DOVER SCHOOL DISTRICT

DOVER SCHOOL BOARD – AGENDA

Meeting Type:	**Special Session #3**
Meeting Location:	**Media Ctr. (Rm. 306) McConnell Center**
Meeting Date:	**Monday, August 24, 2015**
Meeting Time:	**6:30 pm**

A. CALL TO ORDER

B. ROLL CALL

C. PLEDGE OF ALLEGIANCE

D. CITIZENS' FORUM (Limited to Agenda Items Only)

E. AGENDA APPROVAL

F. CONSENT AGENDA

1. **Correspondence:**
   a. Tri-Star Gymnastics and Dance
2. **Resignations/Retirements:**
   a. Irvin Harris, DHS CTC Computer Technology Teacher
3. **Nominations:**
   a. Sheet 1: Nomination and Election of DALC Professional Staff
4. **Donations**
   a. Donation Approval—Bellamy Fields--$2,250-Back Packs/School Supplies
   b. Donation Approval—Maple Suites--$3,000-School Supplies

G. POLICY – CHANGES – PROPOSALS:

JKAA-R—Procedures for the Use of Physical Restraint in the Dover School District

H. POLICY ADOPTION:

IJOC-R—Volunteer Service Statement and Agreement

I. OLD BUSINESS: none

J. NEW BUSINESS:

1. Facilities Update
2. Coaching Practices
3. Capital Improvement Plan
4. Copier Equipment Pricing Approval

K. SCHOOL BOARD MATTERS OF INTEREST

L. ADJOURNMENT

Tri-Star Gymnastics & Dance
66 Third Street, Suite 101 Dover, NH 03820
Phone: 603-749-1234 Fax: 603-749-5678 Email:tristargym@aol.com

August 6, 2015

Dr. Elaine Arbour
61 Locust Street
Dover, NH 03820

Dear Dr. Arbour:

I am writing this letter to request a waiver that permits Tri-Star Gymnastics & Dance to book an annual dance recital in the Dover High School Auditorium more than three months ahead of time.

We would like to hold our annual dance recital at the Dover High School Auditorium on Saturday, June 4, 2016 in the afternoon.

We would greatly appreciate any help in this matter.

Sincerely,

Emmy K. LaVallee

Emmy K. LaVallee
Director of Dance

EKL/ams

LaFleur, Robin

From: Faure, Cathy
Sent: Monday, August 17, 2015 10:47 AM
To: LaFleur, Robin
Subject: Tri-Star Gymnastics and Dance

Robin,

The Tri-Star Gymnastics and Dance have requested a dance recital to be held at DHS Auditorium on June 4, 2016. The Tri-Star group have used our facilities in the past with no issues or problems and I highly recommend we allow them to use our school. If you have any questions please feel free to contact me.

Thank you,

Cathy

Cathy Faure
Dover School Department
Facilities Coordinator
c.faure@dover.k12.nh.us
603-516-6890

Mr. Irvin Harris

PO Box 224

Sandown, NH 03873

Robin LaFleur, Administrative Assistant
School District SAU11
61 Locust Street, Suite 409
Dover, NH 03820

August 14, 2015

RE: Your phone call/our conversation today. Article 7014 0510 0001 8831 3125

Dear Mrs.Robin LaFleur,

Effective Monday August 17, 2015, I resign from my position as a Teacher at SAU 11, Dover High School Dover, NH.

Sincerely,

Irvin Harris

2014-2015 NOMINATIONS
for Professionals Engaged in Teaching and Educators

TO: **DOVER SCHOOL BOARD**

DATE: August 24, 2015

MEMORANDUM: Re-nomination of Professionals Engaged in Teaching and Educators

In accordance with Chapter 189, Section 39 of the New Hampshire School laws of 1963, I hereby nominate the following persons for the designated positions for the 2015-2016 school year.

DOVER ADULT LEARNING CENTER:

BADGLEY, WILLIAM
BAKER, PENNY
BIRCH, CAROL
BOUCHER-PEPPER, KRISTINE
BRAND, TIFFANY
CONDON, GAIL
DONALDSON, TRACEY
DUBOIS, PAULA
EDWARDS, JOEL
FARRAR, MURIEL
HANSON, KIMBERLY
HARRIS, LIEN
INDUISI, MINNETT
LARSON, STEVE
LITTLE, SAM
MALLEY, JOYCE
MARTIN, MARGO
PARSON, JENNIFER
REDDINGTON, DENISE
SALMONSEN, ERIC
SAUER, MELISSA
SHAW, PAMELA
SHORE, PAMELA
STRICKLAND, CHRISTOPHER
TAYLOR, JILL
VAN DYKE, KAREN

NOTE: Names with an "**" indicate that the nomination is pending federal funds availability. All nominations are pending completion of teacher license renewal.

ELAINE M. ARBOUR, Ed.D.
Superintendent of Schools
e.arbour@dover.k12.nh.us

KAREN M. TAYLOR
Business Administrator
k.m.taylor@dover.k12.nh.us

CHRISTINE BOSTON
Director of Pupil Personnel Services
c.boston@dover.k12.nh.us

PAULA GLYNN
Director of Curriculum, Instruction and Assessment
p.glynn@dover.k12.nh.us

THE DOVER SCHOOL DISTRICT
SCHOOL ADMINISTRATIVE UNIT #11
McCONNELL CENTER
61 LOCUST STREET SUITE 409
DOVER, NEW HAMPSHIRE 03820-4132
TEL (603) 516-6800
FAX (603) 516-6809

TO: Dover School Board
FR: Elaine M. Arbour, Ed.D., Superintendent of Schools
RE: Donation Approval
DATE: August 24, 2015

The Bellamy Fields community in Dover, NH has chosen to donate 75 backpacks filled with school supplies to all elementary schools with a value in excess of $2,250. Garrison, Horne and Woodman Park elementary schools and the entire Dover School District greatly appreciate the donation and support of the Bellamy Fields community.

I would like to respectfully request your acceptance of the donation noted above. School Board policy KCD requires that gifts of $500 or more must be approved by the School Board. Thank you for your consideration.

ELAINE M. ARBOUR, Ed.D.
Superintendent of Schools
e.arbour@dover.k12.nh.us

KAREN M. TAYLOR
Business Administrator
k.m.taylor@dover.k12.nh.us

CHRISTINE BOSTON
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PAULA GLYNN
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TEL (603) 516-6800
FAX (603) 516-6809

TO: Dover School Board
FR: Elaine M. Arbour, Ed.D., Superintendent of Schools
RE: Donation Approval
DATE: August 24, 2015

The Maple Suites community in Dover, NH has chosen to donate supplies to all elementary schools with a value in excess of $3,000. These supplies were the result of a month-long supply drive held at Maple Suites. Garrison, Horne and Woodman Park elementary schools and the entire Dover School District greatly appreciate the donation and support of the Maple Suites community.

I would like to respectfully request your acceptance of the donation noted above. School Board policy KCD requires that gifts of $500 or more must be approved by the School Board. Thank you for your consideration.

DOVER SCHOOL DISTRICT	POLICY CODE: JKAA-R
DATE OF ADOPTION:	PAGE OF

FIRST READING

Procedures for the Use of Physical Restraint in the Dover School District

A. *Introduction*

The Dover School District authorizes staff members to use physical restraints in limited situations and only as a last resort to prevent harm. Physical restraint may be used only under the following conditions:

1. ***Staff is trained in de-escalation and physical management; Non-Violent Crisis Intervention, through the Crisis Prevention Institute (CPI®), is the current training program adopted by Dover School District.***
2. ***Physical action of a student creates a substantial risk of harm to self or others;***
3. ***Other positive interventions have failed, or the level of immediate risk prohibits exhausting other means.***
4. ***Conforms to the requirements of*** *Ed 1113.06 Use of Aversive Behavioral Interventions* ***of the New Hampshire Rules for the Education of Children with Disabilities.***
5. *Conforms to the requirements of NH RSA 126-U and Dover School Board Policy JKAA*

The following scenarios are NOT considered a restraint for the purposes of this document:

1. ~~Holding a child to calm or comfort, holding a child's hand or arm to escort the child safely from one area to another, or intervening in an ongoing assault or fight;~~

2. ~~Brief periods of physical restriction by person-to-person contract without the aid of medication or mechanical restraints, accomplished with minimal force and designed either to prevent a child from completing an act that potentially would result in physical harm to himself or herself or to another person, or to remove a disruptive child who is unwilling to leave an area voluntarily;~~

3. ~~Physical devices or other physical holding when necessary for routine physical examinations or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling, or to permit a child to participate in activities without the risk of physical harm;~~

4. ~~The use of seat belts, safety belts, or similar passenger restraints during transportation of a child in a motor vehicle.~~

~~5. The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of force that he or she reasonably believes to be necessary for such purpose.~~

1. A brief holding or touching to calm, comfort, encourage, or guide a child, so long as there is no limitation on the child's freedom of movement, or intervening in an ongoing assault or fight;

2. The temporary holding of the hand, wrist, arm, shoulder, or back, for the purpose of inducing a child to stand, if necessary, and then walk to a safe location, so long as the child is in an upright position and moving toward a safe location;

3. Physical devices, such as orthopedically prescribed appliances, surgical dressings and bandages and supportive body bands, or other physical holding when necessary for routine medical treatment purposes, or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling, or to permit a child to participate in activities without the risk of physical harm;

4. The use of seat belts, safety belts, or similar passenger restraints during transportation of a child in a motor vehicle.

