



TOWN OF HUDSON

Planning Board

Timothy Malley, Chairman

Roger Coutu, Selectmen Liaison



12 School Street • Hudson, New Hampshire 03051 • Tel: 603-886-6008 • Fax: 603-594-1142

**PUBLIC MEETING
TOWN OF HUDSON, NH
APRIL 8, 2019**

The Town of Hudson Capital Improvements Committee (CIC) will hold a meeting on Monday, April 8, 2019 at 7:00 p.m. in the Board of Selectmen Meeting Room at Town Hall. The CIC is scheduled to review the scope, schedule and organization of the Capital Improvements Plan process and to review the FY2020 Capital Improvements Plan (CIP) projects of the Benson Park Committee and the Land Use Division.

- I. Call to order at 7:00 P.M
- II. Pledge of Allegiance
- III. Roll Call

- IV. New Business
 - A. CIC Organizational Session.
 - B. Benson Park Committee - presentation of CIP submittals.
 - C. Land Use Division - presentation of CIP submittals.

- V. Adjournment

All proposed Capital Improvements Program projects are available for review in the Land Use Division at Town Hall. Comments may be submitted in writing until 12:00 pm (noon) on the Thursday prior to the day of the meeting.
The public is invited to attend.

Brian Groth
Town Planner

POSTED: Town Hall, Library, Web – 04/01/19

FY 2020
Capital Improvement Committee Members
Spring 2019

Timothy Malley 4 St. John St.	Planning Board
Charlie Brackett 21 Old Coach Rd.	Planning Board
Ed Van der Veen 9 Newton St.	Planning Board
Dillon Dumont (Alternate) 195R Central St.	Planning Board
TBD	Board of Selectman
Jimmy Weaver 27 Rolling Woods Dr.	Budget Committee
TBD	School Board
Bob Calzini 6 Power St.	Citizen Member

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Steve Malizia, Town Administrator
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HUDSON, NH CIP PROCESS & SCHEDULE FY2020

The process of this Capital Improvements Program comprises a series of seven successive steps. Worksheets leading to a complete Capital Improvements Program (CIP) allow for an organized, systematic process for assembling critical and necessary information.

STEP 1: CIP ORGANIZATION

The New Hampshire statutes clearly place responsibility for preparation of the CIP with the Planning Board. The Planning Board will prepare the CIP in cooperation with the town departments and the goals of the Master Plan.

The Hudson Capital Improvements Committee (CIC) shall consist of seven voting members as determined by the Planning Board. Certain department heads will serve in an advisory capacity.

STEP 2: DEFINE CAPITAL PROJECTS

Capital projects are defined as follows: A non-recurring expenditure for a project or facility having a useful life of at least five years, and generally involving a gross expenditure of at least \$50,000; excluding scheduled vehicle (or rolling stock) replacement.

Capital projects include the following categories:

- ♦Projects that create a depreciable asset
- ♦Engineering and construction costs for upgrading town facilities and infrastructure
- ♦Special studies and analyses, town wide property revaluation, engineering and design costs, land acquisition or landfill reclamation / decommissioning costs.

STEP 3: REVIEW THE MASTER PLAN

The CIC shall review the Master Plan goals and objectives and strive to identify a linkage between the CIP and the Town's long-term goals for facility improvement and providing capacity for future growth.

STEP 4: REQUEST INPUTS TO CAPITAL IMPROVEMENTS PROGRAM

The CIP Committee shall solicit formal inputs for capital projects from all departments, agencies, districts, commissions, and citizens having an impact on the overall capital spending which local citizens and taxpayers support. Proposed projects shall be submitted using forms provided by the Planning Board. In addition to these forms each department shall submit a draft 6-year schedule for capital projects.

STEP 5: REVIEW AND RATE CAPITAL PROJECTS

Submitted projects are reviewed and rated in accordance with the following defined criteria:

<u>Evaluation Criteria</u>	<u>Point Score</u>					
Further the goals of the Master Plan	5	4	3	2	1	0
Address an emergency or public safety need	5	4	3	2	1	0
Correct a deficiency in service or facility	5	4	3	2	1	0
Provide a capacity needed for future growth	5	4	3	2	1	0
Result in long-term cost savings	5	4	3	2	1	0
Support job development / increase tax base	5	4	3	2	1	0
Leverage the non-property tax revenues	5	4	3	2	1	0
Matching funds available for limited time	5	4	3	2	1	0

TOTAL PROJECT SCORE = _____ SUM OF ABOVE SCORES

Following an initial classification of projects the CIC will hold a meeting with the department heads and agencies to discuss the initial review and to hear more information from those proposing the projects. At this time, requests could be entertained to modify the original CIP project requests. Following any amendments or modification, the Committee may wish to have a second public informational meeting to state its initial findings and to hear additional public comment on capital needs or proposals for other projects.

