AGENDA

ITEM

4.a.

CLINTON BOARD OF SELECTMEN
TUESDAY NOVEMBER 24, 2009
6:30 P.M.
SELECTMEN'S ROOM, TOWN OFFICE

MINUTES

CALL TO ORDER: Chairman Towne called the meeting to order at 6:30 p.m.

PLEDGE OF ALLEGIANCE: Chairman Towne led the Pledge of Allegiance.

SELECTMEN PRESENT / QUORUM: Chairman Jeff Towne, Vice Chair David Watson, Randy Clark, Geraldine Dixon, and Justin Cote. Also present Town Manager James Rhodes and Deputy Town Clerk Shirley Bailey.

ACTION ITEMS.

Approval of Selectmen's Minutes – November 10, 2009

Selectman Clark moved the Board approve the minutes of the November 10, 2009 meeting second by Selectman Cote . Vote – 4-1 Selectmen Watson abstained.

Board Adoption of the 2009/2010 General Assistance Ordinance, Appendix C.

Selectman Clark moved Board adopt the 2009/2010 General Assistance Ordinance, Appendix C, second by Selectman Dixon. Vote 5-0

DISCUSSION ITEMS:

a. 2010/2011 Capital Improvement Plan (CIP)

b. Municipal Agent for Motor Vehicles: Issuance of Plates Memo

During some discussion, Chairman Towne suggested closing on Wednesday afternoons to give the Town Office employees some time to catch up on work necessary to keep current records up to date. Board will talk with Motor Vehicle Agent, Pamela Violette, at the next meeting.

SUPPLEMENTS AND ABATEMENTS

Request for Abatement Consideration 2009/#16

Selectman Clark moved Board accept Abatement #16 in the amount of $129.02. Reason for request is mobile home burned prior to 04/01/09, second by Selectman Dixon. Vote 5-0 Approved

TOWN MANAGER'S REPORT

None

OLD / NEW BUSINESS

The Clinton Town Office will be closed Wednesday and Thursday, November 24th and 25th for the Thanksgiving Holiday.

WARRANT

Selectman Clark moved Board accept Warrant #32 in the amount of $50,836.73 seconded by Selectman Cote. Vote 5-0 Approved

NEXT AGENDA ITEM

Next Selectmen's Meeting – December 8, 2009
School Board Appointment
Motor Vehicle Agent decision
Cindy Frost – Youth Center Proposal
CIP

COMMENTS/QUESTIONS FROM THE PUBLIC CONCERNING MATTERS NOT RELATED TO ITEMS ON THE AGENDA. THE BOARD'S RULES OF PROCEDURE HAS IMPOSED A 15 MINUTE TOTAL TIME LIMIT.

No questions or comments were received at the public comment table.

EXECUTIVE SESSION

Selectman Clark moved Board enter into Executive Session pursuant to 1 M.R.S.A, 405(6) (A) to review results of interviews for the Town Manager position, seconded by Selectman Cote. Vote 5-0 Board into Executive Session

Motion: Selectman Clark moved Board exit executive session. Seconded by Selectman Cote. Vote 5 – 0 in favor at 7:44 PM.

ACTION AS A RESULT OF EXECUTIVE SESSION

Motion: Selectman Clark moved to offer employment contract to Candidate # 3. Second by Selectman Dixon. Vote 5-0 in favor.

Motion: Selectman Cote moved to hold a special selectman meeting on Friday, December 4, 2009 at 6:30 PM to discuss results of contract offer. Second by Selectman Watson. 5 – 0 in favor.

ADJOURN:

Selectman Clark moved to adjourn. Second by Selectman Dixon. 5 – 0 in favor.

The Board adjourned a 7:49 PM.

Respectfully Submitted,

Shirley J. Bailey
Deputy Town Clerk

AGENDA

ITEM

4.b.

SOMERSET COUNTY COMMUNICATIONS CENTER

8 County Drive
Skowhegan, Maine 04976

Phone: 207 -474-6386
Fax: 207 -474-0879
www.SomersetCounty-ME.org

Michael T. Smith – Director
Email: mike.smith@somersetcounty-me.org

November 19, 2009

James Rhodes, Town Manager
Town of Clinton
27 Baker Street
Clinton, ME 04927

Good Morning Jim,

Enclosed you will find the contract renewal for PSAP services for the Town of Clinton. There are a couple of things that I need to explain concerning the enclosed contract.

