

For Applicant Completion

- ☒ New Application
☐ Revised Application

If Revised, Application #:

2017- _____

**TOWN OF ALLENSTOWN
Board of Selectmen
16 School Street
Allenstown, NH 03275
603-485-4276**

For BOS Use

Application #:

2017- _____

**Allenstown FY-2017 to FY-2021 Capital Improvements Program (CIP)
PROJECT / PURCHASE REQUEST APPLICATION**

INSTRUCTIONS:

- Use one Application for ***each new*** capital expenditure you anticipate your Department would want to make during the next five years (2017-2021). A capital expenditure is defined as any project or item that 1) costs at least \$30,000, 2) has a lifespan of at least five (5) years, 3) is not included in the operating budget, and 4) any other project requiring bond financing. Supplemental information to attach to the Application is welcome.
- Use one Application for ***each existing*** project your Department has listed in the 2017-2021 CIP that fits the above criteria. Modify the years of expenditure, cost, funding, description, etc if anything has changed from what appears in the last CIP.
- Please submit all Application requests to TA Shaun Mulholland at the Town Hall by 12PM on Wednesday, January 11th, 2017. Note that the Town Administrator would like to schedule an interview with you to obtain more information about your projects.

Department: Fire

Desired Start Year of Expenditure: 2021

Through End Year: 2021

Is the Project Priority Considered (circle one): Low Medium High

1. Project/Purchase Title: Air Packs

2. Primary effect of project/purchase is to: (check one)

- ☒ Replace or repair existing facilities or equipment
☐ Improve quality of existing facilities or equipment
☐ Expand capacity of existing service level or facility
☐ Provide new facility or service capacity
☐ Other: _____

Number of:

Number of:

Total paid staff hours per year: _____

F/T employees: _____ P/T

employees: _____

Total non-paid/volunteer hours per year: _____

F/T non-paid/volunteers: _____ P/T non-paid/volntrs: _____

Approximate:

Usable sq. ft. of building #1: _____

Building #1 name: _____

3. Service Area (check one)

4. **Department Description:** *This question only needs to be completed **one time**, regardless of how many Applications your Department has completed.*

Number of:

- ☐ Town
☐ School District
☐ Road
☐ Neighborhood
☐ Region
☐ Other: _____

Approximate:

Usable sq. ft. of building #2: _____

Building #2 name: _____

Future Staffing Needs: _____

Future Building Needs: _____

5. **Project/Purchase Description:** *State clearly what this project is for, then describe the existing problem/deficiency, how project came about, how this project can solve the problem, why the project is needed and beneficial to the Town, etc.*

[illegible]

7. **Estimated Cost:** Provide an itemized estimated cost for project/purchase using the following table. Attach any formal cost estimates which you may have received, if available. Please round all estimates to nearest \$100.

\$	1. Planning & Feasibility Analysis Costs (Studies, Plans, etc)
\$	2. Architectural & Engineering Costs
\$	3. Real Estate Acquisition (Land & Buildings)
\$	4. Site Preparation Costs
\$	5. Construction Costs
\$	6. Furnishings
\$ 250000	7. Vehicle and Equipment Costs
\$	8. Appraisals
\$	9. Consultants
\$	10. Other Costs (list):
\$ 250000	Total Dollar Amount of Project/Purchase

8. **Sources of Funding:** *Using the table below, indicate sources of funding for proposed project/purchase. Please round all costs to the nearest \$100. If applicable, attach any additional information to this sheet.*

\$	Grant - From:
\$	Loan - From:
\$	Donation / Bequest / Gift / Trust Fund – From:
\$	User Fees – From which fund:
\$	Capital Reserve Fund Withdrawal – From which fund:
\$	Property Tax
\$	Bonds – Term:
\$	Total (should equal Total Dollar Amount of Project/Purchase in #7)

9. **Impacts on Operating and Maintenance Expenses:** *Indicate if proposed project/purchase will impact any of the following.*

Does project/purchase increase or decrease the number of staff? Increase Decrease

Does project/purchase decrease maintenance or other costs over time? Increase Decrease

Estimated Total Dollars **Additional** Impact to Operating Budget \$ _____

Estimated Total Dollars **Reduction** in Operating Budget \$ _____

Form Prepared by: DTP

Title: Fire CHIEF

Contact Information: Phone: 485-9202

Email: DPENDERGAST@ALLENSTOWNNH.C

Department: FIRE

Date: _____

Please attach any supplemental information you have
(cost estimates, proposals, quotes, funding applications, letters of support, etc. if available)
to this Application.