

Town of East Lyme

Dept.

General Government

Capital Expenditure Project Funding Request form 2026-27

Priority

of

Project Name Town Hall Security Upgrades - FOB Access

Please Describe the Project (What is it, where will it be, who will use it, etc.):

Install FOB access for front and side doors of Town Hall.

How will this capital project effect the efficiency and effectiveness of the town government?

Electronic recording of employees entering and leaving the building. Building will automatically lock when Town Hall is closed. Currently this is a manual process and sometimes the building is left unlocked.

Project or Expenditure Cost:

Estimate Useful Life

10

Purchase price/construction costs

\$ 20,000

Less: Proceeds of Disposal of Asset

Additional Costs (paid during YE 2027):

Other Costs

Total Cost for YE 2027

\$ 20,000

Project Operation and Maintenance costs (Any future costs associated with this request)

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6

Year 7

Year 8

Describe the future costs and how they compare to the costs without this project:

We are currently exploring costs for install and annual maintenance.

Please Answer Yes, No or Not Applicable. If you are including an attachment, check "more".

Y N NA More

Define the Need:

- 1 Do we need to do this for HEALTH and SAFETY reasons?
- 2 Is this required under LAWS or REGULATIONS?
- 3 Is this ABSOLUTELY CRITICAL to the functioning of the department?
- 4 Can this project WAIT FOR ANOTHER YEAR if we had to?
- 5 Was this included in your 10-YEAR PLAN as is? Provide details if No
- 6 Has all or part of this been requested IN THE PAST? Provide details if Yes

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Define the Benefit:

- 7 Will this IMPROVE PRODUCTIVITY or REDUCE COST? Describe how
- 8 Will this help us MAKE BETTER USE of our assets?
- 9 Will funding this now help to avoid A MORE COSTLY EXPENDITURE?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Costs and Procurement:

10 Sealed bid? State bid? Or Other?

Please attach how your numbers were derived (i.e. quote, catalog, etc.)

Please attach a copy of the procurement specifications, if readily available

- 11 Can the project be done with a PUBLIC/PRIVATE partnership?
- 12 Are there GRANT opportunities? Describe
- 13 Can you SHARE with other departments (including BoE)?
- 14 Can you SHARE with other governments?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplemental Information:

- 15 What are the ALTERNATIVES to this project? Or describe why none.
- 16 Are there ADDITIONAL DETAILS that should be known? Describe

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ite	Mfg	Part Number	Part Description	Qty	Sell	Ext Sell
1	COE	OSLD101AE	American Elm 71"W X 36"D Desk Shell	2	\$ 295.59	\$ 591.18
2		OSLD145AE	American Elm 47"W X 24"D Reversible Return	2	\$ 200.37	\$ 400.74
3		OSLP166AE	American Elm 22"D 3 Drawer Deluxe Full Ped	2	\$ 278.31	\$ 556.62
4		OSLP175AE	American Elm 22"D 2 Drawer Deluxe Full	2	\$ 285.29	\$ 570.58
5		OSLD144OHAE	American Elm 71"W Open Hutch	2	\$ 340.07	\$ 680.14
6		OSLD44LDAE	American Elm Set Of 2 Laminate Hutch Doors	2	\$ 33.09	\$ 66.18
7		PL118GR	Gray Fabric Tack Board - OS Laminate	2	\$ 143.38	\$ 286.76
8		200HMFBK	Black High Back Mesh Task Chair w/Headrest	2	\$ 446.32	\$ 892.64
			Grand Total			\$ 4,044.84

Town of East Lyme

Dept. Registrars

Capital Expenditure Project Funding Request form 2026-27

Priority of

Project Name

Registrar - New Office Furniture

Please Describe the Project (What is it, where will it be, who will use it, etc.):

Registrar requesting new desks. Current desks are very old and have no useful life left.

How will this capital project effect the efficiency and effectiveness of the town government?

Registrar office will be able to be more efficient and have more space to conduct election counting, etc.

Project or Expenditure Cost:

Estimate Useful Life

20

Purchase price/construction costs

\$ 5,000

Less: Proceeds of Disposal of Asset

Additional Costs (paid during YE 2027):

Other Costs

Total Cost for YE 2027

\$ 5,000

Project Operation and Maintenance costs (Any future costs associated with this request)

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8

Describe the future costs and how they compare to the costs without this project:

No expected future costs.

