

## SELECT BOARD MEETING AGENDA

**DATE:** Monday, September 11, 2017 at 6:30 pm  
**HELD:** Public Safety Complex (2nd Floor Meeting Room) 20 George Bennett Rd, Lee

The Select Board reserves the right to make changes as deemed necessary during the meeting. Public Comment limited to 3 minutes.

1. Call meeting to Order – 6:30 pm
2. Public Comment
3. Randy Stevens, Highway Supervisor - SB38 Local Highway Aid  
*Provide to the Board a list of uses for the funds received through the Highway Block Grant Aid for review.*
4. Select Board – FY19 Budget Discussion
5. Select Board – Discuss Facility Committee Recommendations
6. Julie Glover, Town Administration
  - a. Merit Policy
  - b. Transfer Library Personnel Costs to Personnel FY17
  - c. NH Governor's Commission on Disability – assistance with survey of Town buildings for ADA compliance
  - d. Miscellaneous
7. Motion to accept the Consent Agenda as presented:

### SIGNATURES REQUIRED

Thyssenkrupp Elevator Contract  
HealthTrust Revised Documents  
NH Homeland Security & EM Hazard Mitigation  
Planning Application

### INFORMATION ONLY

GACIT Public Hearings  
HVAC Maintenance and Service Agreement

Individual items may be removed by any Select Board member for separate discussion and vote.

8. Motion to accept the Public Meeting Minutes from August 28, 2017.
9. Motion to accept Manifest #5 and Weeks Payroll Ending September 10, 2017.
10. Motion to enter into Non-Public Session–NH RSA 91-A:3II (a) Personnel Roll Call Vote required
11. Motion to seal the Non-Public Session Minutes (if necessary.) Roll Call Vote required.
12. Miscellaneous/Unfinished Business
13. Adjournment

**Posted: Town Hall, Public Safety Complex, Public Library and on leenh.org on September 8, 2017**

Individuals needing assistance or auxiliary communication equipment due to sensory impairment or other disabilities should contact the Town Office at 659-5414. Please notify the town six days prior to any meeting so we are able to meet your needs.



THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION



Victoria F. Sheehan  
Commissioner

August 10, 2017

William Cass, P.E.  
Assistant Commissioner

John Lacourse, Chairman of Selectmen  
Town of Lee  
7 Mast Road  
Lee, NH 03861



**RE: SENATE BILL 38 LOCAL HIGHWAY AID**

Dear Mr. Lacourse:

In recognition of the need for improvements to local transportation systems, Governor Sununu and the legislature adopted Senate Bill (SB) 38 which has provided an additional \$30 million to be distributed to the State's 234 municipalities for local highway aid. The Department distributed the funds as a one-time lump sum payment to the municipalities on August 2, 2017. The distribution resulted in a number of questions.

The purpose of this letter is to respond to those questions and provide clarification on the uses and process for receiving and expending the funds.

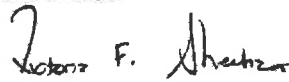
- The additional funding was distributed based on the same formula as Apportionment A of Highway Block Grant Aid as defined in RSA 235:2 Section I.
  - Half of the amount received was based on Class IV and V highway miles in each municipality in proportion to the total statewide municipal Class IV and V highway miles.
  - Half of the amount received was based on the municipal population in proportion to the total state population.
- The uses for SB 38 local highway aid are similar to the Highway Block Grant Aid Apportionments A and B for municipal highway construction, reconstruction or maintenance purposes.
- SB 38 local highway aid is specifically intended to be used for highway purposes that do not already have locally budgeted and approved funding. The funding is not to be used to supplant funds that are already locally budgeted and approved funds for road or bridge maintenance or construction activities.
- For example:
  - SB 38 funding can be used to do additional paving beyond what has approved funding.
  - SB 38 funding can be used for portions of local highways such as sidewalks, drainage, pavement markings, traffic signals, guardrail, bridges, etc.
  - SB 38 funding can be used as the match for municipal bridge projects or phases of projects that do not have local funding already approved.
  - SB 38 funding can be used for equipment necessary and totally dedicated to maintenance of local highways.
  - SB 38 funding cannot be used for municipal needs other than highways.
- The funds are non-lapsing.
- The Senate Bill 38 Distribution can be found at:  
<https://www.nh.gov/dot/business/documents/sb-38-bga-distribution071817.pdf>
- Additional information can be found in RSA 234:23 and 234:25 and at the Highway block Grant Aid Description that can be found at:  
<https://www.nh.gov/dot/business/documents/bgafunddescriptions.pdf>

SB 38 included provisions enabling municipalities to accept and expend the funds. The NH Department of Revenue Administration (NHDRA) issued the enclosed letter to provide additional information on those provisions and requirements.

NHDOT recommends that municipalities document how the SB 38 funds were expended in anticipation of reporting and/or auditing being required.

Hopefully, we have provided answers to questions you have as you move forward with expending the funds on local highway needs. If you have further questions, please contact the NHDOT Bureau of Planning and Community Assistance at 603-271-3344 or [bureau.462@dot.nh.gov](mailto:bureau.462@dot.nh.gov).

Sincerely,



Victoria F. Sheehan  
Commissioner

VFS/dmp  
Enclosure

cc: Honorable Christopher T. Sununu, Governor  
Honorable Chuck Morse, Senate President  
Honorable Shawn N. Jasper, Speaker of the House  
Judy Silva, NHMA Executive Director  
Stephen Hamilton, NHDRA  
William Watson, NHDOT



# State of New Hampshire Department of Revenue Administration

109 Pleasant Street  
PO Box 487, Concord, NH 03302-0487  
Telephone (603) 230-5000  
www.revenue.nh.gov



John T. Beardmore  
Commissioner

Lindsey M. Stepp  
Assistant Commissioner

MUNICIPAL AND PROPERTY  
DIVISION  
Stephan W. Hamilton  
Director

July 27, 2017

Judy A. Silva, Executive Director  
New Hampshire Municipal Association  
25 Triangle Park Drive  
Concord, New Hampshire 03301

Josephine Belville  
Assistant Director

RE: SB 38 additional appropriation of Highway Block Grant Funds

Dear Ms. Silva:

Thank you for your recent inquiry regarding the additional appropriation of Highway Block Grant Funds made by the legislature in adopting Senate Bill 38. The Department of Revenue understands that this action has inspired a number of questions which I hope can be answered with the following information:

- The provisions of SB 38 include specific language that allows municipalities to accept and expend these funds under the process provided in RSA 31:95-b regardless of whether they have adopted this local option provision;
- There are specific procedural requirements for accepting that include:
  1. Pursuant to RSA 31:95-b, II (a) the board of selectmen is required to hold a public hearing if the amount of the funds received is \$10,000 or greater;
  2. For amounts less than \$10,000 "the board of selectmen shall post notice of the funds in the agenda and shall include notice in the minutes of the board of selectmen meeting in which such moneys are discussed." See RSA 31:95-b, II (b); and,
  3. "The acceptance of unanticipated moneys under this subparagraph shall be made in public session of any regular board of selectmen meeting." See RSA 31:95-b, II (b). (Emphasis added).
- RSA 32:7, IV, provides that money from a state grant for a specific purpose is non-lapsing;
- The money being provided to the municipalities are additional grants under RSA 235:23, I;
- RSA 235:25, provides in pertinent part that, ". . . the unused balance may be carried over to the following municipal fiscal year and expended for highway construction, reconstruction or maintenance purposes." (Emphasis added);
- This amount of additional grant should not be reported as "Highway Block Grant Revenue" on the municipalities 2017 MS-434 Report of Revised Estimated Revenue;
- As dedicated grant funds, the additional grant will not become part of the unassigned fund balance; and,
- Cities and towns are encouraged to inquire of their accountant or accounting firm to determine the appropriate fund where the money will be placed.

Please let me know if you have any further questions or concerns, and please feel free to circulate this letter to your members.

Sincerely,

Stephan W. Hamilton, Director  
Municipal and Property Division

TDD Access: Relay NH 1-800-735-2964

*Individuals who need auxiliary aids for effective communication in programs and services of the Department of Revenue Administration are invited to make their needs and preferences known to the Department.*

**Possible choices for expenditure of SB38 funds; (\$95,184.52) 9/2017**

- 1) Tuttle Rd culvert project – all or partial (letters of intent have been submitted for possible FEMA funds as well)
- 2) Tuttle Rd embankment project –all or partial
- 3) Split use choices
  - a) Wednesday Hill Culvert project -6,000 more additional funds for big excavator and trench box rental.
  - b) Tree work -5,000 more additional work than budgeted –
  - c) Crack filling 7,000
  - d) Pave Transfer Station and Recycling Center Rd. 22,750
  - e) Shim and Pave Thompson Mill Rd - \$54,880
  - f) **Total =\$ 95,630**
- 4) Paving
  - a) Gile Rd – ½ inch shim and 1-1/4” top = 455 tonsx70/ton = \$31,850
  - b) Thompson Mill Rd - ½ inch shim and 1-1/4” top = 784 tons x 70/ton = \$54,880
  - c) Transfer Station and Recycling Center Road = 325 tons x70 =\$ 22,750
  - d) Total paving - **\$109,480@70/ton** At 63/ton (this year’s price)=\$98,532

# Facilities Committee

Town of Lee NH Municipal Needs Assessment,  
Options & Recommendations

Aug 2016 – Aug 2017

# Table Of Contents

1. Committee Members
2. Evaluation Methodology
3. Cost Models and Comparisons
4. Cost Plan Options & Recommendation
5. Implementation Plan
6. Funding
7. Next Steps
8. Appendices

# Committee Members

Deborah Schanda	Chair
Larry Kindberg	Member
Mark Nelson	Member
David Meeker	Member
Wayne Lehman	Member
Dwight Barney	Member
Scott Bugbee	Select Board Representative



# Evaluation Methodology

- List the most important factors to be considered in site evaluation - 32 factors

Evaluation Criteria	Rank	Evaluation Criteria	Rank
Creates a Town Campus	10	Preserves Historical Context	10
Functional Plan/Service to Public	10	Accessibility of Buildings	9
Perceived Part of Town Center	10	Availability of Parking	9

- List the site options to be considered/compared - 11 site options
- Score the options based on the factors
- Score the options based on 'ball park' cost estimates; highest cost site options were eliminated
- Consider opinions gathered from public forums Q1 2017

# Evaluation Methodology

- Site Option Finalists:
  - New town hall plus additions and renovations in the town center horseshoe
    - 1<sup>st</sup> choice based on score (after eliminating highest cost options)
    - 1<sup>st</sup> choice based on public forum preference
  - New town hall at Stevens Field plus additions and renovations in the town center horseshoe
    - 2<sup>nd</sup> choice selected as a contingency if church property not available for purchase at acceptable amount
  - Renovation and expansion of current town center buildings
    - Scored 2<sup>nd</sup> but due to similar cost estimate and an overcrowded town center, committee chose new town hall at Stevens Field as 2<sup>nd</sup> choice

# Cost Models

## – High Cost Plan

- AG Architects estimated costs for the site option finalists based on questionnaires and interviews. Costs for the three options were quite similar

## – Medium Cost Plan

- Using the high plan as a basis, the Facility Committee looked for ways to trim square footage and other costs, while keeping in mind future service needs

## – Low Cost Plan

- AG Architects estimated cost for addressing only ADA and building code compliance and necessary repairs and maintenance

# Cost Model Comparison

Plans	Future Program Wants & Needs	Current Program Needs	ADA and Code Compliance	Necessary Repairs & Maintenance
High	X	X	X	X
Medium		X	X	X
Low			X	X

## Not recommended:

### Low Plan

- 15-20% reduction in useable space to accommodate elevators, 2<sup>nd</sup> bathroom, wider aisles, doors, etc. (estimate based on library impact)
- Elimination of basements and 2<sup>nd</sup> floor useable areas
- Does not meet any of the stated Program requirements

### High Plan

- Cost too high for the limited additional benefits realized

## Cost Options & Recommendation - Medium Plan -

### Recommended Option

Town hall 4,750 SF new building	\$1,196,540
Current town hall 2,559 SF renovation (shared meeting space)	\$473,986
<b>Subtotal</b>	<b>\$1,670,526</b>
Library 3,472 SF addition & 3,028 SF renovation	\$1,522,503
Historical Society Museum (existing space renovation)	\$215,429
<b>Total</b>	<b>\$3,408,458</b>

- Includes site costs - details following
- Excludes operating costs - details following
- Excludes moving costs of staff and offices
- Excludes new furnishings
- Renovation of current town hall costs are based on preliminary walk through

# Cost Options & Recommendation

## - Medium Plan -

### Site Costs

Septic System & Well	
Parking Lot, Sidewalks, General Site Work	
<b>Total</b>	<b>\$675,773</b>

### Operating Expense Annual Increase

Current Operating Cost Factor ( $\$158,442/24,161$ sq ft) = \$6.56	
Net Expansion (7,250 sq ft x \$6.56)	\$47,544

- Operating costs include FT building manager and PT employees totaling 80 hours per week resulting in approximately an additional 20 hours per week
- Includes staff benefits, janitorial supplies and equipment, heating and electricity

## Cost Options & Recommendation - High Plan / Low Plan -

High Plan	
Town hall 7,153 SF new building	\$2,446,680
Current town hall 2,559 SF renovation (shared meeting space)	\$437,652
<b>Subtotal</b>	<b>\$2,884,332</b>
Library 7,998 SF (building addition & renovation)	\$2,452,604
Historical Society Museum (building addition & renovation)	\$1,024,370
<b>Total</b>	<b>\$6,361,305</b>
Low Plan (Mandatory Compliance, Maintenance & Repair)	
Town hall & annex	\$831,000
Library	\$318,000
Historical Society Museum	\$164,000
<b>Total *</b>	<b>\$1,313,000</b>

- Excludes required temporary relocation; estimate not available

# Implementation Plan

## **Assumption: Lee Church Congregational property purchased**

- Build new town hall on purchased church property
- Relocate town administration, tax collection, building and code enforcement to new building
- Remove annex from site
- Renovate current town hall
- Relocate and renovate Historical Society Museum, Hobo Shed
- Relocate library essential functions to current town hall, Public Safety Complex, other locations as required
- Build library addition
- Renovate existing library
- Relocate all library functions to permanent location