5. The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which he or she reasonably believes to be necessary for such purpose and the actor does not immobilize a child or restrict the freedom of movement of the torso, head, arms, or legs of any child.

Physical restraint is appropriate only when a student is displaying physical behavior that presents substantial risk to the student or others, and considered when, in the opinion of the supervising adult, the threat is imminent. Persons implementing a restraint will use extreme caution and the least amount of physical strength necessary to protect the student. The use of physical intervention should not exceed that necessary to avoid injury. The degree of physical restriction employed** must **be in proportion to the circumstances of the incident and the potential consequences.

A physical restraint of a student should be conducted in a manner consistent with the techniques prescribed in the District approved training program. The purpose of the restraint should be to assist the student to regain emotional and behavioral stability. It should last only as long as is necessary to accomplish this. To the extent possible, it should be conducted in such a way as to preserve the confidentiality and dignity of all involved.

Restraint should be carried out by trained persons authorized by the Superintendent, Special Education Administrator, Principal, Director or his/her designee. Untrained staff is limited to physically intervening by using the minimal

amount of physical contact with the student to protect the student and ensure the safety of others until trained staff is available. Untrained staff should request assistance from trained staff as soon as possible.

School staff shall not use or threaten to use restraint as a punishment or consequence.

B. Definitions

1. *Physical restraint* ***occurs whenever a staff member physically restricts a child's movement against his or her will. Physical restraint is a temporary measure to be used only when necessary to facilitate care, welfare, safety, and security for all.***
2. *Substantial risk* ***is the serious, imminent threat of bodily harm where there is the ability to enact such harm. Substantial risk shall exist only if other less restrictive alternatives to diffuse the situation have been exhausted and have failed, or the level of risk prohibits exhausting other means.***
3. *Trained Staff* ***are those individuals who successfully complete and stay current in a training program that results in acquisition of skills in verbal de-escalation, preventing restraints, evaluating risk of harm in an individual situation, use of approved techniques and monitoring the effect of the restraint.***
4. *District/facility* ***shall mean the Dover School District.***
5. *Parent* ***shall mean the student's parent, legal guardian, surrogate parent or student over the age of 18.***
6. *Mechanical and Medical restraints* ***are prohibited as per RSA 126-T:6.***

6. Mechanical Restraint. When a physical device or devices are used to restrict the movement of a child or the movement or normal function of a portion of his or her body. Prohibited as per RSA 126-U:6.

7. Medication Restraint. When a child is given medication involuntarily for the purpose of immediate control of the child's behavior. Prohibited as per RSA 126-U:6.

1. Physical restraint occurs when manual method is used to restrict a child's freedom of movement or normal access to his/her body against his/her will.

2. Mechanical Restraint occurs when a physical device or devices are used to restrict the movement of a child and/or the movement or normal function of a portion of his/her body. Prohibited as per RSA 126-U:6.

3. Medication Restraint occurs when a child is given medication involuntarily for the purpose of immediate control of the child's behavior. Prohibited as per RSA 126-U: 6.

4. Serious bodily injury is harm to the body that would require hospitalization or would result in the fracture of any bone, non-superficial lacerations, injury to any internal organ, second- or third-degree burns, or any severe, permanent, or protracted loss of or impairment to the health or function of any part of the body.

6. *Intentional physical contact is in response to a child's aggressive, combative, assaultive, or injurious behavior but does not meet the threshold of a restraint (e.g., blocking of a blow or forcible release from a grasp)*
7. *Dangerous Restraint Technique is any technique that:*

a.Obstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing;

b. Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back or abdomen of a child;

c. Obstructs the circulation of blood;

d. Involves pushing on or into the child's mouth, nose, eyes, or any part of the face or involves covering the face, or body with anything, including soft objects such as pillows, blankets, or wash clothes, or

(1) Endangers a child's life or significantly exacerbates a child's medical condition.
(2) Intentional infliction of pain, including the use of pain inducement to obtain compliance.
(3) The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near the child for the purpose of controlling or modifying the behavior of or punishing the child.
(4) Any technique that subjects the child to ridicule, humiliation, or emotional trauma.

7. Trained Staff are those individuals who successfully complete and stay current in a training program that results in acquisition of skills in verbal de-escalation, preventing restraints, evaluating risk of harm in an individual situation, use of approved techniques and monitoring the effect of the restraint.
8. District/facility shall mean the Dover School District.
9. Parent shall mean the student's parent, legal guardian, surrogate parent or student over the age of 18.
10. Seclusion means the involuntary placement of a child alone in a place where no other person is present and from which the particular child is unable to exit, either due to physical manipulation by a person, lock, or other mechanical device or barrier.

C. <u>Risks of Restraint</u>

Staff will understand that all physical restraints involve some risk. This may include injury, including in rare instances, death to the person being restrained and/or to staff. Restraint related positional asphyxiation or other physical injuries can occur. For this reason, it is essential that staff is trained in appropriate techniques that minimize the possibilities of risk.

There is also the risk of psychological impact in using restraints. An individual's past experience with abuse or the fear involved with being restrained may cause unanticipated responses. Staff should be aware that for some students the use of physical restraint might have the unintended consequence of acting as a positive reinforcer for their behavior.

In addition, staff should be conscious of individual perceptions, experiences and cultural orientation and recognize that for some students any touching may be unwelcome and misinterpreted despite good intentions. In these situations, touching the student may evoke an extreme and intense response and make the use of restraint more dangerous for both student and staff.

D. Training

The District shall ensure all appropriate personnel are trained in the use of verbal de-escalation and physical restraint procedures. Efforts will be made to apply physical restraint only by individuals who have received training in the district approved program and have remained current in its use.

The District will notify all new personnel working in programs where the use of restraint is "anticipated" of the Use of Physical Restraint Policy and Procedures and the requirement they participate in the approved training program within a reasonable period. Staff will receive on-going training to maintain the requirements of the training program chosen by the District.

Staff members assigned to provide training must be a certified instructor in the training program selected by the District.

E. Prevention Strategies

It is expected that school staff will implement positive and constructive methods to verbally de-escalate potentially dangerous situations. When the district anticipates that a student is likely to behave in a way that may require physical restraint, staff will conduct a functional behavior assessment and develop a positive behavior plan including a plan for teaching replacement behaviors. When appropriate, a team of knowledgeable people will include behavioral goals and objectives in a student's Individual Education Plan, 504 Accommodation Plan or other Behavior Intervention Plan. Staff must implement all strategies identified in any formal plan such as an Individualized Education Plan (IEP), 504 Accommodation Plan or any other Behavior Intervention Plan.

Whether the student is eligible for special education or not, the school can still develop a specific behavior support plan in conjunction with the parent/guardians.

F. Dangerous Restraint Techniques are Prohibited

a. Any technique that:

(1) Obstructs a child's respiratory airway or impairs the child's breathing or respiratory capacity or restricts the movement required for normal breathing;
(2) Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back or abdomen of a child;
(3) Obstructs the circulation of blood;
(4) Involves pushing on or into the child's mouth, nose, eyes, or any part of the face or involves covering the face, or body with anything, including soft objects such as pillows, blankets, or wash clothes, or
(5) Endangers a child's life or significantly exacerbates a child's medical condition.

b. Intentional infliction of pain, including the use of pain inducement to obtain compliance.

c. The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near the child for the purpose of controlling or modifying the behavior of or punishing the child.

d. Any technique that subjects the child to ridicule, humiliation, or emotional trauma.

