

**Town of Newbury  
Capital Planning Committee Meeting  
Thursday February 9, 2012, 7:15AM Town Hall  
Meeting Summary**

Members present: Bob Connors (Chair), Tracy Blais (Town Administrator) Frank Wetenkamp, Frank Visconti and Chuck Bear, (liaison to Board of Selectmen)

**1. January 12th meeting summary:**

January 12, 2012 Minutes was unanimously approved as written.

**2. Town Administrator's report:**

Tracy Blais updated the committee regarding the recent department head meeting introducing the new format of submitting equipment and Capital Project requests using the new form system. Bob Connors attended representing CPC to answer questions and provide background on the need for a more formal submittal system for long range planning of capital needs.

TA provided the committee with a packet of completed CPR's for equipment and capital improvements requested from various departments, the committee voted to take submittals under advisement for review, CPR's submitted will be reviewed at the next CPC meeting scheduled for March 8th.

**3, Review capital facilities & equipment inventory list;**

The committee had previously identified the following town owned capital facilities

- Byfield Public Library
- Newbury Elementary School
- Newbury Transfer Station
- Woodbridge School Building
- Newbury Town Hall
- Newbury DPW Garage
- Byfield Yellow School
- Byfield Grange Building

The committee reviewed updated list of capital facilities provided by TA which includes; Larkin Mill, Manter Field Building and Harbormaster Booth/docks.

Equipment/vehicle inventory of town assets has been submitted by department heads for review at the next CPC meeting. **See Attachment Form "A"**.

**4. Review status of previously approved projects;**

No update or action required at this time.

**5. Review current capital project requests for equipment or facility improvements:**

**See Attachment FORM “B” & “C”**

**6. Review “Project Priority list”;**

No update or action required at this time

**7. Update of Approved Projects by Town Administrator/department head;**

. No update or action required at this time

**8. Review CIP Planning Schedule;**

TA updated budget schedule and provided FY 13 Budget Calendar. Taken under advisement and added to the next meeting agenda for review. **See Attachment FY 13 Budget Calendar.**

**9. Review current Debt Policies for CPC projects;**

The Finance Committee completed its review of the amended Exhibit II (Capital Improvement Budget Policies) and Exhibit III (Debt Policies) and approved current format.

BOS presented with current draft of II & III and has taken this matter under advisement pending review. BOS review and action is anticipated to be completed at the next BOS meeting.

**9. Other Business;**

**CPC bylaw amendment:** The committee was updated on proposed CPC bylaw amendment request forwarded to the BOS for action. BOS has taken this matter under advisement pending review. BOS review and action is anticipated to be completed at the next BOS meeting.

**Byfield Little League:** Tom Gustafson representing Byfield Little League “BLL” appeared before the committee and provided information on the interest of BLL’s to pursue the construction of ball fields at the McKay property with private funding.

It appears that the town purchased the property with the intent of constructing ball fields, funded the design/planning of the field but final action was tabled due to lack of funding and other matters. It appears existing plans are outdated.

Tom G. informed the committee that BLL was working with chair of the NRC. The committee suggested that BLL work on gaining public and neighborhood support for the project and made a number of suggestions that BLL should consider/review. Tom will keep the committee informed on project progress.

**10. Next meeting date;**

Thursday, March 8, 2012 @ 7:15 am at Town Hall. Committee members are asked to reserve Thursday, March 29, 2012 as a place holder meeting in anticipation of the FY13 budget process.

**11. Adjourned**

2-9-12 meeting adjourned at 8:05 a.m.

Respectfully submitted,

Bob Connors,

# FORM A

## Town of Newbury

### CAPITAL FACILITIES & EQUIPMENT INVENTORY

Equipment or Facility	Year Built or Acquired	Latest Major Improvement	Condition (1)	Extent of use (2)	Target Date
1. Town Hall	1977	See attached	Poor	Heavy	FY 2013
2. Police Trailers	1999	See attached	Good	Moderate	FY 2013
3. Library	2001	None	Excellent	Moderate	FY 2013
4. DPW	1963	See attached	Good	Moderate	
5. DPW-Other Bldg	Unknown	Condemned	Poor	Moderate	FY 2013
6. DPW-Salt Shed	Unknown	Roof, 2001	Good	Light	
7. Transfer Station	2002	Minor Repairs	Good	Light	
8. Woodbridge School	1898	None	Poor	Light	To be Sold
9. Yellow School	1900	None	Fair	Light	To be Sold
10. Lower Green School	1890	Roof, 2009	Fair	Light	
11. Grange Hall	1900	Windows & Doors, 2012 AAB Approved Ramp	Fair	Moderate	FY 2013
12. Larkin Mill	Unknown	Condemned	Poor	None	
13. Round School	1977	Triton	Good	Heavy	
14. Manter Field Bldg	2012	Under Construction			
15. Harbormaster Booth	Unknown	None	Fair	Light	

(1) Report as fair, good, and excellent.

(2) Report as light, moderate, and heavy.

# FORM A

## Town of Newbury

### CAPITAL FACILITIES & EQUIPMENT INVENTORY

Equipment or Facility	Year Built or Acquired	Latest Major Improvement	Condition (1)	Extent of use (2)	Target Date
1. Pick Up Truck	2009		Excellent	Heavy	2017
2. One Ton Dump	2011		Excellent	Heavy	2019
3. One Ton Dump	2005		Fair	Heavy	2013
4. 6-Wheel Dump	2010		Excellent	Moderate	
5. Pick Up	2000		Poor	Heavy (being replaced)	
6. 6-Wheel Sno-Fighter	1998	2012	Fair	Light	
7. 10-Wheel Dump	2004		Fair	Light	2013
8. 6-Wheel Dump	2007		Good	Heavy	2016
9. Front End Loader	2009		Excellent	Moderate	2025
10. Street Sweeper	2007		Excellent	Moderate	2018
11. Backhoe	1999		Fair/Poor	Moderate	
12. Backhoe	2002		Fair	Heavy	2012
13. Front End Loader	1993		Poor	Light	
14. Pick Up	2007		Good	Heavy	2015
15. 2 Track Lawn Mower	2002		Poor	Seasonal	2012
16. Hustler Lawn Mower	2000		Good	Seasonal	
17. Lawn Mower	1995		Fair	Seasonal	2005
18. 6000 lb. Fork Lift	1984		Poor	Heavy	
19. Sm. Landscape Trailer	2001		Good	Heavy	
20. Deckover Trailer	2000		Good	Heavy	
21. Tri-Axle Trailer	1990		Good	Light	
22. Command Post Trailer			Good	Light	
23. Command Post Ambulance			Fair	Light	
24. Argo 8-Wheel Rescue Vehicle		2006		Heavy	
25. John Deere Gator 4-Wheeler					
26. Chipper	1998		Good	Moderate	
27. Surf Rake & Tractor	1985		Fair	Moderate	