# Funding

## Funding Existing Sources

Lee Library Building Capital Reserve Fund	\$386,824
Library Capital Reserve Fund	\$60,000
Library Foundation (donations)	\$77,000
*Town Building Capital Reserve Fund	\$45,688
<b>Subtotal of Funding Sources</b>	<b>\$569,512</b>

\* Planned town center 2018 to 2020 expenditures

## Funding Potential Source

*Town Building Capital Reserve Fund	\$174,089
Undesignated Fund Balance (Up To)	\$600,000
<b>Subtotal of Potential Funding Sources</b>	<b>\$774,089</b>

\* Balance possibly available

# Funding

<b>Medium Cost Plan</b>	<b>\$3,408,458</b>
<b>Subtotal of Funding Sources</b>	<b>\$569,512</b>
<b>Subtotal of Potential Funding Sources</b>	<b>\$774,089</b>
<b>Unfunded Expense</b>	<b>\$2,064,857</b>

## \$2.25 M Bond (20 years @ 2.67%)

FY 2019 / Tax Rate Impact	\$35,311 = \$0.06
FY 2020 / Tax Rate Impact	\$173,540 = \$0.40

\*Example:  $\$226,700 \times \$0.40 =$  \$90.68/year

\* \$226,700 = Lee median home value provided by Town Administrator Aug 2017

<b>Existing Bonds</b>	<b>Bond Retirement</b>	<b>Tax Rate Impact</b>
*Public Safety Complex	FY 23	\$0.16
*Transfer Station	FY 24	\$0.08

\* Approximate impact of Public Safety Complex bond FY19 is \$0.157 provided by Town Administrator Aug 2017

\* Approximate impact of Transfer Station bond FY19 is \$0.08 provided by Town Administrator Aug 2017

# Funding

## Additional Funds Opportunities:

- Library Funds

  - Lee Public Library Community Center Foundation (501c3) to raise additional funds once a plan is in place

- Heritage Commission

  - Enroll the town center buildings in the NH Historical Register, a prerequisite for application to state or national institutions for financial awards in support of historic renovations

- Energy Improvement Funds

  - Explore grants and rebates for reducing energy consumption

# Recommended Next Steps

- Initiate new committee (Sept – March)
  - Committee must be comprised of individuals who believe in the needs and historical value of maintaining the Lee Town Center
  - Committee must be comprised of individuals who are willing to devote a significant amount of time during this seven month period
- Create a design with elevation drawings of Lee Town Center future state
- Validate costs based on design of Lee Town Center
- Seek and apply for grants
- Inform and educate the public
  - Public forums
  - E-Crier publications
  - YouTube, Facebook Live, TV broadcasts (advertised through E-Crier)
  - Etc.

# Appendices

- Inventory of Buildings
- Needs Assessment of Personnel & Space
- Posted on Town of Lee website
  - Reference Excel Spreadsheet
    - High \$, Medium \$, Low \$ plan options
  - Reference Excel Spreadsheet
    - Evaluation worksheet

# Appendix - Inventory of Buildings

	<i>Square Footage</i>		<i>Square Footage</i>
<b>Town Hall</b>		<b>Town Clerk, Tax Collector</b>	
Selectmen Meetings	-	Public Counter	88
Public Reception	186	Work Stations	208
Town Administrator	100	Private Work Space	-
Administrative Assistant	181	Vault	120
Finance Office	140	Storage	-
Assessor Office	101		<b>416</b>
Shared Office	114	<b>Planning, Zoning, Building</b>	
Public Conference Room, 1st Floor	208	Planner Office	192
Public Conference Room, 2nd Floor	460	Building Inspector Office	133
Selectmen Work Space, 2nd Floor	235	Public Vestibule	49
Vestibule, Corridor	111	Conference Room	209
Toilet	45	File Room	129
Break Room	45	Storage Room(House Plans)	134
Copy, Mail Room	-	Storage Room(Prev Heritage Comm)	70
Supply Storage	-	Toilet	30
Mechanical, 2nd Floor	65	Mechanical	26
Server Room, 2nd Floor	65		<b>972</b>
Town Records (PSC)	260		
	<b>2,316</b>	<b>Town Administration Total</b>	<b>3,704</b>

# Appendix - Inventory of Buildings

	<i>Square Footage</i>		<i>Square Footage</i>
<b>Library</b>		<b>Historical Society</b>	
Entrance and Lobby	210	1st Floor	439
Circulation Desk	187	2nd Floor	439
Photocopier	8	Stair Basement	41
Reference Area	374	Stair 1st Floor	60
Computers	99	Storage (Basement)	417
Media - Audio Books	114	<b>Total Historical Society</b>	<b>1,396</b>
Media - DVDs	58		
Adult Fiction, Non Fiction	722	<b>Hobo Shed</b>	<b>960</b>
Collection Room	-		
Young Adult	113		
Children's Room	421		
Meeting Room (Basement)	714		
Multipurpose Room	-		
Director's Office	73		
Library Workroom	-		
Toilet	49		
Staff Counter	14		
Server Room	24		
Storage (old basement)	833		
Mechanical Closets (basements)	107		
Circulation & Walls	776		
<b>Library Total</b>	<b>4,896</b>		

# Appendix - Needs Assessment of Personnel & Space

Year	Population Projection	
2000	4,145	
2010	4,330	
2015	4,335	
2020	4,360	
2025	4,389	
2030	4,520	
2035	4,629	
<b>Growth</b>	<b>484</b>	<b>12%</b>

Staff Projections	2016		2035	
	Full Time	Part Time	Full Time	Part Time
<b>Town Hall</b>				
Assessing	0	2	0	2
Building Inspection & Code Enforcement	1	1	2	0
Selectmen's Office	1	0	1	0
Town Clerk & Tax Collector	1	1	2	1
Town Administration	3	1	4	0
Welfare	0	1	0	1
Trustee of Trust Funds	0	1	0	1
Cemetery Trustees	0	3	0	3
Supervisor of the Checklist	0	3	0	3
<b>Total</b>	<b>6</b>	<b>13</b>	<b>9</b>	<b>11</b>
<b>Library</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>5</b>
<b>Historical Society</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>



# Appendix - Needs Assessment of Personnel & Space

<b>Space Requirements &amp; Projections</b>				
		Proposed Sq Ft		
	<i>Current Sq Ft</i>	<i>High</i>	<i>Medium</i>	<i>Low</i>
<b>Town Administration</b>	3,704	7,153	4,750	Net Loss
<b>Library</b>	4,896	7,998	6,500	Net Loss
<b>Historical Society</b>	1,396	4,074	-	Net Loss

- Medium Plan assumes the renovated town hall is a shared space with permanent Historical Society Museum exhibits

High Cost Plan - 1 (Option 2D / Option 5 as Contingency)				Medium Cost Plan - 1 (Option 2D / Option 5 as Contingency)				Low Cost Plan (Mandatory)	
Site Costs	Area	\$/SF	Cost	Site Costs	Area	\$/SF	Cost		Cost
Purchase Church Property incl. of acquisition & legal fees			75,000	Purchase Church Property incl of acquisition & legal fees			75,000		
Septic System (40' x 50')			35,000	Septic System (40' x 50')			32,500		
Well			15,000	Well			12,500		
Parking Lot, 47 Spaces	13,603	3.50	47,611	Parking Lot, 47 Spaces	13,603	3.20	43,530		
Sidewalks	2,213	6.00	13,278	Sidewalks	2,213	5.50	12,172		
General Sitework			400,000	General Sitework			375,000		
Relocate Annex			35,000	Relocate Annex			30,000		
Contingency	10%		54,589	Contingency	10%		50,570		
Design Fees	10%		60,048	Design Fees	8%		44,502		
<b>Sitework Total</b>			<b>735,525</b>	<b>Sitework Total</b>			<b>675,773</b>		
<b>Town Hall 7,153 SF</b>				<b>Town Hall 4,750 SF</b>				<b>Town Hall</b>	
New Const., w/o Meeting	5,953	250	1,488,250	New Construction	4,750	170	807,500	ADA & Code Compliance	321,000
New Const., Meeting Rm	1,200	250	300,000					Repairs & Maintenance	344,000
Contingency	10%		178,825	Contingency	10%		80,750		<b>665,000</b>
Design Fees	10%		196,708	Design Fees	8%		71,060	<b>Annex</b>	
<b>Town Hall Total</b>			<b>2,163,783</b>	<b>Town Hall Total</b>			<b>959,310</b>	ADA & Code Compliance	80,000
Sitework ( % of above )	38%		282,897	Sitework ( % of above )	35%		237,230	Repairs & Maintenance	86,000
<b>Town Hall Total w/ Sitework</b>			<b>2,446,680</b>	<b>Town Hall Total w/ Sitework</b>			<b>1,196,540</b>	<b>Total Town Administration</b>	<b>166,000</b>
									<b>831,000</b>
<b>Renovate Town Hall 2,559 SF</b>				<b>Renovate Town Hall 2,559 SF</b>					
Renovate Town Hall	2,559	125	319,875	Renovate Town Hall	2,559	125	319,875		
Contingency	10%		31,988	Contingency	10%		31,988		
Design Fees	10%		35,186	Design Fees	8%		28,149		
<b>Shared Meeting Space Total</b>			<b>387,049</b>	<b>Shared Meeting Space Total</b>			<b>380,012</b>		
Sitework ( % of above )	7%		50,603	Sitework ( % of above )	14%		93,974		
<b>Shared Meeting Space Total w/ Sitework</b>			<b>437,652</b>	<b>Shared Meeting Space Total w/ Sitework</b>			<b>473,986</b>		
<b>Total Town Hall Project (New Building &amp; Renovation)</b>			<b>2,884,332</b>	<b>Total Town Hall Project (New Building &amp; Renovation)</b>			<b>1,670,526</b>		
<b>Library 7,998 SF</b>				<b>Library 6,500 SF</b>				<b>Library</b>	
New Construction	4,970	250	1,242,500	New Construction (no basement)	3,472	200	694,400	ADA & Code Compliance	240,000
Elevator 2-Stop			85,000					Repairs & Maintenance	78,000
Basement 1-Story	1,760	75	132,000					<b>Total Library</b>	<b>318,000</b>
Renovation	3,028	110	333,080	Renovation	3,028	110	333,080		
Contingency	10%		179,258	Contingency	10%		102,748		
Design Fees	10%		197,184	Design Fees	8%		90,418		
<b>Library Total</b>			<b>2,169,022</b>	<b>Library Total</b>			<b>1,220,646</b>		
Sitework ( % of above )	39%		283,582	Sitework ( % of above )	45%		301,857		
<b>Library Total w/ Sitework</b>			<b>2,452,604</b>	<b>Library Total w/ Sitework</b>			<b>1,522,503</b>		
<b>Historical Society 4,074 SF</b>				<b>Historical Society (Existing Spaces)</b>				<b>Historical Society</b>	

Relocate Freight Depot			35,000	Relocate Freight Depot			30,000	ADA & Code Compliance	71,000
Renovate Freight Depot	545	150	81,750	Renovate Freight Depot	545	125	68,125	Repairs & Maintenance	93,000
								<b>Total Historical Society</b>	<b>164,000</b>
Relocate Hobo Shed			20,000	Relocate Hobo Shed			17,500		
Renovate Hobo Shed	960	36	34,560	Renovate Hobo Shed	960	31	29,760		
New Construction	1,166	250	291,500						
Basement	1,166	75	87,450						
Raise Town Hall			40,000						
Basement, Granite Face	1,864	85	158,440						
Contingency	10%		74,870	Contingency	10%		14,539		
Design Fees	10%		82,357	Design Fees	8%		12,794		
<b>Historical Society Total</b>			<b>905,927</b>	<b>Historical Society Total</b>			<b>172,717</b>		
Sitework ( % of above )	16%		118,443	Sitework ( % of above )	6%		42,712		
<b>Historical Society Total w/ Sitework</b>			<b>1,024,370</b>	<b>Historical Society (Existing Spaces) Total w/ Sitework</b>			<b>215,429</b>		
<b>TOTAL High Cost Plan</b>			<b>\$ 6,361,305</b>	<b>TOTAL Medium Cost Plan</b>			<b>\$ 3,408,458</b>	<b>TOTAL Low Cost Plan (Mandatory)</b>	<b>\$1,313,000</b>

## CHAPTER 10

### Job Performance Evaluations & Merit Pay Increases

All employees shall be subject to job performance evaluations (using the form included in appendices at the back of this manual) which shall be used to determine the extent to which an employee is meeting his/her job expectations and goals as established by his/her Department Head. Evaluations shall be conducted upon the successful conclusion of an introductory period (usually six months from the date of hire) and thereafter no later than September 30<sup>th</sup> of each year. Any suggested pay increases must be included in the following fiscal year's proposed budget.

- A. Employees who are coming off of an introductory period shall not be eligible for a merit pay rate increase, (unless the introductory period is twelve months) except in the event of extraordinary circumstances as may be approved by the Select Board at the time of hire or promotion.
  
- B. Evaluation forms shall be used as the basis for determining merit pay rate increases to be applied each year. The merit values (and amounts) to be used as part of the evaluation process shall be established by the Select Board, as set forth in the attached appendices, subject to the availability of budgeted funds. In addition, the actual merit amount to be awarded to an employee shall be subject to the approval of the Select Board using their sole discretion.
  - 1. The Police Chief and Fire Chief have each established an evaluation process and form in recognition of the unique requirements of each Department. However, all other aspects of this policy shall be followed.
  
- C. The Town shall complete the evaluation process and determine merit pay rate increases as part of the annual budget process. If any merit increases are to be awarded, they will usually be effective as of July 1<sup>st</sup> except in the event of extraordinary circumstances as may be approved by the Select Board.