Please Answer Yes, No or Not Applicable. If you are including an attachment, check "more".

	Y	N	NA	More
--	---	---	----	------

Define the Need:

1 Do we need to do this for HEALTH and SAFETY reasons?

☐

☐

☐

☐

2 Is this required under LAWS or REGULATIONS?

☐

☐

☐

☐

3 Is this ABSOLUTELY CRITICAL to the functioning of the department?

☐

☐

☐

☐

4 Can this project WAIT FOR ANOTHER YEAR if we had to?

☐

☐

☐

☐

5 Was this included in your 10-YEAR PLAN as is? Provide details if No

☐

☐

☐

☐

6 Has all or part of this been requested IN THE PAST? Provide details if Yes

☐

☐

☐

☐

Define the Benefit:

7 Will this IMPROVE PRODUCTIVITY or REDUCE COST? Describe how

☐

☐

☐

☐

8 Will this help us MAKE BETTER USE of our assets?

☐

☐

☐

☐

9 Will funding this now help to avoid A MORE COSTLY EXPENDITURE?

☐

☐

☐

☐

Costs and Procurement:

10 Sealed bid?

State bid?

Or Other?

Please attach how your numbers were derived (i.e. quote, catalog, etc.)

☐

Please attach a copy of the procurement specifications, if readily available

☐

11 Can the project be done with a PUBLIC/PRIVATE partnership?

☐

☐

☐

☐

12 Are there GRANT opportunities? Describe

☐

☐

☐

☐

13 Can you SHARE with other departments (including BoE)?

☐

☐

☐

☐

14 Can you SHARE with other governments?

☐

☐

☐

☐

Supplemental Information:

15 What are the ALTERNATIVES to this project? Or describe why none.

☐

☐

☐

☐

16 Are there ADDITIONAL DETAILS that should be known? Describe

☐

☐

☐

☐

Please Describe the Project (What is it, where will it be, who will use it, etc.):

Zoning Official requests vehicle for department

How will this capital project effect the efficiency and effectiveness of the town government?

Project or Expenditure Cost:	Estimate Useful Life	10	
Purchase price/construction costs			\$ 40,000
Less: Proceeds of Disposal of Asset			
Additional Costs (paid during YE 2027):			
Other Costs			
Total Cost for YE 2027			\$ 40,000

Project Operation and Maintenance costs (Any future costs associated with this request)							
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8

Describe the future costs and how they compare to the costs without this project:

Please Answer Yes, No or Not Applicable. If you are including an attachment, check "more".

Y	N	NA	More
---	---	----	------

- Define the Need:
- 1 Do we need to do this for HEALTH and SAFETY reasons?

☐

☐

☐

☐
- 2 Is this required under LAWS or REGULATIONS?

☐

☐

☐

☐
- 3 Is this ABSOLUTELY CRITICAL to the functioning of the department?

☐

☐

☐

☐
- 4 Can this project WAIT FOR ANOTHER YEAR if we had to?

☐

☐

☐

☐
- 5 Was this included in your 10-YEAR PLAN as is? Provide details if No

☐

☐

☐

☐
- 6 Has all or part of this been requested IN THE PAST? Provide details if Yes

☐

☐

☐

☐

- Define the Benefit:
- 7 Will this IMPROVE PRODUCTIVITY or REDUCE COST? Describe how

☐

☐

☐

☐
- 8 Will this help us MAKE BETTER USE of our assets?

☐

☐

☐

☐
- 9 Will funding this now help to avoid A MORE COSTLY EXPENDITURE?

☐

☐

☐

☐

- Costs and Procurement:
- 10 Sealed bid?

State bid?

Or Other?
- Please attach how your numbers were derived (i.e. quote, catalog, etc.)

☐
- Please attach a copy of the procurement specifications, if readily available

☐
- 11 Can the project be done with a PUBLIC/PRIVATE partnership?

☐

☐

☐

☐
- 12 Are there GRANT opportunities? Describe

☐

☐

☐

☐
- 13 Can you SHARE with other departments (including BoE)?

☐

☐

☐

☐
- 14 Can you SHARE with other governments?

☐

☐

☐

☐

- Supplemental Information:
- 15 What are the ALTERNATIVES to this project? Or describe why none.

☐

☐

☐

☐
- 16 Are there ADDITIONAL DETAILS that should be known? Describe

☐

☐

☐

☐

Town of East Lyme

Dept.