# FORM A

## Town of Newbury

### CAPITAL FACILITIES & EQUIPMENT INVENTORY

Equipment or Facility	Year Built or Acquired	Latest Major Improvement	Condition (1)	Extent of use (2)	Target Date
28. 9000 lb. Car Lift			Good	Heavy	
29. Brush Hog	1990		Fair	Moderate	
30. Hot Top Roller	1990		Fair	Moderate	
31. Emergency Generator 12,000 Watt			Good	Light	
32. Cement Mixer	1999		Good	Light	

(1) Report as fair, good, and excellent.

(2) Report as light, moderate, and heavy.

# FORM A

## Town of Newbury

### CAPITAL FACILITIES & EQUIPMENT INVENTORY

Equipment or Facility:		Year Built or Acquired:	Latest Major Improvement:	Condition*	Extent of Use:**	Target Date:
1	Car 20-Ford Taurus-Chief Admin. 1FAFP53U03G126247	2003		Fair	Moderate	2012
2	Car 21-Ford Crown Vic.-Patrol- 2FABP7BV6AX110615	2010		Good	Heavy	2014
3	Car 22-Ford Crown Vic-Patrol- 2FAHP71VX9X115856	2009		Good	Moderate	2013
4	Car 23-Ford Crown Vic-Patrol- 2FABP7BV1AX102003	2010		Good	Heavy	2014
5	Car 24-Ford Crown Vic-Patrol- 2FAFP71WX7X110170	2007		Poor	Heavy	N/A
6	Car 25-Ford Expedition-Patrol Supervisor- 1FMJU1G54CEF15814	2012		Excellent	Moderate	2020
7	Car 26-Ford Crown Vic-Lt. Admin. & Patrol- 2FAFP71V78X110653	2008		Good	Moderate	2015
8	Car 29-Ford Expedition-A.C.O.- 1FMRU1864XLB60316	1999	2012	Fair	Light	2015
9	Newbury Police Station:	????	2006/2012	Fair	Heavy	2017
10	Car 27-Ford Crown Vic-Detective Admin.	2001		Poor	Light	N/A
11						
12						
13						
14						
15						

\* Report as poor, fair, good and excellent.

\*\* Report as light, moderate and heavy.

# FORM A

## Town of Newbury

### CAPITAL FACILITIES & EQUIPMENT INVENTORY

Equipment or Facility	Year Built or Acquired	Latest Major Improvement	Condition (1)	Extent of use (2)	Target Date
1. COA Van	2003 Ford Elderado Aero Tech	None	Good	Moderate	2015
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

(1) Report as fair, good, and excellent.

(2) Report as light, moderate, and heavy.



# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repair</u>		Date Prepared <u>1/23/12</u>																											
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0962 x 309</u>																											
1. Project Title <u>Raze + Rebuild 2 Bay Garage</u>	2. Purpose of Project Request Form (Check One)																												
3. Department Priority <u>95</u>	<input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input checked="" type="checkbox"/> Modify a project already in the adopted program																												
4. Location <u>DPW</u>																													
5. Description <u>Raze + Rebuild condemned 2 bay garage</u>																													
6. Justification & Useful Life <u>Needed to store equipment to reduce wear and theft. Demolition, Foundation + Framing have been donated</u>																													
7. Cost & Recommended Sources of Financing																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">BUDGET FY</th> <th style="text-align: left;">TOTAL*</th> <th style="text-align: left;">RECOMMENDED SOURCES OF FINANCING</th> </tr> </thead> <tbody> <tr> <td>Program year FY</td> <td><u>40,000.-</u></td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>TOTAL SIX YEARS</td> <td>_____</td> <td></td> </tr> <tr> <td>After Sixth Year</td> <td>_____</td> <td></td> </tr> </tbody> </table>		BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING	Program year FY	<u>40,000.-</u>		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		TOTAL SIX YEARS	_____		After Sixth Year	_____		
BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING																											
Program year FY	<u>40,000.-</u>																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
TOTAL SIX YEARS	_____																												
After Sixth Year	_____																												
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.																													
8. Net Effects on Operating Costs (±)		9. Net Effect on Municipal Income (±)																											
Direct Costs personnel:            number _____ \$ amount _____ purchase of service _____ materials & supplies _____ equipment purchases _____ utilities _____ other _____ Subtotal                    ( ) <u>0 ±</u>		taxes _____ other income _____ Subtotal _____ gain from sale of _____ replaced assets _____ Total <u>0 ±</u>																											
Indirect Operating Costs fringe benefits _____ general admin. costs _____ other _____ Subtotal                    ( ) _____ Total Operating Cost _____ Debt Service (P & I) _____ Total Operating Cost <u>0 ±</u>		10. Submitting Authority            Date <u>1/23/12</u> Submitted by <u>Sam Joslin</u> Signature <u>[Signature]</u> Position <u>Facility MGR</u>																											
		11. Reserved																											

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.

# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repair</u>		Date Prepared <u>1/23/12</u>
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0862 x 309</u>
1. Project Title <u>Salt shed storage addition</u>	2. Purpose of Project Request Form (Check One)  <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input type="checkbox"/> Modify a project already in the adopted program	
3. Department Priority <u>80</u>		
4. Location <u>DPW</u>		
5. Description <u>storage @ DPW - protect equipment from weather + theft, reduce setup + tear down time each day in drive through garage possible donations of steel + pile driving</u>		
6. Justification & Useful Life <u>Add 16 x 90 Addition to existing Salt Shed</u>		
7. Cost & Recommended Sources of Financing		
	BUDGET FY	TOTAL*
Program year FY		<u>25,000.-</u>
Program year FY		_____
Program year FY		_____
Program year FY		_____
Program year FY		_____
Program year FY		_____
TOTAL SIX YEARS		_____
After Sixth Year		_____
RECOMMENDED SOURCES OF FINANCING		
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.		
8. Net Effects on Operating Costs (±)	9. Net Effect on Municipal Income (±)	
Direct Costs	taxes _____	
personnel: number _____	other income _____	
\$ amount _____	Subtotal _____	
purchase of service _____	gain from sale of _____	
materials & supplies _____	replaced assets _____	
equipment purchases _____	Total <u>0</u>	
utilities _____		
other _____		
Subtotal ( ) <u>0</u>		
Indirect Operating Costs	10. Submitting Authority Date <u>1/23/12</u>	
fringe benefits _____	Submitted by <u>Sam Joslin</u>	
general admin. costs _____	Signature <u>[Signature]</u>	
other _____	Position <u>Facility Mgr</u>	
Subtotal ( ) _____		
Total Operating Cost _____	11. Reserved	
Debt Service (P & I) _____		
Total Operating Cost <u>0</u>		

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.

# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repair</u>		Date Prepared <u>1/23/12</u>																											
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0862 x309</u>																											
1. Project Title <u>DPW Repair</u>	2. Purpose of Project Request Form (Check One)  <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input type="checkbox"/> Modify a project already in the adopted program																												
3. Department Priority <u>50</u>																													
4. Location <u>DPW</u>																													
5. Description <u>repair lot @ DPW</u>																													
6. Justification & Useful Life <u>Pavement crumbling - poor appearance</u>																													
7. Cost & Recommended Sources of Financing																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">BUDGET FY.</th> <th style="text-align: left;">TOTAL*</th> <th style="text-align: left;">RECOMMENDED SOURCES OF FINANCING</th> </tr> </thead> <tbody> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>Program year FY</td><td>_____</td><td></td></tr> <tr><td>TOTAL SIX YEARS</td><td>_____</td><td></td></tr> <tr><td>After Sixth Year</td><td>_____</td><td></td></tr> </tbody> </table>	BUDGET FY.	TOTAL*	RECOMMENDED SOURCES OF FINANCING	Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		TOTAL SIX YEARS	_____		After Sixth Year	_____			
BUDGET FY.	TOTAL*	RECOMMENDED SOURCES OF FINANCING																											
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
TOTAL SIX YEARS	_____																												
After Sixth Year	_____																												
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.																													
8. Net Effects on Operating Costs (±) Direct Costs personnel:      number _____ \$ amount _____ purchase of service _____ materials & supplies _____ equipment purchases _____ utilities _____ other _____ Subtotal                      ( ) <u>0</u>  Indirect Operating Costs fringe benefits _____ general admin. costs _____ other _____ Subtotal                      ( ) _____  Total Operating Cost _____ Debt Service (P & I) _____ Total Operating Cost _____	9. Net Effect on Municipal Income (±)  taxes _____ other income _____ Subtotal _____ gain from sale of _____ replaced assets _____ Total _____ <u>0</u>  10. Submitting Authority      Date <u>1/23/12</u> Submitted by <u>Sam Joslin</u> Signature                              _____  Position <u>Facility MGR</u>  11.                                              Reserved																												

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.

# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repair</u>		Date Prepared <u>1/23/12</u>
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0862 x309</u>
1. Project Title <u>DPW office/bath addition</u>	2. Purpose of Project Request Form (Check One)  <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input type="checkbox"/> Modify a project already in the adopted program	
3. Department Priority <u>70</u>		
4. Location <u>DPW</u>		
5. Description <u>Addition of office + Bathroom area as proposed by CSS Architects inc.</u>		
6. Justification & Useful Life <u>Create code compliant work area for employees that functions as needed</u>		
7. Cost & Recommended Sources of Financing		
BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING
Program year FY	<u>75000-</u>	
Program year FY	_____	
Program year FY	_____	
Program year FY	_____	
Program year FY	_____	
Program year FY	_____	
TOTAL SIX YEARS	_____	
After Sixth Year	_____	
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.		
8. Net Effects on Operating Costs (±)		9. Net Effect on Municipal Income (±)
Direct Costs		
personnel:	number _____	taxes _____
	\$ amount _____	other income _____
purchase of service	_____	Subtotal _____
materials & supplies	_____	gain from sale of _____
equipment purchases	_____	replaced assets _____
utilities	<u>+ minimal</u>	Total _____
other	_____	
Subtotal	( ) <u>0</u>	
Indirect Operating Costs		10. Submitting Authority
fringe benefits	_____	Submitted by <u>Sam Joslin</u>
general admin. costs	_____	Signature <u>[Signature]</u>
other	_____	Position <u>Facility MGR</u>
Subtotal	( ) _____	
Total Operating Cost	_____	11. Reserved
Debt Service (P & I)	_____	
Total Operating Cost	<u>0</u>	

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.

# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facilities Maint + Repair</u>		Date Prepared <u>1/23/12</u>																											
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0862 x307</u>																											
1. Project Title <u>Furniture</u>	2. Purpose of Project Request Form (Check One)																												
3. Department Priority <u>65</u>	<input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input checked="" type="checkbox"/> Modify a project already in the adopted program																												
4. Location <u>Town Hall/PD, Library + DPW</u>																													
5. Description <u>Purchase new replacement furniture for Town Facilities</u>																													
6. Justification & Useful Life <u>Damaged and broken furniture @ end of life</u>																													
7. Cost & Recommended Sources of Financing																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">BUDGET FY</th> <th style="text-align: left;">TOTAL*</th> <th style="text-align: left;">RECOMMENDED SOURCES OF FINANCING</th> </tr> </thead> <tbody> <tr> <td>Program year FY</td> <td><u>10,000.-</u></td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>TOTAL SIX YEARS</td> <td>_____</td> <td></td> </tr> <tr> <td>After Sixth Year</td> <td>_____</td> <td></td> </tr> </tbody> </table>		BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING	Program year FY	<u>10,000.-</u>		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		TOTAL SIX YEARS	_____		After Sixth Year	_____		
BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING																											
Program year FY	<u>10,000.-</u>																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
TOTAL SIX YEARS	_____																												
After Sixth Year	_____																												
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.																													
8. Net Effects on Operating Costs (±)		9. Net Effect on Municipal Income (±)																											
Direct Costs personnel:      number _____ \$ amount _____ purchase of service _____ materials & supplies _____ equipment purchases _____ utilities _____ other _____ Subtotal                      ( ) <u>✓</u> _____		taxes _____ other income _____ Subtotal _____ gain from sale of replaced assets _____ Total <u>0</u>																											
Indirect Operating Costs fringe benefits _____ general admin. costs _____ other _____ Subtotal                      ( ) _____ Total Operating Cost _____ Debt Service (P & I) _____ Total Operating Cost <u>0</u>		10. Submitting Authority      Date <u>1/23/12</u> Submitted by <u>Sam Joslin</u> Signature <u>[Signature]</u> Position <u>Facilities MGR</u>																											
		11. Reserved																											

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.



# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repair</u>		Date Prepared <u>1/23/12</u>																											
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0962</u>																											
1. Project Title <u>TH Retaining Wall</u>	2. Purpose of Project Request Form (Check One)  <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input checked="" type="checkbox"/> Modify a project already in the adopted program																												
3. Department Priority <u>60</u>																													
4. Location <u>Town Hall</u>																													
5. Description <u>Replace existing retaining wall in TH parking lot</u>																													
6. Justification & Useful Life <u>Current wall is failing - wall enclosed TH septic system</u>																													
7. Cost & Recommended Sources of Financing																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">BUDGET FY</th> <th style="text-align: left;">TOTAL*</th> <th style="text-align: left;">RECOMMENDED SOURCES OF FINANCING</th> </tr> </thead> <tbody> <tr> <td>Program year FY</td> <td><u>25,000.-</u></td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>Program year FY</td> <td>_____</td> <td></td> </tr> <tr> <td>TOTAL SIX YEARS</td> <td>_____</td> <td></td> </tr> <tr> <td>After Sixth Year</td> <td>_____</td> <td></td> </tr> </tbody> </table>		BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING	Program year FY	<u>25,000.-</u>		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		Program year FY	_____		TOTAL SIX YEARS	_____		After Sixth Year	_____		
BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING																											
Program year FY	<u>25,000.-</u>																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
Program year FY	_____																												
TOTAL SIX YEARS	_____																												
After Sixth Year	_____																												
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.																													
8. Net Effects on Operating Costs (±)		9. Net Effect on Municipal Income (±)																											
Direct Costs personnel:            number _____ \$ amount _____ purchase of service _____ materials & supplies _____ equipment purchases _____ utilities _____ other _____ Subtotal                    ( ) <u>                                 </u>		taxes _____ other income _____ Subtotal _____ gain from sale of _____ replaced assets _____ Total <u>                                 </u>																											
Indirect Operating Costs fringe benefits _____ general admin. costs _____ other _____ Subtotal                    ( ) _____ Total Operating Cost _____ Debt Service (P & I) _____ Total Operating Cost _____		10. Submitting Authority            Date <u>1/23/12</u> Submitted by <u>Sam Joslin</u> Signature <u>[Signature]</u> Position <u>Facility MGR</u>																											
		11. Reserved																											

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.

# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repair</u>		Date Prepared <u>1/23/12</u>	
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0862 X309</u>	
1. Project Title <u>Library Heat Coils</u>	2. Purpose of Project Request Form (Check One)  <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input checked="" type="checkbox"/> Modify a project already in the adopted program		
3. Department Priority <u>B 75</u>			
4. Location <u>Library</u>			
5. Description <u>Install Heat Coils on front of Library</u>			
6. Justification & Useful Life <u>Reduce or eliminate Ice dams to prevent damage do Structure</u>			
7. Cost & Recommended Sources of Financing			
	BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING
Program year FY		<u>4,000.-</u>	
Program year FY		_____	
Program year FY		_____	
Program year FY		_____	
Program year FY		_____	
Program year FY		_____	
TOTAL SIX YEARS		_____	
After Sixth Year		_____	
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.			
8. Net Effects on Operating Costs (±)		9. Net Effect on Municipal Income (±)	
Direct Costs		taxes _____	
personnel: number _____	\$ amount _____	other income _____	
purchase of service _____	_____	Subtotal _____	
materials & supplies _____	_____	gain from sale of _____	
equipment purchases _____	_____	replaced assets _____	
utilities <u>+ minimal</u>	_____	Total <u>0</u>	
other _____	_____		
Subtotal ( ) <u>0</u>	_____		
Indirect Operating Costs		10. Submitting Authority Date <u>1/23/12</u>	
fringe benefits _____	_____	Submitted by <u>Sam Joslin</u>	
general admin. costs _____	_____	Signature <u>[Signature]</u>	
other _____	_____	Position <u>Facility MGR</u>	
Subtotal ( ) _____	_____		
Total Operating Cost _____	_____	11. Reserved	
Debt Service (P & I) <u>0</u>	_____		
Total Operating Cost _____	_____		

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.

# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repair</u>		Date Prepared <u>1/23/12</u>
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0862 x 709</u>
1. Project Title <u>Grange Hall Maint</u>	2. Purpose of Project Request Form (Check One)  <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input checked="" type="checkbox"/> Modify a project already in the adopted program	
3. Department Priority <u>85</u>		
4. Location <u>7 Central "Grange" Hall</u>		
5. Description <u>Strip + re-root, Replace windows + Repair/replace front steps</u>		
6. Justification & Useful Life <u>Weather tight structure, Energy savings, Current steps dangerous</u> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 100px; margin: 0 auto; padding: 5px;">25 yrs</div>		
7. Cost & Recommended Sources of Financing		
BUDGET FY Program year FY Program year FY Program year FY Program year FY Program year FY Program year FY Program year FY TOTAL SIX YEARS After Sixth Year	TOTAL* <u>\$50,000.-</u>	RECOMMENDED SOURCES OF FINANCING _____ _____ _____ _____ _____ _____ _____
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.		
8. Net Effects on Operating Costs (±) Direct Costs personnel:            number _____ \$ amount _____ purchase of service _____ materials & supplies _____ equipment purchases _____ utilities <u>- Fuel cost</u> other _____ Subtotal                    ( ) _____ Indirect Operating Costs fringe benefits _____ general admin. costs _____ other _____ Subtotal                    ( ) _____ Total Operating Cost _____ Debt Service (P & I) _____ Total Operating Cost <u>0</u>	9. Net Effect on Municipal Income (±) taxes _____ other income _____ Subtotal _____ gain from sale of _____ replaced assets _____ Total _____ 10. Submitting Authority            Date <u>1/23/12</u> Submitted by <u>Sam Joslin</u> Signature <u>[Signature]</u> Position <u>Facility MGR</u>	
11. Reserved		

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.



# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repairs</u>		Date Prepared <u>1/23/12</u>	
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0862 x 309</u>	
1. Project Title <u>Larkin Mill Removal</u>	2. Purpose of Project Request Form (Check One)  <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input checked="" type="checkbox"/> Modify a project already in the adopted program		
3. Department Priority <u>100</u>			
4. Location <u>Larkin Rd.</u>			
5. Description <u>Raze Larkin Mill</u>			
6. Justification & Useful Life <u>Life Safety Issue</u>			
7. Cost & Recommended Sources of Financing			
	BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING
Program year FY		<u>\$7500.-</u>	
Program year FY		_____	
Program year FY		_____	
Program year FY		_____	
Program year FY		_____	
TOTAL SIX YEARS		_____	
After Sixth Year		_____	
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.			
8. Net Effects on Operating Costs (±)		9. Net Effect on Municipal Income (±)	
Direct Costs		taxes _____	
personnel: number _____		other income _____	
\$ amount _____		Subtotal _____	
purchase of service _____		gain from sale of _____	
materials & supplies _____		replaced assets _____	
equipment purchases _____		Total _____	
utilities _____			
other _____			
Subtotal ( ) _____			
Indirect Operating Costs		10. Submitting Authority Date <u>1/23/12</u>	
fringe benefits _____		Submitted by <u>Sam Joslin</u>	
general admin. costs _____		Signature <u>[Signature]</u>	
other _____		Position <u>Facility MGR</u>	
Subtotal ( ) _____			
Total Operating Cost _____		11. Reserved	
Debt Service (P & I) _____			
Total Operating Cost <u>[Signature]</u>			

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.



# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repairs</u>		Date Prepared <u>1/23/12</u>	
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0862 x 309</u>	
1. Project Title <u>Update Electrical Service</u>	2. Purpose of Project Request Form (Check One)  <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input checked="" type="checkbox"/> Modify a project already in the adopted program		
3. Department Priority <u>100</u>			
4. Location <u>Town Hall / PD</u>			
5. Description <u>Current electrical service is unsafe and will need to be updated and corrected</u>			
6. Justification & Useful Life <u>Life safety issue</u>			
7. Cost & Recommended Sources of Financing			
	BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING
Program year FY		<u>12,000.-</u>	
Program year FY		_____	
Program year FY		_____	
Program year FY		_____	
Program year FY		_____	
Program year FY		_____	
TOTAL SIX YEARS		_____	
After Sixth Year		_____	
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.			
8. Net Effects on Operating Costs (±)		9. Net Effect on Municipal Income (±)	
Direct Costs		taxes _____	
personnel:      number _____		other income _____	
\$ amount _____		Subtotal _____	
purchase of service _____		gain from sale of _____	
materials & supplies _____		replaced assets _____	
equipment purchases _____		Total _____	
utilities _____			
other _____			
Subtotal                      ( ) _____			
Indirect Operating Costs		10. Submitting Authority      Date <u>1/23/12</u>	
fringe benefits _____		Submitted by <u>Sam Joslin</u>	
general admin. costs _____		Signature <u>[Signature]</u>	
other _____		Position <u>Facility MGR.</u>	
Subtotal                      ( ) _____			
Total Operating Cost _____		11. Reserved	
Debt Service (P & I) _____			
Total Operating Cost <u>0</u>			

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.

# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>Facility Maint + Repair</u>		Date Prepared <u>1/23/12</u>
Contact Person <u>Sam Joslin</u>		Phone Number <u>978-465-0862 X 309</u>
1. Project Title <u>JH Paving &amp;</u>	2. Purpose of Project Request Form (Check One)  <input type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input type="checkbox"/> Modify a project already in the adopted program	
3. Department Priority <u>55</u>		
4. Location <u>Town Hall</u>		
5. Description <u>Repair Parking lot</u>		
6. Justification & Useful Life <u>Lot is degraded and need to be repaired to prevent tripping hazards &amp; to comply w ADA slope reqs</u>		
7. Cost & Recommended Sources of Financing		
<b>BUDGET FY</b>	<b>TOTAL*</b>	<b>RECOMMENDED SOURCES OF FINANCING</b>
Program year FY	_____	
Program year FY	_____	
Program year FY	_____	
Program year FY	_____	
Program year FY	_____	
Program year FY	_____	
TOTAL SIX YEARS	_____	
After Sixth Year	_____	
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.		
8. Net Effects on Operating Costs (±)	9. Net Effect on Municipal Income (±)	
Direct Costs	taxes _____	
personnel:      number _____	other income _____	
\$ amount _____	Subtotal _____	
purchase of service _____	gain from sale of _____	
materials & supplies _____	replaced assets _____	
equipment purchases _____	Total _____ <u>0</u>	
utilities _____		
other _____		
Subtotal ( ) _____ <u>0</u>		
Indirect Operating Costs	10. Submitting Authority      Date <u>1/23/12</u>	
fringe benefits _____	Submitted by <u>Sam Joslin</u>	
general admin. costs _____	Signature <u>[Signature]</u>	
other _____	Position <u>Facility Mgr</u>	
Subtotal ( ) _____		
Total Operating Cost _____	11. Reserved	
Debt Service (P & I) _____		
Total Operating Cost _____ <u>0</u>		

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.