G. <u>Authorization and Monitoring of Extended Restraint</u>

When restraint may permissibly be used on a child, school officials must comply with the following procedures:

1. *Children in restraint shall be continuously and directly observed by personnel trained in the safe use of restraint;*

2. *When the period of restraint reaches 5 minutes, the principal or designee, (CPI certified) shall be notified to review and approve of the continuation of the restraint. This approval will be documented on the restraint incident report that accompanies these protocols.*

3. *Restraints will be observed by an administrator or designee, from the 5 minute mark forward and shall be recertified and documented at each 5 minute interval until the 20 minute mark (from the initiation of the restraint incident)*

4. *If the total time of restraint (from initiated time) reaches 20 minutes, the parent will be notified and the administrator will determine if the police department will be notified and requested to respond to the school. Re-certifications of the restraint by the CPI trained administrator or designee shall continue at 5 minute intervals and will be documented until such time as a parent or emergency responder arrives and can take over*.
5. *When the parent is notified, the nurse will be notified of a pending health check*

~~6. No period of restraint shall exceed 15 minutes. If restraint is to exceed this time, approval of the Principal or supervisory employee designated by the Principal to provide such approval is required.~~

~~7. No period of restraint shall exceed 20 minutes unless a face-to-face assessment of the mental, emotional and physical well-being of the child is conducted by the Principal or supervisory employee designated by the Principal who is trained to conduct such assessments. The assessment must include a determination of whether the restraint is being conducted safely and for a proper purpose. These assessments must be repeated at least every 30 minutes during the period of restraint and documented in writing pursuant to the notification requirements set forth below.~~

H. Processing the Incident

Immediately after the student has restored emotional and behavioral control the school nurse or other health professional shall examine the student **and staff** ***to ascertain if any injury has been sustained during the restraint.***

The individuals involved with the incident shall complete **the initial report of restraint** ***~~a written report~~ as soon after the incident as possible but not longer than ~~5 days after the incident~~*** **the end of the school day or sooner if practicable. If a staff member is not able to immediately provide documentation (ex. because of injury) the reason will be noted on the Incident Form and the administrator will be notified. A final written report of restraint shall be completed and given to the administrator no later than 24 hours after the restraint.**

The staff members involved with the physical restraint will have the opportunity to meet with their supervisor after *every* ***incident.*** **Staff will meet as a team to debrief after the initial incident reports are completed on the same day as the incident. Outside agencies, such as the Dover Police Department, will be invited as determined by the administrator.** ***The purpose is to have staff process the incident, look at what could have been done to prevent the restraint and look at any more efficient ways to manage a restraint should it occur in the future. The supervisor will provide support to the staff members and determine when the staff members shall return to his or her duties.*** **If a team member is uncomfortable with participating in a full team debrief or has information they wish to share individually they will notify the administrator immediately and will debrief individually.**

The student, with assistance from staff, will process the event at the earliest appropriate time.

I. Informed Decision Making

When the use of physical restraint is included in a student's written plan, the District will provide the parent/guardian with a copy of the Policy and Procedures for the Use of Physical Restraint.

Additionally, the parent/guardian will be asked to share relevant information with school personnel. This information should include, but not be limited to, medical, health and/or psychological considerations, past experiences, patterns of behavior that may signal an imminent situation and/or de-escalation techniques that have proven to be successful. Whenever staff becomes aware of a medical condition, it is their responsibility to work with the parent/guardian to identify viable modifications/alternatives.

To the extent possible, the District will collaborate with the parent/guardian to identify appropriate and effective techniques for supporting student behavior. Ultimately, it is the responsibility of the District to provide for the safety of all students. The general welfare and safety of both the student and others must be considered at all times. In dangerous situations where the student can cause serious, probable and imminent bodily harm to himself/herself or others, or substantial damage to the learning environment, restraint may be used.

J. Documentation

All restraints must be documented. Two forms to be used for documentation has been provided in the Appendix. The forms are entitled "Individual Report" and "Incident Report – Use of Restraint"

K. Reporting Requirements

Appropriate personnel will use the following protocol after each incident:

1. ***Verbally notify ~~Principal~~* the administrator or designee *as soon as possible,* but no later than at the first five minute interval.**

2. *If the total time of restraint (from initiated time) reaches 20 minutes, the parent will be notified and the administrator will determine if the police department will be notified and requested to respond to the school.* The ~~Principal~~ *Administrator* or designee will update the parent/guardian on the student's current emotional state and discuss strategies to assist the parent/guardian in dealing with any residual effects of the incident;
3. ***Complete* Incident Report –Use of Restraint *~~Incident Report – Form #1 within one school day~~* and give to the *school ~~principal~~* administrator *or designee as soon as is practicable but no later than* the end of the school day.**
4. ***Send copy of the written report to the parent/guardian within 3 school days following the use restraint;***
5. ***Place a copy of report in the student's discipline file and special education file if appropriate.***

6. ***A copy of* all *reports shall be forwarded to the* Pupil Personnel Services Director *and* Superintendent.**
7. ***A copy of staff injury report shall be forwarded to the Restraint Review Committee.***

Further, it is expected that each staff member involved in an incident will engage in a processing session(s). Components to be included in this session are outlined in the Appendix titled "<u>Staff Processing of Restraint Incident</u>" The staff member's supervisor or designee shall complete and file the form with the Restraint Review Committee.

L. <u>Annual Review Process</u>

The District shall establish a Restraint Review Committee to conduct a~~n annual~~* quarterly *review of all individual and program-wide data associated with this policy. The Committee shall review at a minimum, the following components related to the use of restraint. These include an analysis of the following components:

1. ***incident reports;***
2. ***procedures used during restraint, including the proper administration of specific district/facility approved restraint techniques;***
3. ***preventative measures or alternatives tried, techniques or accommodations used to avoid or eliminate the need of the future use of restraint;***
4. ***documentation and follow up of procedural adjustments made to eliminate the need for future use of restraint;***
5. ***injuries incurred during a restraint;***
6. ***notification procedures;***
7. ***staff training needs;***
8. ***specific patterns related to staff or student incidents; and***
9. ***environmental considerations, including physical space, student seating arrangements, and noise levels.***

Upon review of the data, the Committee shall identify any issues and/or practices that require further attention and provide written recommendations to the Superintendent of Schools. Further, the Committee can recommend review of the training program to ensure the most current knowledge and techniques are reflected in the district/facility's program.

The Committee or Superintendent of Schools will report annually to the School Board findings and recommendations from its annual review of district wide data concerning the use of restraint.

The Superintendent or designee shall ensure that all relevant personnel are aware of the District Use of Physical Restraint Policy and Procedures.

Principals will annually identify staff members who serve as school-wide resources to assist in ensuring proper administration of physical restraint. Each school will maintain and distribute an up to date list of trained staff to all relevant educational personnel.

Appendix

FORMS AND GUIDELINES FOR PROCESSING A RESTRAINT

Form #1 – Incident Report – Use of Restraint shall be used to document an incident that led to the use of restraint and generate proactive responses to reduce or eliminate similar incidences in the future. This report will incorporate information from the Individual Report and will be completed and delivered to the building administrator no later than 24 hours after the incident.

Form #2- Individual Report-Use of Restraint shall be used by individuals involved in the incident as a first report of events that led to the restraint or of the restraint itself to provide initial documentation to the case manager or administrator. This report will be completed prior to the individual leaving the building at the end of the school day.

Form # 3 – Staff Processing of Restraint Incident shall be used to document that staff involved in an incident have engaged in a processing process that explores perceptions about what happened prior to, during and after the incident.

The staff member submitting documentation should be factual, objective, and concise and use direct quotes from both staff and students.

To this end there needs to be an investment in training and practice in both report writing and processing skills to achieve reliable data.

INCIDENT REPORT—USE OF RESTRAINT

To be filled out by: Case Manager or Designee (admin if not identified) within 24 hours of the incident

Student: _____ Date of Incident:_____

School/Program:_____ Grade: _____

Person Completing Report: _____ Signature: _____

Job Title: _____ Date of Report: _____

Staff Involved in Incident: (individual reports used for compilation)

Duration of Incident Start Time_____ End Time_____

Duration of Restraint Start Time_____ End Time_____

Nurse Report Attached

Location(s):

Describe Incident:

Before Restraint (Include interventions used prior to restraint and student response to those interventions)

During Restraint:

After Restraint:

Possible Motivators:

Describe Restraint Used and Why Hold Was Deemed Necessary:

Describe any injuries to staff, student or any property damage.

