**Project Request Form**

**FY2020-2025 CIP Project Request Form**

1. **DEPARTMENT:** Community Development  
   **2. DATE REQUEST PREPARED:** 4-30-18

3. **ITEM / PROJECT NAME:** 2020 Master Plan

4. **REQUEST PREPARED BY:** R. Gordon Leedy, Jr.  
   **5. DEPT PRIORITY:** 1 OF 4 PROJECTS

6. **ITEM / PROJECT DESCRIPTION** (Provide complete description and attach additional explanatory materials if needed)

   The 2010 Master Plan document took two years to complete, starting in 2008. The Master Plan is required to be updated by State Law at least every ten years.

7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?**
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)

   YES X NO   Plan or document reference: This would be an update of the current master plan.

8. **ITEM / PROJECT RATIONALE:** (check all that apply)

   a. Removes imminent threat to public health or safety*   g. Provides incentive to economic development
   b. Alleviates substandard condition or deficiencies  h. Eligible for matching funds available for limited time
   c. Responds to federal or state requirements to implement  i. Continuation of existing project
   d. Improves the quality of existing services  j. Expanded public demand
   e. Provides added capacity to serve growth  k. Extends useful life of current facility or equipment
   f. Reduces long-term operating costs  l. Other

   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. **ITEM / PROJECT JUSTIFICATION NARRATIVE** (Explain urgency, timing, need, etc. Be brief yet complete)

   State statute requires an update of a community’s Comprehensive Master Plan every ten years. The Master Plan is the policy document that underlies all land use zoning and regulation. We have funded a portion of the data collection effort in the FY 19 budget.

10. **ESTIMATED USEFUL LIFE (Years):** 10

11. **YEAR REQUEST REQUIRED:** FY 2020

12. **HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S?**  
   YES X NO

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING: 2018, __, __, __

13. **COST ESTIMATE:** (Itemize if necessary)  
    **CAPITAL COSTS:**  
    Dollar Amount (in current $)  
    Planning/feasibility analysis $ __________  
    Professional services $ 110,000  
    Real estate acquisition $ __________  
    Site preparation $ __________  
    Construction $ __________  
    Furnishings & equipment $ __________  
    Vehicles & capital equipment $ __________  
    Capital Reserve fund $ __________  
    Other $ __________  
    Total Project Cost $ 110,000

   **IMPACT ON OPERATING & MAINTENANCE:**  
   Costs or Personnel Needs  
   Add personnel $ __________  
   Increased O & M costs $ __________  
   Reduce personnel $ __________  
   Decreased O & M costs $ __________  

   Explain: ______________________________________

   Dollar cost of impacts if known:  
   + $ __________ annually  
   (-) $ __________ annually

1
14. Sources of Funding

<table>
<thead>
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<th>Source/Type</th>
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15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
## FY2020-2025 CIP Project Request Form

1. **DEPARTMENT:** Community Development  
2. **DATE REQUEST PREPARED:** 4-30-18

3. **ITEM / PROJECT NAME:** Document Conversion

4. **REQUEST PREPARED BY:** R. Gordon Leedy, Jr.  
5. **DEPT PRIORITY:** 2 OF 4 PROJECTS

6. **ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed):**

   Back scanning of documents to pursue a 4 year conversion of all OCD documents. This project is anticipated to cost $75,000 over a three year period.

7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?**  
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   
   YES _X_ NO ___ Plan or document reference: OCD Strategic Plan

8. **ITEM / PROJECT RATIONALE:** (check all that apply)
   
   a. ___ Removes imminent threat to public health or safety*  
   b. ___ Alleviates substandard condition or deficiencies  
   c. ___ Responds to federal or state requirements to implement  
   d. ___ Improves the quality of existing services  
   e. ___ Provides added capacity to serve growth  
   f. ___ Reduces long-term operating costs  
   g. ___ Provides incentive to economic development  
   h. ___ Eligible for matching funds available for limited time  
   i. ___ Continuation of existing project  
   j. ___ Expanded public demand  
   k. ___ Extends useful life of current facility or equipment  
   l. ___ Other _________________________

   *Note *Removes imminent threat to public health or safety* can ONLY be checked if funding requested in FY2020.

9. **ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete):**

   After implementation of a document management software solution, this project will allow integration of legacy documents into a searchable database.

10. **ESTIMATED USEFUL LIFE (Years): ____30___**

11. **YEAR REQUEST REQUIRED:** FY 2020-22

12. **HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES _X_ NO ___**

13. **COST ESTIMATE:**

   **CAPITAL COSTS**
   
   - Dollar Amount (in current $)
   - $ ___ Planning/feasibility analysis
   - $ ___ Professional services
   - $ 75,000 Real estate acquisition
   - $ ___ Site preparation
   - $ ___ Construction
   - $ ___ Furnishings & equipment
   - $ ___ Vehicles & capital equipment
   - $ ___ Capital Reserve fund
   - $ ___ Other _________________________
   - $ 75,000 **Total Project Cost**

   **IMPACT ON OPERATING & MAINTENANCE**
   
   - Costs or Personnel Needs
   - _____ Add personnel
   - _____ Increased O & M costs
   - _____ Reduce personnel
   - _____ Decreased O & M costs
   - Explain: ________________________________

   Dollar cost of impacts if known:
   
   + $ _______ annually
   - $ _______ annually
### 14. Sources of Funding

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### 15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025
(List and provide brief description)

**CIP COMMITTEE NOTES:**
Project Request Form

FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Recreation
2. DATE REQUEST PREPARED: 04/26/18

3. ITEM / PROJECT NAME: Phase II B&M Trail Development

4. REQUEST PREPARED BY: Craig Fraley, Director
5. DEPT PRIORITY: 1 OF 5 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

Continuation of B&M Multimodal Trail development from Baboosic Lake Road to Walnut Hill Road.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)

   YES X NO ___ Plan or document reference: Recreation Strategic Plan, Bike/Pedestrian Plan

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ___ Removes imminent threat to public health or safety*
   b. ___ Alleviates substandard condition or deficiencies
   c. ___ Responds to federal or state requirements to implement
   d. ___ Improves the quality of existing services
   e. ___ Provides added capacity to serve growth
   f. ___ Reduces long-term operating costs
   g. ___ Provides incentive to economic development
   h. ___ Eligible for matching funds available for limited time
   i. ___ Continuation of existing project
   j. ___ Expanded public demand
   k. ___ Extends useful life of current facility or equipment
   l. ___ Other ______________________________________

   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

   The B&M Multimodal Trail will provide an alternative mode (Bike/Pedestrian) connection through town, connecting Baboosic Lake to the Village area to the High School and Middle School.

10. ESTIMATED USEFUL LIFE (Years): 40+ 11. YEAR REQUEST REQUIRED: 2022

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ___ NO X

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING ___ ___ ___ ___

13. COST ESTIMATE: CAPITAL COSTS
    (Itemize if necessary)
    Dollar Amount (in current $)
    Planning/feasibility analysis $_________
    Professional services $ 40,000
    Real estate acquisition $_________
    Site preparation $_________
    Construction $ 350,000
    Furnishings & equipment $_________
    Vehicles & capital equipment $_________
    Capital Reserve fund $_________
    Other $_________
    Total Project Cost $390,000

   IMPACT ON OPERATING & MAINTENANCE
   Costs or Personnel Needs
   Add personnel $_________
   Increased O & M costs $_________
   Reduce personnel $_________
   Decreased O & M costs $_________
   Explain: ______________________________________
   Dollar cost of impacts if known:
   + $_________ annually
   (-) $_________ annually

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14. Sources of Funding

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15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
Continuation of B&M Multimodal Trail development from Thornton Ferry Road I to Boston Post Rd./Corduroy Rd.

The B&M Multimodal Trail will provide an alternative mode (Bike/Pedestrian) connection through town, connecting Baboosic Lake to the Village area to the High School and Middle School.
14. Sources of Funding

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15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
1. DEPARTMENT: Recreation
2. DATE REQUEST PREPARED: 04/26/18

3. ITEM / PROJECT NAME: Phase IV B&M Trail Development

4. REQUEST PREPARED BY: Craig Fraley, Director
5. DEPT PRIORITY: 3 OF 5 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

   Continuation of B&M Multimodal Trail development from Boston Post Rd./Corduroy Rd. to Merrimack Rd.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   YES X NO
   Plan or document reference: Recreation Strategic Plan, Bike/Pedestrian Plan

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. X Removes imminent threat to public health or safety*  
   b. Alleviates substandard condition or deficiencies  
   c. Responds to federal or state requirements to implement  
   d. X Improves the quality of existing services  
   e. Provides added capacity to serve growth  
   f. Reduces long-term operating costs  
   g. Provides incentive to economic development  
   h. Eligible for matching funds available for limited time  
   i. X Continuation of existing project  
   j. Expanded public demand  
   k. Extends useful life of current facility or equipment  
   l. Other ____________________________________

   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

   The B&M Multimodal Trail will provide an alternative mode (Bike/Pedestrian) connection through town, connecting Baboosic Lake to the Village area to the High School and Middle School.

10. ESTIMATED USEFUL LIFE (Years): 40+  11. YEAR REQUEST REQUIRED: 2024

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP'S? YES NO X

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING

13. COST ESTIMATE: CAPITAL COSTS
   (Itemize if necessary)
   IMPACT ON OPERATING & MAINTENANCE
   Dollar Amount (in current $)
   Costs or Personnel Needs
   $ __________ Planning/feasibility analysis
   Add personnel
   $ 36,000 Professional services
   Increased O & M costs
   $ __________ Real estate acquisition
   Reduce personnel
   $ __________ Site preparation
   Decreased O & M costs
   $ 324,000 Construction
   Explain: ____________________________________________
   $ __________ Furnishings & equipment
   Dollar cost of impacts if known:
   $ __________ Vehicles & capital equipment
   + $__________ annually
   $ __________ Capital Reserve fund
   (-) $__________ annually
   $ __________ Other ___________________________________
   $ 360,000 Total Project Cost

OCD use: CIP project # REC-03
14. Sources of Funding

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15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
Projects Request Form

FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Recreation

2. DATE REQUEST PREPARED: 04/26/18

3. ITEM / PROJECT NAME: Phase IV B&M Trail Development

4. REQUEST PREPARED BY: Craig Fraley, Director

5. DEPT PRIORITY: 4 OF 5 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

Continuation of B&M Multimodal Trail development from Merrimack Road to Fairway Drive.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)

YES X NO ___ Plan or document reference: Recreation Strategic Plan, Bike/Pedestrian Plan

8. ITEM / PROJECT RATIONALE: (check all that apply)

a. ___ Removes imminent threat to public health or safety*  g. ___ Provides incentive to economic development
b. ___ Alleviates substandard condition or deficiencies  h. ___ Eligible for matching funds available for limited time
c. ___ Responds to federal or state requirements to implement  i. X ___ Continuation of existing project
d. X ___ Improves the quality of existing services  j. ___ Expanded public demand
e. ___ Provides added capacity to serve growth  k. ___ Extends useful life of current facility or equipment
f. ___ Reduces long-term operating costs  l. ___ Other ___________________________

*Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

The B&M Multimodal Trail will provide an alternative mode (Bike/Pedestrian) connection through town, connecting Baboosic Lake to the Village area to the High School and Middle School.

