

TOWN OF HUDSON

Finance Department



12 School Street • Hudson, New Hampshire 03051 • Tel: 603-886-6000 • Fax: 603 881-3944

To: Brian Groth, Town Planner

Info: Steve Malizia, Town Administrator

From: Kathy Carpentier, Finance Director 

Date: March 27, 2019

Subject: **Capital Improvement Proposal**

As one of the Town Hall Department Heads that works at 12 School Street I am submitting a Capital Improvement Proposal (CIP). The proposal is for a Town Hall Addition and Renovation. The addition would address current operating and infrastructure issues.

The proposal would be to add an addition to the west side of the building (parking lot side) which would be approximately 30 feet wide by 72 feet long which is approximately 2,160 square feet. The cost of this addition would be approximately \$864,000 with an additional \$100,000 needed to address the renovation of the main building for a total cost of **\$964,000**. (2019 cost). It is my recommendation that this proposal be funded by the Unassigned Fund Balance (UFB). The UFB currently has \$6.3mil which represents 8.6% of Gross Appropriations.

This proposal would address some of these areas:

- give customers a central location to pay their utility bills
- eliminate customers going to the basement to pay bills
- put Water and Sewer employees together for efficiency
- give Welfare office more security
- give IT more space to work
- give IT a locked secure area for servers (currently shared space)
- update the lighting in the IT area
- fix HVAC central air and heating in the entire building for energy savings
- increase office security
- give all employees an office to work from
- move one staff member back into Finance
- bring the conference room to the main floor
- reorganize parking lot
- relocate gas tank
- create an area for record retention on site
- create (one time) income by selling current storage area (Oakwood)

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Finance/IT/Admin

Department Priority: 1 of 1 Projects

FY 2020

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input type="checkbox"/> Improve or repair existing facilities or equipment <input checked="" type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity																																							
Service Area of Project (Check One)	<input type="checkbox"/> Region <input checked="" type="checkbox"/> Town <input type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____																																						
Project Name: Description: Town Hall Addition and Renovation																																								
Rationale for Project: (Check those that apply; elaborate below.)	<input checked="" type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input checked="" type="checkbox"/> Provides added capacity to serve growth <input checked="" type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time																																							
Narrative Justification: To update Town Hall infrastructure, correct deficiencies, improve customer service, add additional working space, increase security.																																								
Cost Estimate: (Itemize as necessary)	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable)																																							
<table style="width:100%; border-collapse: collapse;"> <tr><td align="center" colspan="2">Capital Costs</td></tr> <tr><td align="center" colspan="2">Dollar Amount (in current \$'s)</td></tr> <tr><td>\$ _____</td><td>Planning/feasibility analysis</td></tr> <tr><td>\$ _____</td><td>Architecture & engineering fees</td></tr> <tr><td>\$ _____</td><td>Real estate acquisition</td></tr> <tr><td>\$ _____</td><td>Site Preparation</td></tr> <tr><td>\$ 964,000</td><td>Construction & Renovation</td></tr> <tr><td>\$ _____</td><td>Furnishing & equipment</td></tr> <tr><td>\$ _____</td><td>Vehicles & Capital Equipment</td></tr> <tr><td>\$ _____</td><td>_____</td></tr> <tr><td>\$ _____</td><td>_____</td></tr> <tr><td>\$ 964,000</td><td>Total Project Cost</td></tr> </table>	Capital Costs		Dollar Amount (in current \$'s)		\$ _____	Planning/feasibility analysis	\$ _____	Architecture & engineering fees	\$ _____	Real estate acquisition	\$ _____	Site Preparation	\$ 964,000	Construction & Renovation	\$ _____	Furnishing & equipment	\$ _____	Vehicles & Capital Equipment	\$ _____	_____	\$ _____	_____	\$ 964,000	Total Project Cost	<table style="width:100%; border-collapse: collapse;"> <tr><td align="center" colspan="2">Add Personnel</td></tr> <tr><td align="center" colspan="2">Increase O&M costs</td></tr> <tr><td align="center" colspan="2">Reduce Personnel</td></tr> <tr><td align="center" colspan="2">Decreased O&M costs</td></tr> <tr><td align="center" colspan="2">Dollar Cost of Impacts if known</td></tr> <tr><td align="center" colspan="2">Plus \$ _____ annually</td></tr> <tr><td align="center" colspan="2">Minus \$ _____ annually</td></tr> </table>		Add Personnel		Increase O&M costs		Reduce Personnel		Decreased O&M costs		Dollar Cost of Impacts if known		Plus \$ _____ annually		Minus \$ _____ annually	
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Unassigned Fund Balance	\$964,000																																							
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30' X 72'
2,160 S.F.

