

For Applicant Completion

New Application:
Project not yet in any CIP

Existing Application:
Project from last 2015-2020 CIP

**Dunbarton
Capital Improvements Program
(CIP) 2016-2021
CIP Capital Expenditure
Request Application**

For Committee Completion

Application #:

_____ - _____ - 2016

This **Application** is available in paper or digital form. Contact Steve at building@dunbartonnh.org to obtain either version.

INSTRUCTIONS:

- Check **New** or **Existing Application** box in top left corner.
- Complete one **Application** for **EACH New** capital expenditure project or purchase you *know or anticipate* your Department would want to make during the next six years (2016-2021) that fits the capital expenditure project or purchase **CRITERIA: 1) Must have a gross cost of at least \$15,000; 2) Must have a useful life of three years or more; 3) Is not typically included in the operating budget; 4) Is any project or purchase requiring bond financing or lease-purchase.** Refer to the accompanying **MEMORANDUM** for typical examples of capital projects or purchases, and what are not considered eligible projects. Supplemental information to attach to the Application is welcome. **Please complete the entire Application, leaving no blanks; AND...**
- Complete one **Application** for **EACH Existing** capital expenditure project or purchase your Department had listed in the 2015-2020 CIP that fits the **CRITERIA** which you still want listed within the CIP. **Complete this Application in its entirety**, as if it were a New Application, leaving no blanks. The information for this year will be different; **Update costs and preferred years of expenditure.**
- **DEADLINES:** Please submit all **Application** requests to Stephen Laurin in the Building Department by: **Friday, July 17 for Departments/Staff, OR by Friday, Sept 11 for Boards/Committees** (email PDF Forms to building@dunbartonnh.org).
- **Note that Steve will contact you to schedule an interview appointment at an upcoming CIP Committee meeting** when you can explain your project, its need, and its funding in depth. The Committee will ask questions to ensure we have all the information we need to evaluate your project.

Basic Information

Department: _____

Total # of Years to EXPEND \$ for Project: _____ Years

Is this Project Priority Considered (check one): **Low** **Medium** **High**

Preferred Start Year of Expenditure (Payment): 20 _____

Expenditure (Payment) Ends in Year: 20 _____

Project and Department Information

1. Capital Expenditure Project/Purchase Title: _____

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

3. Service Area (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: _____

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

4. Department Description: *This question only needs to be completed **one time**, regardless of how many Applications your Department has completed. Estimate volunteer hours as best as you can.*

Number of: Total paid staff hours per year: _____ **Number of:** F/T staff: _____ **Number of:** P/T staff: _____
 Total non-paid/volunteer/stipend hours per year: _____ F/T non-pd/vol/stip: _____ P/T non-pd/vol/stip: _____

Approximate: Usable sq. ft. of building #1: _____ **Approximate:** Usable sq. ft. of building #2: _____
 Building #1 name: _____ 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 the project came about, how this project can solve the problem, why the project is needed and beneficial to the Town, etc.*

6. 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.*

\$	Planning and/or Feasibility Analysis Costs (Studies, Plans, etc.)
\$	Architectural and/or Engineering Costs
\$	Real Estate Acquisition and/or Appraisal Costs (Land, Buildings, etc.)
\$	Site Preparation and/or Construction Costs
\$	Equipment Costs
\$	Permit Costs
\$	Vehicle Costs
\$	Materials Costs
\$	Consultant Costs
\$	Other Costs (<i>Identify</i>):
\$	Total Dollar Amount of Project/Purchase

7. **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.

\$	<u>Property Tax</u> Such as warrant article, etc.
\$	<u>Capital Reserve Fund (CRF) Withdrawal OR Expendable Trust Fund (ETF) Withdrawal</u> <i>Identify from which CRF or ETF fund name:</i>
\$	<u>User Fees</u> <i>Identify from which User Fees fund name:</i>
\$	<u>Bond</u> <i>Identify desired bond term:</i>
\$	<u>Grant</u> <i>Identify from which specific grant:</i>
\$	<u>Loan</u> <i>Identify from which loan program:</i>
\$	<u>Donation / Bequest / Gift / Trust Fund</u> <i>Identify other, specific source(s):</i>
\$	Total (should equal Total Dollar Amount of Project/Purchase in #6)

8. **How much of \$ the project will be funded in EACH of the CIP years?** Projects that are funded past the 2021 end year should still have the yearly funding indicated here as far out as possible.

2016	2017	2018	2019	2020	2021
\$	\$	\$	\$	\$	\$

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 No Change

Does project/purchase decrease maintenance or other costs over time? Increase Decrease No Change

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

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

10. **Applicant Interviews:** The CIP Committee will schedule appointments for interviews at the following times. Please check the boxes when you would be available to attend. You will be contacted with the final date and time. *In consideration of others waiting their turn, please keep your explanation brief and to the time allocated.*

Appointments available for Departments, Boards and Committees –

- | | | | | | |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Tues July 28 at | <input type="checkbox"/> 7:00P | <input type="checkbox"/> 7:15P | <input type="checkbox"/> 7:30P | <input type="checkbox"/> 8:00P | 15 minute slots for Applicants with only 1-2 Applications to discuss with Committee |
| <input type="checkbox"/> Tues Aug 11 at | <input type="checkbox"/> 7:00P | <input type="checkbox"/> 7:15P | <input type="checkbox"/> 7:30P | <input type="checkbox"/> 8:00P | |
| <input type="checkbox"/> Tues Sept. 22 at | <input type="checkbox"/> 7:00P | <input type="checkbox"/> 7:15P | <input type="checkbox"/> 7:30P | <input type="checkbox"/> 8:00P | |
| <input type="checkbox"/> Tues Oct 6* at | <input type="checkbox"/> 7:00P | <input type="checkbox"/> 7:15P | | | |

*only if no other option is available will an interview be scheduled on this date

Form Prepared by: _____ Title: _____

Contact Information: Phone: _____ Email: _____

Department: _____ Date: _____

Please attach supplemental information to this Application
(cost estimates, proposals, quotes, funding applications, letters of support, etc. if available)
and return to Stephen Laurin building@dunbartonnh.org by deadlines indicated.