

Town of Southampton

CAPITAL IMPROVEMENT PLANNING PROCEDURES FISCAL YEAR 2026

INTRODUCTION

The updating of the Capital Improvement Plan will be an annual process, dropping the year budgeted and adding another planning year. This process should provide a mechanism for identifying, planning, and financing major capital improvements over a three (3) year period. The Capital Improvement Committee is now in the process of developing the Capital Improvement Plan for FY 2026 - 2029. The procedure is listed below.

Request forms must be completed for FY 2026 – FY 2029 projects or items, **numbered in order of priority** for each fiscal year.

PROCEDURE

1) Distribution of Materials

The enclosed documents shall serve as the forms and guidelines for the submittal of all materials. Carefully review the entire package before proceeding. Any department that would like to review the process may contact the Town Administrator.

2) Development of Three-Year Capital Needs

- a. The attached DEFINITIONS will help determine what should be excluded from your operating budget and placed in the capital budget.
- b. The attached CURRENT CAPITAL IMPROVEMENT PLAN shows what is currently being funded and what is slated for future years, based on information submitted previously.
- c. The attached RANKING SHEET is used by the Capital Improvement Committee to evaluate all capital requests; please review to help you prioritize your needs.

3) Completion of Capital Improvement Budget Request Form

Please make copies of this form as needed in order to complete requests for FY 2025 - 2028. An instruction sheet is included to assist you.

4) Submittal of Requests

Capital Request Forms should be submitted to the Town Administrator's Office electronically As Soon as Possible, but not later than January 17, 2025. Copies will then be forwarded to the Capital Improvement Committee.

5) Review of Requests

The Capital Improvement Committee will be reviewing all requests submitted by the Departments. Department heads may be asked to provide further information or to meet with the committee; if the requested information is not forthcoming, the Committee will be unable to rank that project for the planning year. Projects will be reviewed based on the evaluation criteria shown in the RANKING SHEET; the relationship of the project to other town projects and needs will also be considered in the review and priority ranking.

6) Recommendations Developed

The Capital Improvement Committee will provide recommendations for the Capital Improvement Budget to the Select Board.

7) Finalization of the Capital Plan and Budget

The Capital Improvement Plan and Budget will be incorporated into the Town fiscal year budget.

If you have any questions concerning this procedure or your role in the development of the Capital Improvement Plan, please contact the Town Administrator's Office or the Capital Improvement Committee.

**CAPITAL IMPROVEMENT BUDGET
DEFINITIONS**

Qualifies for CI Funds?	Definitions
Yes	<p>CAPITAL ASSET An item that is available to, controlled by, or acquired by the Town, has a useful life of at least one year, and has a purchase cost of at least \$5,000. Examples include equipment, land, buildings, and vehicles. All capital assets are included in the capital improvement program.</p>
No	<p>OPERATIONAL ASSET An item that is available to, controlled by, or acquired by the Town, has a useful life of at least two years, and has a purchase cost of more than \$100 and less than \$5,000.</p> <p>Such assets are <u>not</u> included in the capital planning program, <u>except</u> when the request for funds for the class of assets exceeds \$25,000.</p>
Yes	<p>CLASS OF ASSETS Operational assets that must be purchased in groups and have a <u>total cost</u> exceeding \$25,000.</p> <p>Example: A department must update equipment in order to maintain regulatory compliance. The equipment costs \$4,000 per set and 8 new sets are needed over a 2 year period. The cost of the total class of assets is \$32,000 and thus qualifies for the capital planning program.</p>
Yes	<p>CAPITAL OUTLAY An expenditure to (a) acquire a capital asset through a purchase, lease or rental agreement; (b) improve, restore, or renovate a capital asset in a manner that extends the asset's useful life. A capital outlay also includes engineering and other studies. However, it excludes expenditures for ordinary and routine maintenance that are necessary to preserve the asset and keep it functioning, and which do not materially increase its value or extend its useful life.</p>
Yes	<p>ACQUISITION COST The sum of all expenditures necessary to obtain a capital asset and place it in service, including, but not limited to, purchase or lease price, delivery, installation, and site preparation.</p>
No	<p>OPERATING COST An expenditure that is made to use or operate a capital asset, including, but not limited to maintenance service agreements, gasoline and fuel, cleaning, replacement and repair of minor parts, insurance, and supplies that are consumed through use of the asset. The capital planning program does NOT reimburse for unforeseen expenses.</p>



