

FORM C

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

Department & Activity <u>Police</u>		Date Prepared <u>11-22-19</u>													
Contact Person <u>Michele Powers</u>		Phone Number <u>978-464-2928</u>													
1. Project Title & Reference No. <u>MDT</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">4. Cost</td> </tr> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">Per Unit Total</td> </tr> <tr> <td>Purchase price or annual rental</td> <td style="text-align: right;">\$ 3670.66 \$ 3670.66</td> </tr> <tr> <td>Plus: Installation or other costs</td> <td style="text-align: right;">\$ \$</td> </tr> <tr> <td>Less: Trade-in or other discount</td> <td style="text-align: right;">\$ \$</td> </tr> <tr> <td>Net purchase Cost or annual rental</td> <td style="text-align: right;">\$ \$</td> </tr> </table>			4. Cost			Per Unit Total	Purchase price or annual rental	\$ 3670.66 \$ 3670.66	Plus: Installation or other costs	\$ \$	Less: Trade-in or other discount	\$ \$	Net purchase Cost or annual rental	\$ \$
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2. Form of Acquisition (check appropriate) <u>XX</u> Purchase _____ Rental															
3. Number of Units Requested <u>1</u>															
5. Purpose of Expenditure (check appropriate) <input checked="" type="checkbox"/> Schedule replacement <input type="checkbox"/> Present Equipment obsolete <input type="checkbox"/> Replace worn-out equipment <input type="checkbox"/> Reduce personnel time <input type="checkbox"/> Expanded service <input type="checkbox"/> New operation <input type="checkbox"/> Increased safety <input type="checkbox"/> Improve procedures, records, etc. week															
6. Number of Similar Items in Inventory <u>3</u>															
7. Estimated Use of Requested Item(s) <u>52</u> Weeks per year _____ Approx. months (if seasonal) For the weeks used, estimate: _____ Average days per week _____ Average hours per day used Estimated useful life in years _____															
8. Replaced item(s)															
			Prior Year's												
Item	Make	Age	Maint. Cost Breakdowns Rental Cost												
A. 2014 MDT		5													
B.															
C.															
D.															
E.															
9. Recommended Disposition of Replacement Item(s) _____ Possible use by other agencies _____ Trade-in _____ Sale															
10. Submitting Authority Submitted by <u>[Signature]</u> Date <u>11-22-19</u> Position <u>Chief</u> (signature)															
11. Reserved															

Source: Adapted from a form presented in "A Capital Improvement Programming Handbook", Government Finance Officers Association.