

## **Capital Reserves**

### **A comparison of FY13 in and out of funding compared to FY14.**

Capital Reserve balances are as follows as of 6/30/2014:

- Curriculum = \$125,007 (two deposits in FY13 and FY14, no withdrawals);
- IT = \$100,005 (two deposits in FY13 and FY14, no withdrawals);
- Athletics = \$50,004 (one deposit in FY13, no withdrawals);
- Facilities = \$345,000 (deposits of approx. \$194,000 in impact fees in FY14 and a withdrawal of \$200,000 in FY14).



|   |   |  |                                       |                  |
|---|---|--|---------------------------------------|------------------|
| Department<br>Contact Person, Title   | School<br>Dr. Elaine Arbour, Superintendent | Date<br>Phone Number   | 9/22/2014<br>516-6800                 |                  |
| 1. Project Title Regional Career Technical Center Improvements  |   | 2. Category Education  | 3. Priority High                      |                  |
| 4. Location Dover High School, Alumni Drive   |   | 5. Purpose of Project Request Modify a project already in the CIP  |                                       |                  |
| 6. Master Plan Chapter, Section and page #28<br>Community Facilities and Utilities, School Section  |   | 7. Project History (Previous CIP Year or connection to other projects): This project has been listed in the CIP for several years and will likely interconnect with plans to renovate Dover High School and The Dunaway Athletic Fields.   |                                       |                  |
| 8. Description:<br><br>Approximately 53,000 square feet including 27,000 square feet and added in 1989 The Career Technical Center is woefully inadequate to meet the needs of a 21 <sup>st</sup> century learning community.<br><br>Increasing the square footage and updating all of the classroom areas would allow for The Career Technical Center to be updated to contemporary standards for all existing programs as well as to expand the number of programs available to students. The desire is to enhance student achievement and provide the highest quality educational experience for district students in the areas of Animal Sciences, Autobody and Collision Repair, Automotive Mechanics, Biotechnology, Building/Construction Trades, Health Science and Professions, Business/Commerce/Marketing, Computer Systems Networking and Telecommunications, Cooking and Related Culinary Arts, Cosmetology, Electrician, General Engineering, Fire Science, and NJROTC. |   | 9. Justification & Useful Life<br>Useful Life – 20 Years<br><br>The career technical center is an aging facility that has obsolete mechanical, plumbing, electrical and ventilation systems. The facility does not meet many handicap accessibility requirements, and includes hazardous materials within the building.<br><br>Additionally, the parking and bus access is limited. Finally, the facility does not incorporate many of the technology advances made in the past five to ten years, nor does it fully take advantage of "Green" technology, which a 21 <sup>st</sup> century facility should. |                                       |                  |
| 10. Cost (Years 2 – 6 use an inflationary factor of 4%)   |   |  | 10A. Recommended Sources of Financing |                  |
| <b>BUDGET FY</b>  | <b>TOTAL</b> (Interest cost not included)   | <b>COST ELEMENT</b>  | <b>PRINCIPAL</b>                      | <b>SECONDARY</b> |
| Program year FY 2016  | \$10,700,000                                | Improvements to Buildings  | Grant Financed                        | Debt Financing   |
| Program year FY 2017  | \$7,300,000                                 | Improvements to Buildings  | Grant Financed                        | Debt Financing   |
| Program year FY 2018  | \$0   | Choose an item.  | Choose an item                        | Choose an item   |
| Program year FY 2019  | \$0   | Choose an item.  | Choose an item.                       | Choose an item.  |
| Program year FY 2020  | \$0   | Choose an item.  | Choose an item.                       | Choose an item.  |
| Program year FY 2021  | \$0   | Choose an item.  | Choose an item.                       | Choose an item.  |
| <b>TOTAL SIX YEARS</b>  | <b>\$18,000,000</b>                         | Note: \$10,700,000 funded by the State of NH   |                                       |                  |
| After Sixth Year  |   | 10B. Source of Cost Estimate: Architect  |                                       |                  |
| 11. If Equipment, Number of units requested:  |   | 11A. Number of similar units in operation:   |                                       |                  |
| 12. Net Effects on Operating Expenditures (±)   |   | 13. Equipment Cost   |                                       |                  |
| Direct Costs  |   | Per Unit   | Total                                 |                  |
| personnel:  | number                                      | Purchase Price   |                                       |                  |
|   | \$ amount                                   | Plus: Installation   |                                       |                  |
| purchase of service   | \$15,300,000                                | Less: Trade In/Credit  |                                       |                  |
| materials & supplies  |   | <b>Net Cost</b>  |                                       |                  |
| equipment purchases   |   | 14. Estimated Use of Requested Equipment   |                                       |                  |
| utilities   |   | Weeks per year (months if seasonal):   |                                       |                  |
| other   |   | For the weeks used, estimate:  |                                       |                  |
| <i>Subtotal</i>   |   | Average days per week:   |                                       |                  |
| Indirect Operating Costs  |   | Average hours per day used:  |                                       |                  |
| fringe benefits   |   | Estimated useful life in years:  |                                       |                  |
| General Admin Costs   | \$2,700,000                                 | 15. Net Effect on Municipal Revenue (±)  |                                       |                  |
| other   |   | Taxes  |                                       |                  |
| <i>Subtotal</i>   |   | other income   |                                       |                  |
| Total Operating Costs   |   | <i>Subtotal</i>  |                                       |                  |
| Debt Service (P & I)  |   | gain from sale of replaced assets  |                                       |                  |
| <b>Total Costs</b>  | <b>\$18,000,000</b>                         | <b>Total</b>   |                                       |                  |