12

12

TABLE 2: LIST OF PROJECTS SUBMITTED FOR REVIEW IN CAPITAL IMPROVEMENT PROGRAM

Description of Project or Equipment	Dept.	Dept. Priority Rank	Proposed Program Year	Total Cost	Project Notes	Priority Class or Point Score
Alvirne High School -Tennis Court Renovation	School District	1	FY21	\$200,000		
Alvirne High School -Football Field Renovation	School District	2	FY21	\$250,000		
Alvirne High School -Gym Floor & Bleacher Renovation	School District	3	FY21	\$255,000		
Hudson Memorial School - Roof Replacement	School District	4	FY21	\$250,000		
Hudson Memorial School - Roof Replacement	School District	5	FY22	\$250,000		
Hudson Memorial School - Football/Soccer Field Renovation	school District	6	FY22	\$350,000		
Library Street School - Roof Replacement	School District	7	FY23	\$250,000		
Dr. H.O. Smith - Parking Lot Paving	School District	8	FY23	\$100,000		
Dr. H.O. Smith - Roof Replacement	School District	9	FY24	\$200,000		
SAU Central Office - Parking Lot Paving	School District	10	FY24	\$150,000		
Hills Garrison School - Roof Replacement	School District	11	FY25	\$250,000		

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District Department Priority: 1 of 11 Projects FY 2021

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity	
Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____

Project Name: Alvirne High School – Tennis Court Renovation
Description: This project is located behind Alvirne High School where the current tennis courts are located. The current area will be excavated, and a new sub base will be installed. A new ground surface will be installed and eight (8) new courts will be constructed.

Rationale for Project: (Check those that apply; elaborate below.)	<input checked="" type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input checked="" type="checkbox"/> Provides added capacity to serve growth <input type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time
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Narrative Justification:
 The current court layout has several areas that have started to sink into the ground. The entire sub surface should be replaced and repacked to allow for safe play on the courts. Adding 2 additional courts will allow state regulation matches at Alvirne.

Cost Estimate: (Itemize as necessary) <table style="margin-left: 20px;"> <tr><td colspan="2">Capital Costs</td></tr> <tr><td>Dollar Amount (in current \$'s)</td><td></td></tr> <tr><td>\$ _____ Planning/feasibility analysis</td><td></td></tr> <tr><td>\$ _____ Architecture & engineering fees</td><td></td></tr> <tr><td>\$ _____ Real estate acquisition</td><td></td></tr> <tr><td>\$ _____ Site Preparation</td><td></td></tr> <tr><td>\$200,000 Construction</td><td></td></tr> <tr><td>\$ _____ Furnishing & equipment</td><td></td></tr> <tr><td>\$ _____ Vehicles & Capital Equipment</td><td></td></tr> <tr><td>\$ _____</td><td></td></tr> <tr><td>\$ _____</td><td></td></tr> <tr><td>\$200,000 Total Project Cost</td><td></td></tr> </table>	Capital Costs		Dollar Amount (in current \$'s)		\$ _____ Planning/feasibility analysis		\$ _____ Architecture & engineering fees		\$ _____ Real estate acquisition		\$ _____ Site Preparation		\$200,000 Construction		\$ _____ Furnishing & equipment		\$ _____ Vehicles & Capital Equipment		\$ _____		\$ _____		\$200,000 Total Project Cost		Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable) <table style="margin-left: 20px;"> <tr><td>Add Personnel</td></tr> <tr><td>Increase O&M costs</td></tr> <tr><td>Reduce Personnel</td></tr> <tr><td>Decreased O&M costs</td></tr> <tr><td> </td></tr> <tr><td>Dollar Cost of Impacts if known</td></tr> <tr><td>Plus \$ _____ annually</td></tr> <tr><td> </td></tr> <tr><td>Minus \$ _____ annually</td></tr> </table>	Add Personnel	Increase O&M costs	Reduce Personnel	Decreased O&M costs	 	Dollar Cost of Impacts if known	Plus \$ _____ annually	 	Minus \$ _____ annually
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Source of Funding:	<u>AMOUNT</u>																						
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Total project cost	\$200,000																						

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CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District Department Priority: 2 of 11 Projects FY 2021

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity
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Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
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Project Name: Alvirne High School – Football Field Renovation
Description: This project is located behind Alvirne High School were the current football field located. The current area will be excavated, a new sub base installed, and new sod will be installed. The new field will be properly graded to allow for safe play on the field. In addition, the current sprinkler system will be re-piped to allow for the height change after re-grading.

Rationale for Project: (Check those that apply: elaborate below.)	<input checked="" type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time
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Narrative Justification:
 The current grade of the football field is not suitable for a regulation football field. The entire playing field should be re-graded and re-sodded to allow for safe play on the football field.