Land Use

Capital Expenditure Project Funding Request form 2026-27

Priority

of

Project Name

Office Renovations - Rugs and Furniture

Please Describe the Project (What is it, where will it be, who will use it, etc.):

How will this capital project effect the efficiency and effectiveness of the town government?

Project or Expenditure Cost:

Estimate Useful Life

Purchase price/construction costs

\$

1

Less: Proceeds of Disposal of Asset

Additional Costs (paid during YE 2027):

Other Costs

Total Cost for YE 2027

\$

1

Project Operation and Maintenance costs (Any future costs associated with this request)

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8

Describe the future costs and how they compare to the costs without this project:

Please Answer Yes, No or Not Applicable. If you are including an attachment, check "more".

Y	N	NA	More
---	---	----	------

Define the Need:

1 Do we need to do this for HEALTH and SAFETY reasons?

2 Is this required under LAWS or REGULATIONS?

3 Is this ABSOLUTELY CRITICAL to the functioning of the department?

4 Can this project WAIT FOR ANOTHER YEAR if we had to?

5 Was this included in your 10-YEAR PLAN as is? Provide details if No

6 Has all or part of this been requested IN THE PAST? Provide details if Yes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Define the Benefit:

7 Will this IMPROVE PRODUCTIVITY or REDUCE COST? Describe how

8 Will this help us MAKE BETTER USE of our assets?

9 Will funding this now help to avoid A MORE COSTLY EXPENDITURE?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Costs and Procurement:

10 Sealed bid? State bid? Or Other?

Please attach how your numbers were derived (i.e. quote, catalog, etc.)

Please attach a copy of the procurement specifications, if readily available

11 Can the project be done with a PUBLIC/PRIVATE partnership?

12 Are there GRANT opportunities? Describe

13 Can you SHARE with other departments (including BoE)?

14 Can you SHARE with other governments?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplemental Information:

15 What are the ALTERNATIVES to this project? Or describe why none.

16 Are there ADDITIONAL DETAILS that should be known? Describe

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Town of East Lyme

Dept. Public Works

Capital Expenditure Project Funding Request form 2026-27

Priority of

Project Name Engineering - AutoCAD Software and Equipment

Please Describe the Project (What is it, where will it be, who will use it, etc.):

Software and Equipment fees for AutoCAD software for the Engineers in Public Works

How will this capital project effect the efficiency and effectiveness of the town government?

Project or Expenditure Cost: Estimate Useful Life 5

Purchase price/construction costs \$ 16,000

Less: Proceeds of Disposal of Asset

Additional Costs (paid during YE 2027):

Other Costs

Total Cost for YE 2027 \$ 16,000

Project Operation and Maintenance costs (Any future costs associated with this request)

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8

Describe the future costs and how they compare to the costs without this project:

Please Answer Yes, No or Not Applicable. If you are including an attachment, check "more".

Y	N	NA	More
---	---	----	------

Define the Need:

1 Do we need to do this for HEALTH and SAFETY reasons?

☐ ☐ ☐ ☐

2 Is this required under LAWS or REGULATIONS?

☐ ☐ ☐ ☐

3 Is this ABSOLUTELY CRITICAL to the functioning of the department?

☐ ☐ ☐ ☐

4 Can this project WAIT FOR ANOTHER YEAR if we had to?

☐ ☐ ☐ ☐

5 Was this included in your 10-YEAR PLAN as is? Provide details if No

☐ ☐ ☐ ☐

6 Has all or part of this been requested IN THE PAST? Provide details if Yes

☐ ☐ ☐ ☐

Define the Benefit:

7 Will this IMPROVE PRODUCTIVITY or REDUCE COST? Describe how

☐ ☐ ☐ ☐

8 Will this help us MAKE BETTER USE of our assets?

☐ ☐ ☐ ☐

9 Will funding this now help to avoid A MORE COSTLY EXPENDITURE?

☐ ☐ ☐ ☐

Costs and Procurement:

10 Sealed bid? State bid? Or Other?

Please attach how your numbers were derived (i.e. quote, catalog, etc.)