Describe processing that occurred with the student and any follow up plans generated:

Copy of Behavior Plan attached? If no indicate why not.

Staff Signatures (please print name underneath)

_____ _____

_____ _____

_____ _____

Follow-up actions:

- ☐ Student behavior plan developed or amended to address potential future incidents: __NO__YES (check and explain below)
- ☐ Potential Environmental Change_____
- ☐ Change in staff behavior:_____
- ☐ Change in student behavior: _____
- ☐ Other:_____
- ☐ Need to complete FBA: _____
- ☐ Need to refer to IEP/504/Support Team for Decision making: _____

Date of processing reviews: Staff: _____
Student: _____

Notifications:

____Administrator Date:
____Parents Date:
____Police Date:
____Special Education Case Manager/Dept. Date:
____Restraint Review Committee Date:
____Other _____ Date:

INDIVIDUAL REPORT—USE OF RESTRAINT

(This report is designed to be used to fill out the formal report; it does not constitute a formal report. This must be filled out and returned to the case manager or Administrator prior to leaving the building on the same school day as the incident)

NAME: _____ JOB TITLE_____Date_____

NAME OF STUDENT_____ GRADE_____ SCHOOL_____

DATE OF INCIDENT_____ DATE OF REPORT (if different) _____

LIST OTHER STAFF INVOLVED:

BEGINNING/ENDING TIME OF YOUR INVOLVEMENT IN INCIDENT ___-___

Please describe the incident:

POSSIBLE MOTIVATORS: Check all that apply.

__obtain peer attention __avoid adults __obtain adult attention __avoid task or activity

__obtain items/activities __avoid peers __get/avoid self-regulation (sensory issue)

__other _____ __don't know

Check interventions used prior to restraint:

Hurdle Help	Sensory Strategies	Planned ignoring/Positive Attention
Proximity	Talk with Counselor/Staff	Prompting
Redirection	Change of Face	Time
Caring Gestures	Change of Space	Managing the environment – Describe
Directive Statements	Space	

_____

_____

_____

WHAT TYPE OF RESTRAINT WAS USED? Check all that apply.

_Child Control _Team Control _Team Transport _ Interim Control _Other _____

YOUR ROLE IN THE INCIDENT? Check all that apply.

_Team Leader _Restrainer _Observer/Recorder __Runner/Messenger __Other _____

DID YOU SUSTAIN ANY INJURY DURING THIS INCIDENT? YES NO

IF YES, DID YOU SEE THE NURSE? YES NO

DID YOU WITNESS ANY PROPERTY DAMAGE? YES NO.

IF YES, DESCRIBE:

SIGNATURE: _____

Staff Processing of Restraint Incident

All staff involved in a crisis incident should be part of a processing session. This should occur after the incident report has already been written and as soon as possible after the event occurred. The focus of processing is to increase the effectiveness of staff response and to decrease the need for future restraint.

The following are important elements of the processing and should be checked off as discussed:

☐ Staff discussed what lead up to the incident. ***(Check each area discussed).***

- ☐ **Each staff member described the incident from his/her own perspective without interruption from others. (Not everyone will perceive or remember the incident in the same way.)**
- ☐ **Staff discussed the triggers that initiated the escalation of behavior, including student, staff and environmental triggers.**

☐ Staff talked about their own feelings and reactions regarding: ***(Check each area discussed).***

- ☐ **What aspects of the restraint process went well? What were the strengths in deescalating the incident?**
- ☐ **Was there anything staff could have done differently that might have decreased or eliminated the need for restraint?**
- ☐ **How did staff feel about how the restraint situation was handled and how it turned out?**
- ☐ **Was the restraint necessary to maintain the safety of staff and student(s)? Were there other options?**
- ☐ **What was the staff attitude prior, during, and after the restraint? How did it escalate or de-escalate the student?**
- ☐ **Was the appropriate number of staff involved in the restraint? Too many? Too few? How did it impact the restraint in terms of intensity and duration?**

☐ Staff discussed what to do next. ***(Check each area discussed).***

- ☐ **Was the event processed with the student? What was the result?**
- ☐ **Overall, what were the issues that must be addressed by student/staff?**
- ☐ **What resources will staff need to assist in working more effectively with the student in the future? What are the training needs?**

A staff processing session is a time to review the facts, to acknowledge staff feelings regarding the crisis, and to give and receive support and encouragement from others.

Staff Processing of Restraint Incident
Staff Sign in and Notes

Facilitator:_____ Date:_____

Building:_____ Student Initials/date of incident:_____

Staff:_____ Staff:_____

Staff:_____ Staff:_____

Staff:_____ Staff:_____

Notes from Processing Session (attach more pages as necessary) forward completed form(s) to the Restraint Review Committee.

THIRD READING

Dover School District-SAU #11

Volunteer Service Statement & Agreement

Date: _____, 20__

I make this Statement and Agreement in order to provide, and to be authorized to perform, ~~the following~~ uncompensated **Volunteer and/or Chaperone** services ~~to my community~~ **in the Dover School District:**

~~[Specify Nature and Scope of Services] under the direction~~

~~of: [Identify the Department or Official with Official Oversight Authority of the Work]~~

~~between [Time Period in Which Work to be Performed]~~

In performing the specified volunteer service, I acknowledge:

- That I am 18 years of age or older and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- That I have acquainted myself with what is required to perform those tasks, and represent that I have the skill and ability to perform them;
- That I assume full responsibility for my own safety and the safety of others who might be affected by my actions or omissions. I hereby agree to release, defend, indemnify, and hold harmless the Dover School District, its agents, employees, and officers, from any and all claims of illness, bodily injury, personal injury, or property damage, occurring to me or to others, arising from my negligent, reckless wanton, or intentional conduct while participating in this activity.
- That I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the Dover School District, and will honor the direction of Dover School District officials to suspend or terminate service;
- That I agree to the foregoing in consideration for being permitted to perform volunteer service for and on behalf of the Dover School District.
- **That I understand to be fingerprinted at a future date if I have a break of one or more years in volunteering and/or chaperoning in the Dover School District.**
- **That I agree to maintain confidentiality of all students and staff.**

_____

Volunteer (Please Print Clearly)

_____

Volunteer (Signature)

Address: _____

_____

Telephone: _____

~~**Area Where Volunteering:**~~ _____

School: _____

This form is to be completed at the SAU Office Only.

~~Dover School District~~
~~61 Locust Street, Suite 409~~
~~Dover, NH 03820~~

~~**VOLUNTEER CRIMINAL RECORD RELEASE AUTHORITY FORM**~~

~~SCHOOL EMPLOYEE BACKGROUND INVESTIGATION-RSA 189:13-A~~

~~I hereby authorize the New Hampshire Department of Safety, Division of State Police to release criminal history record information, if any, to:~~

~~Elaine M. Arbour, Ed.D..~~
~~(Name)~~
~~Superintendent of Schools-SAU #11~~
~~(Title)~~
~~***McConnell Center, 61 Locust Street, Suite 409***~~
~~(Address)~~
~~Dover, NH 03820~~

~~(Name & address of authorized representative of the employing school administrative unit, school district, charter school, or other person to receive Criminal History Record Information.)~~

~~I also authorize release of said information may be sent to the administrator of the Bureau of Credentialing, New Hampshire Department of Education.~~

~~PLEASE TYPE OR PRINT CLEARLY - ALL INFORMATION IS MANDATORY~~

~~Name:~~_____
~~LAST (MAIDEN) FIRST MI~~

~~Address:~~_____
~~STREET CITY STATE ZIP~~

~~Date of Birth:~~ ___/___/___ ~~Social Security:~~ ___/___/___

~~By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.~~

~~Releasee's Signature:~~ _____ ~~Date:~~ ___/___/___

~~Witness's Signature:~~ _____ ~~Date:~~ ___/___/___

_____

~~HOURS FOR FINGERPRINTING: Monday, Tuesday, Wednesday 9:00 a.m. to 10:00 a.m.~~
~~Thursday 1:30 p.m. to 3:30 p.m.~~

~~If there is a scheduling conflict, please contact SAU receptionist at 516-6800 to make arrangements for other days or times.~~

~~Policy Code: IJOC Volunteers & Chaperones~~

~~Volunteers may be subjected to a background investigation/criminal records check. Any person for whom the Board requires a criminal records check may be required to pay all fees and costs associated with the fingerprinting process and/or the submission or processing of the requests for the criminal records checks, unless otherwise determined by the Board.~~

Athletic Department

August 24, 2015

I.Hiring Coaches:

1. Advertise / post openings:
2. Select interview team (if necessary):
3. Develop interview questions (Attachment #1):
4. Background / reference checks:
5. Recommendation to the Superintendent of Schools for nomination to School Board:
6. Opening Positions Every Season?