|   |   |  |                                       |
|---|---|--|---------------------------------------|
| Department<br>Contact Person, Title   | School<br>Dr. Elaine Arbour, Superintendent | Date<br>09/22/14   | Phone Number<br>603-516-6800          |
| 1. Project Title<br>Transfer to Capital Reserve - Curriculum  |   | 2. Category<br>Education   | 3. Priority<br>High                   |
| 4. Location<br>District Wide  |   | 5. Purpose of Project Request<br>Add a new project to the CIP  |                                       |
| 6. Master Plan Chapter, Section and page #<br>Community Facilities and Utilities, School Section                                      |   | 7. Project History (Previous CIP Year or connection to other projects):  |                                       |
| 8. Description<br>Transfer of funds from the operating budget into reserve account for payment of future curriculum upgrade projects. |   | 9. Justification & Useful Life<br>To ensure adequate funding is available for curriculum upgrades without having large increases in tax rates. |                                       |
| 10. Cost (Years 2 – 6 use an inflationary factor of 4%)   |   |  | 10A. Recommended Sources of Financing |
| <b>BUDGET FY</b>  | <b>TOTAL</b> (Interest cost not included)   | <b>COST ELEMENT</b>  | <b>PRINCIPAL</b>                      |
|   |   |  | <b>SECONDARY</b>                      |
| Program year FY 2016  | \$25,000                                    | Other  | Operating Budget                      |
| Program year FY 2017  | \$35,000                                    | Other  | Operating Budget                      |
| Program year FY 2018  | \$35,000                                    | Other  | Operating Budget                      |
| Program year FY 2019  | \$35,000                                    | Other  | Operating Budget                      |
| Program year FY 2020  | \$35,000                                    | Other  | Operating Budget                      |
| Program year FY 2021  | \$35,000                                    | Other  | Operating Budget                      |
| <b>TOTAL SIX YEARS</b>  | \$200,000                                   |  |                                       |
| After Sixth Year  | \$50,000                                    | 10B. Source of Cost Estimate: Staff  |                                       |
| 11. If Equipment, Number of units requested:  |   | 11A. Number of similar units in operation:   |                                       |
| 12. Net Effects on Operating Expenditures (±) N/A   |   | 13. Equipment Cost   |                                       |
| Direct Costs  |   | Per Unit   | Total                                 |
| personnel:  | number                                      |  |                                       |
|   | \$ amount                                   |  |                                       |
| purchase of service   |   |  |                                       |
| materials & supplies  |   |  |                                       |
| equipment purchases   |   |  |                                       |
| utilities   |   |  |                                       |
| other   |   |  |                                       |
| <i>Subtotal</i>   |   |  |                                       |
| Indirect Operating Costs  |   |  |                                       |
| fringe benefits   |   |  |                                       |
| General Admin Costs   |   |  |                                       |
| other   |   |  |                                       |
| <i>Subtotal</i>   |   |  |                                       |
| Total Operating Costs   |   |  |                                       |
| Debt Service (P & I)  |   |  |                                       |
| <b>Total Costs</b>  |   |  |                                       |
|   |   | Purchase Price   |                                       |
|   |   | Plus: Installation   |                                       |
|   |   | Less: Trade In/Credit  |                                       |
|   |   | <b>Net Cost</b>  |                                       |
|   |   | 14. Estimated Use of Requested Equipment   |                                       |
|   |   | Weeks per year (months if seasonal):   |                                       |
|   |   | For the weeks used, estimate:  |                                       |
|   |   | Average days per week:   |                                       |
|   |   | Average hours per day used:  |                                       |
|   |   | Estimated useful life in years:  |                                       |
|   |   | 15. Net Effect on Municipal Revenue (±)  |                                       |
|   |   | Taxes  |                                       |
|   |   | other income   |                                       |
|   |   | <i>Subtotal</i>  |                                       |
|   |   | gain from sale of replaced assets  |                                       |
|   |   | <b>Total</b>   |                                       |

