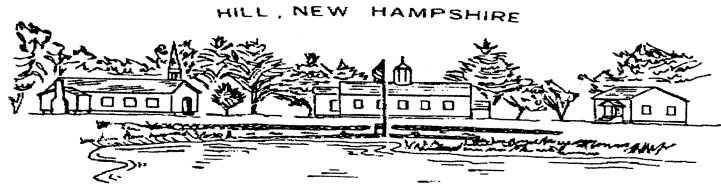


Town of Hill Planning Board  
P.O. Box 236  
30 Crescent St.  
Hill, NH 03243



10 October 2008

### Solicitation for Capital Improvement Projects

To: All Town Departments

The Planning Board is seeking solicitations for the 2008 capital improvement program (CIP). Please provide recommendations for capital projects that your department or committee needs or desires for the period 2008 to 2014. Also, make any changes to capital improvement requests made last year.

For the purposes of the CIP, capital projects are defined as projects requiring construction, purchase or renovation of buildings, streets or other structures, vehicles or other equipment that are outside of normal operations and maintenance, and meeting the following guidelines:

1. a total cost of \$10,000 or more
2. a useful life of at least five years
3. any project requiring bond financing

A project proposal form is enclosed. If the project is eligible for any state grants, matching funds or loans, please indicate this on the form. A project proposal form should be completed for each project, with separate sheets added for explanation where necessary.

Unfortunately, this year's solicitation was delayed. In order to have the updated CIP available for the budget committee, your response by November 1, 2008 would be appreciated.

Please note that the CIP is an advisory document only. The inclusion of any particular project on your list or its listing in the CIP does not commit the Town to that expenditure. New Hampshire RSA 674.7 requires that municipal departments and related authorities and agencies transmit a statement of all capital projects they intend to undertake during the term of the CIP upon request by the Planning Board.

Robert Helmers  
Planning Board  
Capital Improvement Committee

**Capital Improvement Program  
Project Proposal Form**

**Project Title:**

**Proposing Department / Organization (if any):**

**Address:**

**Priority:** \_\_\_\_\_ of \_\_\_\_\_ projects

**Submitted By:**

**Name:**

**Address:**

**Date prepared:**

**Phone(s): daytime:**

**evening:**

**Email:**

**Primary effect of project is to (check one):**

- Replace or repair existing facilities or equipment
- Improve quality of existing facilities or equipment
- Expand capacity of existing services level/facility
- Provide new facility or service capacity

**Rationale for Project (check all that apply):**

- Removes imminent threat to public health or safety
- Alleviates substandard conditions or deficiencies
- Responds to federal or state requirements to implement
- Improves the quality of existing services
- Provides added capacity to serve growth
- Reduces long-term operating costs
- Provides incentive to economic development
- Eligible for matching funds available for a limited time
- Other

**Description of project in 200 words or less:** *Please provide as best as possible an exact location (e.g., address, park, or location within a park) and physical description of the improvement you are suggesting (e.g., new restroom, renovated kitchen, additional play equipment, etc.). Please tell us if your request is for a new facility or repair of an existing asset.*

**Project Title from page 1:** \_\_\_\_\_ (continued)

**Justification of project in 300 words or less:** *Please describe above rationale(s) as well as who and how many people will be served, why the project is needed, why the existing condition or facility is not adequate, and what portion of the total funding will be needed before the project can be started.*

**Service Area of Project:**  
(check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Region          | <input type="checkbox"/> Central Business District |
| <input type="checkbox"/> Municipality    | <input type="checkbox"/> Neighborhood              |
| <input type="checkbox"/> School District | <input type="checkbox"/> Street                    |
| <input type="checkbox"/> _____ District  | <input type="checkbox"/> Other Area:               |

**Cost Estimate:**

**Project Costs (all items need a value greater than or equal to \$0)**

	Dollar Amount (in current \$)
Planning/feasibility analysis	\$ _____
Architecture and Engineering Fees	\$ _____
Real Estate acquisition	\$ _____
Site preparation	\$ _____
Construction	\$ _____
Furnishings and Equipment	\$ _____
Vehicles & capital equipment	\$ _____
Other _____	\$ _____
<b>TOTAL PROJECT COST</b>	<b>\$ _____</b>

**Proposed Funding sources, if known (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Grant                      | <input type="checkbox"/> Current revenue |
| <input type="checkbox"/> Donation/bequest/private   | <input type="checkbox"/> Bond            |
| <input type="checkbox"/> User fees & charges        | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Capital reserve withdrawal |  |