**Town of Lee  
Job Performance Evaluation Form**

EMPLOYEE \_\_\_\_\_

TITLE \_\_\_\_\_

INITIAL DATE OF HIRE \_\_\_\_\_

DATE OF CURRENT CLASSIFICATION \_\_\_\_\_

EVALUATION PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_

TITLE \_\_\_\_\_

TYPE OF EVALUATION     INTRODUCTORY     ANNUAL REVIEW

- STEP 1: DEPARTMENT HEAD REVIEW/EVALUATION
- STEP 2: EMPLOYEE & DEPARTMENT HEAD CONSULTATION
- STEP 3: EMPLOYEE ACKNOWLEDGEMENT
- STEP 4: SELECT BOARD REVIEW
- STEP 5: ORIGINAL RETURNED TO TOWN ADMINISTRATOR FOR PERSONNEL FILE
- STEP 6: SELECT BOARD APPROVAL ON PAR FORM (IF APPLICABLE)

**LEVELS OF PERFORMANCE (FOR RATING PURPOSES):**

- 0.0 = Unacceptable: Minimum expectations are not being met; performance is deficient; better effort is required; results are unsatisfactory
- 2.0 = Acceptable: Meets expectations; performs assigned tasks and/or responsibilities sufficiently; few deficiencies are noted.
- 2.5 = Above Average: Job performance is noted for occasionally rising beyond basic expectations.
- 3.0 = Commendable: Performance expectations are often exceeded; goes above and beyond the basic effort with good results; proficient in most tasks; mistakes are extremely rare
- 3.5 = Very Good: Consistently performs at a high level with regard to effort and accomplishments.
- 4.0 = Exceptional: Superior effort and outstanding results are consistently demonstrated; serves as a role model for other employees; exemplary conduct in most rating aspects.

**GENERAL EVALUATION CRITERIA**

**(A1) QUALITY OF WORK:**

Can the employee be depended upon to meet finished product expectations? Is the work consistently thorough, accurate and timely? Are errors or mistakes often noted? Are things done right the first time? Does the employee forget to do parts of a project? Can the end results be used as an example for others? Is work done neatly or sloppily? Is attention to detail obvious or lacking? Are reports and project documentation completed in an appropriate manner? Has the employee received disciplinary action and/or praise for the quality of work during the review period?

RATING: \_\_\_\_\_ COMMENTS:

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**(A.2) QUANTITY OF WORK:**

Does the employee keep up or fall behind other workers? Does the employee exceed the output of others? Is work time spent productively? Are daily assignments completed in their entirety? Does the employee exceed goals and/or request additional assignments? What happens to work output before and after break times or absences from work? Has the employee received disciplinary action and/or praise for the quantity of work during the review period?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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**(A.3) PERSONAL WORK HABITS:**

Does the employee report to work punctually? How often has the employee used sick leave during the evaluation period? Is leave time abused? Are there any patterns or trends related to workplace attendance? Does the employee repeatedly ask to leave work early due to illness or appointments? Is the employee's appearance neat and appropriate? Does the employee dress appropriately? Does the employee maintain a neat and organized work area? Does the employee report to work when truly sick? Is the employee a positive role model for others? Does the employee conduct himself/herself in a professional manner? Is the employee fair-minded? Does the employee use appropriate language? Is the employee dependable? Does the employee act with integrity? Has the employee received disciplinary action and/or praise for personal work habits during the review period?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(A.4) ATTITUDE:

To what extent does the employee cooperate with fellow workers? Is the employee moody or uncommunicative? Does the employee demonstrate enthusiasm or complain about work assignments? How does the employee interact with peers and other Town officials? Does the employee spread gossip or rumors about others? Is the employee's temperament appropriate? How does the employee respond to criticism and suggestions? Does the employee lack tactfulness at times? Is the employee sensitive to the needs or shortcomings of others? Does the employee foster a productive and friendly work atmosphere? Does the employee care about the funds used for departmental purposes? Does the employee treat Town property with respect? Does the employee listen attentively and follow directions? Does the employee comply with directives and policies? Has the employee received disciplinary action and/or praise for his/her attitude during the review period?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(A.5) ADAPTABILITY & PROBLEM-SOLVING:

How does the employee cope with unfamiliar work? Does the employee require close supervision? Does the employee show initiative and self-motivation? Is the employee flexible as priorities shift or emergencies develop? Does the employee show an interest in expanding job knowledge? How does the employee react to new ideas? Does the employee suggest new approaches to problem-solving? How does the employee react to unsuccessful experiments? Is the employee able to identify or anticipate problems and communicate such issues to Department Heads? Has the employee received disciplinary action and/or praise for his/her adaptability and problem-solving abilities during the review period?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(A.6) SAFETY COMPLIANCE:

Does the employee consistently comply with safety policies and procedures? Does the employee demonstrate concern for a safe work environment? Does the employee engage in horseplay or dangerous behavior? Does the employee have to be reminded to use appropriate protective equipment and practices? Does the employee wear a seat belt in a Town vehicle? Does the employee provide suggestions for enhancing worker safety? Does the employee fulfill his/her risk management obligations? Has the employee had any workplace accidents? Has the employee failed a random drug test? Does the employee recognize the importance of law enforcement in the promotion of safety? Is the employee an active participant on the JLMC? Has the employee received disciplinary action and/or praise for safety related issues during the review period?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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(A.7) PROFESSIONAL DEVELOPMENT:

Has the employee taken any training classes during the evaluation period? Were educational opportunities initiated by the employee or Department Head? Has the employee demonstrated a willingness to learn? Has the employee met the goals previously established? Has the employee complied with training requirements? Does the employee ask pertinent questions? Has the employee failed any classes or neglected to fulfill any training opportunities? Does the employee share job knowledge with others? What types of certifications have been obtained during the evaluation period? Does the employee exhibit potential for promotion or an upgrade in job classification?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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(A.8) TECHNICAL SKILLS:

Is the employee familiar with the job description? Is the employee capable of performing all of the duties set forth in the job description? Has the employee demonstrated the ability to perform the duties of the position with distinction? Does the employee avoid certain responsibilities? What has the employee done to stay current in emerging technologies? Does the employee ask questions to better understand his/her responsibilities? Is the employee ready for additional responsibilities? Does the employee voluntarily apply additional skills for the benefit of the department? Is the employee working to his/her maximum potential? Is the employee respected by colleagues? Does the employee look into historical



aspects of a situation? How does the employee fulfill budgetary responsibilities? Has the employee received disciplinary action and/or praise for his/her technical skills during the review period?

RATING: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

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(A.9) ORGANIZATION:

Has the employee demonstrated the ability to organize and prioritize assignments? Does the employee appear organized when he/she attends meetings? Are deadlines met? Does the employee frequently appear to be in crisis mode? Does the employee anticipate project obstacles and develop plans to achieve success? Is the employee able to meet the daily workload and if not, does he/she communicate legitimate reasons to a Department Head? Does the employee waste time during the workday? Has the employee received disciplinary action and/or praise for his/her organizational skills during the review period?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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(A.10) TEAMWORK:

Does the employee accept accountability for individual work contributions? Does the employee solicit input and ideas from others? Does the employee blame others for mistakes? Does the employee offer praise to others? Does the employee have personality conflicts with other members of the work team? Has the employee demonstrated a willingness to share skills and coach others? Does the employee ask for others to help with a difficult task or volunteer to help other employees? Does the employee speak of Town government or Town officials in a complimentary or derogatory manner? Does the employee speak of wanting to work somewhere else or of striving for advancement? Does the employee respect the chain of command? Has the employee received disciplinary action and/or praise for his/her teamwork during the review period?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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(A.11) PUBLIC RELATIONS & COMMUNICATIONS:

Does the employee communicate appropriately with citizens? How does the employee respond to citizen requests for service? Has the employee gone above and beyond the call of duty to help someone? Does the employee provide concise verbal and/or written communications to Department Heads, subordinates and co-workers? Does the employee spread misinformation or partial renderings of actual events? Is the employee an advocate for the department? Does the employee accurately explain his/her role in Town government to others? Does the employee refer citizen inquiries to Department Heads? Has the employee been the recipient of a citizen complaint and if so, was there any validity to the complaint? Has the employee done anything to cast discredit on the department? How does the employee interact with other government agencies and/or the press? How are reports and presentations handled? Has the employee receive disciplinary action and/or praise for public relations activity and communication skills during the review period?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(A.12) LEADERSHIP:

Is the employee a leader or a follower? Does the employee delegate appropriately? Has the employee made himself/herself critical to the success of the department/Town? Is the employee effective when working in a Department Head capacity? Does the employee set a good example for others? Has the employee established personal goals and objectives? Does the employee promote innovation? Does the employee show initiative or a take charge approach to work assignments? Does the employee demonstrate unique personal skills? Does the employee empower subordinates? Does the employee need to be told what to do?

RATING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B. ADDITIONAL EVALUATION CRITERIA**

(B.1) ACCOMPLISHMENTS:

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(B.2) STRENGTHS:

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(B.3) WEAKNESSES:

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(B.4) ACTION PLAN FOR IMPROVEMENTS:

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(B.5) OTHER DEPARTMENT HEAD COMMENTS:

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**PART C. COMPENSATION CALCULATIONS**

(C.1) SUM TOTAL OF ALL RATINGS THIS EVALUATION: \_\_\_\_\_

(C.2) ADJUSTMENT\*: \_\_\_\_\_

(C.3) TOTAL MERIT RATING: \_\_\_\_\_

(C.4) PROPOSED MERIT AMOUNT (SEE CHART BELOW): \_\_\_\_\_

Less than 24.0	=	0.0%
24.0 - 29.5	=	2.0%
30.0 - 35.5	=	2.5%
36.0 - 41.5	=	3.0%
42.0 - 47.5	=	3.5%
48.0	=	4.0%

\*ADJUSTMENT VALUE SHALL NOT EXCEED 4 POINTS (+/-) BASED ON ADDITIONAL EVALUATION CRITERIA AS SET FORTH IN PART B

**PART D. ACKNOWLEDGEMENTS**

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

DATE: \_\_\_\_\_

EMPLOYEE'S ACKNOWLEDGEMENT:

Check each box that is applicable and initial where appropriate:

- \_\_\_\_\_ I agree with this rating/evaluation
- \_\_\_\_\_ I do not agree with this rating/evaluation
- \_\_\_\_\_ I accept my rating, but there are some parts that I do not agree with
- \_\_\_\_\_ I have had an opportunity to discuss this evaluation with my Department Head
- \_\_\_\_\_ I wish to appeal my recommended merit pay amount to the Selectmen

EMPLOYEE'S COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE



# Lee Fire & Rescue Department

## Officer Performance Assessment



Avg. Score: \_\_\_\_\_

Evaluation Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluation Type: Annual Special

Enter the appropriate number in the box after each of the following categories  
(1) Unsatisfactory (2) Needs Improvement (3) Satisfactory (4) Above Average (5) Excellent

<b>Teamwork</b>		<b>Integrity</b>	
Works well with other firefighters and officers. Actively solicits input from team members, seeks to understand and improve their own unique strengths, and engages others in discovering the best solution to problems. Is receptive to points of view that may differ from his/her own. Seeks to work collaboratively to achieve the best outcome for all concerned. Places the success and recognition of the team above personal gain.		Operates with high moral standards and a sense of duty and responsibility. Keeps commitments. Accepts responsibility for his/her actions. Does not seek to blame or discredit others. Is open minded with regard to other members. Maintains confidentiality where appropriate.	
<b>Job Knowledge/ Technical Competence</b>		<b>Communications</b>	
Possesses sufficient knowledge and skills to perform all parts of the job effectively and efficiently, safely, and independently. Willing to acquire new and develop current knowledge critical to effective future performance. Understands Town's policies.		Communicates openly and honestly with employees supervised, peers and the public. Builds rapport by being available and receptive to questions and feedback. Listens before speaking. Seeks to understand others' point of view before expressing his/her position.	
<b>Fire Department Manuals/ Records and Reports</b>		<b>Initiative/ Dependability</b>	
Knowledge of procedures, rules and regulations, guidelines. Degree of accuracy, thoroughness, neatness and punctuality in maintaining records and making out reports.		Conforms to policies established by the Department, following all rules, regulations and policies. Follows proper procedures in operations, etc. Follows orders in a timely manner.	
<b>Fairness</b>		<b>Training</b>	
Treats everyone with dignity and respect. Does not show favoritism or unmerited preferences. Makes decisions based on facts related to applicable, acceptable policies and practices.		Willingness to train him/herself on department operations, streets, target hazards, ems or utilize others do be educated on topics. Takes initiative with personal development and takes part in continuing education.	
<b>Excellence</b>		<b>Attitude/ Cooperation</b>	
Seeks to surpass performance expectation. Consistently gives "a little bit more." Is attentive to citizens' and team members' needs and expectations		Attitude toward the job, supervisor(s) and Town administration, training, etc. Support of Town and Department policies.	
<b>General Firefighting/ EMS Knowledge</b>		<b>Attendance</b>	
Knowledge of firefighting tactics and strategy, pumping, ventilation, overhaul, EMS, extrication, etc.		Willingness to work extra time to accomplish tasks. Meets the minimum participation requirements.	
<b>Public Relations</b>		<b>Punctuality</b>	
Ability to meet and handle the public when required by the assignment.		Promptness in carrying out orders, doing routine or required jobs and observance of working hours.	
<b>Knowledge of Response Area</b>		<b>Emergency Work</b>	
Knowledge of streets, target hazards, sprinklered buildings, water locations.		Ability to follow orders and work with others. Concerned about personal/ members safety.	