|  |   |   |                                   |
|--|---|---|-----------------------------------|
| Department<br>Contact Person, Title  | School<br>Dr. Elaine Arbour, Superintendent | Date<br>Phone Number  | 8/11/2014<br>516-6800             |
| 1. Project Title Facilities/School Maintenance and Repairs   |   | 2. Category Education   | 3. Priority High                  |
| 4. Location District Wide  |   | 5. Purpose of Project Request Modify a project already in the CIP   |                                   |
| 6. Master Plan Chapter, Section and page #28<br>Community Facilities and Utilities, School Section   |   | 7. Project History (Previous CIP Year or connection to other projects):   |                                   |
| 8. Description: Renovation of: <ul style="list-style-type: none"> <li>• Mechanical and ventilation systems, plumbing and electrical upgrades</li> <li>• Roof and insulation</li> <li>• Window replacement</li> <li>• Life Safety</li> <li>• Paving and Striping</li> <li>• Replacement and expansion of bathrooms</li> <li>• Remodeling and enlarging of classrooms to NH state standards</li> <li>• Improvement to grounds</li> </ul> |   | 9. Justification & Useful Life:<br>Useful Life – 5 – 20+ Years<br>Maintenance of facilities and schools is imperative to District operations. |                                   |
| 10. Cost (Years 2 – 6 use an inflationary factor of 4%)  |   | 10A. Recommended Sources of Financing   |                                   |
| <b>BUDGET FY</b>   | <b>TOTAL</b> (Interest cost not included)   | <b>COST ELEMENT</b>   | <b>PRINCIPAL</b>                  |
|  |   |   | <b>SECONDARY</b>                  |
| Program year FY 2016   | \$75,000                                    | Improvements to Buildings   | Operating Budget                  |
| Program year FY 2017   | \$75,000                                    | Improvements to Buildings   | Operating Budget                  |
| Program year FY 2018   | \$75,000                                    | Improvements to Buildings   | Operating Budget                  |
| Program year FY 2019   | \$75,000                                    | Improvements to Buildings   | Operating Budget                  |
| Program year FY 2020   | \$75,000                                    | Improvements to Buildings   | Operating Budget                  |
| Program year FY 2021   | \$75,000                                    | Improvements to Buildings   | Operating Budget                  |
| <b>TOTAL SIX YEARS</b>   | <b>\$450,000</b>                            |   | Capital Reserve or Reserved Funds |
| After Sixth Year   |   | 10B. Source of Cost Estimate: Staff   |                                   |
| 11. If Equipment, Number of units requested:   |   | 11A. Number of similar units in operation:  |                                   |
| 12. Net Effects on Operating Expenditures (±)  |   | 13. Equipment Cost  |                                   |
| Direct Costs   |   | Per Unit  | Total                             |
| personnel:   | number                                      |   |                                   |
|  | \$ amount                                   | Purchase Price  | \$0                               |
| purchase of service  |   | Plus: Installation  |                                   |
| materials & supplies   |   | Less: Trade In/Credit   |                                   |
| equipment purchases  |   | <b>Net Cost</b>   | <b>\$0</b>                        |
| utilities  |   | 14. Estimated Use of Requested Equipment  |                                   |
| other  |   | Weeks per year (months if seasonal):  | 52                                |
| <i>Subtotal</i>  |   | <i>For the weeks used, estimate:</i>  |                                   |
| Indirect Operating Costs   |   | Average days per week:  | 5                                 |
| fringe benefits  |   | Average hours per day used:   | 8-12                              |
| General Admin Costs  |   | Estimated useful life in years:   | 5-20+ Years                       |
| other  |   | 15. Net Effect on Municipal Revenue (±)   |                                   |
| <i>Subtotal</i>  |   | Taxes   |                                   |
| Total Operating Costs  |   | other income  |                                   |
| Debt Service (P & I)   |   | <i>Subtotal</i>   |                                   |
| <b>Total Costs</b>   |   | gain from sale of replaced assets   |                                   |
|  |   | <b>Total</b>  |                                   |

|                       |                   |              |           |  |
|-----------------------|-------------------|--------------|-----------|--|
| Department            | School            | Date         | 9/22/2014 |  |
| Contact Person, Title | Dr. Elaine Arbour | Phone Number | 516-6800  |  |

  

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|--|--|--------------------|
| 1. Project Title Garrison Elementary School Improvements   | 2. Category Education  | 3. Priority Medium |
| 4. Location Garrison Elementary School, Garrison Road  | 5. Purpose of Project Request Modify a project already in the CIP  |                    |
| 6. Master Plan Chapter, Section and page #28 Community Facilities  | 7. Project History (Previous CIP Year or connection to other projects):<br>Cite previous Garrison Elementary School projects   |                    |
| 8. Description:<br>Renovation of: <ul style="list-style-type: none"> <li>• Mechanical and ventilation systems, plumbing and electrical upgrades</li> <li>• Upgrade Life Safety Systems</li> <li>• Window/door replacement</li> <li>• Cafeteria/Kitchen improvements/upgrades</li> <li>• Upgrade accessibility standards</li> <li>• Remodel and enlarge twenty-five classrooms to NH state standards</li> <li>• Stage Area</li> </ul> | 9. Justification & Useful Life: The renovation project for the Garrison School had been in the CIP queue several years ago but was removed when the moratorium on state building aid was imposed.<br><br>Garrison Elementary School remains in need of renovations and improvements to correct a variety of life safety, accessibility and efficiency issues as well as to create a 21 <sup>st</sup> Century learning environment.<br><br>Key issues to be addressed include the removal of all hazardous materials within the building, improving ventilation systems, upgrading to sustainable energy solutions, replacing sliding glass doors and, in general, bringing the building up to current codes. |                    |

  

| 10. Cost (Years 2 – 6 use an inflationary factor of 4%) |                                    |   | 10A. Recommended Sources of Financing |                 |
|---|------------------------------------|---|---------------------------------------|-----------------|
| BUDGET FY   | TOTAL (Interest cost not included) | COST ELEMENT  | PRINCIPAL                             | SECONDARY       |
| Program year FY 2016                                    | \$0                                | Choose an item.   | Choose an item.                       | Choose an item. |
| Program year FY 2017                                    | \$3,300,000                        | Improvements to Buildings                                     | Debt Financing                        | Grant Funding   |
| Program year FY 2018                                    | \$3,600,000                        | Improvements to Buildings                                     | Debt Financing                        | Grant Funding   |
| Program year FY 2019                                    | \$0                                | Choose an item.   | Choose an item.                       | Choose an item. |
| Program year FY 2020                                    | \$0                                | Choose an item.   | Choose an item.                       | Choose an item. |
| Program year FY 2021                                    | \$0                                | Choose an item.   | Choose an item.                       | Choose an item. |
| <b>TOTAL SIX YEARS</b>                                  | <b>\$6,900,000</b>                 | Note: Will apply for State Building Aid, when program resumes |                                       |                 |
| After Sixth Year  |                                    | 10B. Source of Cost Estimate: Staff                           |                                       |                 |