STEP 6: PREPARE A 6-YEAR PROJECT SCHEDULE AND PROPOSED FUNDING PLAN

The CIC shall identify projects, which should be included within the six year CIP time frame. The Committee shall also show how the costs of these improvements can be distributed over the years to avoid high property tax impacts of any given year.

Capital projects shall be designated and scheduled on a continuing basis to adhere to a yearly budget level represented by \$1 on the Town's tax rate. In the event a unique high dollar project is proposed (like a new school) which by itself would exceed the \$1 per year budgetary limit, the CIP Committee may submit a plan to the Budget Committee and the Board of Selectmen which temporarily exceeds the \$1 limit.

STEP 7: ADOPT AND IMPLEMENT THE CIP

The Planning Board votes to adopt the CIP and forwards it to the Budget Committee and the Board of Selectmen.

TOWN OF HUDSON

FY2020 CAPITAL IMPROVEMENTS COMMITTEE (CIC) TENTATIVE SCHEDULE

<u>DATE</u>	<u>EVENT</u>
Friday, March 29, 2019	FY2020 Capital Improvement Program (CIP) submittals due.
<u>Monday April 8, 2019</u>	CIC Organizational Session, Land Use, Library, Recreation Department
<u>Monday April 22, 2019</u>	School, Police Department, Fire Department, HCTV
<u>Monday May 6, 2019</u>	Public Works, Conservation Commission, Board of Selectmen, Benson's Committee, Sustainability Committee, Public Proposals.
<u>Monday May 20, 2019</u>	CIC Assigns Priorities and Ranks Projects & Develops Annualized Capital Project Schedule and Cost.
Wednesday, June 12, 2019	Publish draft CIP for Departmental and Public comment.
Wednesday, June 26, 2019	Public Hearing and Planning Board votes on the CIP.
Tuesday, July 9, 2019	Distribute final CIP to Board of Selectmen, Budget Committee, CIC and Planning Board.

Meetings begin at 7:00 PM and are held in the Buxton Meeting Room. Underlined dates are when the CIC meets with Town departments.

Please refer to New Hampshire RSA's 674:5 - 8 and the Capital Improvements Program Process Description for additional information on the statutory provisions regarding the preparation and distribution of the CIP, and the CIP's relation to municipal infrastructure planning through the annual community budget process. If you have any questions or concerns regarding the contents of the above information, please feel free to contact Brian Groth, Town Planner.

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TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Benson Park

Department Priority:

1 of 2 Projects

FY 20


Type of Project (Check One)	Primary effect of project is to: <input checked="" type="checkbox"/> Replace or repair existing facilities or equipment <input 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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Project Name: Haselton Barn Description: Replace roof																																									
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 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 is leaking and the shingles are sliding off the roof. The water penetrating the roof is causing rapid deterioration of the barn and ultimate collapse of the entire structure. The deed requires that the barn must be maintained in the same or better condition than the day Hudson bought the park																																									
Cost Estimate: (Itemize as necessary)	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable)																																								
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CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Benson Park

Department Priority: 2 of 2 Projects

FY 20


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 type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input checked="" type="checkbox"/> Other Area – Benson Park
Project Name: Kitchen roof Description: Replacement of kitchen roof with historically correct clay tile as required by DHR.		
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 checked="" 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 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: Temporary roof installed many years ago has reached its serviceable life and must be replaced before the building incurs structural damage due to water penetration. DHR deems the clay tile roof that was on the building to be a "character defining feature" and is requiring the original product manufactured by the Ludowici Roof Tile Co. be used. The deed for this property requires that the town must maintain this building in equal or better condition than it was on the day of purchase.		
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 \$ _____ \$60,000 Roof replacement \$60,000 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 This is a hundred year roof which will prevent having to do expensive structural work in the near future.	
Source of Funding: <u>AMOUNT</u> Grant from: _____ Loan From: _____ Donation/bequest/private _____ User fees & charges _____ Capital reserve withdrawal _____ Impact fee account _____ Current revenue _____ Bonds _____ Total project cost \$60,000	Form Prepared By: Richard E. Empey  (Signature) Chairman Benson Park Committee Title Benson Park Department/Agency	