The County Finance Manager has requested that, if possible, to get all of the contracts on the fiscal year rotation from July 1 – June 30. Your current contract is one of several that we have on the calendar year rotation at this point. I have written the new contract to reflect the fiscal year change.

The County also approved a rate change that was to take effect January 1, 2010 which would increase the per capita cost for PSAP services to $1.25 per capita (a $.25 increase over the current rate of $1.00). I have, with the approval of the County Administrator, written the contract for the six month period from January 1, 2010 – June 30, 2010 to reflect the current $1.00 per capita rate for the entire period. The contract then covers the twelve month period from July 1, 2010 – June 30, 2011 at the new rate of $1.25 per capita. This contract is still based on the 2000 census figures showing the Town of Clinton with a population of 3340.

There have been no other changes in the contract as written. Please sign and return both copies for the County Commissioner Chairs signature. I will then return a copy of the signed contract for you records.

If you have any questions please do not hesitate to contact me.

Thank You

Mike

Somerset County Commissioners:

Commissioner District #2
Philip Roy, Jr., Chairman
4 Valley Farms Road
Fairfield, Maine 04937
(207)615-7333

Commissioner District #1
Robert Dunphy, Vice Chairman
P.O. Box 70
North Anson, Maine 04911
(207)635-2593

Commissioner District #3
Lynda Quinn
P.O. Box 36
Skowhegan, Maine 04976
(207)474-3039

STATE OF MAINE

Somerset County Courthouse
41 Court Street
Skowhegan, Maine 04976
Telephone: (207)474-9861
Fax: (207)474-7405
Email: somerset@somersetcounty-ME.org

PSAP Call Handling Agreement

Somerset County PSAP Transfer to Waterville Regional Communications Center
for the Town of Clinton

This agreement made this ____ day of _____, 2009 by and between the Somerset County Commissioners, hereinafter referred to as "Owner", and the Town of Clinton, hereinafter referred to as the "Town", and collectively known as the "Parties", for the purposes of PSAP call handling services.

WHEREAS, the installation of the Enhanced 9-1-1 telephone system will provide one common number to call to receive public safety assistance and is intended to assure the caller that his/her request for assistance will be answered and that the appropriate agency will be notified as a result of dialing 9-1-1; and

WHEREAS, the parties desire to formalize an arrangement whereby 9-1-1 calls are properly routed; and

WHEREAS, the parties desire to set forth in writing the terms and conditions of said arrangements for call handling;

NOW THEREFORE, the parties agree as follows:

1. It is the purpose of this agreement to establish call-handling procedures for 9-1-1 calls taken at the PSAP that must be transferred to the Town of Clinton's Dispatch -Only-Agency to assure that proper assistance will be rendered to a 9-1-1 caller.

2. Definitions

   PSAP – Public Safety Answering Point as defined by the Emergency Services Communications Bureau.

   Dispatch-Only-Agency – An entity, either public or private, which is duly authorized to dispatch emergency services within a designated area.

   Relayed Transfer Method – A process by whereby the telephone answerer receives the call, takes the information from the caller and thereafter transfers essential

information to the proper emergency responder. In this procedure, the caller does not speak to the emergency responder.

3. The services provided as a result of this agreement are considered services to the general public and this agreement shall not be construed to create an employer-employee, principal-agent or co-partnership relationship between the parties.

4. The cost of operating the PSAP and the Town's Dispatch-Only-Agency shall remain the responsibilities of the respective agencies, except as outlined in Section 12.

5. This agreement applies to Enhanced 9-1-1 telephone calls that are answered by the PSAP and need to be rerouted to Town of Clinton's Dispatch-Only-Agency.

6. 9-1-1 calls will be handled in accordance with the provisions set forth in the PSAP Call Handling Agreement, Exhibit A, attached hereto.

7. TTY calls must be handled using the Relayed Transfer Method. In the event that the address of the location where the emergency services are required cannot be clearly identified, the PSAP receiving the call shall attempt to keep the 9-1-1 caller on the line until the Town's Dispatch-Only-Agency has identified the caller's location.