**Describe the employee's greatest strengths in performing his/her job, plus any additional comments on the employee's strengths.**

**Describe the area in which the employee's self-improvement efforts would be most beneficially directed, plus any additional comments to help the employee towards reaching his/her potential. Comments may be positive in nature rather than critical.**

**List any specific outstanding contributions the employee has made in the past year.**

**Recommended training for future period.**

**List a goal of the employee for the future year**

**List a goal of the employee in the next 5 years**

**Comments from conference with employee:**

**Comments from employee:**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Score**

\_\_\_\_\_  
**Fire Chief Signature**

\_\_\_\_\_  
**Date**



# Lee Fire & Rescue Department



## Firefighter Performance Assessment

Avg. Score: \_\_\_\_\_

Evaluation Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluation Type: Annual Special

Enter the appropriate number in the box after each of the following categories  
(1) Unsatisfactory (2) Needs Improvement (3) Satisfactory (4) Above Average (5) Excellent

<b>Teamwork</b>		<b>Integrity</b>	
Works well with other firefighters and officers. Actively solicits input from team members, seeks to understand and improve their own unique strengths, and engages others in discovering the best solution to problems. Is receptive to points of view that may differ from his/her own. Seeks to work collaboratively to achieve the best outcome for all concerned. Places the success and recognition of the team above personal gain.		Operates with high moral standards and a sense of duty and responsibility. Keeps commitments. Accepts responsibility for his/her actions. Does not seek to blame or discredit others. Is open minded with regard to other members. Maintains confidentiality where appropriate.	
<b>Job Knowledge/ Technical Competence</b>		<b>Communications</b>	
Possesses sufficient knowledge and skills to perform all parts of the job effectively and efficiently, safely, and independently. Willing to acquire new and develop current knowledge critical to effective future performance. Understands Town's policies.		Communicates openly and honestly with employees supervised, peers and the public. Builds rapport by being available and receptive to questions and feedback. Listens before speaking. Seeks to understand others' point of view before expressing his/her position.	
<b>Fire Department Manuals/ Records and Reports</b>		<b>Initiative/ Dependability</b>	
Knowledge of procedures, rules and regulations, guidelines. Degree of accuracy, thoroughness, neatness and punctuality in maintaining records and making out reports.		Conforms to policies established by the Department, following all rules, regulations and policies. Follows proper procedures in operations, etc. Follows orders in a timely manner.	
<b>Fairness</b>		<b>Training</b>	
Treats everyone with dignity and respect. Does not show favoritism or unmerited preferences. Makes decisions based on facts related to applicable, acceptable policies and practices.		Willingness to train him/herself on department operations, streets, target hazards, ems or utilize others do be educated on topics. Takes initiative with personal development and takes part in continuing education.	
<b>Excellence</b>		<b>Attitude/ Cooperation</b>	
Seeks to surpass performance expectation. Consistently gives "a little bit more." Is attentive to citizens' and team members' needs and expectations		Attitude toward the job, supervisor(s) and Town administration, training, etc. Support of Town and Department policies.	
<b>General Firefighting/ EMS Knowledge</b>		<b>Attendance</b>	
Knowledge of firefighting tactics and strategy, pumping, ventilation, overhaul, EMS, extrication, etc.		Willingness to work extra time to accomplish tasks. Meets the minimum participation requirements.	
<b>Public Relations</b>		<b>Punctuality</b>	
Ability to meet and handle the public when required by the assignment.		Promptness in carrying out orders, doing routine or required jobs and observance of working hours.	
<b>Knowledge of Response Area</b>		<b>Emergency Work</b>	
Knowledge of streets, target hazards, sprinklered buildings, water locations.		Ability to follow orders and work with others. Concerned about personal/ members safety.	

**Describe the employee's greatest strengths in performing his/her job, plus any additional comments on the employee's strengths.**

**Describe the area in which the employee's self-improvement efforts would be most beneficially directed, plus any additional comments to help the employee towards reaching his/her potential. Comments may be positive in nature rather than critical.**

**List any specific outstanding contributions the employee has made in the past year.**

**Recommended training for future period.**

**List a goal of the employee for the future year**

**List a goal of the employee in the next 5 years**

**Comments from conference with employee:**

**Comments from employee:**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Score**

\_\_\_\_\_  
**Fire Chief Signature**

\_\_\_\_\_  
**Date**



## PERFORMANCE EVALUATION

### Performance Ratings

Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Evaluation \_\_\_\_\_ Evaluation Period \_\_\_\_\_

Instructions: The evaluation should follow the scale below. Raters may comment on any observed behavior, but specific comments are required to justify ratings of "1" or "5".

Not Acceptable 1	Acceptable 2 3 4	Superior 5	Not Observed
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**CRITICAL PERFORMANCE TASKS:**

1.	Driving skills (stress conditions)	1	2	3	4	5	N.O.
2.	Driving skills (non-stress conditions)	1	2	3	4	5	N.O.
3.	Orientation skills (stress conditions)	1	2	3	4	5	N.O.
4.	Field performance (stress conditions)	1	2	3	4	5	N.O.
5.	Officer safety (general)	1	2	3	4	5	N.O.
6.	Officer safety (with suspicious persons and prisoners)	1	2	3	4	5	N.O.
7.	Control of conflict (voice command)	1	2	3	4	5	N.O.
8.	Control of conflict (physical skill)	1	2	3	4	5	N.O.
9.	Investigative procedures	1	2	3	4	5	N.O.
10.	Report writing (organization/details)	1	2	3	4	5	N.O.
11.	Proper form selection (accuracy/details)	1	2	3	4	5	N.O.
12.	Radio (listens and comprehends transmissions)	1	2	3	4	5	N.O.
13.	Radio (articulation of transmissions)	1	2	3	4	5	N.O.
14.	Orientation skills (non-stress conditions)	1	2	3	4	5	N.O.
15.	Report writing (grammar/spelling/neatness)	1	2	3	4	5	N.O.
16.	Report writing (appropriate time used)	1	2	3	4	5	N.O.
17.	Field performance (non-stress conditions)	1	2	3	4	5	N.O.

**CRITICAL PERFORMANCE TASKS:**

18.	Self-initiated activity	1	2	3	4	5	N.O.
19.	Problem-solving/decision-making	1	2	3	4	5	N.O.

**KNOWLEDGE:**

- |     |  |   |   |   |   |   |      |
|-----|--|---|---|---|---|---|------|
| 20. | Knowledge of department rules and orders | 1 | 2 | 3 | 4 | 5 | N.O. |
| 21. | Knowledge of criminal law                | 1 | 2 | 3 | 4 | 5 | N.O. |
| 22. | Knowledge of traffic law                 | 1 | 2 | 3 | 4 | 5 | N.O. |

**ATTITUDE/RELATIONS:**

- |     |  |   |   |   |   |   |      |
|-----|--|---|---|---|---|---|------|
| 23. | Acceptance of feedback                       | 1 | 2 | 3 | 4 | 5 | N.O. |
| 24. | Relationship with citizens                   | 1 | 2 | 3 | 4 | 5 | N.O. |
| 25. | Relationship with co-workers/<br>supervisors | 1 | 2 | 3 | 4 | 5 | N.O. |
| 26. | General demeanor                             | 1 | 2 | 3 | 4 | 5 | N.O. |

**APPEARANCE:**

- |     |                    |   |   |   |   |   |      |
|-----|--------------------|---|---|---|---|---|------|
| 27. | General appearance | 1 | 2 | 3 | 4 | 5 | N.O. |
|-----|--------------------|---|---|---|---|---|------|

Overall Score: \_\_\_\_\_

**PRINCIPAL STRENGTHS OBSERVED DURING THE EVALUATION PERIOD:**

**PRINCIPAL WEAKNESSES OBSERVED DURING THE EVALUATION PERIOD:**

**SUPERVISOR'S SUGGESTIONS FOR IMPROVEMENT:**

EMPLOYEE'S REMARKS:

WHAT ACTIONS HAVE BEEN TAKEN SINCE THE LAST EVALUATION TO IMPROVE PERFORMANCE:

RATING AUTHORITY: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF OF POLICE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPENDIX TO PERFORMANCE EVALUATION RATING SCALE VALUES

The task of evaluating and rating an employees performance shall be based on the following numerical scale value definitions. These definitions serve as a means of standardizing the evaluation process.

### 1. DRIVING SKILLS: STRESS CONDITION

1. Unacceptable: Involved in accident(s), overuses blue lights and siren, excessive and unnecessary speed, fails to slow for intersections or loses control on corners.
3. Acceptable: Maintains control of vehicle, evaluates driving situations and reacts properly, proper speed for conditions. Evaluates pursuits and emergency runs, balancing the risks and making appropriate judgments.
5. Superior: High degree of reflex ability and competence in driving skills, superior judgment shown in use of light and siren, and in speed control.

### 2. DRIVING SKILLS: NON-STRESS CONDITIONS

1. Unacceptable: Continually violates Motor Vehicle Laws (stop lights, speed, stop signs, etc.). Involved in chargeable accidents. Lacks dexterity and coordination during vehicle operation.
3. Acceptable: Able to maintain control of vehicle while being alert to activity outside vehicle. Practices good defensive driving techniques. Drives at legal speeds and obeys the traffic laws.
5. Superior: Sets good examples of lawful, courteous driving while exhibiting good manipulative skill required of an officer, i.e.: operate radio, use street index, etc.

### 3. ORIENTATION SKILL: STRESS CONDITIONS

1. Unacceptable: Becomes disoriented when responding to stressful situations. Is unable to relate his/her location to their destination. Unable to use map under stress. Unable to determine compass directions during stressful situation.
3. Acceptable: Aware of his/her location. Able to use map effectively under stress. Demonstrates good sense of direction when responding to stressful situations.
5. Superior: Always responds quickly to stressful calls by the most appropriate route. Does not have to refer to map. Does not become disoriented during stressful situations. Practices safe driving even under stressful conditions.

### 4. FIELD PERFORMANCE: STRESS CONDITIONS

1. Unacceptable: Becomes emotional and panic stricken; unable to function; loses temper. Endangers safety of self and other officers and citizens by inattention to the demands of the job.
3. Acceptable: Exhibits a calm and controlled attitude. Can perform reasonably well at least in preventing a situation from deteriorating. Reasonably conscious of officer safety and protection of citizens from further harm.
5. Superior: Maintains control and brings order under virtually any circumstances without assistance. Remembers and carries out key police duties properly.

### 5. OFFICER SAFETY: GENERAL

1. Unacceptable: Frequently fails to exercise officer safety, i.e.:
  - a. Exposes weapons (baton, handgun, etc.) to suspect.
  - b. Fails to keep gun hand free during enforcement situations.
  - c. Stands directly in front of violator's car door.
  - d. Fails to control suspect's movements.
  - e. Does not maintain sight of violator while writing citation.
  - f. Failure to use illumination when necessary.
  - g. Fails to advise dispatcher when leaving vehicle.
  - h. Fails to maintain good physical condition.
  - i. Fails to use and/or maintain personal safety equipment properly.
  - j. Does not foresee potentially dangerous situations.
  - k. Points weapon at other officers.
  - l. Stands too close to vehicular traffic.
  - m. Stands in front of door when knocking.
  - n. Fails to have weapon ready when appropriate.
  - o. Fails to cover other officers.
  - p. Fails to search police vehicle before duty or after transporting prisoners.
  - q. Fails to properly search and/or handcuff prisoners.
3. Acceptable: Understands principles of officer safety and generally applies them.
5. Superior: Always maintains position of safety and advantage. Does not become paranoid, over-cautious or overconfident.

#### 6. OFFICER SAFETY: WITH SUSPICIOUS PERSONS AND PRISONERS

1. Unacceptable: Frequently violates officer safety standards. Fails to "pat search" or confronts suspicious persons while seated in patrol vehicle. Fails to handcuff prisoners. Fails to thoroughly search prisoners and/or vehicles. Fails to maintain position of advantage with prisoners.
3. Acceptable: Generally displays awareness of potential danger from suspicious persons and prisoners. Maintains position of advantage.
5. Superior: Always maintains position of advantage and is alert to changing conditions.

#### 7. CONTROL OF CONFLICT: VOICE COMMAND

1. Unacceptable: Improper voice inflection, i.e.: too soft, too loud, indecisive, confused commands, etc. Few problems resolved as result of officer's oral direction.
3. Acceptable: Speaks with authority in a calm, clear voice.
5. Superior: Always appears to be in complete command through voice tone and bearing.

#### 8. CONTROL OF CONFLICT: PHYSICAL SKILL

1. Unacceptable: Cowardly, physically unable to handle most situations, or uses too much or too little force for given situations.
3. Acceptable: Maintains control without excessive force. Maintains self in good physical condition.
5. Superior: Excellent knowledge of and ability to use restraining holds. Always ready to use necessary force. Maintains above average physical condition.

#### 9. INVESTIGATIVE PROCEDURES:

1. Unacceptable: Does not plan an investigative strategy. Cannot define investigative goals, i.e.: successful prosecution, arrest, recovery of property, development of informants. Leaves out important steps in investigations. Fails to connect legal and departmental guidelines while conducting investigation. Cannot coordinate aspects of the investigation, i.e.: interviews, searches, field note taking, reports, etc.
3. Acceptable: Maintains command of a crime scene. Able to assess the requirements of the situation concerning collection and preservation of evidence, interviews and interrogations. Undertakes most of these functions with little or no direction.
5. Superior: Requires no supervision in organizing and undertaking an investigation. Identifies all possible sources of physical evidence. Identifies all potential witnesses and victims. Conducts complete interviews. Uses time efficiently.

#### **10. REPORT WRITING: ORGANIZATION AND DETAILS**

1. Unacceptable: Totally incapable of organizing events into written form. Leaves out many important details. Puts in inappropriate information. Much of the work will have to be redone.
3. Acceptable: Converts field events into a logical sequence of thought to include all elements of the situation. The narrative leaves the reader with a good understanding of what took place.
5. Superior: A complete and detailed account of what occurred from beginning to end, written and organized so that any reader has a clear understanding of what occurred. Full consideration is given to the needs of investigator/prosecutor.

#### **11. PROPER FORM SELECTION: ACCURACY AND DETAILS**

1. Unacceptable: Unable to determine proper form for given situation. Forms filled out incorrectly or incompletely.
3. Acceptable: Knows most standard forms and understands format. Completes forms with reasonable accuracy.
5. Superior: Consistently and rapidly completes detailed forms with no assistance. High degree of accuracy.

#### **12. RADIO: LISTENS AND COMPREHENDS TRANSMISSIONS**

1. Unacceptable: Repeatedly misses call sign and is unaware of radio traffic in adjoining beat. Frequently has to ask dispatcher to repeat transmissions or does not understand message.
2. Acceptable: Copies most radio transmissions directed at him/her. Generally aware of adjoining beat radio traffic.
3. Superior: Always comprehends radio transmissions and makes a written record. Always aware of and reacts to radio traffic in adjoining beats.

#### **13. RADIO: ARTICULATION OF TRANSMISSIONS**

1. Unacceptable: Does not plan before transmitting message. Under or over modulation resulting in dispatcher or other units constantly asking for a repeat.
2. Acceptable: Uses proper procedure with short, clear, concise transmissions.
3. Superior: Always uses proper procedure with clear, calm voice, even under stressful conditions.

**14. ORIENTATION SKILL: NON-STRESS CONDITIONS**

1. Unacceptable: Unaware of his/her location while on patrol. Unable to relate location to destination. Not familiar with zone or beat structure.
2. Acceptable: Reasonable knowledge of his/her location in most situations. Can quickly use street index to find streets and then use map to get to location.
3. Superior: Remembers street locations. Is able to get to destination without referring to street index or Town map.