10. ESTIMATED USEFUL LIFE (Years): 40+ 11. YEAR REQUEST REQUIRED: 2025

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP'S? YES ___ NO X ___

LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING ___ ___ ___ ___ ___

13. COST ESTIMATE: CAPITAL COSTS

(Itemize if necessary)

Dollar Amount (in current $)

$ Planning/feasibility analysis
$ 26,000 Professional services
$ Real estate acquisition
$ Site preparation
$ 234,000 Construction
$ Furnishings & equipment
$ Vehicles & capital equipment
$ Capital Reserve fund
$ Other

$ 260,000 Total Project Cost

IMPACT ON OPERATING & MAINTENANCE

Costs or Personnel Needs

Add personnel
Increased O & M costs
Reduce personnel
Decreased O & M costs

Explain: ________________________________

Dollar cost of impacts if known:

+ $ annually

(−) $ annually

OCD use:
CIP project #: REC-04
14. **Sources of Funding**

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15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025** (List and provide brief description)

**CIP COMMITTEE NOTES:**
Project Request Form

FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Recreation
2. DATE REQUEST PREPARED: 04/26/18

3. ITEM / PROJECT NAME: Phase VI B&M Trail Development

4. REQUEST PREPARED BY: Craig Fraley, Director
5. DEPT PRIORITY: 5 OF 5 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)
Continuation of B&M Multimodal Trail development from Fairway Drive to Cross Road.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?
(Examples: Department Strategic Plan, Amherst Master Plan; etc.)
YES ☒ NO ___ Plan or document reference: Recreation Strategic Plan, Bike/Pedestrian Plan

8. ITEM / PROJECT RATIONALE: (check all that apply)
a. ☒ Removes imminent threat to public health or safety*  g. ___ Provides incentive to economic development
b. ☒ Alleviates substandard condition or deficiencies  h. ___ Eligible for matching funds available for limited time
c. ☒ Responds to federal or state requirements to implement  i. ☒ Continuation of existing project
d. ☒ Improves the quality of existing services  j. ___ Expanded public demand
e. ☒ Provides added capacity to serve growth  k. ___ Extends useful life of current facility or equipment
f. ☒ Reduces long-term operating costs  l. ___ Other __________________________

*Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)
The B&M Multimodal Trail will provide an alternative mode (Bike/Pedestrian) connection through town, connecting Baboosic Lake to the Village area to the High School and Middle School.

10. ESTIMATED USEFUL LIFE (Years): 40+  11. YEAR REQUEST REQUIRED: _____ 2026
12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP'S? YES ☒ NO ___
   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING ___ ___ ___ ___ ___

13. COST ESTIMATE: CAPITAL COSTS IMPACT ON OPERATING & MAINTENANCE
   (Itemize if necessary) Dollar Amount (in current $) Costs or Personnel Needs
   $ _____ Planning/feasibility analysis  Add personnel
   $ 15,000 Professional services  Increased O & M costs
   $ _____ Real estate acquisition  Reduce personnel
   $ _____ Site preparation  Decreased O & M costs
   $ 135,000 Construction  Explain: __________________________
   $ _____ Furnishings & equipment
   $ _____ Vehicles & capital equipment
   $ _____ Capital Reserve fund + $_______ annually
   $ _____ Other ________________________ (-) $_______ annually
   $ 150,000 Total Project Cost

The B&M Multimodal Trail will provide an alternative mode (Bike/Pedestrian) connection through town, connecting Baboosic Lake to the Village area to the High School and Middle School.
14. **Sources of Funding**

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15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025** (List and provide brief description)

**CIP COMMITTEE NOTES:**
FY2020-2025 CIP Project Request Form

1. DEPARTMENT: General Government
2. DATE REQUEST PREPARED: 4-26-18

3. ITEM / PROJECT NAME: Recreation Land Acquisition – B&M Trail

4. REQUEST PREPARED BY: James M. O’Mara, Jr.

5. DEPT PRIORITY: 1 OF 3 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

Approximately 3.0 acres of ROW (easement rights) for the Phase II Trail development project.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?
(Examples: Department Strategic Plan, Amherst Master Plan; etc.)

YES x NO

Plan or document reference: Recreation Department Strategic Plan; Bicycle/Pedestrian Master Plan

8. ITEM / PROJECT RATIONALE: (check all that apply)

a. ___ Removes imminent threat to public health or safety*  g. ___ Provides incentive to economic development
b. ___ Alleviates substandard condition or deficiencies  h. ___ Eligible for matching funds available for limited time
c. ___ Responds to federal or state requirements to implement  i. x Continuation of existing project
d. x Improves the quality of existing services  j. x Expanded public demand
e. ___ Provides added capacity to serve growth  k. ___ Extends useful life of current facility or equipment
f. ___ Reduces long-term operating costs  l. ___ Other ___________________

*Note: Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

Acquisition of easement rights for a public multi-modal path to connect Town owned trail segments in the Dream Lake area.

10. ESTIMATED USEFUL LIFE (Years): __________

11. YEAR REQUEST REQUIRED: 2021

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ___ NO x

LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING __ __ __

13. COST ESTIMATE: CAPITAL COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Dollar Amount (in current $)</th>
<th>Costs or Personnel Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning/feasibility analysis</td>
<td></td>
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<td>Professional services</td>
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<td></td>
</tr>
<tr>
<td>Furnishings &amp; equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicles &amp; capital equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Reserve fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Project Cost</td>
<td>75,000</td>
<td></td>
</tr>
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</table>

IMPACT ON OPERATING & MAINTENANCE

Dollar cost of impacts if known:

+ $__________ annually
(-) $__________ annually

OCD use: CIP project # GG-01
14. Sources of Funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Grant from:</td>
<td>$______</td>
</tr>
<tr>
<td>Loan from:</td>
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</tr>
<tr>
<td>Donation/bequest/private</td>
<td>$______</td>
</tr>
<tr>
<td>User fees &amp; charges</td>
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<td>Capital reserve withdrawal</td>
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</tr>
<tr>
<td>Current Revenue</td>
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<td>General obligation bond</td>
<td>$______</td>
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<td>Revenue bond</td>
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<tr>
<td>Total project cost</td>
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<tr>
<td>Minus Revenue</td>
<td>$______</td>
</tr>
<tr>
<td>Project cost</td>
<td>$______</td>
</tr>
</tbody>
</table>

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
## Project Request Form

**FY2020-2025 CIP Project Request Form**

1. **DEPARTMENT:** General Government  
2. **DATE REQUEST PREPARED:** 4-26-18  
3. **ITEM / PROJECT NAME:** Recreation Land Acquisition – B&M Trail  
4. **REQUEST PREPARED BY:** James M. O’Mara, Jr.  
5. **DEPT PRIORITY:** 2 OF 3 PROJECTS  
6. **ITEM / PROJECT DESCRIPTION**  
   Approximately 5.75 acres of ROW (easement rights or fee) for the Phase III Trail development project.  
7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?**  
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)  
   YES X NO  
   Plan or document reference: Recreation Department Strategic Plan; Bicycle/Pedestrian Master Plan  
8. **ITEM / PROJECT RATIONALE:**  
   a. **X** Removes imminent threat to public health or safety*  
   b. **X** Alleviates substandard condition or deficiencies  
   c. **__** Responds to federal or state requirements to implement  
   d. **X** Improves the quality of existing services  
   e. **__** Provides added capacity to serve growth  
   f. **__** Reduces long-term operating costs  
   g. **__** Provides incentive to economic development  
   h. **__** Eligible for matching funds available for limited time  
   i. **X** Continuation of existing project  
   j. **X** Expanded public demand  
   k. **__** Extends useful life of current facility or equipment  
   l. **__** Other  
   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.  
9. **ITEM / PROJECT JUSTIFICATION NARRATIVE**  
   Acquisition of easement rights for a public multi-modal path to connect the trail corridor between Boson Post Road and Thornton Ferry Road I.  
10. **ESTIMATED USEFUL LIFE (Years):**  
11. **YEAR REQUEST REQUIRED:** 2022  
12. **HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S?**  
   YES __ NO X  
   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING  
13. **COST ESTIMATE:**  
   **CAPITAL COSTS**  
   **Dollar Amount (in current $)**  
   Planning/feasibility analysis  
   Professional services  
   Real estate acquisition  
   Site preparation  
   Construction  
   Furnishings & equipment  
   Vehicles & capital equipment  
   Capital Reserve fund  
   Other  
   Total Project Cost  
   **IMPACT ON OPERATING & MAINTENANCE**  
   Costs or Personnel Needs  
   Add personnel  
   Increased O & M costs  
   Reduce personnel  
   Decreased O & M costs  
   Explain:  
   Dollar cost of impacts if known:  
   + $________ annually  
   (-) $________ annually  

---

*[OCD use: CIP project # GG-02]*
14. Sources of Funding

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<tr>
<td>Loan from: _________________________</td>
<td>$________</td>
</tr>
<tr>
<td>Donation/bequest/private</td>
<td>$________</td>
</tr>
<tr>
<td>User fees &amp; charges</td>
<td>$________</td>
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<tr>
<td>Capital reserve withdrawal</td>
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</tr>
<tr>
<td>Current Revenue</td>
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<tr>
<td>General obligation bond</td>
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<tr>
<td>Revenue bond</td>
<td>$________</td>
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<td></td>
<td>$________</td>
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<tr>
<td>Minus Revenue</td>
<td>$________</td>
</tr>
<tr>
<td>Project cost</td>
<td>$________</td>
</tr>
</tbody>
</table>