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Engineering Department Priority: 1 of 6 Projects FY 2020

Type of Project (Check One)	Primary effect of project is to: <input checked="" type="checkbox"/> Replace or repair existing facilities or equipment <input 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 checked="" type="checkbox"/> Region <input type="checkbox"/> Town <input type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input type="checkbox"/> Street <input type="checkbox"/> Other Area _____
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Project Name: Bridge Street/Twin Bridges Rehabilitation Project.
Description:
 This project is Nashua / Hudson 50/50 responsibility. No State Bridge aid at this time and the project will consist of membrane replacement, deck rehab/ patching/ pavement. This will extend the life of the bridges by 25 years. Bridges are currently rated 6 and 7 out of 10.

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 checked="" 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 checked="" 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 is currently one of two ways for first responders to receive assistance from Nashua and bring patients to the hospitals in Nashua. If left unresolved its rehab cost will increase significantly, from 2 million to 15-20 million.

Cost Estimate: (Itemize as necessary) <p align="center">Capital Costs Dollar Amount (in current \$'s) \$ _____ Planning/feasibility analysis \$ 0.15 M_ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$ 1.8 M_ Construction \$ _____ Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ _____ \$ _____ \$1.95 Million_ Total Project Cost</p>	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable) <p align="center">Add Personnel Increase O&M costs Reduce Personnel Decreased O&M costs</p> 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 _____ Bonds <u> 0.975 Million (Hudson portion) </u> Total project cost <u> 0.975Million </u>	Form Prepared By: _____ (Signature) _____ Title _____ Department/Agency
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TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Engineering

Department Priority: 2 of 6 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 type="checkbox"/> Expand capacity of existing service level facility <input checked="" type="checkbox"/> Provide new facility or service capacity
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Service Area of Project (Check One)	<input checked="" 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 _____
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Project Name: Master Overall Upgrade of all Town Owned Traffic Light Intersections (Total of 14)(5 left)
Description:
 Upgrade all Town light intersections with GridSmart / McCain / Transparency Licenses /Fiber Optic. This system will be accessible to Town staff, including Engineering , Public Works, Police and Fire Departments.

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 checked="" 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
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Narrative Justification:
 The completion of this project will provide a uniform platform to access all intersections (visual detection and control cabinets) and additional features such as Adoptive Signal System can be added later on to increase traffic flow efficiency. Corridor funds will be utilized to complete this project. No impact on tax payer.

Cost Estimate: (Itemize as necessary)	Impact on Operating & Maint. Costs or Personnel Needs (highlight or circle all applicable)
Capital Costs <u>Dollar Amount (in current \$'s)</u> \$ _____ Planning/feasibility analysis \$ _____ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$ _____ Construction \$ <u>200,000</u> Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ _____ \$ _____ \$200,000 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 <u>200,000</u> Current revenue _____ Bonds _____ Total project cost <u>\$ 200,000</u>	Form Prepared By: _____ (Signature) _____ Title _____ Department/Agency
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Department: Engineering

Department Priority: 3 of 6 Projects

FY 2020

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Service Area of Project (Check One)	<input type="checkbox"/> Region <input type="checkbox"/> Town <input type="checkbox"/> School District	<input type="checkbox"/> Neighborhood <input checked="" type="checkbox"/> Street <input type="checkbox"/> Other Area _____
----------------------------------------	--------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

Project Name: Speare Road Culvert Replacement
Description:
 An existing 36” - 42” culvert on Speare Road is in need of replacement. This section of the road has a 20 foot drop from one side of the road to the other, which will makes this project a challenge.

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 checked="" 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 completion of this project will address an existing safety and access issues for Speare Road.