II.Training / Orientation of Coaches:

1. Regular meetings with me and/or head coach leading into season as necessary
2. Attend Preseason Coaches Meeting (Attachment #2):
3. Coaching Certification Requirements (Attachment #3):
4. Going Forward

III. Supervision / Evaluation of Coaches:

1. Head Coaches Evaluations (Attachment #4):
2. Assistant Coaches Evaluation (Attachment #5):
3. Student-Athlete Evaluations (Attachment #6):
4. On-Line Parent / Guardian Coaching Evaluations?:

Dover Coaches Preseason Meeting
Fall 2015 - *Checklist*

1.____PRE-SEASON COACHES PACKET
- ON-LINE Team Registrations – see attachment – Family ID
-Physical Lists – **Good 2 years from date on list provided!**
-OTHER

2.____SCHEDULES
-Practice schedules need to be to me A.S.A.P. – if not right after school
-Schedules/**BUS TIMES / LOCATIONS - (*DRAFT – subject to change)***
-Master schedules will be updated weekly and emailed to you and posted on the bulletin board outside my office – check carefully!!!!!!!!!!!!!!!!!!!!!!!!
- Practice Schedules / Gym, Field, Selection Week, Vacation Week ****
- START DATE – Football – August 12, DHS Volleyball, Cheer, B/G Soccer, Field Hockey, Cross Country, Golf August 17th / DMS meeting on Sept 3rd at 2:30 – first tryouts/practice on September 8th

3.____ACADEMICS
- Quarter 4 Grades of this school year.*******Incoming frosh eligible
- **Must pass at least 6 courses A/B** – most kids will take 7 (some 8 and some 6)
- Students who take 6 or fewer MUST PASS ALL classes

4.____ATHLETIC EXPECTATION AGREEMENT
-on School district web-site, high school and middle school web-sites – and Family I.D
- **SITE IS ACTIVE AS ON MONDAY WEDNESDAY July 1, 2015!**
- instructions can be handed out to parents at preseason meetings and will be sent via "One Call Now" system
- CONCUSSION PIECE is recommended on site as well
NHIAA Policy – ALL athletes MUST make DHS sports the first priority over any outside school team - this includes practices, scrimmages, games, meets, matches, spaghetti dinners, group hugs, etc. unless approved by myself and principal

5.____ATHLETIC ANNOUNCEMENTS
- HEAD COACHES ONLY! Log on to *N.H.I.A.A.* with results – See Linda or myself for password.
-call *Foster's* with results 742-4455
-Include Varsity/JV/Reserves games for write up!

6.____ATHLETIC TRAINER – Eric Goodman -
-report all injuries to Eric – **COMMUNICATE WITH ERIC!**
-trainer makes final call as to whether a player returns to action.
- Eric will have kits for you for first practice / tryout

7.____ROSTERS

-to me as soon as your uniforms have been handed out. Include freshman and J.V. rosters. (e.g., #, name, grade, position, ht., wt., etc.)

8.____COMMUNICATION.

-say nothing to the media about officials – no matter what!

9.____CUTTING OF ATHLETES

-don't post "cut list" -- **very serious, get as many coaches involved in decision as possible.**

-any athlete *QUITS* please inform me ***in writing/e-mail*** OR see me or Linda

10.___WEB SITE/WEB PAGE

-www.highschoolsports.net / www.schedulestar.com

- Must be done through district web-site – Librarian handles most of conversion – More to come on this
- FACEBOOK / Social Network – **READ ONLY**!
- **Please speak to students about Social Media ************
- **Texting to athletes should ONLY be messages / no comments on kids play, just information that they need (e.g. practice cancelled, practice time changed to 4pm, etc…)**

11.___DISCIPLINE

-written team rules to me prior to first practice and prior to player dissemination.

-inform A.D. before any Major disciplinary action – (e.g., suspending player for 1 week).

12.___EARLY DISMISSAL

-15 minutes prior to bus departure (NOT 1 MINUTE EARLIER)

13.___EJECTIONS

-athletes and coaches meet with A.D. and Principal before returning to play

-Sportsmanship, Sportsmanship, Sportsmanship!!!!!!!

14.___ELIGIBILITY

-21 days after first practice

-ASI, OSS, absences (excused/unexcused), tardy, etc.

15.___WEEK END PRACTICES

-Sundays should be open as much as possible – Nothing in the AM unless approved by AD – Need to be flexible about Sundays

-one day per weekend off

16.___EQUIPMENT
-check safety of playing surfaces and equipment on daily basis
-let me know of any desperate needs ASAP – we have very little money

17.___UNIFORMS
-check them ASAP – don't wait until the last minute to determine you have a dire need for something
-collection – you MUST COLLECT ALL Uni's – we can't afford to go without

18.___VULGARITY
-coaches and players – NONE whatsoever!

19.___HAZING AND GROUP BEHAVIOR
-how does individual feel who is being "hazed"
-how you would feel doesn't matter
-tradition doesn't matter
-what happened to you doesn't matter

20.___KEYS
- Who needs 'em

21.___MANAGERS
- Same rules apply as all other athletes except physical requirement and transportation fee

22.___PARTICIPATION
-varsity level – NOT EQUAL
-sub-varsity level – MORE EQUALIZED THE LOWER YOU GO

23.___PAYMENT OF COACHES
-end of season after everything is complete
-I-9 and W-4 forms
-Police background check if you were hired after August 2, 1997 – new hires

24.___POSTPONING / CANCELLING CONTESTS
- ***phone/email/text tree for players –***
- www.schedulestar.com ***or www.dover.k12.nh.us***

25.___PRACTICES

-goals, objective, outline, written, date ---- SAVE AND FILE

-2 1/2 hour limit

-After practice students should remain in athletic end to wait to be picked up by parents – male coach/don't stay alone with female athlete and vice versa

26.___PRE SEASON TEAM MEETING

-allowed only 1 unless for fundraising purposes

-set date and inform A.D. – I think I have most of the dates and times

27.___RULES

-KNOW -- N.H.I.A.A. Policies and Procedures Manual and Handbook

- HEAD HIGH SCHOOL COACHES – ON LINE RULES REVIEW REQ'D

- APPEALING CONTESTS – MUST BE DONE AT SITE!!!!!! IMPORTANT

- Concussion Course MUST be completed by EVERY coach!!!!!!!!!!!

28.___SCRIMMAGES

- payment of officials is equal to sub-varsity rate ($62.00) – we will pay for two scrimmages

29.___SUPERVISION

-locker room, buses, gyms, practice areas

30___TRANSPORTATION

-<u>BUS TRIPS / BEHAVIOR / MONITORING BACK OF BUS, ETC..</u>

-check bus times

-post bus times and schedules in locker room area

-bus rules

-BUSSES WILL BE AN ISSUE THIS YEAR!!!! BE PREPARED AND GIVE PARENTS/KIDS A HEADS UP

31.___VOLUNTEER COACHES

-contracts, limits, reference checks, payment from boosters through school dept.

DOVER HIGH SCHOOL/MIDDLE SCHOOL
HEAD COACH EVALUATION FORM

Name of Coach _____ Sport _____ Level & School _____

1. Excellent **2. Meets Expectations** **3. Needs Improvement** **4. No Opportunity to Observe** **5. Not Applicable**

PROFESSIONAL & PERSONAL RELATIONSHIPS

_____ Cooperates with the athletic administrator and/or administrative assistant to submit all necessary season paperwork to include rosters, end of the year awards reports, inventory documentation and NHIAA requirments.

_____ Provides training rules to team members in writing and follows due process procedures as necessary

_____ Develops rapport with the athletic coaching staff, other teachers, and administrators

_____ Is appropriately dressed at practices and games

_____ Participates in in-service meetings and other activities to improve coaching performance. Attends meetings necessary to the welfare of the athletic department.

_____ Develops sound public relations. Cooperates with newspapers, radio, television, booster club and interested spectators.

_____ Understands and follows rules and regulations set forth by all governing agencies; state association, Board of Education and league.

