

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 11<sup>th</sup>, 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: 20<sup>20</sup>

Through End Year: 20<sup>0</sup>

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

1. Project/Purchase Title: Building remodel

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: \_\_\_\_\_

Projections - In 15 years:

Future Staffing Needs: \_\_\_\_\_

Future Program Needs: \_\_\_\_\_

Future Building Needs: \_\_\_\_\_

Future Equipment 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.*  
remodel building. Increase the size of the EOC/Training room finish second floor

6. **What percentage of this project will serve NEW population growth?** \_\_\_\_\_%

*This answer is important as it helps the Town gauge potential impact fees.*

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
\$ 120000	5. Construction Costs
\$	6. Furnishings
\$	7. Vehicle and Equipment Costs
\$	8. Appraisals
\$	9. Consultants
\$	10. Other Costs (list):
\$	<b>Total Dollar Amount of Project/Purchase</b>

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:
\$	<b>Total (should equal Total Dollar Amount of Project/Purchase in #7)</b>

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: Dana Pendergast

Title: FIRE CHIEF

Contact Information: Phone: 485-9202

Email: dpendergast@allentownnh.gov

Department: Fire

Date: 1/12/17

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