8. Being that both parties to this contract are Emergency Medical Dispatch agencies, and that they are both licensed as such with the State of Maine Emergency Medical Services Bureau, the PSAP shall reroute all 9-1-1 medical calls received for the Town's Dispatch-Only-Agency coverage area to said agency for Emergency Medical Dispatching. The PSAP does agree to EMD any calls that cannot be immediately transferred to the Town's Dispatch-Only-Agency for such purposes.

9. Relationship Between the Parties

In consideration of the mutual services provided herein, both parties agree that nothing contained herein is intended to be or should be construed in any manner as creating or establishing the relationship of co-partners between the partied hereto or as constituting an agency relationship in any manner whatsoever. The individual parties are and shall remain independent entities with respect to all services performed under this agreement. Each party represents that it has, or will secure all its expenses, all personnel required in performing its service obligation under this agreement and that the acts of its employees performing the service under this agreement shall be the acts of the employees of that entity alone. Each entity agrees that in the performance of this mutual service, its employees shall not require nor be entitled to any compensation, rights or benefits of any kind whatsoever from the other entity to this agreement, including, but not limited to, tenure rights, medical and hospital care, sick and vacation leave, disability, Worker's Compensation, Unemployment Compensation, or severance pay.

10. Agreement of the Parties

Both parties entering into this agreement acknowledge that any modifications to this agreement must be by mutual consent, in writing, and will be treated as an amendment to this agreement.

11 Either party hereto may withdraw from this contract. Withdrawal shall be effective Thirty (30) days after receipt of written notice of withdrawal has been received, by certified mail, return receipt requested, by the withdrawing party to the other party of this agreement. If withdrawal is requested after payment, of any year, the per capita payment will not be refunded to the withdrawing agency.

11. Effective January 1, 2010, Somerset County Communications shall bill the Town of Clinton at the rate of $1.00 per capita for PSAP/EMD services for the six (6) month period ending June 30, 2010. Effective July 1, 2010, Somerset County Communications shall bill the Town of Clinton at the rate of $1.25 per capita for PSAP/EMD services for a twelve (12) month period ending June 30, 2011. The per capita rate will be calculated on the 2000 census showing the Town of Clinton with a population of 3340.

IN WITNESS WHEREOF, the parties hereto have signed this Agreement on the _____ day of _____, _____.

Somerset County Commissioners: Town of Clinton:

_____ _____

Robert Dunphy, Chair Selectman, Chair or Town Manager

AGENDA

ITEM

4.c.

CERTIFICATE OF APPOINTMENT
(Title 30, M.R.S.A. 2253)

Selectmen's Office

MUNICIPALITY OF CLINTON

December 8, A.D. 2009

To **Marie A. Strout** of Clinton the County of Kennebec and the State of Maine: There being a vacancy in the position of **MSAD 49 School Board Member**, the Selectmen of the Municipality of Clinton do, in accordance with the provisions of the law of the State of Maine, hereby appoint you as Town of Clinton's MSAD 49 School Board Member within and for the Municipality of Clinton, such appointment to be effective from December 9, 2009 through June 30, 2010.

Given under our hand this 8th day of December, 2009.

By The Board of Selectmen of Clinton, Maine

_____ _____

_____ _____

_____

STATE OF MAINE

County of Kennebec

_____, 2009

Personally appeared the above named Marie A. Strout who has been duly appointed by the Selectmen as Town of Clinton's MSAD 49 School Board Member in said Municipality, and took the oath necessary to qualify her to discharge said duties for the term specified above according to law. Before me,

_____ Municipal Clerk

This Certificate and the Certificate of Oath shall be returned to the Municipal Clerk for filing.

TOWN OF CLINTON

COMMITTEE LETTER OF INTENT

DATE: 11-3-09

NAME: Marie A. Strout **PHONE:** 692-7006

ADDRESS: 1219 Battle Ridge Rd
Clinton, ME

COMMITTEE OR BOARD OF INTEREST:
MSAD 49 School Board

PLEASE INDICATE WHY YOU WOULD LIKE TO SERVE, AND ANY PREVIOUS BOARD OR COMMITTEE EXPERIENCE:

Due to Janice Chesley's resignation, there is an open seat. Having previously served on the school board, I am both available and familiar with all procedures. I am planning on running again for the open seat in June. I am requesting to be appointed to the open seat for the remainder of the term. Thank you.