# FORM B

## CAPITAL PROJECT REQUEST

(Excluding equipment)

Department & Activity <u>DPW/Reclamation</u>		Date Prepared <u>1-5-12</u>
Contact Person <u>TIM LEONARD</u>		Phone Number <u>978-265-5097</u>
1. Project Title <u>MOODY, Church Lunt St.</u>		2. Purpose of Project Request Form (Check One)  <input checked="" type="checkbox"/> Add a new item to the program <input type="checkbox"/> Delete an item in a year already a part of the program <input type="checkbox"/> Modify a project already in the adopted program
3. Department Priority <u>100</u>		
4. Location <u>SAME AS #1.</u>		
5. Description <u>Full Depth Reclamation &amp; Paving of Moody St. Church St. &amp; Small Section of Lunt St.</u>		
6. Justification & Useful Life <u>Roadway Base &amp; Pavement Failure</u>  <u>8 to 15 years</u> <i>Note: Pavement starts to oxidize after 5 years.</i>		
7. Cost & Recommended Sources of Financing		
BUDGET FY	TOTAL*	RECOMMENDED SOURCES OF FINANCING
Program year FY <u>13</u>	<u>160,000.00</u>	<u>Chapter 90 State Aid</u>
Program year FY _____	_____	_____
Program year FY _____	_____	_____
Program year FY _____	_____	_____
Program year FY _____	_____	_____
TOTAL SIX YEARS _____	_____	_____
After Sixth Year _____	_____	_____
If adjusted for inflation, indicate adjustment percentage here : * Interest cost not included.		
8. Net Effects on Operating Costs (±)		9. Net Effect on Municipal Income (±)
Direct Costs		taxes _____
personnel: number _____	\$ amount _____	other income _____
purchase of service _____	_____	Subtotal _____
materials & supplies _____	_____	gain from sale of _____
equipment purchases _____	_____	replaced assets _____
utilities _____	_____	Total _____
other _____	_____	
Subtotal ( ) _____		
Indirect Operating Costs		10. Submitting Authority Date _____
fringe benefits _____	_____	Submitted by <u>TIM LEONARD</u>
general admin. costs _____	_____	Signature <u>Tim Leonard</u>
other _____	_____	Position <u>DPW Director</u>
Subtotal ( ) _____		
Total Operating Cost _____		11. Reserved
Debt Service (P & I) _____		
Total Operating Cost _____		

Source: "A Capital Improvement Programming Handbook", Government Finance Officers Association.



Town Of Newbury  
Department Of Public Works  
197 High Road  
Newbury, Ma 01951  
Tel, (978) 465-0862 ext. 121  
Fax (978) 465-3064

## Projected Road Improvement Projects

- 2012: Moody Street, Church Street: Full Depth Reclamation and paving.  
2013: Hay Street from Quills Pond to Boston Road: Full Depth Reclamation and paving  
2014: Grove and Oak Terrace: Full Depth Reclamation and paving. Replace bridge railing at Main Street at the Blacksmith house.  
2015: Highfield Road: Full Depth Reclamation and paving  
2016: Scotland Road: Cold Plane 2.5" and pave 2.5" top coarse.  
2017: Old Rowley Road: Pave Gravel section. Plummers Lane: Pave gravel section. Larkin Road: Pave gravel section. Note: Not sure how residents on these roads will react to having these roads paved. It will be easier to maintain and plow, de-ice.

### Other projects:

1. Replace guard rail on Plum Island TRPK
2. Replace guard rail on Orchard Street over Courser Brook
3. Need to re-implement crack sealing program
4. Main Street: Full Depth Reclamation and paving. We completed a section from Central Street to the Georgetown line years ago with hot in-place recycling, but I did not like the results. It did not last long.
5. Middle Road & Orchard Street: Full Depth Reclamation and Paving. I overlaid these roads with top a few years ago but they need to be rebuilt.



Town Of Newbury  
 Department Of Public Works  
 197 High Road  
 Newbury, Ma 01951  
 Tel, (978) 465-0862 ext. 121  
 Fax (978) 465-3064

### Proposed Road Reconstruction Project

Moody Street 3,140' x 22' 7,676 sq. yds

1. Full depth reclamation	7,676 sq. yds x 1.24 = \$9,518.24
2. 2.5" Type I-1 Binder Course	1,100 ton x 55.00= \$60,500.00
3. 1.5" Type I-1 top Course	650 ton x 55.00= \$35,750.00
<hr/>	
TOTAL Moody St.	\$105,768.24

Church Street 1,360' x 22' 3,325 sq. yds

1. Full depth reclamation	3,325 sq. yds x 1.24= \$4,123.00
2. 2.5" Type I-1 Binder course	467 ton x 55.00= \$25,685.00
3. 1.5" Type I-1 Top course	280 ton x 55.00= \$15,400.00
<hr/>	
TOTAL Church St.	\$45,208

Lunt Street, Church to Central Street 211' x 22' 517 sq. yds

1. Full depth reclamation	517 sq. yds x 1.24= \$641.08
2. 2.5" Type I-1 Binder course	74 ton x 55.00= \$4,070.00
3. 1.5" Type I-1 Top course	45 ton x 55.00= \$2,475.00
<hr/>	
TOTAL Short piece of Lunt St.	\$7,186.08

**Total**

Full depth reclamation 11,518 sq. yds.	@ \$1.24 = \$14,282.32
Type I-1 Binder course 1,641 ton	@ 55.00 = \$90,255.00
Type I-1 Top course 975 ton	@ \$55.00 = \$53,625.00
Elevation material 168 cu. yds \$ 2,000.00	\$ 2,000.00

