 425,000
54	Card Lock Systems	300,000										\$ 300,000
55	Fire Alarm System Equipment	268,000	300,000									\$ 568,000
56	Furnace Replacements	50,000	50,000	50,000						100,000		\$ 250,000
	Common Area Flooring Replacements		107,000									\$ 107,000
	Kitchen Cabinet Replacements	-	600,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	\$ 3,000,000
	Electrical Upgrades	-	200,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	\$ 1,000,000
	Plumbing - Drain Lining		220,000	220,000	220,000							\$ 660,000
	Fencing Replacements		8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	\$ 72,000
<b>TOTAL Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 1,028,000</b>	<b>\$ 2,010,000</b>	<b>\$ 1,013,000</b>	<b>\$ 838,000</b>	<b>\$ 523,000</b>	<b>\$ 628,000</b>	<b>\$ 578,000</b>	<b>\$ 528,000</b>	<b>\$ 628,000</b>	<b>\$ 593,000</b>	<b>\$ 8,367,000</b>

CITY OF STRATFORD												
2020 TAX SUPPORTED CAPITAL BUDGET												
2021 -2029 TAX SUPPORTED CAPITAL FORECAST												
Dept	Infrastructure and Development Services	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
K	Engineering											
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
Storm												
	Sewer Relining Various Streets		250,000	350,000	300,000	300,000	500,000	500,000	500,000	500,000	500,000	\$ 3,700,000
	Lake Victoria Sediment Removal				400,000							\$ 400,000
	Lake Victoria Outfall Replacement						750,000	700,000				\$ 1,450,000
<b>TOTAL Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ -</b>	<b>\$ 250,000</b>	<b>\$ 350,000</b>	<b>\$ 700,000</b>	<b>\$ 300,000</b>	<b>\$ 1,250,000</b>	<b>\$ 1,200,000</b>	<b>\$ 500,000</b>	<b>\$ 500,000</b>	<b>\$ 500,000</b>	<b>\$ 5,550,000</b>

CITY OF STRATFORD												
2020 TAX SUPPORTED CAPITAL BUDGET												
2021 -2029 TAX SUPPORTED CAPITAL FORECAST												
Dept	Infrastructure and Development Services	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
L	Engineering											
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
<b>Roads &amp; Traffic</b>												
57	Accessibility Improvements	40,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	\$ 490,000
58	Trails / BP Master Plan Implementation	100,000	100,000	100,000	100,000	150,000	100,000	150,000	150,000	150,000	150,000	\$ 1,250,000
59	Sidewalk Replacement	130,000	130,000	150,000	160,000	160,000	170,000	185,000	185,000	185,000	185,000	\$ 1,640,000
60	Street Lighting Improvements	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	\$ 250,000
61	Signal Intersection Updates for AODA	42,000	42,000	42,000	42,000	42,000	42,000					\$ 252,000
62	Pedestrian Crossing Improvements	150,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	\$ 600,000
63	Bridge Improvements	750,000	450,000	375,000	750,000	550,000	300,000	300,000	300,000	300,000	300,000	\$ 4,375,000
	Bridge Appraisal		20,000		25,000		25,000		25,000		25,000	\$ 120,000
	New Traffic Signals Lorne/Wright		100,000									\$ 100,000
	Traffic Signal Upgrades - Various other				25,000	25,000	25,000	25,000	25,000	25,000	25,000	\$ 175,000
<b>TOTAL Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 1,237,000</b>	<b>\$ 967,000</b>	<b>\$ 792,000</b>	<b>\$ 1,227,000</b>	<b>\$ 1,052,000</b>	<b>\$ 787,000</b>	<b>\$ 785,000</b>	<b>\$ 810,000</b>	<b>\$ 785,000</b>	<b>\$ 810,000</b>	<b>\$ 9,252,000</b>