  

|  |  |
|--|--|
| 11. If Equipment, Number of units requested: | 11A. Number of similar units in operation: |
|--|--|

  

| <table style="width:100%;"> <tr> <th colspan="2">12. Net Effects on Operating Expenditures (±)</th> </tr> <tr> <td colspan="2">Direct Costs</td> </tr> <tr> <td>personnel:</td> <td style="text-align: right;">number _____<br/>\$ amount _____</td> </tr> <tr> <td>purchase of service</td> <td style="text-align: right;">\$5,582,000</td> </tr> <tr> <td>materials &amp; supplies</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>equipment purchases</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>utilities</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>other</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><i>Subtotal</i></td> <td style="text-align: right;">\$5,582,000</td> </tr> <tr> <td>Indirect Operating Costs</td> <td style="text-align: right;">\$248,000</td> </tr> <tr> <td>fringe benefits</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>General Admin Costs</td> <td style="text-align: right;">\$1,070,000</td> </tr> <tr> <td>other</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><i>Subtotal</i></td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Total Operating Costs</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Debt Service (P &amp; I)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><b>Total Costs</b></td> <td style="text-align: right;"><b>\$6,900,000</b></td> </tr> </table> | 12. Net Effects on Operating Expenditures (±) |       | Direct Costs |  | personnel: | number _____<br>\$ amount _____ | purchase of service | \$5,582,000 | materials & supplies | _____ | equipment purchases | _____ | utilities | _____ | other | _____ | <i>Subtotal</i> | \$5,582,000 | Indirect Operating Costs | \$248,000 | fringe benefits | _____ | General Admin Costs | \$1,070,000 | other | _____ | <i>Subtotal</i> | _____ | Total Operating Costs | _____ | Debt Service (P & I) | _____ | <b>Total Costs</b> | <b>\$6,900,000</b> | <table style="width:100%;"> <tr> <th>13. Equipment Cost</th> <th>Per Unit</th> <th>Total</th> </tr> <tr> <td>Purchase Price</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Plus: Installation</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Less: Trade In/Credit</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>Net Cost</b></td> <td>_____</td> <td>_____</td> </tr> </table><br><table style="width:100%;"> <tr> <th colspan="2">14. Estimated Use of Requested Equipment</th> </tr> <tr> <td>Weeks per year (months if seasonal):</td> <td style="text-align: right;">52</td> </tr> <tr> <td colspan="2"><i>For the weeks used, estimate:</i></td> </tr> <tr> <td>Average days per week:</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Average hours per day used:</td> <td style="text-align: right;">8-12</td> </tr> <tr> <td>Estimated useful life in years:</td> <td style="text-align: right;">5-10</td> </tr> </table><br><table style="width:100%;"> <tr> <th colspan="2">15. Net Effect on Municipal Revenue (±)</th> </tr> <tr> <td>Taxes</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>other income</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><i>Subtotal</i></td> <td style="text-align: right;">_____</td> </tr> <tr> <td>gain from sale of replaced assets</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;">_____</td> </tr> </table> | 13. Equipment Cost | Per Unit | Total | Purchase Price | _____ | _____ | Plus: Installation | _____ | _____ | Less: Trade In/Credit | _____ | _____ | <b>Net Cost</b> | _____ | _____ | 14. Estimated Use of Requested Equipment |  | Weeks per year (months if seasonal): | 52 | <i>For the weeks used, estimate:</i> |  | Average days per week: | 5 | Average hours per day used: | 8-12 | Estimated useful life in years: | 5-10 | 15. Net Effect on Municipal Revenue (±) |  | Taxes | _____ | other income | _____ | <i>Subtotal</i> | _____ | gain from sale of replaced assets | _____ | <b>Total</b> | _____ |
|--|---|-------|--------------|--|------------|---------------------------------|---------------------|-------------|----------------------|-------|---------------------|-------|-----------|-------|-------|-------|-----------------|-------------|--------------------------|-----------|-----------------|-------|---------------------|-------------|-------|-------|-----------------|-------|-----------------------|-------|----------------------|-------|--------------------|--------------------|---|--------------------|----------|-------|----------------|-------|-------|--------------------|-------|-------|-----------------------|-------|-------|-----------------|-------|-------|--|--|--------------------------------------|----|--------------------------------------|--|------------------------|---|-----------------------------|------|---------------------------------|------|---|--|-------|-------|--------------|-------|-----------------|-------|-----------------------------------|-------|--------------|-------|
| 12. Net Effects on Operating Expenditures (±)  |   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Direct Costs   |   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| personnel:   | number _____<br>\$ amount _____               |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| purchase of service  | \$5,582,000                                   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| materials & supplies   | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| equipment purchases  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| utilities  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| other  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| <i>Subtotal</i>  | \$5,582,000                                   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Indirect Operating Costs   | \$248,000                                     |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| fringe benefits  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| General Admin Costs  | \$1,070,000                                   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| other  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| <i>Subtotal</i>  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Total Operating Costs  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Debt Service (P & I)   | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| <b>Total Costs</b>   | <b>\$6,900,000</b>                            |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| 13. Equipment Cost   | Per Unit                                      | Total |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Purchase Price   | _____   | _____ |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Plus: Installation   | _____   | _____ |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Less: Trade In/Credit  | _____   | _____ |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| <b>Net Cost</b>  | _____   | _____ |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| 14. Estimated Use of Requested Equipment   |   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Weeks per year (months if seasonal):   | 52  |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| <i>For the weeks used, estimate:</i>   |   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Average days per week:   | 5   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Average hours per day used:  | 8-12  |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Estimated useful life in years:  | 5-10  |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| 15. Net Effect on Municipal Revenue (±)  |   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| Taxes  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| other income   | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| <i>Subtotal</i>  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| gain from sale of replaced assets  | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |
| <b>Total</b>   | _____   |       |              |  |            |                                 |                     |             |                      |       |                     |       |           |       |       |       |                 |             |                          |           |                 |       |                     |             |       |       |                 |       |                       |       |                      |       |                    |                    |   |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |       |       |  |  |                                      |    |                                      |  |                        |   |                             |      |                                 |      |   |  |       |       |              |       |                 |       |                                   |       |              |       |