Please attach a copy of the procurement specifications, if readily available

11 Can the project be done with a PUBLIC/PRIVATE partnership?

12 Are there GRANT opportunities? Describe

13 Can you SHARE with other departments (including BoE)?

14 Can you SHARE with other governments?

Supplemental Information:

15 What are the ALTERNATIVES to this project? Or describe why none.

☐ ☐ ☐ ☐

16 Are there ADDITIONAL DETAILS that should be known? Describe

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

Please Describe the Project (What is it, where will it be, who will use it, etc.):

Annual contribution to the assessor's revaluation reserve

How will this capital project effect the efficiency and effectiveness of the town government?

Project or Expenditure Cost:	Estimate Useful Life	5	
Purchase price/construction costs			\$ 75,000
Less: Proceeds of Disposal of Asset			
Additional Costs (paid during YE 2027):			
Other Costs			
Total Cost for YE 2027			\$ 75,000

Project Operation and Maintenance costs (Any future costs associated with this request)

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8

Describe the future costs and how they compare to the costs without this project:

Please Answer Yes, No or Not Applicable. If you are including an attachment, check "more".

	Y	N	NA	More
--	---	---	----	------

Define the Need:

- | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1 Do we need to do this for HEALTH and SAFETY reasons? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Is this required under LAWS or REGULATIONS? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Is this ABSOLUTELY CRITICAL to the functioning of the department? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Can this project WAIT FOR ANOTHER YEAR if we had to? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Was this included in your 10-YEAR PLAN as is? Provide details if No | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Has all or part of this been requested IN THE PAST? Provide details if Yes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Define the Benefit:

- | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 7 Will this IMPROVE PRODUCTIVITY or REDUCE COST? Describe how | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Will this help us MAKE BETTER USE of our assets? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Will funding this now help to avoid A MORE COSTLY EXPENDITURE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Costs and Procurement:

- | | | | | | |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| 10 Sealed bid? | | State bid? | | Or Other? | |
| Please attach how your numbers were derived (i.e. quote, catalog, etc.) | | | | | |
| Please attach a copy of the procurement specifications, if readily available | | | | | |
| 11 Can the project be done with a PUBLIC/PRIVATE partnership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 Are there GRANT opportunities? Describe | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 Can you SHARE with other departments (including BoE)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 Can you SHARE with other governments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Supplemental Information:

- | | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 15 What are the ALTERNATIVES to this project? Or describe why none. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Are there ADDITIONAL DETAILS that should be known? Describe | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Town of East Lyme

Dept. Land Use Office

Capital Expenditure Project Funding Request form 2026-27

Priority of

Project Name

Digitization of Land Use Files

Please Describe the Project (What is it, where will it be, who will use it, etc.):

Digitize land use files

How will this capital project effect the efficiency and effectiveness of the town government?

Project or Expenditure Cost:	Estimate Useful Life	
Purchase price/construction costs		\$ 100,000
Less: Proceeds of Disposal of Asset		
Additional Costs (paid during YE 2027):		
Other Costs		
Total Cost for YE 2027		\$ 100,000

Project Operation and Maintenance costs (Any future costs associated with this request)							
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000

Describe the future costs and how they compare to the costs without this project:

Annual software maintenance fees

Please Answer Yes, No or Not Applicable. If you are including an attachment, check "more".

Y	N	NA	More
---	---	----	------

Define the Need:

1 Do we need to do this for HEALTH and SAFETY reasons?

2 Is this required under LAWS or REGULATIONS?

3 Is this ABSOLUTELY CRITICAL to the functioning of the department?

4 Can this project WAIT FOR ANOTHER YEAR if we had to?

5 Was this included in your 10-YEAR PLAN as is? Provide details if No

6 Has all or part of this been requested IN THE PAST? Provide details if Yes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Define the Benefit:

7 Will this IMPROVE PRODUCTIVITY or REDUCE COST? Describe how

8 Will this help us MAKE BETTER USE of our assets?

9 Will funding this now help to avoid A MORE COSTLY EXPENDITURE?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Costs and Procurement:

10 Sealed bid? State bid? Or Other?

Please attach how your numbers were derived (i.e. quote, catalog, etc.)

Please attach a copy of the procurement specifications, if readily available

11 Can the project be done with a PUBLIC/PRIVATE partnership?

12 Are there GRANT opportunities? Describe

13 Can you SHARE with other departments (including BoE)?

14 Can you SHARE with other governments?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplemental Information:

15 What are the ALTERNATIVES to this project? Or describe why none.

16 Are there ADDITIONAL DETAILS that should be known? Describe

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>