---





Town Of Newbury  
Department Of Public Works  
197 High Road  
Newbury, Ma 01951  
Tel, (978) 465-0112  
Fax (978) 465-6512

### Proposed Road Reconstruction Project

Moody Street 3,140' x 22' 7,676 sq. yds

1. Full depth reclamation 7,676 sq. yds x 1.24 = \$9,519.00
2. 2.5" Type I-1 Binder Course 1,100 ton x 55.00= \$60,500.00
3. 1.5" Type I-1 top Course 650 ton x 55.00= \$35,750.00

---

TOTAL Moody St. \$105,769

Church Street 1,360' x 22' 3,325 sq. yds

1. Full depth reclamation 3,325 sq. yds x 1.24= \$4,123.00
2. 2.5" Type I-1 Binder course 467 ton x 55.00= \$25,685.00
3. 1.5" Type I-1 Top course 280 ton x 55.00= \$15,400.00

---

TOTAL Church St. \$45,208.00

Lunt Street, Church to Central Street 211' x 22' 517 sq. yds

1. Full depth reclamation 517 sq. yds x 1.24= \$641.00
2. 2.5" Type I-1 Binder course 74 ton x 55.00= \$4,070.00
3. 1.5" Type I-1 Top course 45 ton x 55.00= \$2,475.00

---

TOTAL Short piece of Lunt St. \$7,186.00

TOTAL PROJECT \$ 158,163.00

Public Works Services and Materials  
 Project # R11-1004-A  
 Bids Available: April 27, 2011 7:00 AM

TROY F  
 JOE MACKAY  
 JE WHITE  
 Bid Closing Date: May 16, 2011 10:00 AM

1 of 3

#	Contractor	Item #1					TOTAL
		Item #1.1	Item #1.2	Item #1.3	Item #1.4	Item #1.5	
1	SUNSHINE PAVING	Bituminous Concrete - Type I In Place without tack /in \$66.00	Bituminous Concrete - Type I In Place with tack /in \$66.50	Bituminous Concrete Type I Handwork/Sidewalk In-Place ton \$132.00	Class I Bituminous Concrete Berm - In Place Machine Placed >25' ft \$4.50	Class I Bituminous Concrete Berm - In Place Hand Placed <25' ft \$6.50	Bituminous Concrete - Type I In-Place \$997,350.00
2	DR PAVING	\$70.00	\$71.58	\$125.00	\$5.00	\$10.00	\$1,064,850.00
3	BNOX	\$55.00	\$59.00	\$95.00	\$3.00	\$6.00	\$858,900.00
4	MU STATES						
5	NEUPONT	\$70.00	\$72.00	\$145.00	\$16.75	\$16.75	\$1,130,700.00
6	AGGREGATE	\$62.08	\$63.20	\$100.00	\$4.00	\$10.00	\$939,936.00
7	MURRAY						
8	RITCON	\$61.90	\$62.35	\$120.00	\$3.95	\$20.00	\$937,020.00
9	CRACK SEALING						
10	SEALCOATING						



Public Works Services and Materials  
 Project # R11-1004-A  
 Bids Available: April 27, 2011 7:00 AM

Bid Closing Date: May 16, 2011 10:00 AM

3 of 3


#	Contractor	Item #7				TOTAL
		Item #7.1	Item #7.2	Item #7.3		
1	SUNSHINE				#1 + #2 + #3	
2	DR PAVING					
3	BACK	gal.	each	vf	each	
4	ALL STREETS		\$250.00	\$250.00	\$250.00	\$112,500.00
5	NEURPANT		\$225.00/100	\$175.00	\$475.00	\$135,000.00
6	AGGREGATE					
7	MUNRAY					
8	BIT CON					
9	CRACK SEALING	\$7.51 ✓				
10	SEAL CONTNG	\$8.10				

Crack Sealing 508-823-9700

450.  
 Catch Basins ✓

# FORM C

## CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

Department & Activity: <u>Newbury Police Department</u>		Date: <u>24-Jan-12</u>	
Contact Person: <u>Chief Michael Reilly</u>		Phone #: <u>978-462-4440 ext.120</u>	
1. Project Title & Reference No.: <u>Police Administrative Vehicle Purchase</u>		4. Cost:	
2. Form of Acquisition (Check Appropriate):  XXXXX <input type="checkbox"/> Purchase <input type="checkbox"/> Rental		Per Unit:	Total:
3. Number of Units Requested:		Purchase Price or Annual Rental:	23000    23000
5. Purpose of Expenditure (Check Appropriate):  XXXXX Scheduled Replacement <input type="checkbox"/> Present Equipment Obsolete XXXXX Replace Worn-out Equipment <input type="checkbox"/> Reduce Personnel Time <input type="checkbox"/> Expand Service <input type="checkbox"/> New Operation <input type="checkbox"/> Increased Safety <input type="checkbox"/> Improve Procedures, Records, etc.		Plus: Installation or Other Costs:	3500    23000
		Less: Trade-in or Other Discount:	0    0
		Net Purchase Cost or Annual Rental:	26500    26500
		6. Number of Similar Items in Inventory:	0
		7. Estimated Use of Requested Item(s):	
		Number of Weeks Used Per Year:	52
		Number of Days Per Week:	6
		Number of Hours Per Day:	3
		Estimated Useful Life (in Years):	10
8. Replaced Item(s):			
Prior Year's:			
Item:	Make:	Age:	Maint. Costs: Breakdowns: Rental Costs:
A. Car 24	Ford	2007	3640.01
B.			
C.			
D.			
E.			
9. Recommended Disposition of Replacement Item(s):			
Possible Use by Other Agencies:		Description of Item:	
Trade-in:		Get approximately \$1,500 for trade-in of Car 24.	
Sale:			
10. Submitting Authority:			
Submitted by:			Date: <u>24-Jan-12</u>
		Signature	
Position:		<u>Police Chief</u>	
11. Reserved:			
<p>With the purchase of Car 29 (SUV) and putting that vehicle into the patrol rotation, the need for a fourth patrol car has dissipated. As such, we are planning on retiring the oldest marked patrol vehicle (Car 24). We are looking to purchase a new administrative vehicle for the Police Chief, rotating his current 2003 administrative vehicle to the Detective. We will then retire the 2001 administrative vehicle from our fleet (which is owned by the Essex County Sheriff's Department). As such, we will be eliminating one vehicle from our fleet total.</p>			