CITY OF STRATFORD												
2020 TAX SUPPORTED/USER PAY CAPITAL BUDGET												
2021-2029 TAX SUPPORTED/USER PAY CAPITAL FORECAST												
Dept	Infrastructure and Development Services	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
M	Engineering											
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
<b>Roads &amp; Traffic</b>												
68	House Service Applications	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	\$ 4,000,000
64	Queen Street Storm Trunk Sewer	14,470,000										\$ 14,470,000
65	Redford Crescent - at St. Vincent	3,050,000										\$ 3,050,000
66	Huron Street - Matilda to Douglas	950,000				3,720,000	3,600,000					\$ 8,270,000
67	Asphalt Resurfacing	1,290,000	1,300,000	1,500,000	1,500,000	1,600,000	2,000,000	2,150,000	2,500,000	2,500,000	2,500,000	\$ 18,840,000
	MacKenzie - St. David to Cambria		1,150,000									\$ 1,150,000
	Avondale Ave from Huron to Cemetery		1,825,000									\$ 1,825,000
	Waldies Lane			375,000								\$ 375,000
	Willow Street from Pleasant to Devon - WM Relining			900,000								\$ 900,000
	Jones Street LI from Caledonia to Britannia			1,000,000								\$ 1,000,000
	Queen Street local reconstruction Lakeside to Ontario			1,530,000								\$ 1,530,000
	Ontario from Queen to Parkview -WM replacement				350,000							\$ 350,000
	Mercer Street from Caledonia to Britannia				955,000							\$ 955,000
	Brunswick Street from Queen to King				1,310,000							\$ 1,310,000
	Lorne Downie Intersection Improvements				1,200,000							\$ 1,200,000
	St. Vincent St. South - Redford to West Gore					675,000						\$ 675,000
	Queen Street from Ontario to Brunswick					900,000						\$ 900,000
	Argyle Street - St. David to Cambria					950,000						\$ 950,000
	Daly Avenue, Birmingham to Worsely						1,500,000					\$ 1,500,000
	Water Street from Parkview to Queen						950,000					\$ 950,000
	McDonald Street Willow to Devon							900,000				\$ 900,000
	Mowat Street from West Gore to Brydges							1,500,000				\$ 1,500,000
	Perth Street - Downie to Borden							2,300,000				\$ 2,300,000
	Laurier Street - East Gore to Norfolk								770,000			\$ 770,000
	Brunswick Street - King to Romeo								1,150,000			\$ 1,150,000
	Douglas Street - Huntingdon to Avondale								1,590,000			\$ 1,590,000
	Birmingham St - Cambria to Daly								1,150,000			\$ 1,150,000
	Woods Street - Birmingham to St. Vincent									1,220,000		\$ 1,220,000
	Norfolk Street Borden to Romeo									2,100,000		\$ 2,100,000
	Stratford Street									950,000		\$ 950,000
	Avon St - Avondale to McLagan										1,600,000	\$ 1,600,000
	Grange Street - Waterloo to Front										2,200,000	\$ 2,200,000
	Queen Street - Brunswick to Douro										1,000,000	\$ 1,000,000
<b>TOTAL Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 20,160,000</b>	<b>\$ 4,675,000</b>	<b>\$ 5,705,000</b>	<b>\$ 5,715,000</b>	<b>\$ 8,245,000</b>	<b>\$ 8,450,000</b>	<b>\$ 7,250,000</b>	<b>\$ 7,560,000</b>	<b>\$ 7,170,000</b>	<b>\$ 7,700,000</b>	<b>\$ 82,630,000</b>



**CITY OF STRATFORD**  
**2020 TAX SUPPORTED/USER PAY CAPITAL BUDGET**  
**2021-2029 TAX SUPPORTED/USER PAY CAPITAL FORECAST**

Dept		Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
<b>N Engineering</b>												
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
<b>Water</b>												
69	Mechanical Upgrades to Wells	100,000	100,000	75,000	100,000	100,000	75,000	75,000	75,000	75,000	75,000	\$ 850,000
70	Miscellaneous Repairs	100,000	100,000	100,000	100,000	50,000	100,000	100,000	100,000	100,000	100,000	\$ 950,000
71	Watermain Relining Various Streets	175,000	250,000		350,000	250,000	500,000	500,000	500,000	500,000	500,000	\$ 3,525,000
72	Hydrant Distribution Monitoring	30,000										\$ 30,000
	Water Needs Assessment Update				75,000					75,000		\$ 150,000
	Water and Wastewater Rate Study					75,000					75,000	\$ 150,000
<b>Sanitary</b>												
73	Basement Isolation	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	\$ 300,000
74	Residential Service Upgrades	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	\$ 750,000
75	Pumping Station Upgrades	100,000	75,000	75,000	75,000	75,000	100,000	100,000	100,000	100,000	100,000	\$ 900,000
76	WPCP Improvements	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	\$ 3,500,000
78	SCADA & PLC Upgrades	20,000										\$ 20,000
	Sewer Relining Various Streets		250,000	350,000	350,000	300,000	400,000	500,000	500,000	500,000	500,000	\$ 3,650,000
	WPCP Process Review		250,000									\$ 250,000
	Grit Removal System		500,000									\$ 500,000
	Filter Bed Replacement			150,000			150,000					\$ 300,000
<b>TOTAL Replacm. of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 980,000</b>	<b>\$ 1,980,000</b>	<b>\$ 1,205,000</b>	<b>\$ 1,505,000</b>	<b>\$ 1,305,000</b>	<b>\$ 1,780,000</b>	<b>\$ 1,730,000</b>	<b>\$ 1,730,000</b>	<b>\$ 1,805,000</b>	<b>\$ 1,805,000</b>	<b>\$ 15,825,000</b>