**15. REPORT WRITING: GRAMMAR/SPELLING/NEATNESS**

1. Unacceptable: Illegible, misspelled words, incomplete sentence structure.
3. Acceptable: Grammar, spelling, and neatness are satisfactory in that errors are rare and do not impair understanding.
5. Superior: Very neat and legible. No spelling mistakes and excellent grammar.

**16. REPORT WRITING: APPROPRIATE TIME USED**

1. Unacceptable: Requires 2-3 hours to correctly complete a basic simple report.
3. Acceptable: Correctly completes simple basic reports in thirty minutes.
5. Superior: Correctly completes simple basic reports in no more than that of a skilled veteran officer. (Depending on the type of report, the time will vary).

**17. FIELD PERFORMANCE: NON-STRESS CONDITIONS**

1. Unacceptable: Confused and disoriented as to what action should be taken in a given situation. Numerous specific examples of bad judgment can be shown.
2. Acceptable: Able to assess situation and take proper action.
5. Superior: Requires no assistance and always takes proper action. Excellent field judgment.

**18. SELF-INITIATED ACTIVITY:**

1. Unacceptable: Does not see and/or avoids activity. Does not follow-up on situations; rationalizes suspicious circumstances. Gets involved inappropriately too often. Ignores departmentally defined problems. If assigned to traffic work, makes fewer self-initiated stops of vehicles than expected for someone assigned to this shift and patrol area, discovers fewer serious traffic offenders such as DWI or Driving After Suspension/Revocation. Does not make it a practice to park in highly visible locations where traffic violations are likely to occur.
3. Acceptable: Recognizes and identifies suspected criminal activity. Makes cases from routine activity. Provides a visible patrol presence in the area and makes a normal amount of traffic stops for the shift and patrol area assigned.
5. Superior: Catalogs, maintains, and uses information given at briefings and from bulletins or crime reports for reasonable cause to stop persons or vehicles. Makes good quality arrests. Shows balance in type and extent of self-initiated activity.

**19. PROBLEM SOLVING/DECISION-MAKING ABILITY:**

1. Unacceptable: Acts without thought or is indecisive. Relies on others to make decisions. Numerous examples of bad decisions, or indecision, can be shown.

3. Acceptable: Is able to reason out problems and relate them to what he/she was taught. Has good perception and ability to make own decisions.
5. Superior: Excellent perception in foreseeing problems and arriving at advanced decisions. Makes timely, good quality decisions. Is able to come up with innovative, non-traditional solutions to problems, utilizing the assistance of citizens, other governmental agencies, and the public sector.

**20. KNOWLEDGE OF DEPARTMENTAL RULES AND PROCEDURES:**

1. Unacceptable: Has no knowledge of departmental rules, procedures and orders. Makes no attempt to learn them. Frequent violations of rules, procedures, and orders.
3. Acceptable: Familiar with most commonly applied rules and procedures, and is able to apply them to most field situations.
5. Superior: Exceptional working knowledge of rules, procedures, and orders.

**21. KNOWLEDGE OF CRIMINAL LAW:**

1. Unacceptable: Does not know elements of basic sections. Reports and performance continually show inability to apply criminal law to field situations.
3. Acceptable: Has a working knowledge of commonly used sections of code. Relates elements to observed criminal behavior.
5. Superior: Outstanding knowledge of criminal law. Is able to apply laws to normal and unusual criminal activity.

**22. KNOWLEDGE OF TRAFFIC LAW:**

1. Unacceptable: Does not know the elements of basic sections. Reports or actions continually show inability to apply vehicle code to field situations.
3. Acceptable: Has a working knowledge of commonly used sections of code. Relates elements to observe traffic related activity.
5. Superior: Outstanding knowledge of vehicle code. Is able to apply laws to normal and unusual traffic related activity.

**23. ACCEPTANCE OF FEEDBACK: VERBAL/BEHAVIOR**

1. Unacceptable: Argumentative, rationalizes, refuses to admit mistakes, refuses to make corrections. Always considers feedback negative.
3. Acceptable: Accepts criticism in positive manner and applies it to further learning process. Accepts responsibility for his/her mistakes.
5. Superior: Solicits feedback and criticism in order to improve performance. Never argues or blames others.

**24. RELATIONSHIP WITH CITIZENS:**

1. Unacceptable: Abrupt, belligerent, overbearing, officious, introverted and/or uncommunicative.
3. Acceptable: Courteous, friendly, and empathetic. Communicates in a professional and unbiased manner.
5. Superior: Establishes rapport and is always fair. Checks back with complainants, goes out of his/her way to assist citizens with problems, practices community policing by getting to know citizens and developing sources of information.



**25. RELATIONSHIPS WITH SUPERVISORS, CO-WORKERS:**

1. Unacceptable: Constantly argues with other officers or other superior officers. Belittles other officers or supervisors in front of other people. Fails to adhere to chain of command. Insubordinate.
3. Acceptable: Is able to establish a good relationship with other officers and supervisors. Understands and adheres to chain of command. Respects other officers.
5. Superior: Establishes excellent relationships with other officers and supervisors. Possesses thorough understanding of chain of command, and adheres to it. Utmost respect shown to superior officers and peers as well.

**26. GENERAL Demeanor:**

1. Unacceptable: Officer cannot be depended upon to produce routine work without close supervision; does not readily adapt to new situations, work hours, changing assignments. Is tardy, complains about assignments, days off, duties.
3. Acceptable: Officer generally displays initiative, interest in the job, willingness to take on new challenges or schedule changes. Dependable.
5. Superior: Attentive beyond requirements of job; constantly analyzes own work performance and devises and tries new approaches to problems. Consistently outstanding overall performance. High interest in welfare and image of department. Exemplary.

**27. GENERAL APPEARANCE:**

1. Unacceptable: Overweight, dirty shoes, uniforms and leather; long, unkept hair; offensive body odor.
3. Acceptable: Neat, clean and well-pressed uniform; cleaned and shined shoes and leather. Well-groomed.
5. Superior: Tailored uniforms; spit-shined shoes and leather. Command bearing, visibly good physical condition.

**Addendum A.**

This addendum shall be made a part of this agreement, and in the event of conflict with other terms, conditions, purchase orders or contract documents, this addendum shall govern.

Add the elevator at the Town of Lee Safety Complex located at 20 George Bennett Rd, Lee, NH to the State of New Hampshire contract number 8002184.

The price for quarterly maintenance and testing for your 1 elevator will \$70/month.

**Accepted:**

Addendum to contract dated: **06/30/2017**

**THYSSENKRUPP ELEVATOR CORPORATION**

**TOWN OF LEE**

**ThyssenKrupp Elevator Approval:**

By: \_\_\_\_\_  
(Signature of ThyssenKrupp Elevator Representative)

By: \_\_\_\_\_  
(Signature of Authorized Individual)

By: \_\_\_\_\_

Charles Nickerson Jr

\_\_\_\_\_  
(Printed or Typed Name)

Title: Branch Manager

(781) 467-6571

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**TOWN OF LEE**  
**Flexible Benefits Plan**

**Adoption Agreement**

1. Name of Plan: Town of Lee Flexible Benefits Plan
2. Employer/Plan Sponsor: Town of Lee
3. Plans/Optional Benefits Covered:  
Premium Conversion Benefit for Group Medical and Dental Plans  
Healthcare Flexible Spending Account  
Dependent Care Reimbursement Account
4. Initial Plan Year with HealthTrust, Inc.: July 1, 2010 - June 30, 2011
5. Plan Year: July 1 – June 30
6. Renewal Date: July 1
7. a. Original Effective Date of Plan: July 1, 2010  
b. Effective Date of Plan Amendment and Restatement (if applicable): This Plan Document was amended and restated in its entirety effective January 1, 2016 and replaced the previous plan document.  
c. Effective Date of this Amendment to the Adoption Agreement: July 1, 2017
8. Plan Administrator: Town of Lee  
7 Mast Road  
Lee, NH 03861  
Telephone: 603.659.5414  
Fax: 603.659.7202
9. FSA Administrator: HealthTrust, Inc. ("HealthTrust")  
25 Triangle Park Drive  
PO Box 617  
Concord, NH 03302-0617  
Telephone: 603.226.2861  
Fax: 603.415.3099
10. Eligibility Requirements (Section 1.1) for the following Optional Benefit(s) and/or Cash Opt-Out Benefit(s):

Premium Conversion and/or Cash Opt-Out Benefit(s) Eligibility - The eligibility requirements for participating in any group medical, dental, or other plan for which Premium Conversion and/or a Cash Opt-Out Benefit is available are as detailed in the specific documents applicable to such plan (such as certificate of coverage, enrollment form, personnel policy, etc.).

Healthcare FSA Eligibility\* - The following classes of employees who are eligible for the employer's group medical plan coverage are also eligible for participation in the Healthcare FSA.

All employees eligible for group medical plan coverage.

Eligibility Begins: On the date of hire

*\*Eligibility for participation in the Healthcare Flexible Spending Account component of the Plan must be limited to classes of employees who are also eligible for other group health plan coverage (not limited to "excepted benefits" as defined in 45 CFR 146.145(c)) through the Employer.*

Dependent Care Reimbursement Account Eligibility - The following classes of employees are eligible for participation in the Dependent Care Reimbursement Account.

All employees eligible in the following classes:

Employee Class Description:

All employees eligible for group medical plan coverage.

Eligibility Begins: On the date of hire

11. Optional Benefits and/or Cash Opt-Out Benefits. The Employer may elect to provide to its Eligible Employees any of the following Optional Benefits and/or Cash Opt-Out Benefits as described in Sections 2 through 5 of the Plan. To indicate such election(s) check the applicable box below:

Premium Conversion Benefit (Section 3.1) for the following group health and/or other welfare benefit plan(s), all of which are "qualified benefits" for purposes of IRC Section 125 and regulations thereunder:

Yes No

- |                                     |                                     |                 |
|-------------------------------------|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Medical Plan    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Dental Plan     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Disability Plan |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Other*          |

*\*"Nonqualified benefits" as defined in IRC Section 125(f) and/or IRS Proposed Regulation Section 1.125-1(q) are not permitted in an IRC Section 125 cafeteria plan and are not offered through this Plan. Such nonqualified benefits include, but are not limited to, elective deferrals to a Section 403(b) plan and group term life insurance for an individual other than the employee.*

Cash Opt-Out Benefit\* (Section 3.3) for the following group health and/or other welfare benefit plan(s):

Yes No

- Medical Plan  
  Dental Plan  
  Disability Plan  
  Other

*\*The amount(s) of any available Cash Opt-Out Benefit shall be established by the Employer prior to each Plan Year and shall be set forth on the Enrollment Form or in other plan materials provided by the Employer to Eligible Employees for the relevant Plan Year.*

Non-Tax Dependent Coverage as Taxable Benefit; Eligible Employee Contributions\* (Section 3.4) for the following group health plan(s):

Yes No

- Medical Plan  
  Dental Plan

*\*The Employer may only elect to include Section 3.4 in the Plan if the Employer allows an Eligible Employee to enroll Non-Tax Dependents (e.g. domestic partners) in the Employer's group medical and/or dental plan.*

Yes No

- Healthcare Flexible Spending Account (Section 4 and 4.2)

- Minimum Salary Reduction Contribution is \$ N/A
- Maximum Salary Reduction Contribution is \$ 1000\*

*\*Maximum Salary Reduction Contribution may not exceed \$2600 (as indexed for inflation) for any Plan Year per Internal Revenue Code § 125(i).*

Yes No

- Dependent Care Reimbursement Account (Section 5 and 5.2)

- Minimum Salary Reduction Contribution is \$ N/A
- Maximum Salary Reduction Contribution is \$5,000\*

*\*Maximum Salary Reduction Contribution and Dependent Care Account Benefits may not exceed limits stated in Section 5.2.*

12. a. Healthcare FSA Elective Provisions. If offering the Healthcare FSA Benefit, the Employer may elect to include any of the following specific provisions relating to the Healthcare FSA as described in Section 4 of the Plan. To indicate such election(s), check the applicable box below:

Yes No

- Qualifying Over-the-Counter Products (Section 4.5). This election allows Eligible Employees participating in the Healthcare FSA to receive reimbursement of expenses for qualifying over-the-counter products as described in Section 4.5 and on Schedule A.

Yes No  
  Debit Cards (Section 4.8). This election allows Eligible Employees participating in the Healthcare FSA to elect to use Debit Cards to obtain direct reimbursement of Qualifying Healthcare Expenses, subject to applicable substantiation requirements.

Yes No  
  Grace Period (Section 4.9A): This election permits Eligible Employees participating in the Healthcare FSA a grace period of 2½ months following the end of each Plan Year. Any unused balance remaining in the Employee’s account at the end of the Plan Year may be used to reimburse the Employee for Qualifying Healthcare Expenses incurred during the 2½-month grace period. This election is only available if the Carryover provision under Section 4.9B is not elected for the Plan Year.

Yes No  
  Carryover (Section 4.9B): This election permits Eligible Employees participating in the Healthcare FSA to carry over up to \$500 of unused amounts remaining as of the end of a Plan Year to the immediately following Plan Year. Any unused balance up to the carryover amount remaining in the Employee’s account as of the end of the Plan Year may be used to reimburse the Employee for Qualifying Healthcare Expenses incurred during the immediately following Plan Year. This election is only available if the Healthcare FSA Grace Period under Section 4.9A is not elected for the Plan Year. If the Employer elects the Carryover and the Employer also offers a Health Savings Account (HSA)-compatible High Deductible Health Plan (HDHP), the Carryover election also will permit an Eligible Employee who enrolls in such HDHP for the following year to: (i) voluntarily waive his/her Carryover amount or (ii) use any Carryover amount from the current Plan Year as a contribution in the following Plan Year to a Limited Purpose Healthcare FSA (if any) offered by the Employer and administered by HealthTrust.

b. Person(s) Authorized to Access PHI. In accordance with and subject to HIPAA and Section 9.3, only the following employees, classes of employees or other persons under the control of the Employer may be given access to Protected Health Information (“PHI”):

Town Administrator and Finance Officer

13. Dependent Care Account Elective Provisions. If offering the Dependent Care Account Benefit, the Employer may elect to include either or both of the following specific provisions relating to the Dependent Care Account as described in Section 5 of the Plan. To indicate such election(s), check the applicable box below:

Yes No  
  Debit Cards (Section 5.6). This election allows Eligible Employees participating in the Dependent Care Account to use Debit Cards to obtain direct reimbursement of Qualifying Dependent Care Expenses, subject to applicable substantiation requirements.