Cost Estimate: (Itemize as necessary) Capital Costs <u>Dollar Amount (in current \$'s)</u> \$ _____ Planning/feasibility analysis \$ _____ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$250,000 Construction \$ _____ Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ _____ \$ _____ \$250,000 Total Project Cost	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable) Add Personnel Increase O&M costs Reduce Personnel Decreased O&M costs Dollar Cost of Impacts if known Plus \$ _____ annually Minus \$ _____ annually
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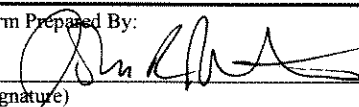
Source of Funding: <u>AMOUNT</u> Grant from: _____ Loan From: _____ Donation/bequest/private _____ User fees & charges _____ Capital reserve withdrawal _____ Impact fee account _____ Warrant Article <u>\$250,000</u> Bonds _____ Total project cost <u>\$250,000</u>	Form Prepared By:  _____ (Signature) <u>FACILITIES DIRECTOR</u> _____ Title <u>SCHOOL DISTRICT</u> _____ Department/Agency
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TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District Department Priority: 3 of 11 Projects FY 2021

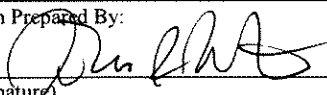
Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity	
Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
Project Name: Alvirne High School – Gym Floor & Bleacher Renovation Description: This project is located in the current gymnasium at Alvirne High School. The gym floor and bleachers will be removed. A new floor will be installed with new ADA compliant bleachers on both sides of the gym.		
Rationale for Project: (Check those that apply: elaborate below.)	<input type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time	
Narrative Justification: The current gym floor is at the end of the serviceable life. The floor cannot be sanded again and is difficult to repair due to the wear over the years. The current bleachers will have to be replaced to meet ADA guidelines.		
Cost Estimate: (Itemize as necessary)	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable)	
Capital Costs Dollar Amount (in current \$'s) \$ _____ Planning/feasibility analysis \$ _____ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$255,000 Construction \$ _____ Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ _____ \$ _____ \$255,000 Total Project Cost	Add Personnel Increase O&M costs Reduce Personnel Decreased O&M costs Dollar Cost of Impacts if known Plus \$ _____ annually Minus \$ _____ annually	
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TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District

Department Priority: 4 of 11 Projects

FY 2021

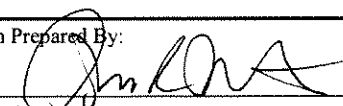
Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity	
Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
Project Name: Hudson Memorial School – Roof Replacement Description: This project is located at the south leg of Hudson Memorial. The membrane will be removed and replaced. Roof decking and insulation will be replaced as needed. This roof has exceeded the original manufacture warranty.		
Rationale for Project: (Check those that apply: elaborate below.)	<input type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input checked="" type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time	
Narrative Justification: The current roof has exceeded to manufacture warranty.		
Cost Estimate: (Itemize as necessary)	Capital Costs Dollar Amount (in current \$'s) \$ _____ Planning/feasibility analysis \$ _____ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$250,000 Construction \$ _____ Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ _____ \$ _____ \$250,000 Total Project Cost	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable) Add Personnel Increase O&M costs Reduce Personnel Decreased O&M costs Dollar Cost of Impacts if known Plus \$ _____ annually Minus \$ _____ annually
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TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District Department Priority: 5 of 11 Projects FY 2022

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity
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Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
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Project Name: Hudson Memorial School – Roof Replacement
Description: This project is located at the north leg of Hudson Memorial. The membrane will be removed and replaced. Roof decking and insulation will be replaced as needed. This roof has exceeded the original manufacture warranty.

Rationale for Project: (Check those that apply; elaborate below.)	<input type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input checked="" type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time
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Narrative Justification:
 The current roof has exceeded to manufacture warranty.

Cost Estimate: (Itemize as necessary) <table style="margin-left: 40px;"> <tr><td>Capital Costs</td></tr> <tr><td>Dollar Amount (in current \$'s)</td></tr> <tr><td>\$ _____ Planning/feasibility analysis</td></tr> <tr><td>\$ _____ Architecture & engineering fees</td></tr> <tr><td>\$ _____ Real estate acquisition</td></tr> <tr><td>\$ _____ Site Preparation</td></tr> <tr><td>\$250,000 Construction</td></tr> <tr><td>\$ _____ Furnishing & equipment</td></tr> <tr><td>\$ _____ Vehicles & Capital Equipment</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$250,000 Total Project Cost</td></tr> </table>	Capital Costs	Dollar Amount (in current \$'s)	\$ _____ Planning/feasibility analysis	\$ _____ Architecture & engineering fees	\$ _____ Real estate acquisition	\$ _____ Site Preparation	\$250,000 Construction	\$ _____ Furnishing & equipment	\$ _____ Vehicles & Capital Equipment	\$ _____	\$ _____	\$250,000 Total Project Cost	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable) <table style="margin-left: 40px;"> <tr><td>Add Personnel</td></tr> <tr><td>Increase O&M costs</td></tr> <tr><td>Reduce Personnel</td></tr> <tr><td>Decreased O&M costs</td></tr> <tr><td> </td></tr> <tr><td>Dollar Cost of Impacts if known</td></tr> <tr><td>Plus \$ _____ annually</td></tr> <tr><td> </td></tr> <tr><td>Minus \$ _____ annually</td></tr> </table>	Add Personnel	Increase O&M costs	Reduce Personnel	Decreased O&M costs	 	Dollar Cost of Impacts if known	Plus \$ _____ annually	 	Minus \$ _____ annually
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Minus \$ _____ annually																						