**CITY OF STRATFORD**  
**2020 TAX SUPPORTED CAPITAL BUDGET**  
**2021 -2029 TAX SUPPORTED CAPITAL FORECAST**

Dept		Infrastructure and Development Services										Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029											
<b>N Engineering</b>																						
<b>New Assets Identified in DC Background Study:</b>																						
<b>Multi</b>																						
	McCarthy Road from Orr to O'Loane Short Street Extension (Matilda to O'Loane)		900,000					725,000							\$ 900,000	\$ 725,000						
<b>Roads</b>																						
	McCarthy Road at O'Loane Roundabout									500,000					\$ 500,000							
<b>Sanitary</b>																						
	Tertiary Filter Upgrade						290,000	2,560,000							\$ 2,850,000							
	Quinlan PS Phase 2									320,000					\$ 320,000							
	O'Loane Ave Trunk (south of Huron to Galt)									3,575,000					\$ 3,575,000							
<b>Traffic</b>																						
	New Traffic Signals McCarthy Romeo			135,000											\$ 135,000							
	New Traffic Signals Quinlan Mornington							135,000							\$ 135,000							
<b>Miscellan.</b>																						
77	Sanitary Master Plan Update	75,000						100,000							\$ 175,000							
	DC Charge Study		60,000							60,000					\$ 120,000							
	Transportation Master Plan Update		125,000							125,000					\$ 250,000							
	Storm Master Plan Update					125,000						125,000			\$ 250,000							
	PW Facility Expansion							2,500,000							\$ 2,500,000							
<b>TOTAL New Assets Identified in DC Background Study</b>		<b>\$ 75,000</b>	<b>\$ 1,085,000</b>	<b>\$ 135,000</b>	<b>\$ -</b>	<b>\$ 125,000</b>	<b>\$ 3,750,000</b>	<b>\$ 2,745,000</b>	<b>\$ 4,395,000</b>	<b>\$ 125,000</b>	<b>\$ -</b>				<b>\$ 12,435,000</b>							

CITY OF STRATFORD  
 2020 USER PAY CAPITAL BUDGET  
 2021-2029 USER PAY CAPITAL FORECAST

Dept	Infrastructure and Development Services	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	
N	Landfill											
Replacement Of Existing Capital Assets & Non DC Eligible New Assets:												
	New Cell		1,200,000						1,300,000			\$ 2,500,000
	Methane Expansion					450,000						\$ 450,000
<b>TOTAL Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ -</b>	<b>\$ 1,200,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 450,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,300,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,950,000</b>

CITY OF STRATFORD												
2020 TAX SUPPORTED CAPITAL BUDGET												
2021 -2029 TAX SUPPORTED CAPITAL FORECAST												
O	Stratford Public Library	Gross Project Cost										Total Project Cost
Project Number	Project Description & Location	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	Total Project Cost
<b>Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets:</b>												
79	Library Collection	226,000	226,000	226,000	226,000	226,000	226,000	226,000	226,000	226,000	226,000	\$ 2,260,000
80	Computer Equipment	40,300	32,200	30,000	30,400	30,000	30,000	30,000	30,000	30,000	30,000	\$ 312,900
81	Carpet Replacement	10,000	17,800		19,600							\$ 47,400
	Strategic Planning Expenses			20,000				20,000				\$ 40,000
	PLOW van replacement					30,000						\$ 30,000
	Staff room renovations						20,000					\$ 20,000
	Public washroom and hallway improvements								20,000			\$ 20,000
	New website platform									20,000		\$ 20,000
	Replacement shelving										20,000	\$ 20,000
<b>TOTAL Replacement Of Existing Capital Assets &amp; Non DC Eligible New Assets</b>		<b>\$ 276,300</b>	<b>\$ 276,000</b>	<b>\$ 276,000</b>	<b>\$ 276,000</b>	<b>\$ 286,000</b>	<b>\$ 276,000</b>	<b>\$ 276,000</b>	<b>\$ 276,000</b>	<b>\$ 276,000</b>	<b>\$ 276,000</b>	<b>\$ 2,770,300</b>
<b>New Assets Identified in DC Background Study:</b>												
79	Additional Library Collection	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	\$ 200,000
<b>TOTAL New Assets Identified in DC Background Study</b>		<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 200,000</b>