|  |   |  |                                       |                  |
|--|---|--|---------------------------------------|------------------|
| Department<br>Contact Person, Title  | School<br>Dr. Elaine Arbour, Superintendent | Date<br>Phone Number   | 09/22/14<br>603-516-6800              |                  |
| 1. Project Title<br>Transfer to Capital Reserve – School Facility  |   | 2. Category Education  | 3. Priority High                      |                  |
| 4. Location District Wide  |   | 5. Purpose of Project Request Add a new project to the CIP   |                                       |                  |
| 6. Master Plan Chapter, Section and page #<br>Community Facilities and Utilities, School Section   |   | 7. Project History (Previous CIP Year or connection to other projects):  |                                       |                  |
| 8. Description<br>Transfer of funds from the operating budget into the existing School Facility reserve account for payment of future facility upgrade/improvement projects. |   | 9. Justification & Useful Life<br>To ensure adequate funding is available for facility upgrades without having large increases in tax rates. |                                       |                  |
| 10. Cost (Years 2 – 6 use an inflationary factor of 4%)  |   |  | 10A. Recommended Sources of Financing |                  |
| <b>BUDGET FY</b>   | <b>TOTAL</b> (Interest cost not included)   | <b>COST ELEMENT</b>  | <b>PRINCIPAL</b>                      | <b>SECONDARY</b> |
| Program year FY 2016   | \$25,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2017   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2018   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2019   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2020   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2021   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| <b>TOTAL SIX YEARS</b>   | \$200,000                                   |  |                                       |                  |
| After Sixth Year   | \$50,000                                    | 10B. Source of Cost Estimate: Staff  |                                       |                  |
| 11. If Equipment, Number of units requested:   |   | 11A. Number of similar units in operation:   |                                       |                  |
| 12. Net Effects on Operating Expenditures (±) N/A  |   | 13. Equipment Cost   |                                       |                  |
| Direct Costs   |   | Per Unit   | Total                                 |                  |
| personnel:   | number                                      |  |                                       |                  |
|  | \$ amount                                   |  |                                       |                  |
| purchase of service  |   |  |                                       |                  |
| materials & supplies   |   |  |                                       |                  |
| equipment purchases  |   |  |                                       |                  |
| utilities  |   |  |                                       |                  |
| other  |   |  |                                       |                  |
| <i>Subtotal</i>  |   |  |                                       |                  |
| Indirect Operating Costs   |   |  |                                       |                  |
| fringe benefits  |   |  |                                       |                  |
| General Admin Costs  |   |  |                                       |                  |
| other  |   |  |                                       |                  |
| <i>Subtotal</i>  |   |  |                                       |                  |
| Total Operating Costs  |   |  |                                       |                  |
| Debt Service (P & I)   |   |  |                                       |                  |
| <b>Total Costs</b>   |   |  |                                       |                  |
|  |   | Purchase Price   |                                       |                  |
|  |   | Plus: Installation   |                                       |                  |
|  |   | Less: Trade In/Credit  |                                       |                  |
|  |   | <b>Net Cost</b>  |                                       |                  |
|  |   | 14. Estimated Use of Requested Equipment   |                                       |                  |
|  |   | Weeks per year (months if seasonal):   |                                       |                  |
|  |   | For the weeks used, estimate:  |                                       |                  |
|  |   | Average days per week:   |                                       |                  |
|  |   | Average hours per day used:  |                                       |                  |
|  |   | Estimated useful life in years:  |                                       |                  |
|  |   | 15. Net Effect on Municipal Revenue (±)  |                                       |                  |
|  |   | Taxes  |                                       |                  |
|  |   | other income   |                                       |                  |
|  |   | <i>Subtotal</i>  |                                       |                  |
|  |   | gain from sale of replaced assets  |                                       |                  |
|  |   | <b>Total</b>   |                                       |                  |