_____ Participates in parent's night, banquets, awards nights, pep assemblies and letters to colleges regarding players.

_____ Works cooperatively with middle school coaches / high school coaches in developing a coordinated program.

_____ Promotes all sports in the athletic program attempting to foster school spirit

_____ Cooperates and communicates with parents during the entire year.

COACHING PERFORMANCE

_____ Maintains appropriate sideline conduct at games with respect to players, officials and other workers

_____ Provides proper supervision and administration of locker and training room and on bus trips.

_____ Is well versed and knowledgeable in matters pertaining to the sport.

_____ Has individual and team discipline under "control".

_____ Develops a well organized practice schedule, which utilizes his/her staff and team to its maximum potential.

_____ Establishes the fundamental philosophy, skills and techniques to be taught by the staff.

_____ Develops integrity within the coaching staff, fellow coaches and works to make better coaches.

_____ Is fair, understanding, tolerant, sympathetic and patient with team members.

_____ Is innovative using new coaching techniques and ideas in addition to sound, already proven methods of coaching.

_____ Is prompt in meeting team for practices and games.

_____ Shows an interest in athletes in off-season activities and classroom efforts.

_____ Provides leadership and attitudes that produce positive efforts by participants.

_____ Knows the medical aspects of the position, including first aid, injury policies, working with team trainer and/or family physician.

_____ Provides an atmosphere of cooperation in being receptive to suggestions and giving credit to those responsible for success.

_____ Uses all possible ethical means of motivation, emphasizes values of competitive athletics, acceptable personal behavior, decision-making and lasting values to each individual.

_____ Utilizes videotape along with providing instructions on proper care and use.

_____ Utilizes practice time for both individual and team development.

_____ Team performance consistent with quality of athletes available.

RELATED COACHING RESPONSIBILITIES

_____ Is concerned about the care of equipment, including issue, collection, inventory and storage.

_____ Is cooperative in developing non-league schedules and securing officials.

_____ Is cooperative in sharing facilities

_____ Shows self-control and poise in areas related to coaching responsibilities

_____ Displays enthusiasm and exhibits interest in coaching.

_____ Keeps athletic administrator informed about unusual event.

_____ Is cooperative in helping service clubs, booster club, recreation department and other organizations in their projects which in turn relate to the athletic program.

_____ Encourages all potential athletes to participate in sport programs.

SUMMARY:

Number of years coaching in this assignment: _____

Number of years coaching in school district: _____

COMMENTS:

COACH'S JOB TARGETS:

_____ _____

Athletic Director **Date** **Coach** **Date**

EVALUATION OF ASSISTANT COACHES

SPORT: _____

ASST. COACH: _____

ASSIGNMENT: _____

EVALUATOR: _____

CODE

O	-outstanding
S	-satisfactory
NI	-needs improvement
NA	-non-applicable
US	-unsatisfactory

1.	**Personal knowledge of game:**	O	S	NI	NA	US
2.	**Coaching Techniques:**					
	a. Imparts knowledge to the team	O	S	NI	NA	US
	b. Imparts skills to the team	O	S	NI	NA	US
3.	**Sideline Conduct at Games:**					
	a. Toward players	O	S	NI	NA	US
	b. Toward officials	O	S	NI	NA	US
4.	**Attendance:**					
	a. Practice	O	S	NI	NA	US
	b. Games	O	S	NI	NA	US
5.	**Interpersonal Relationships:**					
	a. With head coach	O	S	NI	NA	US
	b. With other members	O	S	NI	NA	US
	c. With students	O	S	NI	NA	US
	d. With parents	O	S	NI	NA	US
	e. With faculty	O	S	NI	NA	US
6.	**Professional Growth:**					
	a. Attends meetings	O	S	NI	NA	US
	b. Asks for advice	O	S	NI	NA	US

COMMENTS:

Evaluator _____ **Asst. Coach** _____

Date: _____ **Date:** _____

RESPONSE:

Signature: _____

Dover High School

Student-Athlete

Evaluation Form

Name (optional):_____Sport:_____

Directions: Please choose the number that best represents the extent to which you agree with the statements listed below. Place the appropriate number in the space provided.

5=Strongly Agree 4=Agree 3=Neutral 2=Disagree 1=Strongly Disagree

0=Not Applicable

____ 1. The success your team had this year met your expectations.

____ 2. The team achieved its seasonal goals and objectives.

____ 3. I was satisfied with the role I played as a member of this year's team.

____ 4. I was given ample opportunity to demonstrate my abilities.

____ 5. The coaches treated the team fairly and with respect.

____ 6. The head coach is a positive role model for me and my teammates.

____ 7. I made positive progress with the basic skills and understanding of my sport.

____ 8. Team spirit and morale was good.

____ 9. The head coach communicates effectively with the team

____ 10. The head coach maintained discipline in a fair and consistent manner.

____ 11. The coaching staff provided an environment that made participation enjoyable for me and my teammates.

____ 12. The coaching staff conducted a well-planned practice.

____ 13. The coaching staff helped me and my teammates reach our potential.

____ 14. The coaches' conditioning/training program was effective at getting us in the best possible condition to compete.

____ 15. The coaching staff promoted the concept of "student-athlete" and encouraged us to do well academically.

____ 16. The coaching staff helped to provide a safe and healthy environment for practice and competition.

____ 17. The coaching staff exhibited reasonable and prudent conduct in preventing and handling accidents/injuries.

____ 18. The head coach and staff motivated us for competition.

____ 19. The head coach was effective.

20. Please identify the head coaches' strengths: _____

_____

_____

_____

_____

_____

21. Please identify areas in which the head coach may need improvement. _____

_____

_____

_____

_____

_____

_____

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department Contact Person, Title	School Dr. Elaine Arbour, Superintendent	Date Phone Number	8/19/2015 603-516-6800

1. Project Title Transfer to Capital Reserve - Curriculum	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 # Community Facilities and Utilities, School Section	7. Project History (Previous CIP Year or connection to other projects): Continued from previous CIP	
8. Description Transfer of funds from the operating budget into reserve account for payment of future large curriculum upgrade projects. This reserve fund will be used in conjunction with the annual curriculum funding in the general operating budget.	9. Justification & Useful Life To ensure adequate funding is available for curriculum upgrades without having large increases in tax rates. Curriculum replacement is determined by a six-year cycle that is updated annually.	

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 2017	$10,000	Other	Operating Budget	
Program year FY 2018	$45,000	Other	Operating Budget	
Program year FY 2019	$45,000	Other	Operating Budget	
Program year FY 2020	$10,000	Other	Operating Budget	
Program year FY 2021	$50,000	Other	Operating Budget	
Program year FY 2022	$50,000	Other	Operating Budget	
TOTAL SIX YEARS	$210,000			
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		
Direct Costs		
personnel:	number	
	$ amount	
purchase of service		
materials & supplies		
equipment purchases		
utilities		
other		
Subtotal		
Indirect Operating Costs		
fringe benefits		
General Admin Costs		
other		
Subtotal		
Total Operating Costs		
Debt Service (P &I)		
Total Costs		

13. Equipment Cost	Per Unit	Total
Purchase Price		
Plus: Installation		
Less: Trade In/Credit		
Net Cost		

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	
Subtotal	
gain from sale of replaced assets	
Total	

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department Contact Person, Title	School Dr. Elaine Arbour, Superintendent	Date Phone Number	8/19/15 603-516-6800

1. Project Title Transfer to Capital Reserve – School Facility	2. Category Education	3. Priority High
4. Location District Wide	5. Purpose of Project Request Modify a project in the CIP	
6. Master Plan Chapter, Section and page # Community Facilities and Utilities, School Section	7. Project History (Previous CIP Year or connection to other projects): We began to build capital reserve funds in FY15 and will continue.	
8. Description 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 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	
BUDGET FY	**TOTAL** (Interest cost not included)	**COST ELEMENT**	**PRINCIPAL**	**SECONDARY**
Program year FY 2017	$50,000	Other	Operating Budget	
Program year FY 2018	$50,000	Other	Operating Budget	
Program year FY 2019	$50,000	Other	Operating Budget	
Program year FY 2020	$50,000	Other	Operating Budget	
Program year FY 2021	$50,000	Other	Operating Budget	
Program year FY 2022	$50,000	Other	Operating Budget	
TOTAL SIX YEARS	$300,000			
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		
Direct Costs		
personnel:	number	
	$ amount	
purchase of service		
materials & supplies		
equipment purchases		
utilities		
other		
Subtotal		
Indirect Operating Costs		
fringe benefits		
General Admin Costs		
other		
Subtotal		
Total Operating Costs		
Debt Service (P &I)		
Total Costs		

13. Equipment Cost	Per Unit	Total
Purchase Price		
Plus: Installation		
Less: Trade In/Credit		
Net Cost		

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	
Subtotal	
gain from sale of replaced assets	
Total	

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department Contact Person, Title	School Dr. Elaine Arbour, Superintendent	Date Phone Number	8/19/2015 603-516-6800

1. Project Title Transfer to Capital Reserve – Information Technology	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 # 45 Community Facilities and Utilities, School Section	7. Project History (Previous CIP Year or connection to other projects): Continued from previous CIP	
8. Description 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 To ensure adequate funding is available for IT upgrades without having large increases in tax rates. Capital Reserve funds are used in conjunction with general Operating Budget and eRate reimbursements. The District is currently undergoing an IT audit of infrastructure, devices, software, staffing and IT-related curriculum impact and support. This will inform a longer-term strategy for the planning and procurement of IT resources.	