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
1. **DEPARTMENT:** General Government  
2. **DATE REQUEST PREPARED:** 4-26-18  
3. **ITEM / PROJECT NAME:** Recreation Land Acquisition – B&M Trail  
4. **REQUEST PREPARED BY:** James M. O’Mara, Jr.  
5. **DEPT PRIORITY:** 3 OF 3 PROJECTS  
6. **ITEM / PROJECT DESCRIPTION** (Provide complete description and attach additional explanatory materials if needed)  
   Approximately 4.7 acres of ROW (easement rights) for the Phase IV Trail development project.  
7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?**  
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)  
   YES x NO __ Plan or document reference: Recreation Department Strategic Plan; Bicycle/Pedestrian Master Plan  
8. **ITEM / PROJECT RATIONALE:** (check all that apply)  
   a. **X** Removes imminent threat to public health or safety*  
   b. **X** Alleviates substandard condition or deficiencies  
   c. **X** Responds to federal or state requirements to implement  
   d. **X** Improves the quality of existing services  
   e. **X** Provides added capacity to serve growth  
   f. **X** Reduces long-term operating costs  
   g. **X** Provides incentive to economic development  
   h. **X** Eligible for matching funds available for limited time  
   i. **X** Continuation of existing project  
   j. **X** Expanded public demand  
   k. **X** Extends useful life of current facility or equipment  
   l. **X** Other ____________________________  
   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.  
9. **ITEM / PROJECT JUSTIFICATION NARRATIVE** (Explain urgency, timing, need, etc. Be brief yet complete)  
   Acquisition of easement rights for a public multi-modal path to connect the trail corridor between Boson Post Road and Thornton Ferry Road I.  
10. **ESTIMATED USEFUL LIFE (Years):** __________  
11. **YEAR REQUEST REQUIRED:** __2023______________  
12. **HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP'S?** YES ____ NO X __  
   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING __ __ __ __ __ __  
13. **COST ESTIMATE:**  
   **CAPITAL COSTS**  
   Dollar Amount (in current $)  
   Planning/feasibility analysis $_________  
   Professional services $_________  
   Real estate acquisition $115,000  
   Site preparation $_________  
   Construction $_________  
   Furnishings & equipment $_________  
   Vehicles & capital equipment $_________  
   Capital Reserve fund $_________  
   Other $_________  
   Total Project Cost $115,000  
   **IMPACT ON OPERATING & MAINTENANCE**  
   Costs or Personnel Needs  
   Add personnel _______  
   Increased O & M costs _______  
   Reduce personnel _______  
   Decreased O & M costs _______  
   Explain: ____________________________________________________________________  
   Dollar cost of impacts if known:  
   + $_________ annually  
   (-) $_________ annually  
   OCD use:  
   CIP project #: GG-03
14. Sources of Funding

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant from: ___________________________</td>
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<tr>
<td>Loan from: ___________________________</td>
<td>$_______</td>
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<tr>
<td>Donation/bequest/private</td>
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<tr>
<td>User fees &amp; charges</td>
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<tr>
<td>Capital reserve withdrawal</td>
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<tr>
<td>Current Revenue</td>
<td>$_______</td>
</tr>
<tr>
<td>General obligation bond</td>
<td>$_______</td>
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<tr>
<td>Revenue bond</td>
<td>$_______</td>
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<tr>
<td>_____________________________________________________________________</td>
<td>$_______</td>
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<tr>
<td>Total project cost</td>
<td>$ 115,000</td>
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<tr>
<td>Minus Revenue</td>
<td>$_______</td>
</tr>
<tr>
<td>Project cost</td>
<td>$_______</td>
</tr>
</tbody>
</table>

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
1. DEPARTMENT: Fire Rescue

2. DATE REQUEST PREPARED: 5/3/18

3. ITEM / PROJECT NAME: Cardiac Monitors

4. REQUEST PREPARED BY: Matthew Conley

5. DEPT PRIORITY: 1 OF 1 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   YES x NO
   Plan or document reference: Strategic Plan

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. Removes imminent threat to public health or safety*  
   b. Alleviates substandard condition or deficiencies  
   c. Responds to federal or state requirements to implement  
   d. Improves the quality of existing services  
   e. Provides added capacity to serve growth  
   f. Reduces long-term operating costs  
   g. Provides incentive to economic development  
   h. Eligible for matching funds available for limited time  
   i. Continuation of existing project  
   j. Expanded public demand  
   k. Extends useful life of current facility or equipment  
   l. Other

   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

10. ESTIMATED USEFUL LIFE (Years): 10

11. YEAR REQUEST REQUIRED: FY 2020

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES NO
   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING

13. COST ESTIMATE: CAPITAL COSTS (Itemize if necessary)

   Dollar Amount (in current $)
   Planning/feasibility analysis
   Professional services
   Real estate acquisition
   Site preparation
   Construction
   Furnishings & equipment
   Vehicles & capital equipment
   Capital Reserve fund
   Other

   IMPACT ON OPERATING & MAINTENANCE
   Add personnel
   Increased O & M costs
   Reduce personnel
   Decreased O & M costs

   Dollar cost of impacts if known:
   + $______ annually
   (-) $______ annually

   Total Project Cost
14. Sources of Funding

 Grant from: ___________________ $_______________
 Loan from: ___________________ $_______________
 Donation/bequest/private $_______________
 User fees & charges $_______________
 Capital reserve withdrawal $_______________
 Current Revenue $ .80,000
 General obligation bond $_______________
 Revenue bond $_______________
 _______________________________ $_______________
 _______________________________ $_______________
 _______________________________ $_______________
 Total project cost $_______________
 Minus Revenue $________
 Project cost $ .80,000

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2026 (List and provide brief description)

CIP COMMITTEE NOTES:
Project Request Form

FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Public Works  2. DATE REQUEST PREPARED: 04/26/18

3. ITEM / PROJECT NAME: Capital Roadway Maintenance

4. REQUEST PREPARED BY: Eric Hahn  5. DEPT PRIORITY: 1 OF 7 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

Continue the program of roadway repair and maintenance at a level amount for the next six years.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   YES X NO Plan or document reference: Strategic Plan 2017

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ___ Removes imminent threat to public health or safety*  g. ___ Provides incentive to economic development
   b. X Alleviates substandard condition or deficiencies  h. ___ Eligible for matching funds available for limited time
   c. ___ Responds to federal or state requirements to implement  i. ___ Continuation of existing project
   d. ___ Improves the quality of existing services  j. ___ Expanded public demand
   e. ___ Provides added capacity to serve growth  k. X Extends useful life of current facility or equipment
   f. X Reduces long-term operating costs  l. ___ Other ______________________

   *Note: Removes imminent threat to public health or safety can only be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

   Continued maintenance and repair of roadway facilities will work toward the goal of having “good” roads in the community, avoiding the expense of more costly repairs after deferred maintenance.

10. ESTIMATED USEFUL LIFE (Years): 20-30  11. YEAR REQUEST REQUIRED: 2020-2026

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ____ NO X

  LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING

13. COST ESTIMATE: (Itemize if necessary)

<table>
<thead>
<tr>
<th>CAPITAL COSTS</th>
<th>IMPACT ON OPERATING &amp; MAINTENANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dollar Amount (in current $)</td>
<td>Costs or Personnel Needs</td>
</tr>
<tr>
<td>Planning/feasibility analysis</td>
<td>Add personnel</td>
</tr>
<tr>
<td>Professional services</td>
<td>Increased O &amp; M costs</td>
</tr>
<tr>
<td>Real estate acquisition</td>
<td>Reduce personnel</td>
</tr>
<tr>
<td>Site preparation</td>
<td>Decreased O &amp; M costs</td>
</tr>
<tr>
<td>Construction</td>
<td>Explain: ___________________________</td>
</tr>
<tr>
<td>Furnishings &amp; equipment</td>
<td>Dollar cost of impacts if known:</td>
</tr>
<tr>
<td>Vehicles &amp; capital equipment</td>
<td>+ $_______ annually</td>
</tr>
<tr>
<td>Capital Reserve fund</td>
<td>(-) $_______ annually</td>
</tr>
<tr>
<td>Other</td>
<td>$200,000 Total Project Estimate</td>
</tr>
</tbody>
</table>
14. Sources of Funding

- Grant from: ________________ $_____________
- Loan from: ________________ $_____________
- Donation/bequest/private $_____________
- User fees & charges $_____________
- Capital reserve withdrawal $_____________
- Current Revenue $200,000
- General obligation bond $_____________
- Revenue bond $_____________

Total project cost $200,000
Minus Revenue $
Project cost $200,000

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Public Works
2. DATE REQUEST PREPARED: 04/26/18

3. ITEM / PROJECT NAME: Bridge Replacement, Mont Vernon Road over Ceasars Brook - Bridge # 112/071

4. REQUEST PREPARED BY: Eric Hahn
5. DEPT PRIORITY: 5 OF 7 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional expository materials if needed)

Replace two rotted steel culvert pipes with an engineered concrete pre-stressed bridge. The town receives 40% upfront, spends the additional 60% and at project completion (after state inspection and review) is reimbursed the remaining 40%.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   YES X NO Plan or document reference: State Aid Bridge Program 2015, Strategic Plan 2017

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ___ Removes imminent threat to public health or safety*   g. ___ Provides incentive to economic development
   b. X ___ Alleviates substandard condition or deficiencies   h. ___ Eligible for matching funds available for limited time
   c. ___ Responds to federal or state requirements to implement   i. ___ Continuation of existing project
   d. ___ Improves the quality of existing services   j. ___ Expanded public demand
   e. ___ Provides added capacity to serve growth   k. ___ Extends useful life of current facility or equipment
   f. ___ Reduces long-term operating costs   l. ___ Other ______________________________________

   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

   The steel pipes are significantly perforated (lower sections) and show rust and deflection.

When this bridge closes it will increase traffic significantly on either New Boston Road or Christian Hill Road

A non-funding warrant article (#22) was approved for this project by voters in 2014. A new funding article will require passage prior to construction.