|   |   |   |                                       |                  |
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| Department<br>Contact Person, Title   | School<br>Dr. Elaine Arbour, Superintendent | Date<br>Phone Number  | 9/22/2014<br>516-6800                 |                  |
| 1. Project Title Information Technology Replacement and Upgrade   |   | 2. Category Education   | 3. Priority High                      |                  |
| 4. Location District Wide   |   | 5. Purpose of Project Request Add a new item to the CIP   |                                       |                  |
| 6. Master Plan Chapter, Section and page #28<br>Community Facilities and Utilities, School Section  |   | 7. Project History (Previous CIP Year or connection to other projects):                                   |                                       |                  |
| 8. Description: Renovation of: <ul style="list-style-type: none"> <li>• Infrastructure Improvements</li> <li>• Replacement of Servers/Routers/Switches</li> <li>• Annual Replacement of Hardware, (Desktops, Laptops, iPads, Chromebooks) on a 5 year lifespan cycle</li> <li>• Large scale replacement of software programs</li> </ul> |   | 9. Justification & Useful Life:<br><br>Maintenance of IT infrastructure is imperative to student success. |                                       |                  |
| 10. Cost (Years 2 – 6 use an inflationary factor of 4%)   |   |   | 10A. Recommended Sources of Financing |                  |
| <b>BUDGET FY</b>  | <b>TOTAL</b> (Interest cost not included)   | <b>COST ELEMENT</b>   | <b>PRINCIPAL</b>                      | <b>SECONDARY</b> |
| Program year FY 2016  | \$50,000                                    | Improvements to Buildings   | Capital Reserves                      | Operating Budget |
| Program year FY 2017  | \$50,000                                    | Improvements to Buildings   | Capital Reserves                      | Operating Budget |
| Program year FY 2018  | \$50,000                                    | Improvements to Buildings   | Operating Budget                      | Capital Reserves |
| Program year FY 2019  | \$50,000                                    | Improvements to Buildings   | Operating Budget                      | Capital Reserves |
| Program year FY 2020  | \$50,000                                    | Improvements to Buildings   | Operating Budget                      | Capital Reserves |
| Program year FY 2021  | \$50,000                                    | Improvements to Buildings   | Operating Budget                      | Capital Reserves |
| <b>TOTAL SIX YEARS</b>  | \$300,000                                   | Note: Funding to be split 25K in Capital Reserves/25K in Operating Budget                                 |                                       |                  |
| After Sixth Year  |   | 10B. Source of Cost Estimate: Architect   |                                       |                  |
| 11. If Equipment, Number of units requested:  |   | 11A. Number of similar units in operation:  |                                       |                  |
| 12. Net Effects on Operating Expenditures (±)   |   | 13. Equipment Cost  |                                       |                  |
| Direct Costs  |   | Per Unit  | Total                                 |                  |
| personnel:  | number                                      | Purchase Price  | \$0                                   | \$0              |
|   | \$ amount                                   | Plus: Installation  |                                       |                  |
| purchase of service   |   | Less: Trade In/Credit   |                                       |                  |
| materials & supplies  |   | <b>Net Cost</b>   | \$0                                   | \$0              |
| equipment purchases   |   | 14. Estimated Use of Requested Equipment  |                                       |                  |
| utilities   |   | Weeks per year (months if seasonal):  |                                       |                  |
| other   |   | For the weeks used, estimate:   |                                       |                  |
| <i>Subtotal</i>   |   | Average days per week:  |                                       |                  |
| Indirect Operating Costs  |   | Average hours per day used:   |                                       |                  |
| fringe benefits   |   | Estimated useful life in years:   |                                       |                  |
| General Admin Costs   |   | 15. Net Effect on Municipal Revenue (±)   |                                       |                  |
| other   |   | Taxes   |                                       |                  |
| <i>Subtotal</i>   |   | other income  |                                       |                  |
| Total Operating Costs   |   | <i>Subtotal</i>   |                                       |                  |
| Debt Service (P & I)  |   | gain from sale of replaced assets   |                                       |                  |
| <b>Total Costs</b>  |   | <b>Total</b>  |                                       |                  |

|                       |                                   |              |              |  |
|-----------------------|-----------------------------------|--------------|--------------|--|
| Department            | School                            | Date         | 9/22/2014    |  |
| Contact Person, Title | Dr. Elaine Arbour, Superintendent | Phone Number | 603-516-6800 |  |

  

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|--|---|------------------|
| 1. Project Title Middle School Roof Replacement  | 2. Category Education   | 3. Priority High |
| 4. Location DMS (16 Daley Dr.)   | 5. Purpose: Add a new item to the CIP   |                  |
| 6. Master Plan Chapter, Section and page #28<br>Community Facilities and Utilities, School Section   | 7. Project History (Previous CIP Year or connection to other projects): This project is a new and unrelated CIP request.  |                  |
| 8. Description: This project will entail removing and replacing 75,000 square feet of 20 year old asphalt architectural shingles at the Dover Middle School. | 9. Justification & Useful Life:<br><br>The existing roof is showing signs of fatigue, is out of warranty, and has required numerous repairs starting with significant levels of shingle repair in FY2012 and FY2013. In FY2019 the existing roof will be reaching its useful life of 20 years, and it is recommended by the Dover School Facilities department for replacement. |                  |

  

| 10. Cost (Years 2 – 6 use an inflationary factor of 4%) |                                    |                                     | 10A. Recommended Sources of Financing |                 |
|---|------------------------------------|-------------------------------------|---------------------------------------|-----------------|
| BUDGET FY   | TOTAL (Interest cost not included) | COST ELEMENT                        | PRINCIPAL                             | SECONDARY       |
| Program Year FY 2016                                    | \$0                                | Choose an item.                     | Choose an item.                       | Choose an item. |
| Program Year FY 2017                                    | \$0                                | Choose an item.                     | Choose an item.                       | Choose an item. |
| Program Year FY 2018                                    | \$0                                | Choose an item.                     | Choose an item.                       | Choose an item. |
| Program Year FY 2019                                    | \$520,500                          | Improvements to Buildings           | Debt Financing.                       | Choose an item. |
| Program Year FY 2020                                    | \$0                                | Choose an item.                     | Choose an item.                       | Choose an item. |
| Program Year FY 2021                                    | \$0                                | Choose an item.                     | Choose an item.                       | Choose an item. |
| <b>TOTAL SIX YEARS</b>                                  | \$520,500                          | Note:                               |                                       |                 |
| After Sixth Year  | \$0                                | 10B. Source of Cost Estimate: Staff |                                       |                 |