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 2017	$20,000	Other	Operating Budget	
Program year FY 2018	$40,000	Other	Operating Budget	
Program year FY 2019	$40,000	Other	Operating Budget	
Program year FY 2020	$40,000	Other	Operating Budget	
Program year FY 2021	$40,000	Other	Operating Budget	
Program year FY 2022	$40,000	Other	Operating Budget	
TOTAL SIX YEARS	$220,000			
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 (±) N/A		
Direct Costs		
personnel:	number	
	$ amount	
purchase of service		
materials & supplies		
equipment purchases		
utilities		
other		
Subtotal		
Indirect Operating Costs		
fringe benefits		
General Admin Costs		
other		
Subtotal		
Total Operating Costs		
Debt Service (P &I)		
Total Costs		

13. Equipment Cost	Per Unit	Total
Purchase Price		
Plus: Installation		
Less: Trade In/Credit		
Net Cost		

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	
Subtotal	
gain from sale of replaced assets	
Total	

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department Contact Person, Title	School Dr. Elaine Arbour, Superintendent	Date Phone Number	8/19/2015 516-6800

1. Project Title: Curriculum Replacement and Upgrade	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 # Community Facilities and Utilities, School Section	7. Project History (Previous CIP Year or connection to other projects): Continued from previous CIP	
8. Description: Renovation of: Planned curriculum review and upgrade per Curriculum Six-Year Cycle.	9. Justification & Useful Life: Expenditures from this account ensure that 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

BUDGET FY	TOTAL (Interest cost not included)	COST ELEMENT	PRINCIPAL	SECONDARY
Program year FY 2017	$235,000	Improvements to Curriculum	Capital Reserves	Operating Budget
Program year FY 2018	$100,000	Improvements to Curriculum	Operating Budget	
Program year FY 2019	$100,000	Improvements to Curriculum	Operating Budget	
Program year FY 2020	$200,000	Improvements to Curriculum	Capital Reserves	Operating Budget
Program year FY 2021	$100,000	Improvements to Curriculum	Operating Budget	
Program year FY 2022	$100,000	Improvements to Curriculum	Operating Budget	
TOTAL SIX YEARS	$835,000	Note: Funding from Capital Reserves to be used in conjunction with general Operating Budget 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 (±)		
Direct Costs		
personnel:	number	
	$ amount	
purchase of service		
materials & supplies		
equipment purchases		
utilities		
other		
Subtotal		
Indirect Operating Costs		
fringe benefits		
General Admin Costs		
other		
Subtotal		
Total Operating Costs		
Debt Service (P &I)		
Total Costs		

13. Equipment Cost	Per Unit	Total
Purchase Price	$0	$0
Plus: Installation		
Less: Trade In/Credit		
Net Cost	$0	$0

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	
Subtotal	
gain from sale of replaced assets	
Total	

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department Contact Person, Title	School Dr. Elaine Arbour, Superintendent	Date Phone Number	8/19/2015 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 Community Facilities and Utilities, School Section	7. Project History (Previous CIP Year or connection to other projects): Continued from a previous CIP project	
8. Description: Renovation of: • Mechanical and ventilation systems, plumbing and electrical upgrades • Roof and insulation • Window replacement • Life Safety • Paving and Striping • Replacement and expansion of bathrooms • Remodeling and enlarging of classrooms to NH state standards • Improvement to grounds • Energy efficiency upgrades	9. Justification & Useful Life: Useful Life – 5 – 20+ Years Maintenance of facilities and schools is imperative to District operations and protection of the City's investment in infrastructure. It is likely that the Dover School District will contract with an energy performance vendor to realize guaranteed savings for facilities upgrades. This includes lighting, building envelope, plumbing fixtures, etc.	

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 2017	$75,000	Improvements to Buildings	Operating Budget	Capital Reserve or Special Reserve Funds
Program year FY 2018	$75,000	Improvements to Buildings	Operating Budget	Capital Reserve or Special Reserve Funds
Program year FY 2019	$75,000	Improvements to Buildings	Operating Budget	Capital Reserve or Special Reserve Funds
Program year FY 2020	$75,000	Improvements to Buildings	Operating Budget	Capital Reserve or Special Reserve Funds
Program year FY 2021	$75,000	Improvements to Buildings	Operating Budget	Capital Reserve or Special Reserve Funds
Program year FY 2022	$75,000	Improvements to Buildings	Operating Budget	Capital Reserve or Special Reserve Funds
TOTAL SIX YEARS	$450,000			
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 (±)		
Direct Costs		
personnel:	number	
	$ amount	
purchase of service		
materials & supplies		
equipment purchases		
utilities		
other		
Subtotal		
Indirect Operating Costs		
fringe benefits		
General Admin Costs		
other		
Subtotal		
Total Operating Costs		
Debt Service (P &I)		
Total Costs		

13. Equipment Cost	Per Unit	Total
Purchase Price	$0	$0
Plus: Installation		
Less: Trade In/Credit		
Net Cost	$0	$0

14. Estimated Use of Requested Equipment	
Weeks per year (months if seasonal):	52
For the weeks used, estimate:	
Average days per week:	5
Average hours per day used:	8-12
Estimated useful life in years:	5-20+ Years

15. Net Effect on Municipal Revenue (±)	
Taxes	
other income	
Subtotal	
gain from sale of replaced assets	
Total	

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department Contact Person, Title	School Dr. Elaine Arbour, Superintendent	Date Phone Number	8/19/2015 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 Modify a project already in the CIP	
6. Master Plan Chapter, Section and page #28 Community Facilities and Utilities, School Section	7. Project History (Previous CIP Year or connection to other projects): Continued from previous CIP	
8. Description: • Infrastructure Improvements, including replacement of Servers/Routers/Switches • Annual Replacement of Hardware, (Desktops, Laptops, IPads, Chromebooks) on a 5 year lifespan cycle • Replacement of print solutions and other related hardware • Large scale replacement of software programs	9. Justification & Useful Life: Maintenance of IT infrastructure, equipment and software is imperative to the success of teaching and learning, as well of the operations of the Dover School District. The District is currently undergoing an IT audit of infrastructure, devices, software, staffing and IT-related curriculum impact and support. This will inform a longer-term strategy for the planning and procurement of IT resources.	

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 2017	$120,000	Improvements to IT	Capital Reserves	Operating Budget/eRate
Program year FY 2018	$50,000	Improvements to IT	Operating Budget/eRate	
Program year FY 2019	$100,000	Improvements to IT	Capital Reserves	Operating Budget/eRate
Program year FY 2020	$50,000	Improvements to IT	Operating Budget/eRate	
Program year FY 2021	$50,000	Improvements to IT	Operating Budget/eRate	
Program year FY 2022	$50,000	Improvements to IT	Operating Budget/eRate	
TOTAL SIX YEARS	$420,000	Note: Capital Reserve funds are used in conjunction with general Operating Budget and eRate reimbursements.		
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 (±)		
Direct Costs		
personnel:	number	
	$ amount	
purchase of service		
materials & supplies		
equipment purchases		
utilities		
other		
Subtotal		
Indirect Operating Costs		
fringe benefits		
General Admin Costs		
other		
Subtotal		
Total Operating Costs		
Debt Service (P &I)		
Total Costs		

13. Equipment Cost	Per Unit	Total
Purchase Price	$0	$0
Plus: Installation		
Less: Trade In/Credit		
Net Cost	$0	$0

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	
Subtotal	
gain from sale of replaced assets	
Total	

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department	School	Date	8/19/2015
Contact Person, Title	Dr. Elaine Arbour	Phone Number	516-6800

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): Cite previous Garrison Elementary School projects	

8. Description:
Renovation of:

- Mechanical and ventilation systems, plumbing and electrical upgrades
- Upgrade Life Safety Systems
- Window/door replacement
- Cafeteria/Kitchen improvements/upgrades
- Upgrade accessibility standards
- Remodel and enlarge twenty-five classrooms to NH state standards
- Consider small expansion of school to accommodate additional enrollment
- Stage Area

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.