10. ESTIMATED USEFUL LIFE (Years): 50-75
11. YEAR REQUEST REQUIRED: 2022

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ____ NO X
LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING ____ ____ ____ ____

13. COST ESTIMATE: CAPITAL COSTS
    (Itemize if necessary)

   IMPACT ON OPERATING & MAINTENANCE
   Dollar Amount (in current $)
   Costs or Personnel Needs
   $ Planning/feasibility analysis
   __________ Add personnel
   $ 100,000 Professional services
   $ Increased O & M costs
   $ Real estate acquisition
   $ Reduce personnel
   $ Site preparation
   $ Decreased O & M costs
   $ Construction
   Explain: ____________________________
   $ Furnishings & equipment
   $ Vehicles & capital equipment
   $ Capital Reserve fund
   $ Other ___________________________________
   $ Capital Reserve fund
   $ Other ___________________________________
   $ 1,018,000 Total Project Estimate
   Dollar cost of impacts if known:
   + $ annually
   (-) $ annually

1

### 14. Sources of Funding

<table>
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<tr>
<td>Minus Revenue</td>
<td>$814,400</td>
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<tr>
<td>Project cost</td>
<td>$203,600</td>
</tr>
</tbody>
</table>

### 15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Public Works
   2. DATE REQUEST PREPARED: 04/26/18

3. ITEM / PROJECT NAME: Thornton Ferry Rd 1 over Beaver Brook, Bridge # 145/106

4. REQUEST PREPARED BY: Eric Hahn, Interim Director
   5. DEPT PRIORITY: 3 OF 7 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

   Replace two rotted steel culvert pipes with an engineered concrete pre-stressed bridge. The town receives 40% upfront, spends the additional 60% and at project completion (after state inspection and review) is reimbursed the remaining 40%

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?  
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   YES X NO Plan or document reference: State Aid Bridge program 2015, Strategic Plan 2016

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. __X____ Removes imminent threat to public health or safety*  
   b. __X____ Alleviates substandard condition or deficiencies  
   c. __X____ Responds to federal or state requirements to implement  
   d. ______ Improves the quality of existing services  
   e. ______ Provides added capacity to serve growth  
   f. ______ Reduces long-term operating costs  
   g. ______ Provides incentive to economic development  
   h. ______ Eligible for matching funds available for limited time  
   i. ______ Continuation of existing project  
   j. ______ Expanded public demand  
   k. ______ Extends useful life of current facility or equipment  
   l. ______ Other ____________________________

   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

   A non-funding warrant article (#22) was approved for this project by voters in 2014. A new funding article will require passage prior to construction

10. ESTIMATED USEFUL LIFE (Years): 50 - 75  
    11. YEAR REQUEST REQUIRED: 2023

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES _X__ NO

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING

13. COST ESTIMATE: CAPITAL COSTS
   (Itemize if necessary)

   Item                      Dollar Amount (in current $)  IMPACT ON OPERATING & MAINTENANCE
   $ Planning/feasibility analysis  Add personnel
   $ 100,000 Professional services  Increased O & M costs
   $ Real estate acquisition  Reduce personnel
   $ Site preparation  Decreased O & M costs
   $ 1,320,000 Construction  Explain: ________________________________
   $ Furnishings & equipment  ________________________________
   $ Vehicles & capital equipment  ________________________________
   $ Capital Reserve fund  ________________________________
   $ Other  ________________________________
   $ 1,420,000 Total Project Cost  Dollar cost of impacts if known:  

   + $__________ annually  
   (-) $__________ annually
14. Sources of Funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$1,136,000</td>
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<tr>
<td>Donation/bequest/private</td>
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<tr>
<td>User fees &amp; charges</td>
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<td>Capital reserve withdrawal</td>
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<tr>
<td>Current Revenue</td>
<td>$284,000</td>
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<td>Minus Revenue</td>
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<tr>
<td>Project cost</td>
<td>$284,000</td>
</tr>
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</table>

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Public Works
2. DATE REQUEST PREPARED: 04-26-18

3. ITEM / PROJECT NAME: Brook Road over Joe English Brook

4. REQUEST PREPARED BY: Eric Hahn

5. DEPT PRIORITY: 7 OF 7 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

Replace multiple compromised steel culverts with an open-bottom concrete box culvert.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?
(Examples: Department Strategic Plan, Amherst Master Plan; etc.)

YES X NO Plan or document reference: Strategic Plan 2017

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ___Removes imminent threat to public health or safety* *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.
   b. X Alleviates substandard condition or deficiencies
   c. X Responds to federal or state requirements to implement
   d. ___Improves the quality of existing services
   e. ___Provides added capacity to serve growth
   f. ___Reduces long-term operating costs
   g. ___Provides incentive to economic development
   h. X Eligible for matching funds available for limited time
   i. X Continuation of existing project
   j. ___Expanded public demand
   k. ___Extends useful life of current facility or equipment
   l. ___Other ________________

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

Existing crossing is in need of replacement. Anticipated to be funded in the state aid bridge program in 2025.

10. ESTIMATED USEFUL LIFE (Years): 50 - 75

11. YEAR REQUEST REQUIRED: 2025

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ___NO X

LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING

13. COST ESTIMATE: CAPITAL COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Dollar Amount (in current $)</th>
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</thead>
<tbody>
<tr>
<td>Planning/feasibility analysis</td>
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<td>Site preparation</td>
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<tr>
<td>Construction</td>
<td>$ 960,000</td>
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<tr>
<td>Furnishings &amp; equipment</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Vehicles &amp; capital equipment</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Capital Reserve fund</td>
<td>$ ____________</td>
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<tr>
<td>Other</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Total Project Cost</td>
<td>$ 1,060,000</td>
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</table>

IMPACT ON OPERATING & MAINTENANCE

<table>
<thead>
<tr>
<th>Explanation</th>
<th>Costs or Personnel Needs</th>
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<tbody>
<tr>
<td>Add personnel</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Increased O &amp; M costs</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Reduce personnel</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Decreased O &amp; M costs</td>
<td>$ ____________</td>
</tr>
</tbody>
</table>

Dollar cost of impacts if known:

   + $ ____________ annually
   (-) $ ____________ annually

OCD use:

CIP project # HWY-04
14. **Sources of Funding**

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<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<td>Loan from:</td>
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<td>Current Revenue</td>
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<td>General obligation bond</td>
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<td>Revenue bond</td>
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<tr>
<td></td>
<td>$</td>
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<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Total project cost</strong></td>
<td><strong>$1,060,000</strong></td>
</tr>
<tr>
<td><strong>Minus Revenue</strong></td>
<td><strong>$848,000</strong></td>
</tr>
<tr>
<td><strong>Project cost</strong></td>
<td><strong>$212,000</strong></td>
</tr>
</tbody>
</table>

15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)**

**CIP COMMITTEE NOTES:**
**FY2020-2025 CIP Project Request Form**

1. **DEPARTMENT:** Public Works
   2. **DATE REQUEST PREPARED:** 04/26/18

1. **ITEM / PROJECT NAME:** 40’ X 50’ Standalone DPW Mechanic’s garage

2. **REQUEST PREPARED BY:** Eric Hahn, Interim Director
   5. **DEPT PRIORITY:** 1 OF 7 PROJECTS

6. **ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed):**

   Purchase and install a metal pre-fabricated building for equipment and vehicle repairs.

7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?**
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)

   YES X NO  
   Plan or document reference: it was part of DPW Strategic Plan in 2017

8. **ITEM / PROJECT RATIONALE:** (check all that apply)

   a. __Removes imminent threat to public health or safety*  
   b. X Alleviates substandard condition or deficiencies  
   c. __Responds to federal or state requirements to implement  
   d. X Improves the quality of existing services  
   e. __Provides added capacity to serve growth  
   f. __Reduces long-term operating costs  
   g. __Provides incentive to economic development  
   h. __Eligible for matching funds available for limited time  
   i. X Continuation of existing project  
   j. __Expanded public demand  
   k. X Extends useful life of current facility or equipment  
   l. X Other as our mechanic’s role expands this helps address ongoing needs

   *Note *Removes imminent threat to public health or safety* can ONLY be checked if funding requested in FY2020.

9. **ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete):**

   The existing repair facility is inadequate and cannot be upgraded within the existing building and footprint.

10. **ESTIMATED USEFUL LIFE (Years): **40+ 

11. **YEAR REQUEST REQUIRED:** ____FY2020____

12. **HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S?** YES NO X

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING

13. **COST ESTIMATE:**

   **CAPITAL COSTS**

   Dollar Amount (in current $)
   
   Planning/feasibility analysis $__________  
   Professional services $__________  
   Real estate acquisition $__________  
   Site preparation $10,000  
   Construction $100,000  
   Furnishings & equipment $25,000  
   Vehicles & capital equipment $__________  
   Capital Reserve fund $__________  
   Other $__________  
   
   **Total Project Cost** $135,000

   **IMPACT ON OPERATING & MAINTENANCE**

   Costs or Personnel Needs
   
   Add personnel $__________  
   Increased O & M costs $__________  
   Reduce personnel $__________  
   Decreased O & M costs $__________  

   Explain: Increased efficiency of repairs

   Dollar cost of impacts if known:

   + $__________ annually  
   ( ) $__________ annually  

---

OCD use: CIP project # DPW-01
14. Sources of Funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tr>
<td>Loan from:</td>
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<td>Donation/bequest/private</td>
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<td>User fees &amp; charges</td>
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<td>Capital reserve withdrawal</td>
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<td>Current Revenue</td>
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<tr>
<td>General obligation bond</td>
<td>$____________</td>
</tr>
<tr>
<td>Revenue bond</td>
<td>$____________</td>
</tr>
<tr>
<td><strong>Warrant Article</strong></td>
<td><strong>$ 135,000</strong></td>
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<tr>
<td><strong>Total project cost</strong></td>
<td><strong>$ 135,000</strong></td>
</tr>
</tbody>
</table>

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
#6 The Public Works garage is a flat roof, five bay 75’ long x 45’ wide x 12’ 6” high building used to store vehicles and equipment used to maintain roads and buildings trades equipment used for town building maintenance. It is heated by waste oil with home heating oil backup.

#9 Public Works has on file (with CIP) a 5.5 million dollar garage without a target year. Realistically, with the economic upswing still in its infancy, I do not see bonding a new complex happening anytime soon.

There are three issues,

1. Unavailability of space to do a repair that might take more than the daily shift.
2. Existing garage will not support a vehicle lift.
3. There is not enough available space to support a tire changing and balancing machine or A/C equipment

Besides maintaining eighteen DPW vehicles, the mechanic also preforms basic maintenance on seven police cruisers, five recreation vehicles, one Community Development vehicle, and one Town Hall car.