# FORM C

## CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

Department & Activity <u>DPW / Ditch maint. BRUSH control, Drainage</u>		Date Prepared <u>1-5-12</u>																																								
Contact Person <u>Tim Leonard</u>		Phone Number <u>928-265-5077</u>																																								
1. Project Title & Reference No.		4. Cost																																								
2. Form of Acquisition (check appropriate) <input checked="" type="checkbox"/> Purchase _____ Rental		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Per Unit</th> <th style="width: 20%; text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>Purchase price or annual rental</td> <td style="text-align: right;">\$128,100</td> <td style="text-align: right;">\$128,100</td> </tr> <tr> <td>Plus: Installation or other costs</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Less: Trade-in or other discount</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Net purchase Cost or annual rental</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$128,100</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">128,100</td> </tr> </tbody> </table>			Per Unit	Total	Purchase price or annual rental	\$128,100	\$128,100	Plus: Installation or other costs	\$	\$	Less: Trade-in or other discount	\$	\$	Net purchase Cost or annual rental	\$	\$128,100			128,100																					
	Per Unit	Total																																								
Purchase price or annual rental	\$128,100	\$128,100																																								
Plus: Installation or other costs	\$	\$																																								
Less: Trade-in or other discount	\$	\$																																								
Net purchase Cost or annual rental	\$	\$128,100																																								
		128,100																																								
3. Number of Units Requested <u>1</u>		6. Number of Similar Items in Inventory <u>0</u>																																								
5. Purpose of Expenditure (check appropriate)		7. Estimated Use of Requested Item(s)																																								
<input type="checkbox"/> Schedule replacement <input type="checkbox"/> Present Equipment obsolete <input type="checkbox"/> Replace worn-out equipment <input checked="" type="checkbox"/> Reduce personnel time <input type="checkbox"/> Expanded service <input type="checkbox"/> New operation <input checked="" type="checkbox"/> Increased safety <input type="checkbox"/> Improve procedures, records, etc.		<u>52</u> Weeks per year _____ Approx. months (if seasonal) For the weeks used, estimate: _____ Average days per week _____ Average hours per day used Estimated useful life in years <u>20 yrs</u>																																								
8. Replaced item(s)																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Item</th> <th rowspan="2" style="width: 10%;">Make</th> <th rowspan="2" style="width: 10%;">Age</th> <th colspan="3" style="width: 50%;">Prior Year's</th> </tr> <tr> <th style="width: 15%;">Maint. Cost</th> <th style="width: 15%;">Breakdowns</th> <th style="width: 20%;">Rental Cost</th> </tr> </thead> <tbody> <tr> <td>A.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Item	Make	Age	Prior Year's			Maint. Cost	Breakdowns	Rental Cost	A.						B.						C.						D.						E.					
Item	Make	Age	Prior Year's																																							
			Maint. Cost	Breakdowns	Rental Cost																																					
A.																																										
B.																																										
C.																																										
D.																																										
E.																																										
9. Recommended Disposition of Replacement Item(s) _____ Possible use by other agencies _____ Trade-in _____ Sale																																										
10. Submitting Authority Submitted by <u>Tim Leonard</u> Date <u>1-5-12</u> Position <u>DPW Director</u> (signature)																																										
11. Reserved																																										

Source: Adapted from a form presented in "A Capital Improvement Programming Handbook", Government Finance Officers Association.



# TOWN OF NEWBURY

## FISCAL YEAR 2013

## BUDGET CALENDAR

# December

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
				1	2	3
4	5	6	7	8 Capital Planning Committee 7am	9	10
11	12	13 Board of Selectmen 7pm	14	15	16	17
18	19	20 Finance Committee 7pm	21	22	23	24
25	26	27 Board of Selectmen 7pm	28	29	30	31



# January

	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

8

Budget Hearings 10-3

9

Board of Selectmen 7pm

10

Budget Hearings 10-3

11

Budget Hearings 10-3

12

Capital Planning Committee 7am

13

14

15

16

**Martin Luther King Day**

17

Budget Hearings 10-3 Finance Committee 7pm

18

Monthly Managers Meeting

19

Budget Hearings 10-3

20

21

22

23

Board of Selectmen 7pm

24

Joint Planning & Selectmen Meeting on Zoning Bylaw Changes 7pm

25

26

27

28

29

30

31

# February

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 Triton Budget Review 7pm	2	3	4
5	6	7	8 Triton Budget Approval 7pm	9 Capital Planning Committee 7am	10 Triton Budget Submitted to Towns	11
12	13	14 Board of Selectmen 7pm	15 Monthly Managers Meeting	16	17	18
19	20 Presidents Day	21 Finance Committee 7pm	22	23	24	25
26	27	28 Board of Selectmen Budget Presentation 7pm	29 Triton Budget Hearing 7pm			

# March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
		Budget Submission to FinCom Deadline				
11	12	13	14	15	16	17
		Board of Selectmen Budget Adoption and Override Vote 7pm	Triton Budget Approval	Final Budget submitted to TOWNS		
18	19	20	21	22	23	24
		Finance Committee Budget Presentation 7pm	Monthly Managers Meeting			
25	26	27	28	29	30	31
		Ballot Submission Deadline			Deadline for Submission Warrant Article	
		Board of Selectmen 7pm				

# April

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
1	2	3	4	5	6	7

8	9	10
---	---	----

Board of Selectmen  
7pm

15	16	17	18
----	----	----	----

Monthly Managers  
Meeting

22	23	24
----	----	----

Board of Selectmen  
7pm

29	30
----	----

# May

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
		1 Board of Selectmen Approve Warrant	2	3	4	5
6	7	8 Town Election	9	10	11	12
13	14	15	16 Monthly Managers Meeting	17	18	19
20	21	22 Annual Town Meeting	23	24	25	26
27	28 Memorial Day	29	30	31		