Yes No

Grace Period (Section 5.7). This election permits Eligible Employees participating in the Dependent Care Account a grace period of 2½ months following the end of each Plan Year. Any unused balance remaining in the Employee’s account at the end of the Plan Year may be used to reimburse the Employee for Qualifying Dependent Care Expenses incurred during the 2½-month grace period.

14. Non-Elective Employer Contributions and Benefit Credits (if applicable) (Section 2.2). The amount of non-elective Employer contributions and/or Benefit credits provided by the Employer in accordance with Section 2.2 of the Plan, and the specific terms are as follows:

Non-elective Employer contributions and Benefit credits are not available under the Plan.

IN WITNESS WHEREOF, the Employer has caused this Adoption Agreement to be executed by a duly authorized agent on the date set forth below, to be effective July 1, 2017.

TOWN OF LEE

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Town of Lee ("Member")

Member hereby elects the following HealthTrust, Inc. ("HealthTrust") coverage(s):

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## Medical Coverage and Rates

July 2017 Medical

The following rates shall apply from July 1, 2017 to June 30, 2018

Rating Renewal July  
Probationary Period 0M

Rating Tier Small  
Rating Type Standard

Benefit Option(s)	Single	2-Person	Family
BC2T20(07S)-RX10/20/45/3K(S)	\$891.16	\$1,782.31	\$2,406.12
AB20(07S)-RX10/20/45/3K(S)	\$831.62	\$1,663.23	\$2,245.37
MC3(07S)-RX10/20/45(SCY)	\$556.79		
MCNRX(07S)	\$222.68		

Monthly rates and continued Member group coverage are subject to applicable HealthTrust minimum participation requirements including, without limitation:

- 1) at least 75% participation of eligible employees who do not otherwise have group medical coverage; and
- 2) employees who elect to cover dependents must enroll all of their eligible dependents (other than dependent children age 19 and over) who do not otherwise have group medical coverage.

HealthTrust reserves the right to change the rates at any time if there is a 10% or more increase or decrease in enrollment.

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### \*PROBATIONARY PERIOD EXCEPTIONS

None

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### SPECIAL NOTES

Effective 10/1/17 the Town's Board approved that all eligible part-time employees working between 32 -39 hours per week will be eligible for Health benefits only.



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## BILLING SERVICES

Member Group has separately contracted with HealthTrust for the following Billing Services with respect to any selected medical and dental plan coverages:

COBRA       Retirees

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**SBC Compliance:** HealthTrust, Inc. agrees to prepare and provide Member with a Summary of Benefits and Coverage (“SBC”) for each medical plan coverage option listed on this transmittal. Member agrees to distribute the SBCs to applicable eligible individuals. These obligations will be performed in accordance with (i) the statutory and regulatory requirements for SBCs under the Affordable Care Act (“ACA”), and (ii) related SBC compliance information provided to Member by HealthTrust, Inc.

**Maximum Probationary Period Compliance:** Member represents that the eligibility conditions and probationary period requirements for enrollment in each medical plan coverage option listed on this transmittal comply with the 90-Day Maximum Waiting Period rule of the ACA.

Member agrees that the coverages elected herein are subject to the terms and conditions of the HealthTrust Membership Agreement, the HealthTrust Bylaws and applicable Coverage Documents.

Member hereby authorizes HealthTrust, Inc. to execute and deliver any and all documents necessary to effectuate the enrollment of the Member and its Employees into the plan(s) listed on this transmittal.

\_\_\_\_\_  
For the Member, duly authorized

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
For HealthTrust, Inc.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



NH Homeland Security & Emergency Management  
Hazard Mitigation Planning Application

**Planning**

**THIS SECTION FOR STATE USE ONLY**  
DISASTER: \_\_\_\_\_

NH HSEM Identification Number: \_\_\_\_\_

Date SHMO Received Application: \_\_\_\_\_

Date Council Reviewed/Approved: \_\_\_\_\_

FEMA Application Submittal Date: \_\_\_\_\_

NH HSEM Point of Contact:  
State Hazard Mitigation Officer  
NH HSEM,  
33 Hazen Drive  
Concord, NH 03305  
Office: 603. 223. 3667  
Fax: 603. 223. 3609

**NOTE: APPLICATION MUST BE SUBMITTED IN DUPLICATE.**

**PROJECT OVERVIEW**

1. Applicant Legal Name: Town of Lee  
Organizational Unit: Emergency Management Department
2. Applicant Type:  Local Government  State Government  Private Non-Profit (Attach copy of 501c3)
3. Is this a new or revised application?  New  Revised  
If revised, check appropriate box:  Funding Change  Timeline Extension  
 Change in Scope of Work  Other (specify below)
4. Select Appropriate Project Title:  Develop a new Hazard Mitigation Plan to meet 44 CFR 201.6  
 Update existing Hazard Mitigation Plan to meet 44 CFR 201.6
5. Proposed Project Total Cost: \$ 8000.00  
Federal Share (75%): \$ 6000.00  
Non-Federal Match (25%): \$ 2000.00

**6. Certifications:**

The undersigned assures fulfillment of all requirements of the Hazard Mitigation Grant Program as contained in the program guidelines and that all information contained herein is true and correct to the best of my knowledge. The governing body of the applicant has duly authorized the document, and hereby applies for the assistance documented in this application. **Also, the applicant understands that the project may proceed ONLY AFTER FEMA APPROVAL is gained.**

John LaCourse  
*Typed Name of Authorized Representative Applicant Agent*

Chairman, BOS  
*Title*

603-659-5411  
*Telephone Number*

\_\_\_\_\_  
*Signature of Authorized Representative Applicant Agent*

\_\_\_\_\_  
*Date Signed*

## APPLICANT INFORMATION

1. Does your community have a current FEMA approved multi-hazard mitigation plan?  Yes  No
2. Is the community a member of **good standing** with the National Flood Insurance Program?  Yes  No
3. DUNS Number: 623281219

4. **Primary Point of Contact:**

The Primary Point of Contact is the person responsible for coordinating the implementation of this proposal, if approval is granted.

Ms.  Mr.  Mrs. First Name: Scott Last Name: Nemet  
Title: Emergency Management Director/ Fire Chief  
Street Address: 20 George Bennett  
City: Lee State: NH Zip Code: 03861  
Telephone: 603-659-5411 Fax: 603-659-9611 Mobile: \_\_\_\_\_ E-mail Address: SNemet@LeeFire.org

5. **Alternate Point of Contact:**

The Alternate Point of Contact is the person that can address questions or concerns in the Primary Point of Contact's absence.

Ms.  Mr.  Mrs. First Name: Caren Last Name: Rossi  
Title: Assistant Emergency Management Director/ Code Enforcement Officer  
Street Address: 7 Mast Road  
City: Lee State: NH Zip Code: 03861  
Telephone: 603-659-6783 Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail Address: CRossi@LeeNH.org

6. **Application Prepared by:**

Ms.  Mr.  Mrs. First Name: Scott Last Name: Nemet  
Title: EMD  
Street Address: 20 George Bennett Road  
City: Lee State: NH Zip Code: 03861  
Telephone: 603-659-5411 Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

7. **Authorized Applicant Agent:**

The Authorized Applicant Agent MUST be the chief executive officer, mayor, etc. This person must be able to sign contracts, authorize funding allocations or payments, etc.

Ms.  Mr.  Mrs. First Name: John Last Name: LaCourse  
Title: Board of Selectmen, Chair  
Street Address: 7 Mast Road  
City: Lee State: NH Zip Code: 03861  
Telephone: 603-659-5414 Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## PROJECT DESCRIPTION

Current planning regulations require specific information be included in local mitigation plans. The following questions address how your community intends to accomplish some of those aspects. For areas where specific strategies have not been determined, please estimate.

- List all municipalities (county/city) the proposed plan will address.

Municipality	Community Rating System Member		State Legislative District	US Congressional District	Member of Good Standing with NFIP	
	Yes/No	Rating			Yes/No	Community ID Number:
Lee, New Hampshire	No		21	4	Yes	330148B

- Attach letters of agreement for each jurisdiction involved in the plan (multi-jurisdictional planning only).
- Place a checkmark () next to all hazards to be addressed and supply an estimated frequency (high, moderate, low, very low, not applicable) and severity (catastrophic, extensive, serious, minor):

<input checked="" type="checkbox"/>	Hazard	Frequency	Severity
<input checked="" type="checkbox"/>	Earthquake	Low	Minor
<input checked="" type="checkbox"/>	Fire (wildfire)	Moderate	Minor
<input checked="" type="checkbox"/>	Flood	Moderate	Serious
<input checked="" type="checkbox"/>	Freezing	High	Extensive
	Karst (sinkhole)		
<input checked="" type="checkbox"/>	Mud/landslide	Low	Minor
<input checked="" type="checkbox"/>	Severe Ice Storms	High	Extensive

<input checked="" type="checkbox"/>	Hazard	Frequency	Severity
<input checked="" type="checkbox"/>	Severe Storms	High	Extensive
<input checked="" type="checkbox"/>	Snow	High	Catastrophic
<input checked="" type="checkbox"/>	Tornado	Low	Serious
<input checked="" type="checkbox"/>	Windstorms	Moderate	Serious
	Other		
	Other		
	Other		

- Provide a community profile for each jurisdiction. Describe the area and population affected by this project, including location. For multi-jurisdictional planning, specify each jurisdiction's information.

According to the United States Census Bureau, the town contains 20.0 square miles of land area and 0.2 square miles of inland water area. The water is primarily contained in Wheelwright Pond, Lamprey River, and Oyster River. The town also has major State routes of 125, 4, 155, and 152. The 2015 census states the town has 4,363 residents, 218.4 persons per square mile of land area. The largest employer is Market Basket followed by Wentworth Douglas Hospital. The town has one elementary school that serves the communities of Lee, Madbury, and Durham with 285 students. The town is part of the Oyster River School District.

5. Describe how the plan will be developed. What process will be used? Describe the strategy for completing this planning activity, including the review process, adoption, and FEMA's approval.

**The plan will be developed through a series of meetings with the participations of a formed Hazard Mitigation Planning Committee which will be chaired by the Emergency Management Director. Committee members (or their designees) will include but are not limited to: Emergency Management Director, Town Administrator, Fire Chief, Police Chief, Members of the Board of Selectmen, Building Inspector, Code Enforcement Officer, Health Officer, Road Agent, Ambulance Service, School Administrators, Planning Board, and any members of the public.**

**Once the meetings are held to develop and draft the plan, it will be submitted to NH HSEM for review. The plan will then be sent to FEMA for Approval Pending Adoption. After the Plan has been granted APA status by FEMA, the Hazard Mitigation Planning Committee will present the final Plan at a duly noticed Board of Selectmen Public Meeting for Plan adoption at which the Certificate of Adoption will be signed.**

- 
6. Enter any additional comments related to the proposed planning effort, if desired.
-

## SCOPE OF WORK / BUDGET

In this section, provide the details of all costs of the project. For estimates, reasonable projections are essential.

1. Materials (indicate if item will be used as in-kind)

Item	Dimension	Quantity	Cost per Unit	Cost
N/A			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Total Cost</b>			\$	\$

2. Labor – include equipment costs – (indicate if item will be used as in-kind)

Description	Hours	Rate	Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total Cost</b>		\$	\$

3. Fees Paid (include any other costs associated with the project, i.e., contractor, etc.)

Description	Hours	Rate	Cost
<b>Contract with-Strafford Regional Planning Commission</b>	<b>100</b>	<b>\$ 60</b>	<b>\$ 6000.00</b>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total Cost</b>		\$	\$

4. Total Project Cost

Proposed Project Total Cost: \$ 8000.00  
 75% Federal Share: \$ 6000.00  
 25% Non-Federal Match: \$ 2000.00

*NOTE: Round figures to the nearest dollar.*

5. Non-Federal Funding Share (25% of Total Cost)

List all sources and amounts utilized in the non-federal share including all in-kind services. In-Kind services may not exceed the 25% non-federal share. If any portion of the non-Federal share will come from non-applicant sources (donated services, private donation, etc.), attach letters of funding commitment for each non-applicant source.

Source	Name of Source Agency	Type Funding	Amount	Commitment Letter Attached
Staff & Volunteers	Town of Lee	In Kind	\$ 2000.00	Yes
			\$	
			\$	
			\$	
			\$	

Source = State, Local, Private Non-Profit, Other

Source Agency = Specific entity providing match

Type Funding = Administration, Cash, Consulting Fees, Engineering Fees, Equipment Operation/Rental, Labor, Supplies, Other

6. Under *A. Materials, Labor, and Fees Paid*, provide a **detailed justification on each item where funding is requested**, explaining its (1) purpose for plan development or update and (2) support to the goals and objectives for creating the plan. It is imperative reviewers see a clear connection between the purpose of each line item and the intended scope of work. Attach extra pages as needed.

Fees Paid- \$6000.00- Contract with Strafford Regional Planning Commission to lead the Plan Update Development

Non-Federal- \$2000.00- Funding will be contributed through In-Kind match by volunteer time from Staff and Volunteers on the Hazard Mitigation Planning Committee.

- 
7. Additional Comments

Enter any additional comments related to the proposed project's funding, if desired.

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## TIMELINE / TASKS

### 1. Timeline / Tasks

Insert the proposed work schedule as tasks to accomplish the overall goal of the proposed activity, i.e., develop core planning team, let bids for contractor, etc., and provide a description of the task's purpose. This timeline will be used as a measurement tool for progress in the project's implementation and is included in the required Quarterly Reports. Also, FEMA uses the timeline for determining the approved period of performance. It will be the basis used to justify delays or extensions, if necessary, and should be estimated carefully. Mandatory entries have already been entered.