  

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|--|--|
| 11. If Equipment, Number of units requested: | 11A. Number of similar units in operation: |
|--|--|

  

| <table style="width:100%;"> <tr> <th colspan="3">12. Net Effects on Operating Expenditures (±) N/A</th> </tr> <tr> <td colspan="3">Direct Costs</td> </tr> <tr> <td>personnel:</td> <td>number</td> <td>_____</td> </tr> <tr> <td></td> <td>\$ amount</td> <td>_____</td> </tr> <tr> <td>purchase of service</td> <td></td> <td>\$506,250</td> </tr> <tr> <td>materials &amp; supplies</td> <td></td> <td>_____</td> </tr> <tr> <td>equipment purchases</td> <td></td> <td>_____</td> </tr> <tr> <td>utilities</td> <td></td> <td>_____</td> </tr> <tr> <td>other</td> <td></td> <td>_____</td> </tr> <tr> <td><i>Subtotal</i></td> <td></td> <td>_____</td> </tr> <tr> <td colspan="3">Indirect Operating Costs</td> </tr> <tr> <td>fringe benefits</td> <td></td> <td>_____</td> </tr> <tr> <td>General Admin Costs</td> <td></td> <td>_____</td> </tr> <tr> <td>other</td> <td></td> <td>_____</td> </tr> <tr> <td><i>Subtotal</i></td> <td></td> <td>_____</td> </tr> <tr> <td>Total Operating Costs</td> <td></td> <td>_____</td> </tr> <tr> <td>Debt Service (P &amp; I)</td> <td></td> <td>_____</td> </tr> <tr> <td><b>Total Costs</b></td> <td></td> <td>_____</td> </tr> </table> | 12. Net Effects on Operating Expenditures (±) N/A |           |  | Direct Costs |  |  | personnel: | number | _____ |  | \$ amount | _____ | purchase of service |  | \$506,250 | materials & supplies |  | _____ | equipment purchases |  | _____ | utilities |  | _____ | other |  | _____ | <i>Subtotal</i> |  | _____ | Indirect Operating Costs |  |  | fringe benefits |  | _____ | General Admin Costs |  | _____ | other |  | _____ | <i>Subtotal</i> |  | _____ | Total Operating Costs |  | _____ | Debt Service (P & I) |  | _____ | <b>Total Costs</b> |  | _____ | <table style="width:100%;"> <tr> <th>13. Equipment Cost</th> <th>Per Unit</th> <th>Total</th> </tr> <tr> <td>Purchase Price</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Plus: Installation</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Less: Trade In/Credit</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>Net Cost</b></td> <td></td> <td>_____</td> </tr> </table><br><table style="width:100%;"> <tr> <th colspan="3">14. Estimated Use of Requested Equipment</th> </tr> <tr> <td>Weeks per year (months if seasonal):</td> <td></td> <td>_____</td> </tr> <tr> <td>For the weeks used, estimate:</td> <td></td> <td>_____</td> </tr> <tr> <td>Average days per week:</td> <td></td> <td>_____</td> </tr> <tr> <td>Average hours per day used:</td> <td></td> <td>_____</td> </tr> <tr> <td>Estimated useful life in years:</td> <td></td> <td>_____</td> </tr> </table><br><table style="width:100%;"> <tr> <th colspan="3">15. Net Effect on Municipal Revenue (±)</th> </tr> <tr> <td>Taxes</td> <td></td> <td>_____</td> </tr> <tr> <td>other income</td> <td></td> <td>_____</td> </tr> <tr> <td><i>Subtotal</i></td> <td></td> <td>_____</td> </tr> <tr> <td>gain from sale of replaced assets</td> <td></td> <td>_____</td> </tr> <tr> <td><b>Total</b></td> <td></td> <td>_____</td> </tr> </table> | 13. Equipment Cost | Per Unit | Total | Purchase Price | _____ | _____ | Plus: Installation | _____ | _____ | Less: Trade In/Credit | _____ | _____ | <b>Net Cost</b> |  | _____ | 14. Estimated Use of Requested Equipment |  |  | Weeks per year (months if seasonal): |  | _____ | For the weeks used, estimate: |  | _____ | Average days per week: |  | _____ | Average hours per day used: |  | _____ | Estimated useful life in years: |  | _____ | 15. Net Effect on Municipal Revenue (±) |  |  | Taxes |  | _____ | other income |  | _____ | <i>Subtotal</i> |  | _____ | gain from sale of replaced assets |  | _____ | <b>Total</b> |  | _____ |
|---|---|-----------|--|--------------|--|--|------------|--------|-------|--|-----------|-------|---------------------|--|-----------|----------------------|--|-------|---------------------|--|-------|-----------|--|-------|-------|--|-------|-----------------|--|-------|--------------------------|--|--|-----------------|--|-------|---------------------|--|-------|-------|--|-------|-----------------|--|-------|-----------------------|--|-------|----------------------|--|-------|--------------------|--|-------|--|--------------------|----------|-------|----------------|-------|-------|--------------------|-------|-------|-----------------------|-------|-------|-----------------|--|-------|--|--|--|--------------------------------------|--|-------|-------------------------------|--|-------|------------------------|--|-------|-----------------------------|--|-------|---------------------------------|--|-------|---|--|--|-------|--|-------|--------------|--|-------|-----------------|--|-------|-----------------------------------|--|-------|--------------|--|-------|
| 12. Net Effects on Operating Expenditures (±) N/A   |   |           |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Direct Costs  |   |           |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| personnel:  | number  | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
|   | \$ amount   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| purchase of service   |   | \$506,250 |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| materials & supplies  |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| equipment purchases   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| utilities   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| other   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| <i>Subtotal</i>   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Indirect Operating Costs  |   |           |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| fringe benefits   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| General Admin Costs   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| other   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| <i>Subtotal</i>   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Total Operating Costs   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Debt Service (P & I)  |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| <b>Total Costs</b>  |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| 13. Equipment Cost  | Per Unit  | Total     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Purchase Price  | _____   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Plus: Installation  | _____   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Less: Trade In/Credit   | _____   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| <b>Net Cost</b>   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| 14. Estimated Use of Requested Equipment  |   |           |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Weeks per year (months if seasonal):  |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| For the weeks used, estimate:   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Average days per week:  |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Average hours per day used:   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Estimated useful life in years:   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| 15. Net Effect on Municipal Revenue (±)   |   |           |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| Taxes   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| other income  |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| <i>Subtotal</i>   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| gain from sale of replaced assets   |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |
| <b>Total</b>  |   | _____     |  |              |  |  |            |        |       |  |           |       |                     |  |           |                      |  |       |                     |  |       |           |  |       |       |  |       |                 |  |       |                          |  |  |                 |  |       |                     |  |       |       |  |       |                 |  |       |                       |  |       |                      |  |       |                    |  |       |  |                    |          |       |                |       |       |                    |       |       |                       |       |       |                 |  |       |  |  |  |                                      |  |       |                               |  |       |                        |  |       |                             |  |       |                                 |  |       |   |  |  |       |  |       |              |  |       |                 |  |       |                                   |  |       |              |  |       |