Each night, (specifically in winter) space used by the DPW mechanic, must be used to house/store plow/sanding equipment. Every inch of available coverage is used to protect vehicles/equipment from the elements.

Our current maintenance area is twelve feet six inches (12’ 6”) to ceiling. This height restriction makes any kind of vehicle lift impossible and all work is done from a creeper on the floor. This isn’t anything new, but it makes even the simplest project, more labor intensive.

I am recommending a standalone forty (40) foot by fifty (50) foot metal building on eight (8) foot knee walls, wall/ceiling insulation, radiant heated concrete floor, LED interior lighting, and skylights.

I believe we are looking at approximately a $125,000 project.
FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Public Works  
2. DATE REQUEST PREPARED: 04/26/18

3. ITEM / PROJECT NAME: Continuous roof over sorting tables and walkway deck

4. REQUEST PREPARED BY: Eric Hahn, Interim Director  
5. DEPT PRIORITY: 3 OF 7 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

Purchase and erect a weather shelter, protecting the walkway for trash and recyclables. This will reduce the potential for slips/trips/falls, and will reduce the labor required to keep the walkway cleared.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?  
(Examples: Department Strategic Plan, Amherst Master Plan; etc.)

YES ___ NO ___ X Plan or document reference: ____________________________

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ___ Removes imminent threat to public health or safety *  
   b. ___ Alleviates substandard condition or deficiencies  
   c. ___ Responds to federal or state requirements to implement  
   d. ___ Improves the quality of existing services  
   e. ___ Provides added capacity to serve growth  
   f. ___ Reduces long-term operating costs  
   g. ___ Provides incentive to economic development  
   h. ___ Eligible for matching funds available for limited time  
   i. ___ Continuation of existing project  
   j. ___ Expanded public demand  
   k. ___ Extends useful life of current facility or equipment  
   l. ___ Other ____________________________________ *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

During inclement weather, a roof would significantly improve the safety of all facility users and employees. The project will reduce the Town’s liability related to use of the facility and will reduce the labor required to provide safe and convenient access.

10. ESTIMATED USEFUL LIFE (Years): 40+  
11. YEAR REQUEST REQUIRED: ______FY-to be determined_  

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ___ NO ___  
LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING 2014

13. COST ESTIMATE:  
   (Itemize if necessary)  
   CAPITAL COSTS  
   Dollar Amount (in current $)  
   $ 10,000 ___ Planning/feasibility analysis  
   $ 10,000 ___ Professional services  
   $ 5,000 ___ Site preparation  
   $ 55,000 ___ Construction  
   $ _______ Furnishings & equipment  
   $ _______ Vehicles & capital equipment  
   $ _______ Capital Reserve fund  
   $ _______ Other ____________________________  
   $ 70,000 ___ Total Project Cost  
   IMPACT ON OPERATING & MAINTENANCE  
   Costs or Personnel Needs  
   $ _______ Add personnel  
   $ _______ Increased O & M costs  
   $ _______ Reduce personnel  
   $ _______ Decreased O & M costs  
   Explain: ____________________________________  
   Dollar cost of impacts if known:  
   + $ _______ annually  
   (-) $ _______ annually  

OCD use: CIP project # DPW-03
### 14. Sources of Funding

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<tr>
<td>Loan from:</td>
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<tr>
<td>Donation/bequest/private</td>
<td>$_________</td>
</tr>
<tr>
<td>User fees &amp; charges</td>
<td>$_________</td>
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<td>Capital reserve withdrawal</td>
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<tr>
<td>Minus Revenue</td>
<td>$_________</td>
</tr>
<tr>
<td>Project cost</td>
<td>$ 70,000</td>
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</tbody>
</table>

### 15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2026
(List and provide brief description)

**CIP COMMITTEE NOTES:**
Project Request Form

FY2020-2025 CIP Project Request Form

1. DEPARTMENT Amherst Public Works
2. DATE REQUEST PREPARED: 04/26/18

3. ITEM / PROJECT NAME: Walkway between SHS-AMS-Homestead Rd.

4. REQUEST PREPARED BY: Eric Hahn, Interim Director
5. DEPT PRIORITY: 7 OF 7 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

Construct approximately 2,180 LF of 6 FT wide asphalt walkway connecting the sidewalk on the west side of Davis Witty Rd., Homestead Rd. and the Middle School via the east end of Bean Field.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)

YES X NO Plan or document reference: Safe Routes to School

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ___ Removes imminent threat to public health or safety*  g. ___ Provides incentive to economic development
   b. ___ Alleviates substandard condition or deficiencies  h. ___ Eligible for matching funds available for limited time
   c. ___ Responds to federal or state requirements to implement i. ___ Continuation of existing project
   d. ___ Improves the quality of existing services  j. ___ Expanded public demand
   e. ___ Provides added capacity to serve growth  k. ___ Extends useful life of current facility or equipment
   f. ___ Reduces long-term operating costs  l. ___ Other ___________________________

   *Note: Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

This project will implement a key recommendation of the Safe Routes to School Committee findings, and correct safety deficiencies in local transportation facilities for alternative transportation.

10. ESTIMATED USEFUL LIFE (Years): ___40_____
11. YEAR REQUEST REQUIRED: _____FY 2020_______

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ___ NO X

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING ___ ___ ___ ___ ___

13. COST ESTIMATE: CAPITAL COSTS
     (Itemize if necessary)

     IMPACT ON OPERATING & MAINTENANCE
     Costs or Personnel Needs
     Add personnel
     Increased O & M costs
     Reduce personnel
     Decreased O & M costs

     Explain: all three items are preventative maintenance items to reduce costs
     Dollar cost of impacts if known:
     + $________ annually
     (-) $________ annually

     $ 90,000 __ Total Project Cost
14. Sources of Funding

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<tr>
<td>Project cost</td>
<td>$ 90,000</td>
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</tbody>
</table>

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
FY2020-2026 CIP Project Request Form

1. DEPARTMENT: Amherst Heritage Commission
2. DATE REQUEST PREPARED: 3-15-18

3. ITEM / PROJECT NAME: Amherst Stone Wall Maintenance and Repair (M&R) and Education Initiative

4. REQUEST PREPARED BY: Will Ludt, Chair, Amherst Heritage Commission
5. DEPT PRIORITY: 1 OF 1 PROJECTS

6. ITEM / PROJECT DESCRIPTION: Numerous stone walls are in need of repair and maintenance. Several key stone walls are used as boundary markers on scenic roads are overgrown with thicket and brush, some in need of maintenance and repair. This initiative is a 3 year project, will start the M&R of stone walls along scenic roads and other stone walls within Amherst and end with implementation of an interpretive center. Will enhance Amherst’s rural character.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   YES X NO
   Plan or document reference: Heritage Commission Strategic Plan; Amherst Master Plan; RSA 235:18 II

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ___ Removes imminent threat to public health or safety*  g. ___ Provides incentive to economic development
   b. X ___ Alleviates substandard condition or deficiencies  h. ___ Eligible for matching funds available for limited time
   c. ___ Responds to federal or state requirements to implement  i. ___ Continuation of existing project
   d. ___ Improves the quality of existing services  j. ___ Expanded public demand
   e. ___ Provides added capacity to serve growth  k. ___ Extends useful life of current facility or equipment
   f. ___ Reduces long-term operating costs  l. X ___ Other Maintenance and Repair

   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)
   Protection of the Amherst’s important cultural resources - historic stone walls- saving one of the beautiful features of the town for the people of tomorrow and preserving the rural character of the town. The NH Scenic Road Ordinance regulates activities affecting trees and stone walls in the vicinity of Town owned roads. Inserting a line item in the Capital Improvements Program (CIP) for maintenance and repair of municipally-owned stone walls is another way communities can demonstrate a commitment to saving stone walls. The historic character of Amherst rural roads should be respected. Work near these roadways will be carefully monitored. The project will entail a small amount of funds to clean up, make minor repairs and maintain the town’s priority stone walls. As a community outreach and education program, project is envisioned be a paid summer work program for high school students and residents, administered and overseen by volunteers from the Heritage Commission, in coordination with DPW. The initiative has 3 years of period of performance. Year 1: Survey, Identify and establish priorities for M&R, Education-Interpretive Center, Year 2: Conduct M&R and conduct education classes, Year 3: Finalize M&R, education classes, establish stewardship program for continued yearly support.

10. ESTIMATED USEFUL LIFE (Years): 15
11. YEAR REQUEST REQUIRED: FY2019-$8,000; FY20-$12,000; FY21-$10,000

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES X NO
   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING

13. COST ESTIMATE: CAPITAL COSTS
    (Itemize if necessary)
    Dollar Amount (in current $)
    $ 1,500  Planning/feasibility analysis
    $ 7,000  Professional services
    $________  Real estate acquisition
    $________  Site preparation
    $________  Construction
    $________  Furnishings & equipment
    IMPACT ON OPERATING & MAINTENANCE
    Costs or Personnel Needs
    _______ Add personnel
    $5,000 Increased O & M costs
    _______ Reduce personnel
    _______ Decreased O & M costs
    Explain: $5,000/$9.00 per hour= 555 hours

OCD use: CIP project # HC-01

Protection of the Amherst’s important cultural resources - historic stone walls- saving one of the beautiful features of the town for the people of tomorrow and preserving the rural character of the town. The NH Scenic Road Ordinance regulates activities affecting trees and stone walls in the vicinity of Town owned roads. Inserting a line item in the Capital Improvements Program (CIP) for maintenance and repair of municipally-owned stone walls is another way communities can demonstrate a commitment to saving stone walls. The historic character of Amherst rural roads should be respected. Work near these roadways will be carefully monitored. The project will entail a small amount of funds to clean up, make minor repairs and maintain the town’s priority stone walls. As a community outreach and education program, project is envisioned be a paid summer work program for high school students and residents, administered and overseen by volunteers from the Heritage Commission, in coordination with DPW. The initiative has 3 years of period of performance. Year 1: Survey, Identify and establish priorities for M&R, Education-Interpretive Center, Year 2: Conduct M&R and conduct education classes, Year 3: Finalize M&R, education classes, establish stewardship program for continued yearly support.