Task 1:	<b>NH HSEM State Contract Process</b> The State contract is the State's legal mechanism required to ensure funding or services to the applicant. The timeframe reflects up to a 6 month period.	Timeframe:	<b>6 Months</b>
Task 2:	<b>Planning Process</b> Work with the Regional Planning Process to write updated plan	Timeframe:	<b>4 Months</b>
Task 3:	<b>Town Plan Review</b> Time for public review and comment for draft	Timeframe:	<b>2 Months</b>
Task 4:	<b>NH HSEM Region Review</b> HSEM reviews plans submitted to ensure they are in accordance with CFR 201.6. Once plans reach this status they are awarded Approvable Pending Adoption Status. Once adopted the plan will then receive Formal Approval by HSEM.	Timeframe:	<b>2.5 Months</b>
Task 5:	<b>Adoptions</b> Time needed to ensure plan is on the agenda and adoption is achieved and submitted.	Timeframe:	<b>3.5 Months</b>
Task 6:	<b>State Compliance Review and FEMA Closeout</b> The State Compliance Review is a review of the activity's paper documentation, showing the project was implemented as required. Once the compliance review is completed, the report and findings will be provided to the recipient for review and concurrence. The State submits the concurrence to FEMA as part of a closeout package to formally close the grant.	Timeframe:	<b>6 Months</b>
Task 7:		Timeframe:	
Task 8:		Timeframe:	
Task 9:		Timeframe:	
<b>Total Timeframe (must not exceed 730 days, 24 months, or 2 years)</b>		Timeframe:	<b>24 Months</b>

2. The start date for any proposed project begins upon FEMA approval. If a specific timeframe is needed, provide an explanation.

Determined by FEMA approval.

3. The plan requires periodic maintenance and updating. What is the estimated cost on an annual basis?

Staff and Volunteer- In-Kind Match





## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.



**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Chairman, Board of Selectmen
APPLICANT ORGANIZATION Town of Lee, NH	DATE SUBMITTED 



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## Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just the time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a continuation sheet(s) are attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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Public Reporting Burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency .

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**Authorized for Local Reproduction  
Standard Form-LLL (7/97)**

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472-3100, and Paperwork Reduction Project (1660-0025). **NOTE: Do not send your completed form to this address.**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying" and 28 CFR Part 17, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Federal Emergency Management Agency (FEMA) determines to award the transaction, grant, or cooperative agreement.

**1. LOBBYING**

As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

Standard Form-LLL "Disclosure of Lobbying Activities" attached

(This form must be attached to certification if non-appropriated funds are to be used to influence activities.)

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of a or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public a public (Federal ,State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause of default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE (GRANTEE OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17.615 and 17.620-

A. The applicant certifies that it will continue to provide a drug-free workplace by;

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about-

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A.

A. The applicant certifies that it and its principals:

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-

(1) Abide by the term of the statement; and

(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such convictions;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is convicted-

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation act of 1973, as amended; or

(2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).



B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, City, County, State, Zip code)

20 George Bennett Road Lee, New Hampshire 03861
--

There are workplaces on file that are not identified

Sections 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a state wide certification.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Chairman, Board of Selectmen
APPLICANT ORGANIZATION Town of Lee, NH	DATE SUBMITTED 



**Town of Lee**  
**EMERGENCY MANAGEMENT OFFICE**  
*EMD/Fire Chief Scott M. Nemet • Assistant EMD Caren Rossi*  
*7 Mast Road, Lee, NH 03861*  
*Phone: (603) 659-5411 Fax: (603) 659-9611*



September 5, 2017

Hazard Mitigation Program  
New Hampshire Department of Safety  
Homeland Security and Emergency Management  
33 Hazen Drive  
Concord, NH. 03305

Attn: Hazard Mitigation Grant Program Manager

RE: Hazard Mitigation Program Match Commitment Letter

As part of the Hazard Mitigation Grant process, a local funding match is required.

This letter serves as the Town of Lee, NH, Resolution of Commitment as authorized by the Board of Selectmen. And its commitment to meet the matching fund requirements for the update of the towns Hazard Mitigation Plan through the Hazard Mitigation Program. The local matching fund requirement is \$2,000.00. If additional funds are requested, additional local match fund commitment letter is required to be submitted.

Respectfully,

Scott Nemet  
Emergency Management Director





Victoria F. Sheehan  
Commissioner

THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.  
Assistant Commissioner

RECEIVED  
AUG 28 2017

TOWN OF LEE, NH

Bureau of Planning & Community Assistance  
Tel: (603) 271-3344  
August 25, 2017

To Whom It May Concern:

We are sending the enclosed notice to your organization in an effort to encourage your participation regarding transportation projects planned between 2019-2028 throughout the State of New Hampshire. Your organization has been identified as potentially benefitting from your awareness of this information.

Attached is a listing of all the dates, times and locations of public meetings planned throughout NH for review of the State of New Hampshire Transportation Ten Year Plan. In order to develop the best transportation solutions for your community, our Department is looking to hear your thoughts on transportation. Experience has shown that the best transportation projects evolve as a result of close cooperation between planners, designers, and policy makers, and the residents, business owners, and interest groups who know and care about their residents and communities. The meetings are being hosted by the Department of Transportation, your Executive Councilor, and the Regional Planning Commissions. We invite you, your residents and communities to actively participate in this meeting. Our goal is to hear from you what your transportation needs are.

If you have questions regarding these meetings or the scope of planned projects in your area, please contact me at (603) 271-3344.

Sincerely,

William E. Watson Jr., PE  
Administrator

Enclosure  
WEW/sa

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~ PUBLIC NOTICE ~

Pursuant to RSA 228:99 and RSA 240, the Governor's Advisory Commission on Intermodal Transportation (GACIT), which is composed of the five Executive Councilors and the Commissioner of the New Hampshire Department of Transportation announces that Public Hearings will be held to review and receive input on the update of the State's Ten Year Transportation Improvement Plan (2019-2028).

The purpose of these Public Hearings is to receive public comments/testimony on transportation projects and priorities included in the draft 2019-2028 Ten-Year Transportation Improvement Plan as recommended by the New Hampshire Department of Transportation to GACIT. Those not able to attend the meetings can submit written testimony within 10 days of the completion of the Public Hearings. (no later than November 6, 2017 at 4 PM)

Copies of any documents related to the Ten-Year Transportation Improvement Plan (2019-2028) will be available for review on the NHDOT website prior to the first Public Hearing:  
<http://www.nh.gov/dot/org/projectdevelopment/planning/typ/index.htm> or by contacting the Bureau of Planning & Community Assistance at the Department of Transportation (603-271-3344).

Written Comments should be addressed to:  
William E. Watson, P.E.  
Bureau of Planning and Community Assistance  
New Hampshire Department of Transportation  
John O. Morton Building, 7 Hazen Drive  
P.O. Box 483  
Concord, NH 03302-0483

Any individuals needing assistance or auxiliary communication equipment due to sensory impairment or other disability, should contact Sharon Allaire, (603) 271-3344, NHDOT, P.O. Box 483, Concord, N.H. 03302-0483 - TDD access: Relay N.H. 1-800-735-2964.

The projects developed through the Ten Year Plan process will be administered according to the requirements of Title VI of the Civil Rights Act of 1964 and related statutes to ensure non-discrimination.

Executive Councilor David K. Wheeler  
Chairman, Governor's Advisory Commission on Intermodal Transportation (GACIT)  
Dated at Concord, NH  
this 31th day of August 2017

## Public Hearing Schedule for 2019 - 2028 Ten Year Plan

Executive Councilor	Date	Town/City	Time	Location
<b>District 5</b> Councilor David Wheeler	(Mon) 9/11/17	Merrimack	7:00 PM	Merrimack Town Hall-West Wing Matthew Thornton Room 6 Baboosic Lake Road
<b>District 4</b> Councilor Christopher Pappas	(Thur) 9/14/17	Londonderry	7:00 PM	Town Office Council Chambers Moosehill Room 268B Mammoth Road
<b>District 3</b> Councilor Russell Prescott	(Mon) 9/18/17	Kingston	7:00 PM	Kingston Community Library 56 Church Street by GPS Actual address: 2 Library Lane
<b>District 1</b> Councilor Joseph Kenney	(Tue) 9/19/17	Errol	9:00 AM	Errol Town Hall 33 Main Street
<b>District 1</b> Councilor Joseph Kenney	(Tue) 9/19/17	Berlin	2:00 PM	City Hall Auditorium 168 Main Street
<b>District 1</b> Councilor Joseph Kenney	(Tue) 9/19/17	Conway	7:00 PM	Town Hall, Upstairs 1634 East Main Street
<b>District 2</b> Councilor Andru Volinsky Co-Hosted with <b>District 5</b> Councilor David Wheeler	(Wed) 9/20/17	Keene	12:30 PM	Keene Parks and Recreation 312 Washington Street - Room 14
<b>District 1</b> Councilor Joseph Kenney	(Thur) 9/21/17	Lebanon	7:00 PM	City Council Chambers 51 North Park Street 5 <sup>th</sup> Floor
<b>District 2</b> Councilor Andru Volinsky	(Thur) 9/28/17	Dover	4:00 PM	Dover City Hall Auditorium 288 Central Avenue
<b>District 2</b> Councilor Andru Volinsky Co-Hosted with <b>District 1</b> Councilor Joseph Kenney	(Thur) 9/28/17	Rochester	7:00 PM	Rochester Community Center 150 Wakefield St-Room 1A
<b>District 4</b> Councilor Christopher Pappas	(Mon) 10/2/17	Bedford	7:00 PM	Bedford Cable and Meeting Room 10 Meetinghouse Road
<b>District 2</b> Councilor Andru Volinsky Co-Hosted with <b>District 4</b> Councilor Christopher Pappas	(Wed) 10/4/17	Concord	7:00 PM	NH Department of Transportation Room 114 7 Hazen Drive
<b>District 1</b> Councilor Joseph Kenney	(Thur) 10/5/17	Littleton	9:00 AM	Littleton House Heald Room 120 Main Street
<b>District 1</b> Councilor Joseph Kenney	(Thur) 10/5/17	Plymouth	2:00 PM	Town Hall – Upstairs 6 Post Office Square

<b>Executive Councilor</b>	<b>Date</b>	<b>Town/City</b>	<b>Time</b>	<b>Location</b>
<b>District 1</b> Councilor Joseph Kenney	(Thur) 10/5/17	Laconia	7:00 PM	City Council Chambers Room 200-A 45 Beacon Street East
<b>District 3</b> Councilor Russell Prescott	(Thur) 10/12/17	Newmarket	7:00 PM	Newmarket Town Hall 186 Main Street
<b>District 3</b> Councilor Russell Prescott	(Mon) 10/16/17	Hampton	7:00 PM	Seashell Complex Ocean Front Pavillion Room 170 Ocean Boulevard
<b>District 5</b> Councilor David Wheeler Co-Hosted with <b>District 2</b> Councilor Andru Volinsky	(Wed) 10/18/17	Peterborough	7:00 PM	Town Hall 1 Grove Street
<b>District 4</b> Councilor Christopher Pappas Co-Hosted with <b>District 2</b> Councilor Andru Volinsky	(Thur) 10/26/17	Manchester	7:00 PM	Aldermanic Chambers – 3 <sup>rd</sup> Floor City Hall, 1 City Hall Plaza

# TITLE XX TRANSPORTATION

## CHAPTER 228 ADMINISTRATION OF TRANSPORTATION LAWS

### Statewide Intermodal Transportation Planning and Improvement Program

#### Section 228:99

**228:99 Statewide Transportation Improvement Program (STIP).** – The governor shall develop a statewide transportation improvement program as required by 23 U.S.C. sections 134 and 135, as amended. The governor shall revise and update the program every 2 years. Adoption of the STIP and revised STIP shall be as follows:

I. Each metropolitan planning organization and rural regional planning commission shall reach agreement with the department of transportation relative to funding unified planning work programs consistent with 23 U.S.C. sections 134 and 135 no later than December 1 of each even-numbered year. Each metropolitan planning organization and rural regional planning commission shall provide a regional transportation improvement program (TIP) to the department of transportation no later than April 1 of each odd-numbered year. Such plans shall include a public involvement plan and education initiative to ensure early and adequate input from residents, municipalities and any other interested parties in New Hampshire.

II. The commissioner shall submit the tentative STIP in accordance with the state planning process as required in 23 U.S.C. section 135 to the governor's advisory commission on intermodal transportation no later than July 1 of each odd-numbered year.

III. The **governor's advisory commission on intermodal transportation** shall conduct at least one public hearing in each executive council district to present the tentative STIP to the public and to receive the public's comments and recommendations regarding the program. The governor's advisory commission on intermodal transportation shall submit such program along with the commission's recommendations to the governor no later than December 1 of each odd-numbered year. Each metropolitan planning organization and rural regional planning commission should conduct an informational meeting after the commission submits its recommendations to receive the public's final comments and recommendations regarding the proposed programs before adoption by the governor.

IV. The governor shall submit the STIP to the general court to be acted on no later than January 15 of each even-numbered year. After an enactment by the general court of the STIP or by June 1 of each even-numbered year, whichever is earlier, each metropolitan planning organization and rural regional planning commission should continue its public involvement program by conducting at least one informational meeting concerning the STIP.

**Source.** 1994, 283:1, eff. July 1, 1994.

**Strogen's FY18**

<b>Annual Preventative Maint.</b>	<b>\$4,105.60</b>	<b>Account No.</b>	
Safety Complex	\$2,318.80	01.41941.430.00	
Town Hall	\$249.00	01.41941.430.00	
Annex	\$149.00	01.41941.430.00	
Library	\$566.00	01.41941.430.00	
Historical Society	\$100.00	01.41941.430.00	\$3,382.80
Highway Annex	\$214.00	01.43111.431.03	
Highway Garage	\$214.00	01.43111.431.03	
Transfer Station	\$294.80	01.43211.431.00	
Hourly Rate - 'Journeyman'	\$82.00/hr.		
Emergency Calls	\$121.50		
	10% discount on parts & labor for work outside the annual maintenance		

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*Service*

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A Service Experts Company

113 Milton Rd, Rochester, NH 03868

603-330-0627 Office 603-332-7726 Fax

[www.strogensserviceexperts.com](http://www.strogensserviceexperts.com)

Business Town of Lee Town Hall

**Plan Benefits**

- Energy savings
- Extended system life
- Cleaner air
- Greater Comfort
- Fewer Repairs
- 10% repair and labor discount
- Priority service
- 24/7 emergency service
- Automatic renewal
- 10% off overtime rate

**Cooling Procedures\***

- Check thermostat
- Clean condensing coil
- Replace filters
- Clean drains
- Check blower and rotation
- Parts lubrication
- Check electrical connections
- Check operating pressures
- Check refrigerant charge
- Monitor cooling cycle

**Heating Procedures\***

- Clean burner section
- Replace filters
- Clean blower components
- Adjust gas pressure
- Check and adjust pilot
- Parts lubrication
- Monitor flue draft
- Electrical connection check
- Test safety controls
- Monitor voltage and amps
- Adjust air flow
- Check thermostat(s)
- Monitor heating cycle

\*where applicable

Contact Name	Julie	
Street Address	7 Mast Road	
City	Lee	NH

Email	Contact Phone
-------	---------------

Covered Equipment	Model/Serial	Desc./Location
Additional Equipment Info on Equipment Page***		
Gas boiler		upstairs mech room
Gas water heater		upstairs mech room

Comments
Service boiler and water heater in the fall each year

Plan Informantion Start Date \_\_\_\_\_ to \_\_\_\_\_ Perpetual Y

Number of Cooling Inspections \_\_\_\_\_ Number of Heating Inspections 1

Filter Change Interval \_\_\_ Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Other

Payment Information Interval x Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_

Method \_\_\_ ePay \_\_\_ CASH \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX \_\_\_ DISC \_\_\_ CHECK# \_\_\_\_\_

Acct# \_\_\_\_\_

Auth Code \_\_\_\_\_ Esp. Date \_\_\_\_\_

Total Annual Investment \$ 249.00

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer shall authorize Service Experts up to \$250.00 for repairs found while performing maintenance inspections.