|  |   |  |                                       |                  |
|--|---|--|---------------------------------------|------------------|
| Department<br>Contact Person, Title  | School<br>Dr. Elaine Arbour, Superintendent | Date<br>Phone Number   | 09/22/14<br>603-516-6800              |                  |
| 1. Project Title<br>Transfer to Capital Reserve – Information Technology   |   | 2. Category Education  | 3. Priority High                      |                  |
| 4. Location District Wide  |   | 5. Purpose of Project Request Add a new project to the CIP   |                                       |                  |
| 6. Master Plan Chapter, Section and page # 45<br>Community Facilities and Utilities, School Section  |   | 7. Project History (Previous CIP Year or connection to other projects):  |                                       |                  |
| 8. Description<br>Transfer of funds from the operating budget into the existing School Facility reserve account for payment of future IT upgrade/improvement projects. |   | 9. Justification & Useful Life<br>To ensure adequate funding is available for IT upgrades without having large increases in tax rates. |                                       |                  |
| 10. Cost (Years 2 – 6 use an inflationary factor of 4%)  |   |  | 10A. Recommended Sources of Financing |                  |
| <b>BUDGET FY</b>   | <b>TOTAL</b> (Interest cost not included)   | <b>COST ELEMENT</b>  | <b>PRINCIPAL</b>                      | <b>SECONDARY</b> |
| Program year FY 2016   | \$25,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2017   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2018   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2019   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2020   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| Program year FY 2021   | \$35,000                                    | Other  | Operating Budget                      | Choose an item.  |
| <b>TOTAL SIX YEARS</b>   | \$200,000                                   |  |                                       |                  |
| After Sixth Year   | \$50,000                                    | 10B. Source of Cost Estimate: Staff  |                                       |                  |
| 11. If Equipment, Number of units requested:   |   | 11A. Number of similar units in operation:   |                                       |                  |
| 12. Net Effects on Operating Expenditures (±) N/A  |   | 13. Equipment Cost   |                                       |                  |
| Direct Costs   |   | Per Unit   | Total                                 |                  |
| personnel:   | number                                      |  |                                       |                  |
|  | \$ amount                                   |  |                                       |                  |
| purchase of service  |   |  |                                       |                  |
| materials & supplies   |   |  |                                       |                  |
| equipment purchases  |   |  |                                       |                  |
| utilities  |   |  |                                       |                  |
| other  |   |  |                                       |                  |
| <i>Subtotal</i>  |   |  |                                       |                  |
| Indirect Operating Costs   |   |  |                                       |                  |
| fringe benefits  |   |  |                                       |                  |
| General Admin Costs  |   |  |                                       |                  |
| other  |   |  |                                       |                  |
| <i>Subtotal</i>  |   |  |                                       |                  |
| Total Operating Costs  |   |  |                                       |                  |
| Debt Service (P & I)   |   |  |                                       |                  |
| <b>Total Costs</b>   |   |  |                                       |                  |
|  |   | 14. Estimated Use of Requested Equipment   |                                       |                  |
|  |   | Weeks per year (months if seasonal):   |                                       |                  |
|  |   | For the weeks used, estimate:  |                                       |                  |
|  |   | Average days per week:   |                                       |                  |
|  |   | Average hours per day used:  |                                       |                  |
|  |   | Estimated useful life in years:  |                                       |                  |
|  |   | 15. Net Effect on Municipal Revenue (±)  |                                       |                  |
|  |   | Taxes  |                                       |                  |
|  |   | other income   |                                       |                  |
|  |   | <i>Subtotal</i>  |                                       |                  |
|  |   | gain from sale of replaced assets  |                                       |                  |
|  |   | <b>Total</b>   |                                       |                  |