Protection of the Amherst’s important cultural resources - historic stone walls- saving one of the beautiful features of the town for the people of tomorrow and preserving the rural character of the town. The NH Scenic Road Ordinance regulates activities affecting trees and stone walls in the vicinity of Town owned roads. Inserting a line item in the Capital Improvements Program (CIP) for maintenance and repair of municipally-owned stone walls is another way communities can demonstrate a commitment to saving stone walls. The historic character of Amherst rural roads should be respected. Work near these roadways will be carefully monitored. The project will entail a small amount of funds to clean up, make minor repairs and maintain the town’s priority stone walls. As a community outreach and education program, project is envisioned be a paid summer work program for high school students and residents, administered and overseen by volunteers from the Heritage Commission, in coordination with DPW. The initiative has 3 years of period of performance. Year 1: Survey, Identify and establish priorities for M&R, Education-Interpretive Center, Year 2: Conduct M&R and conduct education classes, Year 3: Finalize M&R, education classes, establish stewardship program for continued yearly support.
$ ________ Vehicles & capital equipment  Dollar cost of impacts if known: 
$ ________ Capital Reserve fund + $_________ annually 
$ 21,500 Other ___________________  (-) $_________ annually 
$ 30,000 **Total Project Cost**

14. **Sources of Funding**

Grant from: ___________________ $__________
Loan from: ___________________ $__________
Donation/bequest/private $1,000/year
User fees & charges $__________
Capital reserve withdrawal $__________
Current Revenue $__________
General obligation bond $__________
Revenue bond $__________
________________________________ $__________
________________________________ $__________
________________________________ $__________
Total project cost $30,000
Minus Revenue $3,000
Project cost $27,000

15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2026 (List and provide brief description)**

CIP COMMITTEE NOTES:
Renovate existing structure to provide additional space currently needed by APD, and provide room for growth in the coming 20-30 years

As mentioned in the master plan, the possible future merging of Amherst Emergency Medical Services (AEMS) and the Amherst Fire Department (AFD) at the current AFD location would result in the availability of additional space for the Amherst Police Department (APD) in the previously occupied lower level of the existing AEMS/APD building. In the event that the two departments do merge and EMS relocates, then the police department would seek to redesign and renovate the lower level. If steps are at some point taken in the coming years to initiate this merge, the APD recognizes that the renovation of the lower level of the AEMS/APD building would be secondary to the refurbishment of the existing AFD structure and therefore likely pushed out even further on the CIP timeline.

The existing AEMS/APD structure was built in 1980, with major additions and renovations in 1996. The need for additional APD space has been slowly developing over the last 18 years, and the occupation of both levels would accommodate that anticipated need for additional space. The APD envisions the formation of a future APD building committee to explore design and renovation plans, costs, and options. A very rough estimate of $600,000 is being proposed for the project at this time.
13. **COST ESTIMATE: CAPITAL COSTS**

   (Itemize if necessary)

   **Dollar Amount (in current $)**
   - $_______ Planning/feasibility analysis
   - $_______ Professional services
   - $_______ Real estate acquisition
   - $_______ Site preparation
   - $_______ Construction
   - $_______ Furnishings & equipment
   - $_______ Vehicles & capital equipment
   - $_______ Capital Reserve fund
   - $_______ Other _____________________
   - $ 600,000  **Total Project Cost**

   **IMPACT ON OPERATING & MAINTENANCE**

   Costs or Personnel Needs
   - _____ Add personnel
   - _____ Increased O & M costs
   - _____ Reduce personnel
   - _____ Decreased O & M costs

   Explain: ________________________________________

   Dollar cost of impacts if known:
   - + $_______ annually
   - (-) $_______ annually

14. **Sources of Funding**

   Grant from: ___________________ $__________
   Loan from: ___________________ $__________
   Donation/bequest/private $__________
   User fees & charges $__________
   Capital reserve withdrawal $ 600,000
   Current Revenue $__________
   General obligation bond $__________
   Revenue bond $__________
   ________________________________ $__________
   ________________________________ $__________
   ________________________________ $__________
   ________________________________ $__________
   ________________________________ $__________
   ________________________________ $__________
   ________________________________ $__________

   **Total project cost** $ 600,000
   Minus Revenue $__________
   Project cost $__________

15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025** (List and provide brief description)

   **CIP COMMITTEE NOTES:**
Project Request Form

FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Souhegan Cooperative School District
2. DATE REQUEST PREPARED 6/2018

3. ITEM / PROJECT NAME: Souhegan 2.0

4. REQUEST PREPARED BY: Stephanie Grund
5. DEPT PRIORITY: 1 OF 3 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

   Significant repair, maintenance and upgrade of Souhegan High School.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)

   YES X NO Plan or document reference: __________________________

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. _____ Removes imminent threat to public health or safety*  g. _____ Provides incentive to economic development
   b. X _____ Alleviates substandard condition or deficiencies  h. _____ Eligible for matching funds available for limited time
   c. _____ Responds to federal or state requirements to implement  i. _____ Continuation of existing project
   d. X _____ Improves the quality of existing services  j. _____ Expanded public demand
   e. _____ Provides added capacity to serve growth  k. X _____ Extends useful life of current facility or equipment
   f. X _____ Reduces long-term operating costs  l. _____ Other ______________________________________

   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

   Souhegan High School is over 25 years old and is not meeting the current needs of education today. The classroom sizes are not appropriate for the style of teaching, the movable partitions between classrooms do not work properly and do not suppress the noise between classrooms and the ceiling tiles and work/study areas are in need of improvement.

10. ESTIMATED USEFUL LIFE (Years): 25  11. YEAR REQUEST REQUIRED: 2019

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES NO X

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING

13. COST ESTIMATE: CAPITAL COSTS
   (Itemize if necessary)

   IMPACT ON OPERATING & MAINTENANCE
   Costs or Personnel Needs
   _____ Add personnel
   _____ Increased O & M costs
   _____ Reduce personnel
   _____ Decreased O & M costs
   Explain: __________________________

   Dollar cost of impacts if known:
   + $__________ annually
   (-) $__________ annually

   Total Project Cost

Souhegan High School is over 25 years old and is not meeting the current needs of education today. The classroom sizes are not appropriate for the style of teaching, the movable partitions between classrooms do not work properly and do not suppress the noise between classrooms and the ceiling tiles and work/study areas are in need of improvement.
14. **Sources of Funding**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant from:</td>
<td>$_____________</td>
</tr>
<tr>
<td>Loan from:</td>
<td>$_____________</td>
</tr>
<tr>
<td>Donation/bequest/private</td>
<td>$_____________</td>
</tr>
<tr>
<td>User fees &amp; charges</td>
<td>$_____________</td>
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<td>Capital reserve withdrawal</td>
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<td>Current Revenue</td>
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<td>Total project cost</td>
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<tr>
<td>Minus Revenue</td>
<td>$250k-480k____</td>
</tr>
<tr>
<td>Project cost</td>
<td>$250k-480k____</td>
</tr>
</tbody>
</table>

15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025** (List and provide brief description)

CIP COMMITTEE NOTES:
Boiler replacement at Souhegan High School.

The domestic hot water system at Souhegan High School consists of two 400 gallon tanks. The system is inefficient and is at the end of its useful life at 25 years old.
14. Sources of Funding

Grant from: ___________________ $_______________
Loan from: ___________________ $_______________
Donation/bequest/private $_______________
User fees & charges $_______________
Capital reserve withdrawal $ 142,000
Current Revenue $_______________
General obligation bond $_______________
Revenue bond $_______________

Total project cost $_______________
Minus Revenue $_______________
Project cost $ 142,000

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Souhegan Cooperative School District  
2. DATE REQUEST PREPARED: 6/2018

3. ITEM / PROJECT NAME: Souhegan High School Parking Lot

4. REQUEST PREPARED BY: Stephanie Grund  
5. DEPT PRIORITY: 3 OF 3 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

   Crack-fill and sealcoat the parking lot and driveway of Souhegan High School.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?  
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)

   YES X NO  
   Plan or document reference: ____________

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ___ Removes imminent threat to public health or safety*  
   b. X  Alleviates substandard condition or deficiencies  
   c. ___ Responds to federal or state requirements to implement  
   d. X  Improves the quality of existing services  
   e. ___ Provides added capacity to serve growth  
   f. X  Reduces long-term operating costs  
   g. ___ Provides incentive to economic development  
   h. ___ Eligible for matching funds available for limited time  
   i. ___ Continuation of existing project  
   j. ___ Expanded public demand  
   k. X  Extends useful life of current facility or equipment  
   l. ___ Other ________________________  

   *Note: Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

   Proper maintenance of the parking lot and driveway of Souhegan High School will include crack-fill and sealcoating.

10. ESTIMATED USEFUL LIFE (Years): 5  
11. YEAR REQUEST REQUIRED: 2023

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ___ NO ___ X ___

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING ___ ___ ___ ___ ___

13. COST ESTIMATE: CAPITAL COSTS  
    Impact on Operating & Maintenance

   (Itemize if necessary)  
   Dollar Amount (in current $)  
   Costs or Personnel Needs
   $ ________ Planning/feasibility analysis  
   $ ________ Add personnel
   $ ________ Professional services  
   $ ________ Increased O & M costs
   $ ________ Real estate acquisition  
   $ ________ Reduce personnel
   $ ________ Site preparation  
   $ ________ Decreased O & M costs
   $ ________ Construction  
   Explain: ______________________________________
   $ ________ Furnishings & equipment  
   Dollar cost of impacts if known:  
   + $ ________ annually
   $ ________ Vehicles & capital equipment  
   (-) $ ________ annually
   $ ________ Capital Reserve fund
   $ ________ Other ____________________________
   $ 76,500 ______ Total Project Cost
14. **Sources of Funding**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant from:</td>
<td>$</td>
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<tr>
<td>Loan from:</td>
<td>$</td>
</tr>
<tr>
<td>Donation/bequest/private</td>
<td>$</td>
</tr>
<tr>
<td>User fees &amp; charges</td>
<td>$</td>
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<tr>
<td>Capital reserve withdrawal</td>
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<td>Current Revenue</td>
<td>$</td>
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<td>General obligation bond</td>
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<tr>
<td>Revenue bond</td>
<td>$</td>
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<td></td>
<td>$</td>
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<tr>
<td>Total project cost</td>
<td>$</td>
</tr>
<tr>
<td>Minus Revenue</td>
<td>$</td>
</tr>
<tr>
<td>Project cost</td>
<td>$ 76,500</td>
</tr>
</tbody>
</table>

15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025** (List and provide brief description)

CIP COMMITTEE NOTES:
FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Amherst School District
2. DATE REQUEST PREPARED: 6/2018
3. ITEM / PROJECT NAME: Amherst Middle School HVAC System
4. REQUEST PREPARED BY: Stephanie Grund
5. DEPT PRIORITY: 1 OF 9 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

Replace HVAC Distribution System.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?
(Examples: Department Strategic Plan, Amherst Master Plan; etc.)
YES X NO Plan or document reference: 

8. ITEM / PROJECT RATIONALE: (check all that apply)
a. ___ Removes imminent threat to public health or safety*
b. X Alleviates substandard condition or deficiencies
c. ___ Responds to federal or state requirements to implement
d. X Improves the quality of existing services
e. ___ Provides added capacity to serve growth
f. X Reduces long-term operating costs
g. ___ Provides incentive to economic development
h. ___ Eligible for matching funds available for limited time
i. ___ Continuation of existing project
j. ___ Expanded public demand
k. X Extends useful life of current facility or equipment
l. ___ Other 

*Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

The current HVAC Distribution system is consistently being repaired. Also, air quality test are substandard for school requirements. Hydronic Heat Distribution, Roof top units, air handler, and exhaust fans would be replaced with more efficient models.