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 \$ 50,000 _____ Architecture & engineering fees \$ _____ Real estate acquisition \$ _____ Site Preparation \$ 450,000 _____ Construction \$ _____ Furnishing & equipment \$ _____ Vehicles & Capital Equipment \$ _____ \$ _____ \$500,000 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

<table> <tr> <td>Source of Funding:</td> <td><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>Current revenue _____</td> <td>_____</td> </tr> <tr> <td>Bonds 500,000</td> <td></td> </tr> <tr> <td>Total project cost \$ 500,000</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 _____	_____	Current revenue _____	_____	Bonds 500,000		Total project cost \$ 500,000		Form Prepared By: _____ (Signature) _____ Title _____ Department/Agency
Source of Funding:	<u>AMOUNT</u>																				
Grant from: _____	_____																				
Loan From: _____	_____																				
Donation/bequest/private _____	_____																				
User fees & charges _____	_____																				
Capital reserve withdrawal _____	_____																				
Impact fee account _____	_____																				
Current revenue _____	_____																				
Bonds 500,000																					
Total project cost \$ 500,000																					

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Engineering

Department Priority: 4 of 6 Projects

FY 2020

Type of Project
(Check One)

- Primary effect of project is to:
- Replace or repair existing facilities or equipment
 - Improve or repair existing facilities or equipment
 - Expand capacity of existing service level facility
 - Provide new facility or service capacity

Service Area of Project
(Check One)

- Region
- Town
- School District
- Neighborhood
- Street
- Other Area _____

Project Name: Lowell Road Bridge Rehabilitation

Description:

An existing bridge on Lowell Road is in need of lining. This project could be done similar to Central Street Bridge Rehab, steel reinforcement and installation of concrete liner on the bottom of the culvert while having a 24/7 water pump bypass.

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 completion of this project will address an existing safety and access issues for Lowell Road. This bridge is currently rated 5 out of 10. Grade four puts this bridge on the State Red List.

Cost Estimate:
(Itemize as necessary)

Capital Costs
Dollar Amount (in current \$'s)

\$ _____ Planning/feasibility analysis
 \$ 50,000 _ Architecture & engineering fees
 \$ _____ Real estate acquisition
 \$ _____ Site Preparation
 \$ 450,000 _ Construction
 \$ _____ Furnishing & equipment
 \$ _____ Vehicles & Capital Equipment
 \$ _____
 \$ _____
 \$500,000_ **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	_____
Current revenue	_____
Bonds	500,000
Total project cost	\$ 500,000

Form Prepared By:

(Signature)

Title

Department/Agency

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Engineering

Department Priority: 5 of 6 Projects

FY 2020

Type of Project
(Check One)

- Primary effect of project is to:
- Replace or repair existing facilities or equipment
 - Improve or repair existing facilities or equipment
 - Expand capacity of existing service level facility
 - Provide new facility or service capacity

Service Area of Project
(Check One)

- Region
- Town
- School District
- Neighborhood
- Street
- Other Area _____

Project Name: Melendy Road Culvert Replacement

Description:

An existing bridge on Melendy Road is in need of replacement. This project requires full replacement of the existing structure with new culvert, cast in place structure, while having a 24/7 water pump bypass.

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 completion of this project will address an existing safety and access issues for Melendy Road. This bridge is currently rated 5 out 10. Grade four puts this bridge on the State Red List.

Cost Estimate:
(Itemize as necessary)

Capital Costs

Dollar Amount (in current \$'s)

\$ _____ Planning/feasibility analysis

\$ 50,000 _ Architecture & engineering fees

\$ _____ Real estate acquisition

\$ _____ Site Preparation

\$ 450,000 _ Construction

\$ _____ Furnishing & equipment

\$ _____ Vehicles & Capital Equipment

\$ _____

\$ _____

\$ 500,000 _ **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	_____
Current revenue	_____
Bonds	500,000
Total project cost	\$ 500,000

Form Prepared By:

(Signature)

Title

Department/Agency

TABLE 1

CAPITAL IMPROVEMENTS PROGRAM – PROJECT IDENTIFICATION

Department: Engineering

Department Priority: 6 of 6 Projects

FY 2020

Type of Project
(Check One)

- Primary effect of project is to:
- Replace or repair existing facilities or equipment
 - Improve or repair existing facilities or equipment
 - Expand capacity of existing service level facility
 - Provide new facility or service capacity

Service Area of Project
(Check One)

- Region
- Town
- School District
- Neighborhood
- Street
- Other Area _____

Project Name: Lowell & Birch Intersection Update

Description:

Transform this three way intersection into a 4 way intersection, while replacing the bridge and relocating First Brook from underneath T-Bones restaurant building.

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 completion of this project will address an existing safety and access issues for Lowell Road, the need for the bridge replacement under Lowell Road and the much needed relocation of the First Brook, currently under an existing building.