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Business Town of Lee Transfer Station

**Plan Benefits**

- Energy savings
- Extended system life
- Cleaner air
- Greater Comfort
- Fewer Repairs
- 10% repair and labor discount
- Priority service
- 24/7 emergency service
- Automatic renewal
- 10% off overtime rate

**Cooling Procedures\***

- Check thermostat
- Clean condensing coil
- Replace filters
- Clean drains
- Check blower and rotation
- Parts lubrication
- Check electrical connections
- Check operating pressures
- Check refrigerant charge
- Monitor cooling cycle

**Heating Procedures\***

- Clean burner section
- Replace filters
- Clean blower components
- Adjust gas pressure
- Check and adjust pilot
- Parts lubrication
- Monitor flue draft
- Electrical connection check
- Test safety controls
- Monitor voltage and amps
- Adjust air flow
- Check thermostat(s)
- Monitor heating cycle

\*where applicable

Contact Name Julie  
 Street Address Mast Road  
 City Lee NH  
 Email \_\_\_\_\_ Contact Phone \_\_\_\_\_

Covered Equipment	Model/Serial	Desc./Location
Additional Equipment Info on Equipment Page***		
Bryant split hvac system	Bryant	mechanical room

Comments  
 service HVAC system and replace filters twice per year  
 heating service in the fall  
 cooling service in the spring

Plan Informantion Start Date \_\_\_\_\_ to \_\_\_\_\_ Perpetual Y

Number of Cooling Inspections 1 Number of Heating Inspections 1

Filter Change Interval \_\_\_ Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Other

Payment Information Interval \_\_\_ Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_

Method \_\_\_ ePay \_\_\_ CASH \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX \_\_\_ DISC \_\_\_ CHECK# \_\_\_\_\_

Acct# \_\_\_\_\_

Auth Code \_\_\_\_\_ Esp. Date \_\_\_\_\_

Total Annual Investment \$ 294.80

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer shall authorize Service Experts up to \$250.00 for repairs found while performing maintenance inspections.



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Business Town of Lee Highway Annex

Contact Name Julie

Street Address Mast Road

City Lee NH

Email Contact Phone

Covered Equipment	Model/Serial	Desc./Location
Additional Equipment Info on Equipment Page***		
1 oil fired boiler	system 2000	boiler rm

Comments

Service the oil fired boiler in the fall

Plan Informantion Start Date \_\_\_\_\_ to \_\_\_\_\_ Perpetual Y

Number of Cooling Inspections \_\_\_\_\_ Number of Heating Inspections 1

Filter Change Interval \_\_\_ Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Other

Payment Information Interval x Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_

Method \_\_\_ ePay \_\_\_ CASH \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX \_\_\_ DISC \_\_\_ CHECK# \_\_\_\_\_

Acct# \_\_\_\_\_

Auth Code \_\_\_\_\_ Esp. Date \_\_\_\_\_

Total Annual Investment \$ 214.00

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer shall authorize Service Experts up to \$250.00 for repairs found while performing maintenance inspections.



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- Plan Benefits**
- Energy savings
- Extended system life
- Cleaner air
- Greater Comfort
- Fewer Repairs
- 10% repair and labor discount
- Priority service
- 24/7 emergency service
- Automatic renewal
- 10% off overtime rate
- Cooling Procedures\***
- Check thermostat
- Clean condensing coil
- Replace filters
- Clean drains
- Check blower and rotation
- Parts lubrication
- Check electrical connections
- Check operating pressures
- Check refrigerant charge
- Monitor cooling cycle
- Heating Procedures\***
- Clean burner section
- Replace filters
- Clean blower components
- Adjust gas pressure
- Check and adjust pilot
- Parts lubrication
- Monitor flue draft
- Electrical connection check
- Test safety controls
- Monitor voltage and amps
- Adjust air flow
- Check thermostat(s)
- Monitor heating cycle

\*where applicable

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Business Town of Lee Library

Contact Name Julie

Street Address Mast Road

City Lee State NH

Email \_\_\_\_\_ Contact Phone \_\_\_\_\_

Covered Equipment	Model/Serial	Desc./Location
Additional Equipment Info on Equipment Page***		
2 gas furnaces	Magic Chef	Basement
1 package unit	Lennox	outdoors

Comments \_\_\_\_\_

service equipment twice per year

Heating service in the fall

AC service in the spring

Plan Information Start Date \_\_\_\_\_ to \_\_\_\_\_ Perpetual Y

Number of Cooling Inspections 1 Number of Heating Inspections 1

Filter Change Interval \_\_\_ Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Other

Payment Information Interval \_\_\_ Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_

Method \_\_\_ ePay \_\_\_ CASH \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX \_\_\_ DISC \_\_\_ CHECK# \_\_\_\_\_

Acct# \_\_\_\_\_

Auth Code \_\_\_\_\_ Esp. Date \_\_\_\_\_

Total Annual Investment \$ 566.00

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer shall authorize Service Experts up to \$250.00 for repairs found while performing maintenance inspections.



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- Plan Benefits**
- Energy savings
- Extended system life
- Cleaner air
- Greater Comfort
- Fewer Repairs
- 10% repair and labor discount
- Priority service
- 24/7 emergency service
- Automatic renewal
- 10% off overtime rate
- Cooling Procedures\***
- Check thermostat
- Clean condensing coil
- Replace filters
- Clean drains
- Check blower and rotation
- Parts lubrication
- Check electrical connections
- Check operating pressures
- Check refrigerant charge
- Monitor cooling cycle
- Heating Procedures\***
- Clean burner section
- Replace filters
- Clean blower components
- Adjust gas pressure
- Check and adjust pilot
- Parts lubrication
- Monitor flue draft
- Electrical connection check
- Test safety controls
- Monitor voltage and amps
- Adjust air flow
- Check thermostat(s)
- Monitor heating cycle

\*where applicable

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Business Town of Lee Annex

Contact Name Julie

Street Address 7 Mast Road

City Lee NH

Email Contact Phone

Covered Equipment	Model/Serial	Desc./Location
Additional Equipment Info on Equipment Page***		
Gas boiler		upstairs mech room

Comments

Service boiler in the fall each year

Plan Informantion Start Date \_\_\_\_\_ to \_\_\_\_\_ Perpetual Y

Number of Cooling Inspections \_\_\_\_\_ Number of Heating Inspections 1

Filter Change Interval \_\_\_ Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Other

Payment Information Interval x Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_

Method ePay CASH VISA MC AMEX DISC CHECK# \_\_\_\_\_

Acct# \_\_\_\_\_

Auth Code \_\_\_\_\_ Esp. Date \_\_\_\_\_

Total Annual Investment \$ 149.00

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer shall authorize Service Experts up to \$250.00 for repairs found while performing maintenance inspections.



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- Plan Benefits**
- Energy savings
- Extended system life
- Cleaner air
- Greater Comfort
- Fewer Repairs
- 10% repair and labor discount
- Priority service
- 24/7 emergency service
- Automatic renewal
- 10% off overtime rate
- Cooling Procedures\***
- Check thermostat
- Clean condensing coil
- Replace filters
- Clean drains
- Check blower and rotation
- Parts lubrication
- Check electrical connections
- Check operating pressures
- Check refrigerant charge
- Monitor cooling cycle
- Heating Procedures\***
- Clean burner section
- Replace filters
- Clean blower components
- Adjust gas pressure
- Check and adjust pilot
- Parts lubrication
- Monitor flue draft
- Electrical connection check
- Test safety controls
- Monitor voltage and amps
- Adjust air flow
- Check thermostat(s)
- Monitor heating cycle

\*where applicable

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Business Town of Lee Historical Museum

- Plan Benefits**
- Energy savings
  - Extended system life
  - Cleaner air
  - Greater Comfort
  - Fewer Repairs
  - 10% repair and labor discount
  - Priority service
  - 24/7 emergency service
  - Automatic renewal
  - 10% off overtime rate
- Cooling Procedures\***
- Check thermostat
  - Clean condensing coil
  - Replace filters
  - Clean drains
  - Check blower and rotation
  - Parts lubrication
  - Check electrical connections
  - Check operating pressures
  - Check refrigerant charge
  - Monitor cooling cycle
- Heating Procedures\***
- Clean burner section
  - Replace filters
  - Clean blower components
  - Adjust gas pressure
  - Check and adjust pilot
  - Parts lubrication
  - Monitor flue draft
  - Electrical connection check
  - Test safety controls
  - Monitor voltage and amps
  - Adjust air flow
  - Check thermostat(s)
  - Monitor heating cycle
- \*where applicable

Contact Name Julie

Street Address Mast Road

City Lee NH

Email Contact Phone

Covered Equipment	Model/Serial	Desc./Location
Additional Equipment Info on Equipment Page***		
1 empire gas heater	EM30	

Comments

Service the empire gas heater in the fall each year

Plan Informantion Start Date \_\_\_\_\_ to \_\_\_\_\_ Perpetual Y

Number of Cooling Inspections \_\_\_\_\_ Number of Heating Inspections 1

Filter Change Interval \_\_\_ Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Other

Payment Information Interval X Annual \_\_\_ Semi-annual \_\_\_ Quarterly \_\_\_

Method \_\_\_ ePay \_\_\_ CASH \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX \_\_\_ DISC \_\_\_ CHECK# \_\_\_\_\_

Acct# \_\_\_\_\_

Auth Code \_\_\_\_\_ Esp. Date \_\_\_\_\_

Total Annual Investment \$ 100.00

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer shall authorize Service Experts up to \$250.00 for repairs found while performing maintenance inspections.



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Business Town of Lee Public Safety Building

**Plan Benefits**

- Energy savings
- Extended system life
- Cleaner air
- Greater Comfort
- Fewer Repairs
- 10% repair and labor discount
- Priority service
- 24/7 emergency service
- Automatic renewal
- 10% off overtime rate

**Cooling Procedures\***

- Check thermostat
- Clean condensing coil
- Replace filters
- Clean drains
- Check blower and rotation
- Parts lubrication
- Check electrical connections
- Check operating pressures
- Check refrigerant charge
- Monitor cooling cycle

**Heating Procedures\***

- Clean burner section
- Replace filters
- Clean blower components
- Adjust gas pressure
- Check and adjust pilot
- Parts lubrication
- Monitor flue draft
- Electrical connection check
- Test safety controls
- Monitor voltage and amps
- Adjust air flow
- Check thermostat(s)
- Monitor heating cycle

\*where applicable

Contact Name	Julie	
Street Address	7 Mast Road	
City	Lee	NH
Email	Contact Phone	

Covered Equipment	Model/Serial	Desc./Location
Additional Equipment Info on Equipment Page***		
6 Split HVAC systems		
2 oil fired boilers		

Comments

service equipment twice per year

Heating systems in the fall

Cooling systems in the spring

Plan Informantion Start Date \_\_\_\_\_ to \_\_\_\_\_ Perpetual Y

Number of Cooling Inspections 1 Number of Heating Inspections 1

Filter Change Interval Annual 1 Semi-annual Quarterly Monthly Other

Payment Information Interval x Annual Semi-annual Quarterly

Method ePay CASH VISA MC AMEX DISC CHECK# \_\_\_\_\_

Acct# \_\_\_\_\_

Auth Code \_\_\_\_\_ Esp. Date \_\_\_\_\_

Total Annual Investment \$ 2,318.80

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer shall authorize Service Experts up to \$250.00 for repairs found while performing maintenance inspections.



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Business Town of Lee Highway Garage

Plan Benefits

- Energy savings
Extended system life
Cleaner air
Greater Comfort
Fewer Repairs
10% repair and labor discount
Priority service
24/7 emergency service
Automatic renewal
10% off overtime rate

Cooling Procedures\*

- Check thermostat
Clean condensing coil
Replace filters
Clean drains
Check blower and rotation
Parts lubrication
Check electrical connections
Check operating pressures
Check refrigerant charge
Monitor cooling cycle

Heating Procedures\*

- Clean burner section
Replace filters
Clean blower components
Adjust gas pressure
Check and adjust pilot
Parts lubrication
Monitor flue draft
Electrical connection check
Test safety controls
Monitor voltage and amps
Adjust air flow
Check thermostat(s)
Monitor heating cycle

\*where applicable

Contact Name Julie
Street Address Mast Road
City Lee NH
Email Contact Phone

Table with 3 columns: Covered Equipment, Model/Serial, Desc./Location. Row 1: 1 oil fired heater, Modine, mezanine.

Comments
Service the oil fired heater in the fall

Plan Informantion Start Date to Perpetual Y

Number of Cooling Inspections Number of Heating Inspections 1

Filter Change Interval Annual Semi-annual Quarterly Monthly Other

Payment Information Interval Annual Semi-annual Quarterly

Method ePay CASH VISA MC AMEX DISC CHECK#

Acct#

Auth Code Esp. Date

Total Annual Investment \$ 214.00

Customer Signature Date

Print Name Date

Consultant Signature Date

Customer shall authorize Service Experts up to \$250.00 for repairs found while performing maintenance inspections.



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