**TOWN OF SOUTHAMPTON
CAPITAL IMPROVEMENT BUDGET REQUEST
FISCAL YEAR 2018**

Department: _____

Contact: _____

Phone: _____

Requested start: _____ FY 2026 _____ FY 2027
_____ FY 2028 _____ FY 2029

Priority: Mandatory Maintenance

Improve Efficiency New Service

ASSET TITLE: _____

ASSET DESCRIPTION:

New Modification Replacement

Expected Useful life: _____ 20 or more years _____ 10 – 19 years _____ 5 – 9 years _____ less than 5 years

Asset Description (Please include model number, if applicable. Attach quotations and additional information as needed.)

JUSTIFICATION OF ASSET:

Specific Need to be Fulfilled: _____

Mandated by Regulation? Yes No If yes, which regulation? _____

Alternatives if Asset Cannot be Purchased in the Requested Fiscal Year: _____

Can this Asset be used by Other Departments? Yes No If yes, which departments? _____

If replacement, title and age of current asset: _____.

If replacement, how will the current asset be disposed of or repurposed? _____

FINANCIAL INFORMATION:

Asset Cost: _____

If Class of Assets, cost of each item: _____ Cost of all items combined: _____

Proposed Source of Funding, if known (select all that apply): ___ Capital Stabilization ___ Debt Exclusion ___ Grants

If grants are available, please list type, amount & date to be awarded: _____

	Cost	Sources of Funding
Year 1 (2026)		
Year 2 (2027)		
Year 3 (2028)		

Quotation: If expected cost exceeds \$10,000, you must include 3 quotations. Please complete and attach the Quote Form.

What effect does this asset have on department revenue?

- _____ Increase (annual estimated increase: _____)
- _____ Unchanged
- _____ Decrease (annual estimated decrease: _____)

What effect does this asset have on department expenses?

- _____ Increase (annual estimated increase: _____)
- _____ Unchanged
- _____ Decrease (annual estimated decrease: _____)

Estimated Operating Costs

Annual Operating: _____
Annual Maintenance: _____

ADDITIONAL INFORMATION

If you would like to provide additional information not covered by the above, please attach or include below.

Procurement Officer Signature _____ Date _____

For Capital Improvement Committee Use	
_____ Date Reviewed	
_____ Date Additional Information Requested	_____ Date Additional Information Received
_____ Ranking	

**TOWN OF SOUTHAMPTON
MASSACHUSETTS**

3 PRICE QUOTE TALLY SHEET

To be used for any supply or service procurement that cost \$1,000 to \$25,000

Price quotes over \$5,000 must be in writing from the vendor

MGL chapter 30B, § 4(a) states: "seek...quotations from...persons customarily providing such supply or service".

A COPY OF THIS AND ALL OTHER DOCUMENTATION MUST BE KEPT IN YOUR RECORDS AND ONE SET SHOULD BE ATTACHED TO THE INVOICE WHEN SUBMITTED FOR PAYMENT.

This information must be kept on file for at least SIX YEARS from the date of final payment.

Attach a detailed description of the product and/or services and complete this section for minimum of three price quotes:

VENDOR #1 Quoted Price: _____ Date: _____

Company Name: _____ Phone: _____

Address: _____

Contact Person: _____

Notes: _____

VENDOR #2 Quoted Price: _____ Date: _____

Company Name: _____ Phone: _____

Address: _____

Contact Person: _____

Notes: _____

VENDOR #3 Quoted Price: _____ Date: _____

Company Name: _____ Phone: _____

Address: _____

Contact Person: _____

Notes: _____

Recommend Procurement from: _____

Reason: _____ **Date:**

I certify that I have attached all backup documentation for the above procurement.

Signed: _____ **Date:**

Printed Name:

Job Title:

c. 30B (b) states: “shall award...to the responsible person offering the needed quality...at the lowest quotation”.