Cost Estimate:
(Itemize as necessary)

Capital Costs
Dollar Amount (in current \$'s)

- \$ _____ Planning/feasibility analysis
- \$ 150,000 _ Architecture & engineering fees
- \$ _____ Real estate acquisition
- \$ _____ Site Preparation
- \$ 2.35 M _ Construction
- \$ _____ Furnishing & equipment
- \$ _____ Vehicles & Capital Equipment
- \$ _____
- \$ _____
- \$ 2.5M _ **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	_____
Current revenue	_____
Bonds	2,500,000
Total project cost	<u>\$ 2,500,000</u>

Form Prepared By:

(Signature)

Title

Department/Agency

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
Twin Bridges Rehabilitation Project	Engineering	1	2020	\$1,975,000		
Traffic Light Intersections Upgrades	Engineering	2	2021	\$200,000		
Speare Road Culvert Replacement	Engineering	3	2022	\$500,000		
Lowell Road Bridge Rehabilitation	Engineering	4	2023	\$500,000		
Melendy Road Culvert Replacement	Engineering	5	2024	\$500,000		
Lowell & Birch Intersection Update	Engineering	6	2025	\$2,500,000		

Capital Improvements Committee
April 8, 2019
Agenda Item: IV.A - CIC Organizational Session

STEP 5: REVIEW AND RATE CAPITAL PROJECTS – **FOR COMMITTEE DISCUSSION**

Issue: Projects come from various departments/committees with various funding streams. A linear ranking system (Alternative A) does not take these conditions into account.

Staff Recommendation: Staff recommends the Capital Improvements Committee consider alternative ways of evaluating the collection of project submissions, to determine a method that is most beneficial to readers of the Capital Improvements Plan. Example of alternatives are listed below. Further discussion of this is recommended to carry over into the next CIC meeting.

ALTERNATIVE A – RATING PROCESS USED IN PAST

As described in the Hudson, NH CIP Process & Schedule FY2020 document, past CIP project submittals in Hudson have been prioritized and ranked within the context of all submittals. For instance, Police Department projects would be evaluated against Benson Park Committee submittals and so forth. Departments/committees & funding streams often run parallel of one another, yet this method forces them to intersect. It's a little bit of an "apples to oranges" comparison.

ALTERNATIVE B – GROUP INTO RECOMMENDED TIMEFRAMES

Projects may be grouped into estimated or recommended timeframes for implementation. This may help managing expectations of when projects can be expected to occur without prioritizing one department over another. The following is a framework for discussion.

- Immediate – Projects expected to commence within one fiscal year from CIP adoption.
- Short Term – Projects expected to commence within 2-3 fiscal years from CIP adoption.
- Medium Term – Projects expected to commence within 5-6 fiscal years from CIP adoption.
- Long Term – Projects not expected to commence within CIP period (> 6 years).

ALTERNATIVE C – PRIORITIZE WITHIN SPECIFIC DEPARTMENTS/COMMITTEES

Some communities elect to prioritize projects only within the context of individual departments/committees. For example, Engineering projects would be ranked and compared against other Engineering projects. This alternative could be blended with Alternative B.

Capital Improvements Committee
April 8, 2019
Agenda Item: IV.A - CIC Organizational Session

STEP 5: REVIEW AND RATE CAPITAL PROJECTS – **FOR COMMITTEE DISCUSSION**

Issue: Projects come from various departments/committees with various funding streams. A linear ranking system (Alternative A) does not take these conditions into account.

Staff Recommendation: Staff recommends the Capital Improvements Committee consider alternative ways of evaluating the collection of project submissions, to determine a method that is most beneficial to readers of the Capital Improvements Plan. Example of alternatives are listed below. Further discussion of this is recommended to carry over into the next CIC meeting.

ALTERNATIVE A – RATING PROCESS USED IN PAST

As described in the Hudson, NH CIP Process & Schedule FY2020 document, past CIP project submittals in Hudson have been prioritized and ranked within the context of all submittals. For instance, Police Department projects would be evaluated against Benson Park Committee submittals and so forth. Departments/committees & funding streams often run parallel of one another, yet this method forces them to intersect. It's a little bit of an "apples to oranges" comparison.

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ALTERNATIVE C – PRIORITIZE WITHIN SPECIFIC DEPARTMENTS/COMMITTEES

Some communities elect to prioritize projects only within the context of individual departments/committees. For example, Engineering projects would be ranked and compared against other Engineering projects. This alternative could be blended with Alternative B.