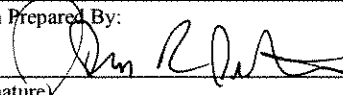
<table style="width:100%;"> <tr> <td style="width:30%;">Source of Funding:</td> <td style="text-align: center;"><u>AMOUNT</u></td> </tr> <tr><td>Grant from: _____</td><td>_____</td></tr> <tr><td>Loan From: _____</td><td>_____</td></tr> <tr><td>Donation/bequest/private _____</td><td>_____</td></tr> <tr><td>User fees & charges _____</td><td>_____</td></tr> <tr><td>Capital reserve withdrawal _____</td><td>_____</td></tr> <tr><td>Impact fee account _____</td><td>_____</td></tr> <tr><td>Warrant Article <u>\$250,000</u></td><td>_____</td></tr> <tr><td>Bonds _____</td><td>_____</td></tr> <tr><td> </td><td></td></tr> <tr><td>Total project cost <u>\$250,000</u></td><td></td></tr> </table>	Source of Funding:	<u>AMOUNT</u>	Grant from: _____	_____	Loan From: _____	_____	Donation/bequest/private _____	_____	User fees & charges _____	_____	Capital reserve withdrawal _____	_____	Impact fee account _____	_____	Warrant Article <u>\$250,000</u>	_____	Bonds _____	_____	 		Total project cost <u>\$250,000</u>		Form Prepared By: <div style="text-align: center; margin-top: 10px;">  _____ (Signature) </div> <div style="text-align: center; margin-top: 10px;"> <u>FACILITIES DIRECTOR</u> _____ Title </div> <div style="text-align: center; margin-top: 10px;"> <u>SCHOOL DISTRICT</u> _____ Department/Agency </div>
Source of Funding:	<u>AMOUNT</u>																						
Grant from: _____	_____																						
Loan From: _____	_____																						
Donation/bequest/private _____	_____																						
User fees & charges _____	_____																						
Capital reserve withdrawal _____	_____																						
Impact fee account _____	_____																						
Warrant Article <u>\$250,000</u>	_____																						
Bonds _____	_____																						
Total project cost <u>\$250,000</u>																							

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District Department Priority: 6 of 11 Projects FY 2022

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity
--------------------------------	---

Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
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Project Name: Hudson Memorial School – Football/Soccer Field Renovation
Description: This project is located adjacent to Hudson Memorial School were the current football/soccer field located. The current area will be redesigned, excavated, a new sub base installed, and new sod will be installed. The new field will be properly graded to allow for safe play and smooth transitions between the playing fields. In addition, the current irrigation system will be expanded to serve all playing areas.

Rationale for Project: (Check those that apply: elaborate below.)	<input checked="" type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time
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Narrative Justification:
 The current grade of the football/soccer field is not suitable for a regulation play. The field layout should be re-designed to allow for level transitions between playing surfaces. Irrigation needs to be expanded to all fields.

Cost Estimate: (Itemize as necessary) <table style="margin-left: 20px;"> <tr><td align="center" colspan="2">Capital Costs</td></tr> <tr><td align="center" colspan="2">Dollar Amount (in current \$'s)</td></tr> <tr><td>\$ _____</td><td>Planning/feasibility analysis</td></tr> <tr><td>\$ _____</td><td>Architecture & engineering fees</td></tr> <tr><td>\$ _____</td><td>Real estate acquisition</td></tr> <tr><td>\$ _____</td><td>Site Preparation</td></tr> <tr><td>\$350,000</td><td>Construction</td></tr> <tr><td>\$ _____</td><td>Furnishing & equipment</td></tr> <tr><td>\$ _____</td><td>Vehicles & Capital Equipment</td></tr> <tr><td>\$ _____</td><td>_____</td></tr> <tr><td>\$ _____</td><td>_____</td></tr> <tr><td>\$350,000</td><td>Total Project Cost</td></tr> </table>	Capital Costs		Dollar Amount (in current \$'s)		\$ _____	Planning/feasibility analysis	\$ _____	Architecture & engineering fees	\$ _____	Real estate acquisition	\$ _____	Site Preparation	\$350,000	Construction	\$ _____	Furnishing & equipment	\$ _____	Vehicles & Capital Equipment	\$ _____	_____	\$ _____	_____	\$350,000	Total Project Cost	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable) <table style="margin-left: 20px;"> <tr><td align="center">Add Personnel</td></tr> <tr><td align="center">Increase O&M costs</td></tr> <tr><td align="center">Reduce Personnel</td></tr> <tr><td align="center">Decreased O&M costs</td></tr> <tr><td align="center">Dollar Cost of Impacts if known</td></tr> <tr><td align="center">Plus \$ _____ annually</td></tr> <tr><td align="center">Minus \$ _____ annually</td></tr> </table>	Add Personnel	Increase O&M costs	Reduce Personnel	Decreased O&M costs	Dollar Cost of Impacts if known	Plus \$ _____ annually	Minus \$ _____ annually
Capital Costs																																
Dollar Amount (in current \$'s)																																
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<table style="width:100%;"> <tr> <td style="width:20%;">Source of Funding:</td> <td style="text-align: center;"><u>AMOUNT</u></td> </tr> <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 & charges</td> <td>_____</td> </tr> <tr> <td>Capital reserve withdrawal</td> <td>_____</td> </tr> <tr> <td>Impact fee account</td> <td>_____</td> </tr> <tr> <td>Warrant Article</td> <td align="right"><u>\$350,000</u></td> </tr> <tr> <td>Bonds</td> <td>_____</td> </tr> <tr> <td align="right" colspan="2">Total project cost <u>\$350,000</u></td> </tr> </table>	Source of Funding:	<u>AMOUNT</u>	Grant from: _____	_____	Loan From: _____	_____	Donation/bequest/private	_____	User fees & charges	_____	Capital reserve withdrawal	_____	Impact fee account	_____	Warrant Article	<u>\$350,000</u>	Bonds	_____	Total project cost <u>\$350,000</u>		Form Prepared By: _____ (Signature) FACILITIES DIRECTOR _____ Title SCHOOL DISTRICT _____ Department/Agency
Source of Funding:	<u>AMOUNT</u>																				
Grant from: _____	_____																				
Loan From: _____	_____																				
Donation/bequest/private	_____																				
User fees & charges	_____																				
Capital reserve withdrawal	_____																				
Impact fee account	_____																				
Warrant Article	<u>\$350,000</u>																				
Bonds	_____																				
Total project cost <u>\$350,000</u>																					