10. ESTIMATED USEFUL LIFE (Years): 25
11. YEAR REQUEST REQUIRED: 2021
12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP'S? YES X NO

LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING

<table>
<thead>
<tr>
<th>CAPITAL COSTS</th>
<th>IMPACT ON OPERATING &amp; MAINTENANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dollar Amount (in current $)</td>
<td>Costs or Personnel Needs</td>
</tr>
<tr>
<td>$_________ Planning/feasibility analysis</td>
<td>_____ Add personnel</td>
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<tr>
<td>$_________ Professional services</td>
<td>_____ Increased O &amp; M costs</td>
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<tr>
<td>$_________ Real estate acquisition</td>
<td>_____ Reduce personnel</td>
</tr>
<tr>
<td>$_________ Site preparation</td>
<td>_____ Decreased O &amp; M costs</td>
</tr>
<tr>
<td>$_________ Construction</td>
<td>Explain:</td>
</tr>
<tr>
<td>$_________ Furnishings &amp; equipment</td>
<td></td>
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<tr>
<td>$_________ Vehicles &amp; capital equipment</td>
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<tr>
<td>$_________ Capital Reserve fund</td>
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<td>$_________ Other</td>
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</tr>
<tr>
<td>$535,000 Total Project Cost</td>
<td>Dollar cost of impacts if known:</td>
</tr>
<tr>
<td></td>
<td>+ $_________ annually</td>
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<tr>
<td></td>
<td>(-) $_________ annually</td>
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</tbody>
</table>
14. **Sources of Funding**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant from:</td>
<td>$___________</td>
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<tr>
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<tr>
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<td>$___________</td>
</tr>
<tr>
<td>User fees &amp; charges</td>
<td>$___________</td>
</tr>
<tr>
<td>Capital reserve withdrawal</td>
<td>$___________</td>
</tr>
<tr>
<td>Current Revenue</td>
<td>$___________</td>
</tr>
<tr>
<td>General obligation bond</td>
<td>$535,000</td>
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<tr>
<td>Revenue bond</td>
<td>$___________</td>
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<td>$___________</td>
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<td>$___________</td>
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</tbody>
</table>

Total project cost $___________

Minus Revenue $___________

Project cost $535,000

15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025** (List and provide brief description)

CIP COMMITTEE NOTES:
**Project Request Form**

**FY2020-2025 CIP Project Request Form**

1. DEPARTMENT: Amherst School District
2. DATE REQUEST PREPARED: 6/2018
3. ITEM / PROJECT NAME: Amherst Middle School Roof
4. REQUEST PREPARED BY: Stephanie Grund
5. DEPT PRIORITY: 2 OF 9 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)
   
   New tar and gravel on roof.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   
   YES X NO Plan or document reference: ____________________________

8. ITEM / PROJECT RATIONALE: (check all that apply)
   
   a. __ Removes imminent threat to public health or safety*
   b. X Alleviates substandard condition or deficiencies
   c. __ Responds to federal or state requirements to implement
   d. __ Improves the quality of existing services
   e. __ Provides added capacity to serve growth
   f. X Reduces long-term operating costs
   g. __ Provides incentive to economic development
   h. __ Eligible for matching funds available for limited time
   i. __ Continuation of existing project
   j. __ Expanded public demand
   k. __ Extends useful life of current facility or equipment
   l. __ Other ____________________________

   *Note: Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)
   
   The current roof is the original roof that is 45 years old. Good maintenance and repair work has extended its useful life of 40 years. New tar and gravel is needed.

10. ESTIMATED USEFUL LIFE (Years): 40
11. YEAR REQUEST REQUIRED: 2020
12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES NO X

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING ____________________________

13. COST ESTIMATE: (Itemize if necessary)

<table>
<thead>
<tr>
<th>CAPITAL COSTS</th>
<th>IMPACT ON OPERATING &amp; MAINTENANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ ___________ Planning/feasibility analysis</td>
<td>Add personnel</td>
</tr>
<tr>
<td>$ ___________ Professional services</td>
<td>Increased O &amp; M costs</td>
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<tr>
<td>$ ___________ Real estate acquisition</td>
<td>Reduce personnel</td>
</tr>
<tr>
<td>$ ___________ Site preparation</td>
<td>Decreased O &amp; M costs</td>
</tr>
<tr>
<td>$ ___________ Construction</td>
<td>Explain: ____________________________</td>
</tr>
<tr>
<td>$ ___________ Furnishings &amp; equipment</td>
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<tr>
<td>$ ___________ Vehicles &amp; capital equipment</td>
<td>Dollar cost of impacts if known:</td>
</tr>
<tr>
<td>$ ___________ Capital Reserve fund</td>
<td>+ $ ___________ annually</td>
</tr>
<tr>
<td>$ ___________ Other ____________________________</td>
<td>(-) $ ___________ annually</td>
</tr>
</tbody>
</table>

$ 310,000 Total Project Cost

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The current roof is the original roof that is 45 years old. Good maintenance and repair work has extended its useful life of 40 years. New tar and gravel is needed.
### 14. Sources of Funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Grant from:</td>
<td>$_________</td>
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<td>Minus Revenue</td>
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<td>Project cost</td>
<td>$310,000</td>
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</table>

### 15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025

(List and provide brief description)

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CIP COMMITTEE NOTES:
1. DEPARTMENT: Amherst School District
2. DATE REQUEST PREPARED: 6/2018
3. ITEM / PROJECT NAME: Amherst Middle School Partitions
4. REQUEST PREPARED BY: Stephanie Grund
5. DEPT PRIORITY: 3 OF 9 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

Replace movable partitions in classrooms.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM? (Examples: Department Strategic Plan, Amherst Master Plan; etc.)

YES X NO
Plan or document reference: ____________________________

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ___ Removes imminent threat to public health or safety*  
   b. X ___ Alleviates substandard condition or deficiencies
   c. ___ Responds to federal or state requirements to implement
   d. X ___ Improves the quality of existing services
   e. ___ Provides added capacity to serve growth
   f. X ___ Reduces long-term operating costs
   g. ___ Provides incentive to economic development
   h. ___ Eligible for matching funds available for limited time
   i. ___ Continuation of existing project
   j. ___ Expanded public demand
   k. X ___ Extends useful life of current facility or equipment
   l. ___ Other ____________________________

*Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

There are 30 movable partitions between classrooms. They are 20 years old and have passed their useful life. The durability and noise concerns between classrooms will be addressed with new partitions.

10. ESTIMATED USEFUL LIFE (Years): __20____  
11. YEAR REQUEST REQUIRED: __2020________

12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S?  YES ___ NO X

LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING __ __ __ __ __

13. COST ESTIMATE: (Itemize if necessary)

<table>
<thead>
<tr>
<th>CAPITAL COSTS</th>
<th>IMPACT ON OPERATING &amp; MAINTENANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dollar Amount (in current $)</td>
<td>Costs or Personnel Needs</td>
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<tr>
<td>$ __________ Planning/feasibility analysis</td>
<td>______ Add personnel</td>
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<td>$ _________ Professional services</td>
<td>______ Increased O &amp; M costs</td>
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<tr>
<td>$ _________ Real estate acquisition</td>
<td>______ Reduce personnel</td>
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<tr>
<td>$ _________ Site preparation</td>
<td>______ Decreased O &amp; M costs</td>
</tr>
<tr>
<td>$ _________ Construction</td>
<td>Explain: ________________________</td>
</tr>
<tr>
<td>$ 110,000 Furnishings &amp; equipment</td>
<td>Dollar cost of impacts if known:</td>
</tr>
<tr>
<td>$ _________ Vehicles &amp; capital equipment</td>
<td>+ $__________ annually</td>
</tr>
<tr>
<td>$ _________ Capital Reserve fund</td>
<td>(-) $__________ annually</td>
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<tr>
<td>$ _________ Other</td>
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<tr>
<td>$ 110,000 Total Project Cost</td>
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### 14. Sources of Funding

<table>
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<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Grant from:</td>
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<td>Loan from:</td>
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<tr>
<td>User fees &amp; charges</td>
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<tr>
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<tr>
<td>Minus Revenue</td>
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<tr>
<td>Project cost</td>
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### 15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025
(List and provide brief description)

CIP COMMITTEE NOTES:
Project Request Form

FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Amherst School District
2. DATE REQUEST PREPARED 6/2018
3. ITEM / PROJECT NAME: Amherst Middle School Generator
4. REQUEST PREPARED BY: Stephanie Grund
5. DEPT PRIORITY: 5 OF 9 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)

 Replace the emergency generator at Amherst Middle School.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?
(Examples: Department Strategic Plan, Amherst Master Plan; etc.)
YES X NO
Plan or document reference: ____________________________

8. ITEM / PROJECT RATIONALE: (check all that apply)
a. ___ Removes imminent threat to public health or safety* b. ___ Provides incentive to economic development
g. ___ Provides added capacity to serve growth
h. ___ Eligible for matching funds available for limited time
i. ___ Continuation of existing project
j. ___ Expanded public demand
k. ___ Extends useful life of current facility or equipment
l. ___ Other ______________________________________

*Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)

The current emergency generator is at the end of its useful life (currently 45 years old). It will need to be replaced in order to ensure proper working emergency services when needed.