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 21st Century learning environment.

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. There is a possibility of expansion for several classrooms if the site allows.

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 2017	$3,300,000	Improvements to Buildings	Debt Financing	
Program year FY 2018	$3,600,000	Improvements to Buildings	Debt Financing	
Program year FY 2019	$0			
Program year FY 2020	$0			
Program year FY 2021	$0			
Program year FY 2022	$0			
TOTAL SIX YEARS	$6,900,000	Note: We are considering doing some of the improvements over time, if feasible. Would like to use remaining FY16 roof monies to investigate and prioritize needs and begin on imminent life safety issues. There is a possibility of State aid for imminent life safety concerns in the future.		
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 (±)	
Direct Costs	
personnel: number	
$ amount	
purchase of service	
materials & supplies	
equipment purchases	
utilities	
other	
Subtotal	
Indirect Operating Costs	
fringe benefits	
General Admin Costs	
other	
Subtotal	
Total Operating Costs	
Debt Service (P &I)	
Total Costs	$6,900,000

13. Equipment Cost	Per Unit	Total
Purchase Price		
Plus: Installation		
Less: Trade In/Credit		
Net Cost		

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	
Subtotal	
gain from sale of replaced assets	
Total	

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department Contact Person, Title	School Dr. Elaine Arbour, Superintendent	Date Phone Number	8/19/2015 603-516-6800

1. Project Title Middle School Roof Replacement	2. Category Education	3. Priority High
4. Location DMS (16 Daley Dr.)	5. Purpose: Modify a project already in the CIP	
6. Master Plan Chapter, Section and page #28 Community Facilities and Utilities, School Section	7. Project History (Previous CIP Year or connection to other projects): Continued from previous CIP with EPDM replacement added	
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. It will also entail adding a new layer of EPDM on the existing EPDM roof.	9. Justification & Useful Life: The existing shingled 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. The EPDM roof will have a continued useful life of five to ten more years with preventative maintenance, but will need replacing between FY2021 and FY2026.	

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 2017	$0			
Program Year FY 2018	$0			
Program Year FY 2019	$520,500	Improvements to Buildings	Debt Financing	Capital Reserve
Program Year FY 2020	$0			
Program Year FY 2021	$0			
Program Year FY 2022	$500,000	Improvements to Buildings	Debt Financing	Capital Reserve
TOTAL SIX YEARS	$1,200,500	Note:		
After Sixth Year	$0	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		
Direct Costs		
personnel:	number	
	$ amount	
purchase of service	$	
materials & supplies		
equipment purchases		
utilities		
other		
Subtotal		
Indirect Operating Costs		
fringe benefits		
General Admin Costs		
other		
Subtotal		
Total Operating Costs		
Debt Service (P &I)		
Total Costs		

13. Equipment Cost	Per Unit	Total
Purchase Price		
Plus: Installation		
Less: Trade In/Credit		
Net Cost		

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	
Subtotal	
gain from sale of replaced assets	
Total	

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department	School	Date	8/19/2015
Contact Person, Title	Dr. Elaine Arbour, Superintendent	Phone Number	516-6800

1. Project Title Kitchen/Cafeteria Maintenance/Repair/Upgrade	2. Category Special Revenue	3. Priority High
4. Location District Wide	5. Purpose of Project Request Modify a project already in CIP	
6. Master Plan Chapter, Section and page #28 Community Facilities	7. Project History (Previous CIP Year or connection to other projects): Continuation of previous CIP project	

8. Description:

- Cafeteria/Kitchen Maintenance and Repairs
- Mechanical and ventilation systems, plumbing and electrical upgrades
- Life Safety Improvements
- Replacement of Equipment
- Replacement of Furniture

9. Justification & Useful Life:
The Dover School District has five kitchen and cafeteria spaces to maintain.

Ongoing repair of the infrastructure as well as repair and/or replacement of the equipment and furniture is essential to providing high quality food and nutrition services to students. A multi-year strategic plan for improvements is under development to inform project priorities.

Projects will focus on routine maintenance, repair and replacement as well as specific upgrades to life safety equipment, serving lines and other mechanical systems.

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 2017	$40,000	Improvements to Buildings	Special Revenue	
Program year FY 2018	$40,000	Improvements to Buildings	Special Revenue	
Program year FY 2019	$40,000	Improvements to Buildings	Special Revenue	
Program year FY 2020	$40,000	Improvements to Buildings	Special Revenue	
Program year FY 2021	$40,000	Improvements to Buildings	Special Revenue	
Program year FY 2022	$40,000	Improvements to Buildings	Special Revenue	
TOTAL SIX YEARS	$240,000	Note: Funding from Cafeteria revenue fund balance		
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 (±)		
Direct Costs		
personnel:	number	
	$ amount	
purchase of service		
materials & supplies		
equipment purchases		
utilities		
other		
Subtotal		
Indirect Operating Costs		
fringe benefits		
General Admin Costs		
other		
Subtotal		
Total Operating Costs		
Debt Service (P &I)		
Total Costs		

13. Equipment Cost	Per Unit	Total
Purchase Price	$0	$0
Plus: Installation		
Less: Trade In/Credit		
Net Cost	$0	$0

14. Estimated Use of Requested Equipment	
Weeks per year (months if seasonal):	40
For the weeks used, estimate:	
Average days per week:	5
Average hours per day used:	6
Estimated useful life in years:	15 – 20+

15. Net Effect on Municipal Revenue (±)	
Taxes	
other income	
Subtotal	
gain from sale of replaced assets	
Total	

City of Dover, NH **CAPITOL IMPROVEMENTS PROJECT REQUEST**

Department Contact Person, Title	School Dr. Elaine Arbour, Superintendent	Date Phone Number	8/19/2015 516-6800

1. Project Title: Light Equipment Replacement Program	2. Category Education	3. Priority High
4. Location District Wide	5. Purpose of Project Request Modify a project already in CIP	
6. Master Plan Chapter, Section and page #28 Community Facilities	7. Project History (Previous CIP Year or connection to other projects): Continuation of previous CIP project	
8. Description: Replacement of Light Equipment • Vehicles • Tractors • Scissor Lift • Utility Vehicles • Mowers	9. Justification & Useful Life: Vehicles, (primarily vans), transport students to various curricular and co-curricular activities. There is a current need to expand the number of vans that we have available for this purpose and to ensure that we are replacing vehicles that are reaching the end of their lifespan. Maintenance equipment can include specialty such as tractors, scissor lifts and the like but it can also include utility vehicles that are used to transport equipment and materials, such as a small dump truck and pick-up truck. Several of DSD's current pieces of small equipment (e.g., lawn mowers, scissor lift) are out of code and need to be replaced to meet OSHA and other safety standards. Utility vehicles are nearing end of life and will impact ability to effectively maintain facilities if not replaced.	

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 2017	$62,000	Other	Special Revenue	Capital Reserves
Program year FY 2018	$50,000	Other	Special Revenue	Capital Reserves
Program year FY 2019	$50,000	Other	Special Revenue	Capital Reserves
Program year FY 2020	$50,000	Other	Special Revenue	Capital Reserves
Program year FY 2021	$50,000	Other	Special Revenue	Capital Reserves
Program year FY 2021	$50,000	Other	Special Revenue	Capital Reserves
TOTAL SIX YEARS	$312,000	Note: Facilities Rental Income Special Revenue Fund to be utilized in conjunction with Capital Reserve.		
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 (±)		
Direct Costs		
personnel:	number	
	$ amount	
purchase of service		
materials & supplies		
equipment purchases		
utilities		
other		
Subtotal		
Indirect Operating Costs		
fringe benefits		
General Admin Costs		
other		
Subtotal		
Total Operating Costs		
Debt Service (P &I)		
Total Costs		

13. Equipment Cost	Per Unit	Total
Purchase Price	$0	$0
Plus: Installation		
Less: Trade In/Credit		
Net Cost	$0	$0

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	
Subtotal	
gain from sale of replaced assets	
Total	