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District

Department Priority: 7 of 11 Projects

FY 2023

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity	
Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____

Project Name: Library Street School – Roof Replacement

Description: This project is located at Library Street School. The entire membrane will be removed and replaced. Roof decking and insulation will be replaced as needed. This roof has exceeded the original manufacture warranty.

Rationale for Project:
(Check those that apply;
elaborate below.)

- Removes imminent threat to public health or safety
- Alleviates substandard conditions or deficiencies
- Responds to federal or state requirement 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

Narrative Justification:

The current roof has exceeded to manufacture warranty.

Cost Estimate:
(Itemize as necessary)

Capital Costs

Dollar Amount (in current \$'s)

\$ _____ Planning/feasibility analysis

\$ _____ Architecture & engineering fees

\$ _____ Real estate acquisition

\$ _____ Site Preparation

\$250,000 Construction

\$ _____ Furnishing & equipment

\$ _____ Vehicles & Capital Equipment

\$ _____

\$ _____

\$250,000 **Total Project Cost**

Impact on Operating & Maint. Costs or Personnel Needs
(highlight or circle all applicable)

- Add Personnel
- Increase O&M costs
- Reduce Personnel
- Decreased O&M costs

Dollar Cost of Impacts if known
 Plus \$ _____ annually
 Minus \$ _____ annually

Source of Funding: AMOUNT

Grant from: _____

Loan From: _____

Donation/bequest/private _____

User fees & charges _____


Capital reserve withdrawal _____

Impact fee account _____

Warrant Article \$250,000

Bonds _____

Total project cost **\$250,000**

Form Prepared By: _____
 (Signature) 

_____ **FACILITIES DIRECTOR** _____
 Title

_____ **SCHOOL DISTRICT** _____
 Department/Agency

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District

Department Priority: 8 of 11 Projects

FY 2023

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity
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Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
--	---	---

Project Name: Dr. H.O. Smith School – Parking Lot Paving

Description: This project is located at Dr. H.O. Smith School. The current asphalt area will be reclaimed, regraded, and new asphalt will be installed. The new asphalt will be graded to allow for proper flow of run off water and reduce puddling.

Rationale for Project: (Check those that apply; elaborate below.)	<input type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time
--	---

Narrative Justification:

The parking lot has various pot holes and low points caused by the ground settling over time. The asphalt base should be regraded to allow for proper drainage and to reduce puddling.

Cost Estimate: (Itemize as necessary)	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable)
Capital Costs Dollar Amount (in current \$'s) \$ _____ Planning/feasibility analysis \$ _____ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$100,000 Construction \$ _____ Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ _____ \$ _____ \$100,000 Total Project Cost	Add Personnel Increase O&M costs Reduce Personnel Decreased O&M costs Dollar Cost of Impacts if known Plus \$ _____ annually Minus \$ _____ annually


Source of Funding: <u>AMOUNT</u> Grant from: _____ Loan From: _____ Donation/bequest/private _____ User fees & charges _____ Capital reserve withdrawal _____ Impact fee account _____ Warrant Article <u>\$100,000</u> Bonds _____ Total project cost <u>\$100,000</u>	Form Prepared By:  _____ (Signature) <u>FACILITIES DIRECTOR</u> _____ Title <u>SCHOOL DISTRICT</u> _____ Department/Agency
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TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District Department Priority: 9 of 11 Projects FY 2024

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity
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Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
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Project Name: Dr. H.O. Smith School – Roof Replacement
Description: This project is located at Dr. H.O. Smith School. The entire membrane will be removed and replaced. Roof decking and insulation will be replaced as needed. This roof has exceeded the original manufacture warranty.