10. ESTIMATED USEFUL LIFE (Years): ___35____ 11. YEAR REQUEST REQUIRED: ___2022___
12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ___ NO X
LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING ___ ___ ___ ___ ___

13. COST ESTIMATE: CAPITAL COSTS IMPACT ON OPERATING & MAINTENANCE
(Itemize if necessary) Dollar Amount (in current $) Costs or Personnel Needs
$ ______ Planning/feasibility analysis Add personnel
$ ______ Professional services _____ Increased O & M costs
$ ______ Real estate acquisition _____ Reduce personnel
$ ______ Site preparation _____ Decreased O & M costs
$ ______ Construction Explain: ______________
$ ______ Furnishings & equipment
$ ______ Vehicles & capital equipment
$ ______ Capital Reserve fund
$ ______ Other ____________________________
$ 62,000 Total Project Cost Dollar cost of impacts if known:
+ $________ annually
(-) $________ annually

1
14. **Sources of Funding**

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<th>Source</th>
<th>Amount</th>
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<tbody>
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<td>Donation/bequest/private</td>
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<tr>
<td>Total project cost</td>
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<tr>
<td>Minus Revenue</td>
<td>$_______</td>
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<td>Project cost</td>
<td>$62,000</td>
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</tbody>
</table>

15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025** (List and provide brief description)

CIP COMMITTEE NOTES:
## Project Request Form

**FY2020-2025 CIP Project Request Form**

1. **DEPARTMENT:** Amherst School District  
   2. **DATE REQUEST PREPARED:** 6/2018

3. **ITEM / PROJECT NAME:** Clark School Vinyl Siding and T1-11

4. **REQUEST PREPARED BY:** Stephanie Grund  
   5. **DEPT PRIORITY:** 6 of 9 PROJECTS

6. **ITEM / PROJECT DESCRIPTION:**  
   (Provide complete description and attach additional explanatory materials if needed)
   
   Replace worn and damaged vinyl siding and repair brick work.

7. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?**  
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   
   YES ___ NO__  
   Plan or document reference: ____________________________

8. **ITEM / PROJECT RATIONALE:** (check all that apply)
   a. ____ Removes imminent threat to public health or safety*  
   b. ____ Alleviates substandard condition or deficiencies  
   c. ____ Responds to federal or state requirements to implement  
   d. ____ Improves the quality of existing services  
   e. ____ Provides added capacity to serve growth  
   f. ____ Reduces long-term operating costs  
   g. ____ Provides incentive to economic development  
   h. ____ Eligible for matching funds available for limited time  
   i. ____ Continuation of existing project  
   j. ____ Expanded public demand  
   k. ____ Extends useful life of current facility or equipment  
   l. ____ Other ____________________________  

   *Note: Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. **ITEM / PROJECT JUSTIFICATION NARRATIVE:** (Explain urgency, timing, need, etc. Be brief yet complete)

   The vinyl siding at Clark School is 23 years old. As the students and community play around the school yard, the siding is constantly damaged. The plan is to replace the vinyl siding with a stronger material (cement/fiberboard product). The brickwork is in good condition. However, it will need to have repair work in order to maintain it in good condition.

10. **ESTIMATED USEFUL LIFE (Years): ** 60  
    11. **YEAR REQUEST REQUIRED:** 2022

12. **HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S?** YES ___ NO  
    LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING ______ ______ ______ ______

13. **COST ESTIMATE:**  
    (Itemize if necessary)  
    **CAPITAL COSTS**  
    **IMPACT ON OPERATING & MAINTENANCE**  
    Dollar Amount (in current $)  
    Costs or Personnel Needs  
    $_________ Planning/feasibility analysis  
    _____ Add personnel  
    $_________ Professional services  
    _____ Increased O & M costs  
    $_________ Real estate acquisition  
    _____ Reduce personnel  
    $_________ Site preparation  
    _____ Decreased O & M costs  
    $_________ Construction  
    Explain: ____________________________  
    $_________ Furnishings & equipment  
    Dollar cost of impacts if known:  
    + $__________ annually  
    $_________ Vehicles & capital equipment  
    (-) $__________ annually  
    $_________ Capital Reserve fund  
    $_________ Other ____________________________  
    $ 120,000 **Total Project Cost**  
    **Total Project Cost**  

14. **Sources of Funding**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Grant from:</td>
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<tr>
<td>Loan from:</td>
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<tr>
<td>Donation/bequest/private</td>
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<td>User fees &amp; charges</td>
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<tr>
<td>Minus Revenue</td>
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<tr>
<td>Project cost</td>
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15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025** (List and provide brief description)

*CIP COMMITTEE NOTES:*
FY2020-2025 CIP Project Request Form

1. DEPARTMENT: Amherst School District
2. DATE REQUEST PREPARED: 6/2018
3. ITEM / PROJECT NAME: AMS PVC Membrane
4. REQUEST PREPARED BY: Stephanie Grund
5. DEPT PRIORITY: 7 OF 9 PROJECTS

6. ITEM / PROJECT DESCRIPTION (Provide complete description and attach additional explanatory materials if needed)
   Replace worn and damaged roof PVC Membrane.

7. IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)
   YES X NO____ Plan or document reference: ____________________________

8. ITEM / PROJECT RATIONALE: (check all that apply)
   a. ____ Removes imminent threat to public health or safety*
   b. _______ Alleviates substandard condition or deficiencies
   c. _______ Responds to federal or state requirements to implement
   d. _______ Improves the quality of existing services
   e. _______ Provides added capacity to serve growth
   f. _______ Reduces long-term operating costs
   g. _______ Provides incentive to economic development
   h. _______ Eligible for matching funds available for limited time
   i. _______ Continuation of existing project
   j. _______ Expanded public demand
   k. _______ Extends useful life of current facility or equipment
   l. _______ Other ____________________________________________________

   *Note Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

9. ITEM / PROJECT JUSTIFICATION NARRATIVE (Explain urgency, timing, need, etc. Be brief yet complete)
   There is ponding at the section that is lower than the drain. Repair work will occur in 2019 with replacement of PVC Membrane in 2023.

10. ESTIMATED USEFUL LIFE (Years): ___20____
11. YEAR REQUEST REQUIRED: __2023_________
12. HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S? YES ____ NO X

   LIST PRIOR YEARS PROJECT WAS PROPOSED FOR 1ST YEAR FUNDING:
   ____ ____ ____

13. COST ESTIMATE: CAPITAL COSTS
    (Itemize if necessary)
    Dollar Amount (in current $)
    $ _______ Planning/feasibility analysis
    $ _______ Professional services
    $ _______ Real estate acquisition
    $ _______ Site preparation
    $ _______ Construction
    $ _______ Furnishings & equipment
    $ _______ Vehicles & capital equipment
    $ _______ Capital Reserve fund
    $ _______ Other ______________________
    $ 350,000 Total Project Cost

    IMPACT ON OPERATING & MAINTENANCE
    Costs or Personnel Needs
    _____ Add personnel
    _____ Increased O & M costs
    _____ Reduce personnel
    _____ Decreased O & M costs
    Explain: ________________________________________________________________
    Dollar cost of impacts if known:
    + $__________ annually
    (-) $__________ annually
14. Sources of Funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
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<tr>
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<tr>
<td>Donation/bequest/private</td>
<td>$________</td>
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<td>User fees &amp; charges</td>
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<td>Current Revenue</td>
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<td>Minus Revenue</td>
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<tr>
<td>Project cost</td>
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</tbody>
</table>

15. ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025 (List and provide brief description)

CIP COMMITTEE NOTES:
### Project Request Form

**FY2020-2025 CIP Project Request Form**

1. **DEPARTMENT:** Amherst School District  
   **DATE REQUEST PREPARED:** 6/2019

2. **ITEM / PROJECT NAME:** AMS Elevator Machine Room Equipment  
   **REQUEST PREPARED BY:** Stephanie Grund  
   **DEPT PRIORITY:** 8 OF 9 PROJECTS

3. **ITEM / PROJECT DESCRIPTION:** Refurbish cabs and replace the machine room equipment.

4. **IS THE ITEM/PROJECT IDENTIFIED IN A LONG RANGE PLAN OR PROGRAM?**  
   (Examples: Department Strategic Plan, Amherst Master Plan; etc.)  
   **YES** ☑ **NO** ☐

5. **ITEM / PROJECT RATIONALE:** (check all that apply)
   - ☑ Removes imminent threat to public health or safety
   - ☑ Alleviates substandard condition or deficiencies
   - ☑ Responds to federal or state requirements to implement
   - ☑ Improves the quality of existing services
   - ☑ Provides added capacity to serve growth
   - ☑ Reduces long-term operating costs
   - ☑ Provides incentive to economic development
   - ☑ Eligible for matching funds available for limited time
   - ☑ Continuation of existing project
   - ☑ Expanded public demand
   - ☑ Extends useful life of current facility or equipment
   - ☑ Other ______________________

   *Note: Removes imminent threat to public health or safety can ONLY be checked if funding requested in FY2020.

6. **ITEM / PROJECT JUSTIFICATION NARRATIVE:**
   The elevator cab has a useful life of 12 years and will be 13 years old in 2024. In order to maintain the elevator in safe working order, the hydraulic pump station and controller/dispatcher will need to receive scheduled replacement.

7. **ESTIMATED USEFUL LIFE (Years):** 35  
   **YEAR REQUEST REQUIRED:** 2024

8. **HAS THE ITEM/PROJECT BEEN INCLUDED IN PRIOR CIP’S?**
   - **YES** ☑ **NO** ☐

9. **COST ESTIMATE:** (Itemize if necessary)
   - Planning/feasibility analysis
   - Professional services
   - Real estate acquisition
   - Site preparation
   - Construction
   - Furnishings & equipment
   - Vehicles & capital equipment
   - Capital Reserve fund
   - Other

   **Total Project Cost:** $130,000

   **IMPACT ON OPERATING & MAINTENANCE:**
   - Add personnel
   - Increased O & M costs
   - Reduce personnel
   - Decreased O & M costs

   **Dollar cost of impacts if known:**
   + $________ annually
   (-) $________ annually

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**OCD use:** CIP project # **ASD-08**
14. **Sources of Funding**

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<td>Minus Revenue</td>
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<td>Project cost</td>
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15. **ANTICIPATED ITEMS/PROJECTS YOUR DEPARTMENT IS PROJECTING AFTER 2025** (List and provide brief description)

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**CIP COMMITTEE NOTES:**