

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- 01

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: Administration

Desired Start Year of Expenditure: 20 2018

Through End Year: 20 2018

Is the Project Priority Considered (circle one):

Low

Medium

High

1. Project/Purchase Title: Town Hall parking lot repaving project

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.*

The rear section of the Town Hall parking lot is in need of repaving. The asphalt is breaking up in several locations. The ground is sinking near the catch basin. Reconstructing and repaving this
section of the parking lot will resolve this issue. There is a section where the asphalt is bare
the ground. It will continue to break up if not repaired. This will make winter maintenance
more difficult.

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
\$ 12,000	5. Construction Costs
\$	6. Furnishings
\$	7. Vehicle and Equipment Costs
\$	8. Appraisals
\$	9. Consultants
\$	10. Other Costs (list):
\$ 12,000	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:
\$ 12,000	Capital Reserve Fund Withdrawal – From which fund:
\$	Property Tax
\$	Bonds – Term:
\$ 12,000	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	<u>Decrease</u>
Estimated Total Dollars Additional Impact to Operating Budget	\$ _____	
Estimated Total Dollars Reduction in Operating Budget	\$ _____	

Form Prepared by: Shaun Mulholland Title: Town Administrator

Contact Information: Phone: _____ Email: _____

Department: Administration Date: 12/27/16

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