Rationale for Project: (Check those that apply: elaborate below.)	<input type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input checked="" type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time
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Narrative Justification:
 The current roof has exceeded to manufacture warranty.

Cost Estimate: (Itemize as necessary) <table style="margin-left: 40px;"> <tr><td align="center" colspan="2">Capital Costs</td></tr> <tr><td align="center" colspan="2"><u>Dollar Amount (in current \$'s)</u></td></tr> <tr><td>\$ _____</td><td>Planning/feasibility analysis</td></tr> <tr><td>\$ _____</td><td>Architecture & engineering fees</td></tr> <tr><td>\$ _____</td><td>Real estate acquisition</td></tr> <tr><td>\$ _____</td><td>Site Preparation</td></tr> <tr><td>\$200,000</td><td>Construction</td></tr> <tr><td>\$ _____</td><td>Furnishing & equipment</td></tr> <tr><td>\$ _____</td><td>Vehicles & Capital Equipment</td></tr> <tr><td>\$ _____</td><td>_____</td></tr> <tr><td>\$ _____</td><td>_____</td></tr> <tr><td>\$200,000</td><td>Total Project Cost</td></tr> </table>	Capital Costs		<u>Dollar Amount (in current \$'s)</u>		\$ _____	Planning/feasibility analysis	\$ _____	Architecture & engineering fees	\$ _____	Real estate acquisition	\$ _____	Site Preparation	\$200,000	Construction	\$ _____	Furnishing & equipment	\$ _____	Vehicles & Capital Equipment	\$ _____	_____	\$ _____	_____	\$200,000	Total Project Cost	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable) <table style="margin-left: 40px;"> <tr><td align="center" colspan="2">Add Personnel</td></tr> <tr><td align="center" colspan="2">Increase O&M costs</td></tr> <tr><td align="center" colspan="2">Reduce Personnel</td></tr> <tr><td align="center" colspan="2">Decreased O&M costs</td></tr> <tr><td align="center" colspan="2">Dollar Cost of Impacts if known</td></tr> <tr><td align="center" colspan="2">Plus \$ _____ annually</td></tr> <tr><td align="center" colspan="2">Minus \$ _____ annually</td></tr> </table>	Add Personnel		Increase O&M costs		Reduce Personnel		Decreased O&M costs		Dollar Cost of Impacts if known		Plus \$ _____ annually		Minus \$ _____ annually	
Capital Costs																																							
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\$ _____	_____																																						
\$ _____	_____																																						
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Add Personnel																																							
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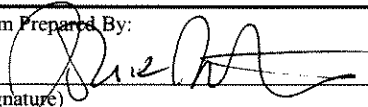
<table> <tr><td>Source of Funding:</td><td align="center"><u>AMOUNT</u></td></tr> <tr><td>Grant from: _____</td><td>_____</td></tr> <tr><td>Loan From: _____</td><td>_____</td></tr> <tr><td>Donation/bequest/private _____</td><td>_____</td></tr> <tr><td>User fees & charges _____</td><td>_____</td></tr> <tr><td>Capital reserve withdrawal _____</td><td>_____</td></tr> <tr><td>Impact fee account _____</td><td>_____</td></tr> <tr><td>Warrant Article _____</td><td align="center">\$200,000</td></tr> <tr><td>Bonds _____</td><td>_____</td></tr> <tr><td> </td><td></td></tr> <tr><td align="right">Total project cost</td><td align="center">\$200,000</td></tr> </table>	Source of Funding:	<u>AMOUNT</u>	Grant from: _____	_____	Loan From: _____	_____	Donation/bequest/private _____	_____	User fees & charges _____	_____	Capital reserve withdrawal _____	_____	Impact fee account _____	_____	Warrant Article _____	\$200,000	Bonds _____	_____	 		Total project cost	\$200,000	Form Prepared By:  _____ (Signature) FACILITIES DIRECTOR _____ Title SCHOOL DISTRICT _____ Department/Agency
Source of Funding:	<u>AMOUNT</u>																						
Grant from: _____	_____																						
Loan From: _____	_____																						
Donation/bequest/private _____	_____																						
User fees & charges _____	_____																						
Capital reserve withdrawal _____	_____																						
Impact fee account _____	_____																						
Warrant Article _____	\$200,000																						
Bonds _____	_____																						
Total project cost	\$200,000																						

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District Department Priority: 10 of 11 Projects FY 2024

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity
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Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
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Project Name: SAU Central Office – Parking Lot Paving
Description: This project is located at the SAU Central Office. The current asphalt area will be reclaimed, regraded, and new asphalt will be installed. The new asphalt will be graded to allow for proper flow of run off water and reduce puddling.

Rationale for Project: (Check those that apply: elaborate below.)	<input type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time
---	---

Narrative Justification:
 The parking lot has various pot holes and low points caused by the ground settling over time. The asphalt base should be regraded to allow for proper drainage and to reduce puddling.

Cost Estimate: (Itemize as necessary) Capital Costs <u>Dollar Amount (in current \$'s)</u> \$ _____ Planning/feasibility analysis \$ _____ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$150,000 Construction \$ _____ Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ _____ \$ _____ \$150,000 Total Project Cost	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable) Add Personnel Increase O&M costs Reduce Personnel Decreased O&M costs Dollar Cost of Impacts if known Plus \$ _____ annually Minus \$ _____ annually
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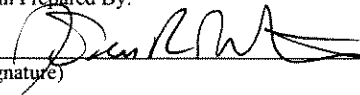
Source of Funding: <u>AMOUNT</u> Grant from: _____ Loan From: _____ Donation/bequest/private _____ User fees & charges _____ Capital reserve withdrawal _____ Impact fee account _____ Warrant Article <u>\$150,000</u> Bonds _____ Total project cost <u>\$150,000</u>	Form Prepared By:  _____ (Signature) <u>FACILITIES DIRECTOR</u> _____ Title <u>SCHOOL DISTRICT</u> _____ Department/Agency
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TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: School District Department Priority: 11 of 11 Projects FY 2025

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity
--------------------------------	---

Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input checked="" type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
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Project Name: Hills Garrison School – Roof Replacement
Description: This project is located at Hills Garrison School. The entire membrane will be removed and replaced. Roof decking and insulation will be replaced as needed. This roof has exceeded the original manufacture warranty.

Rationale for Project: (Check those that apply: elaborate below.)	<input type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input checked="" type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time
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Narrative Justification:
 The current roof has exceeded to manufacture warranty.

Cost Estimate: (Itemize as necessary)	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable)
Capital Costs Dollar Amount (in current \$'s) \$ _____ Planning/feasibility analysis \$ _____ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$250,000 Construction \$ _____ Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ _____ \$ _____ \$250,000 Total Project Cost	Add Personnel Increase O&M costs Reduce Personnel Decreased O&M costs Dollar Cost of Impacts if known Plus \$ _____ annually Minus \$ _____ annually

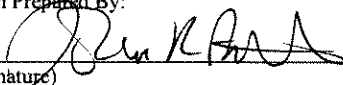
Source of Funding: <u>AMOUNT</u> Grant from: _____ Loan From: _____ Donation/bequest/private _____ User fees & charges _____ Capital reserve withdrawal _____ Impact fee account _____ Warrant Article <u>\$250,000</u> Bonds _____ Total project cost \$250,000	Form Prepared By:  (Signature) <u>FACILITIES DIRECTOR</u> Title <u>SCHOOL DISTRICT</u> Department/Agency
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TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Police

Department Priority: 1 of 1 Projects

FY 2020

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input type="checkbox"/> Improve or repair existing facilities or equipment <input checked="" type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity	
Service Area of Project (Check One)	<input type="checkbox"/> Region <input checked="" type="checkbox"/> Town <input type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
<p>Project Name: Police Department Expansion/Renovation Description: To increase the capacity of the Hudson Police Department to better serve the needs of the Town. In order to accomplish this the current structure will be expanded by 80 off the western end of the building. The western end of the building is 90 feet long creating a 90x80 footprint. The ground level would consist of underground parking for emergency vehicles. There would then be two levels above the parking which would add approximately 14,400 square feet to the current police facility. This additional space would put the police department at the original square footage proposed for the police department in 1994. The original proposal in 1994 was anticipated to meet the needs of the department for approximately 20-25 years. The below listed costs were estimated based on the \$300 per square foot estimate provided to Hudson Police Department by a local builder/contractor for Commercial buildings.</p>		
Rationale for Project: (Check those that apply: elaborate below.)	<input type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input checked="" type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time	
<p>Narrative Justification: The Hudson Police Department is currently operating in a building which we exceeded the capacity of approximately 5-10 years ago. Patrol Officers are using a re-purposed closet to write reports, while the photocopier is being stored in the room used to meet with the public when they come to report a crime. The evidence room has been exceeding capacity for years and there is currently no room to add an adequate crime lab and forensic lab. The roll call room is unable to be an effective area for two squads to meet and exchange important information based on the size and layout. The locker rooms are also inadequate based on the size, number of lockers, and the bathroom facilities provided for the number of employees. By increasing the size of the police department the town would be providing adequate space for employees as well as allowing for facilities and programs which would improve the service provided to the public.</p>		
Cost Estimate: (Itemize as necessary)	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable)	
Capital Costs Dollar Amount (in current \$'s) \$ _____ Planning/feasibility analysis \$ _____ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$ _____ Construction \$ _____ Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ 4,320,000 Cost based on \$300 per sq. ft. estimate \$ _____ \$ 4,320,000 Total Project Cost	Add Personnel Increase O&M costs Reduce Personnel Decreased O&M costs Dollar Cost of Impacts if known Plus \$ _____ annually Minus \$ _____ annually	

Source of Funding:	<u>AMOUNT</u>	Form Prepared By:
Grant from: _____	_____	_____
Loan From: _____	_____	(Signature)
Donation/bequest/private _____	_____	Chief of Police
User fees & charges _____	_____	Title
Capital reserve withdrawal _____	_____	Police Department
Impact fee account _____	_____	Department/Agency
Current revenue _____	_____	
Bonds _____	\$4,320,000	
Total project cost _____		
	\$4,320,000	

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Sustainability Committee Department Priority: 1 of 1 Projects FY 2020

Type of Project (Check One)	Primary effect of project is to: <input type="checkbox"/> Replace or repair existing facilities or equipment <input checked="" type="checkbox"/> Improve or repair existing facilities or equipment <input type="checkbox"/> Expand capacity of existing service level facility <input type="checkbox"/> Provide new facility or service capacity
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Service Area of Project (Check One)	Region <input checked="" type="checkbox"/> Town <input type="checkbox"/> School District	Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
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Project Name: Building Energy Efficiency Program
Description: This program will be designed to identify and fund improvements to town buildings with the objective of decreasing energy use and costs. Energy audits of the buildings will be conducted to initiate the program and identify improvements. Improvements may include, but not limited to: bulb replacement, HVAC improvements, solar panels, building systems upgrades, insulation, window replacement, etc. The program could operate as a “grant” within town departments and town-owned buildings, where to offset the cost of building upgrades. The performance of this project can be tracked by changes in utility costs. This intended to be an annually budgeted program. The cost estimate reflects the estimated budget for the inaugural year.

Rationale for Project: (Check those that apply: elaborate below.)	<input type="checkbox"/> Removes imminent threat to public health or safety <input checked="" type="checkbox"/> Alleviates substandard conditions or deficiencies <input type="checkbox"/> Responds to federal or state requirement to implement <input type="checkbox"/> Improves the quality of existing services <input type="checkbox"/> Provides added capacity to serve growth <input checked="" type="checkbox"/> Reduces long term operating costs <input type="checkbox"/> Provides incentive to economic development <input type="checkbox"/> Eligible for matching funds available for limited time
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Narrative Justification: This program will be designed to reduce the town’s operating costs by identifying and funding opportunities for energy efficiency.

Cost Estimate: (Itemize as necessary) <table style="margin-left: 40px;"> <tr><td align="right" colspan="2">Capital Costs</td></tr> <tr><td align="right">Dollar Amount (in current \$’s)</td><td></td></tr> <tr><td align="right">\$5,000</td><td>Planning/feasibility analysis</td></tr> <tr><td align="right">\$5,000</td><td>Architecture & engineering fees</td></tr> <tr><td align="right">\$ _____</td><td>Real estate acquisition</td></tr> <tr><td align="right">\$ _____</td><td>Site Preparation</td></tr> <tr><td align="right">\$20,000</td><td>Construction</td></tr> <tr><td align="right">\$40,000</td><td>Furnishing & equipment</td></tr> <tr><td align="right">\$ _____</td><td>Vehicles & Capital Equipment</td></tr> <tr><td align="right">\$ _____</td><td></td></tr> <tr><td align="right">\$ _____</td><td></td></tr> <tr><td align="right">\$70,000</td><td>Total Project Cost</td></tr> </table>	Capital Costs		Dollar Amount (in current \$’s)		\$5,000	Planning/feasibility analysis	\$5,000	Architecture & engineering fees	\$ _____	Real estate acquisition	\$ _____	Site Preparation	\$20,000	Construction	\$40,000	Furnishing & equipment	\$ _____	Vehicles & Capital Equipment	\$ _____		\$ _____		\$70,000	Total Project Cost	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable) <table style="margin-left: 40px;"> <tr><td align="center">Add Personnel</td></tr> <tr><td align="center">Increase O&M costs</td></tr> <tr><td align="center">Reduce Personnel</td></tr> <tr><td align="center">Decreased O&M costs</td></tr> <tr><td align="center">Dollar Cost of Impacts if known</td></tr> <tr><td align="center">Plus \$ _____ annually</td></tr> <tr><td align="center">Minus \$ _____ annually</td></tr> </table>	Add Personnel	Increase O&M costs	Reduce Personnel	Decreased O&M costs	Dollar Cost of Impacts if known	Plus \$ _____ annually	Minus \$ _____ annually
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Source of Funding: <u>AMOUNT</u> Grant from: _____ Loan From: _____ Donation/bequest/private _____ User fees & charges _____ Capital reserve withdrawal _____ Impact fee account _____ Current revenue \$70,000 Bonds _____ Total project cost <u>\$70,000</u>	Form Prepared By: <u>Linda Walkla Kipnes</u> (Signature) <u>Vicechairman</u> Title <u>Sustainability Committee</u> Department/Agency
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