Marie A Strout

AGENDA

ITEM

5.b.

TOWN OF CLINTON
FIVE-YEAR CAPITAL IMPROVEMENT PLAN SUMMARY SHEET

	A	B	C	D	E	F	G	H	I
1				FY 10 / 11					
2	11/9/2009	Reserve Fund	Equipment	Funding					
3	**Departments:**	**Balance**	**Rotation**	**Source**	**FY 10 / 11**	**FY 11 / 12**	**FY 12 / 13**	**FY 13 / 14**	**FY 14 / 15**
4									
5	**1. Administration**								
6									
7	1. Town Office Roof	$22,931.71	N/A		$0.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00
8									
9	**2. Fire Department**								
10									
11	1. FD Vehicles & Equipment	$45,852.18	10-Years		$0.00	$ 15,000.00	$ 15,000.00	$ 15,000.00	$ 15,000.00
12	2. Communications Upgrade	$6,000.00	6-10 Years		$0.00	$ 3,000.00	$ 3,000.00	$ 3,000.00	$ 3,000.00
13	3. Turnout Gear Replacement	$9,561.75	5-10 years		$0.00	$ 9,900.00	$ 10,350.00	$ 9,125.00	$ 9,125.00
14									
15	**3. Police Department**								
16									
17	1. Police Cruiser 2005	$64.52	3 years		$0.00	$26,000.00	$0.00	$0.00	$0.00
18	2. Police Cruiser 2008		3 years		$0.00	$0.00	$0.00	$26,000.00	$0.00
19									
20	**4. Transfer Station / Recycling**								
21									
22	1. Concrete Slab		N/A	Annual Budget	$9,000.00				
23	2. Forklift 2006	$8,734.78	10 Years		$0.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00
24	3. Recycling Bailer	$6,902.22	12 Years		$0.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00
25									
26	**5. Highway Department**								
27									
28	1. Truck (2004)	$5,113.16	5 years		$0.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00
29	2. Tractor (1993)	$11,056.61	10 years		$0.00	$5,000.00	$5,000.00	$5,000.00	$5,000.00
30	3. Backhoe / Loader (1999)	$11,356.09	10 years		$0.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00
31	4. Sander / Hopper	$2,000.00	8 years		$0.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00
32									
33	**6. Road Commissioner**								
34									
35	1. Road Reconstruction / Paving		N/A	Annual Budget	$190,027.00	$ 200,000.00	$ 210,000.00	$ 220,000.00	$ 230,000.00
36									
37	**7. Cemetery Committee**								
38									
39	1. Repairs to Headstones	$10,000.00	N/A		$0.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00
40									
41	**TOTALS**	**$139,573.02**			**$ 199,027.00**	**$ 290,900.00**	**$ 275,350.00**	**$ 310,125.00**	**$ 294,125.00**
42									
43	**Source of Funds**								
44	EXCISE TAX			$133,063.00	67%				
45	STATE URIP FUNDS			$56,964.00	29%				
46	PROPERTY TAX			$9,000.00	4%				
47	SURPLUS			$0.00					
48	**TOTAL**			**$199,027.00**					

CAPITAL IMPROVEMENT PROJECT REQUEST

(EXCLUDING EQUIPMENT)

FORM B

Department: Administration	**Contact Person: Town Manager**
1. **Project Title:** Town Office Roof	2.**Purpose of Project Request** ( ) Add a new item to the program ( ) Delete an item in a year already a part of the program (X) Modify a project already in the adopted program

Description:

Project will begin setting funds aside in a reserve account to replace the existing roof with either asphalt shingles or metal.

Justification & Useful Life:

The current Town Office roof shingles are deteriorating in sections exposed to the sun.

Useful Life: Asphalt shingles = 25 Years
Metal = 50-75 years

Cost & Recommended Sources of Financing:

Budget FY Financing	**Total**	**TM Recommends**	**Recommended Sources of**
Program FY 10-11:	$1,000	$0.00	Surplus to Reserve Account
Program FY 11-12:	$1,000		Surplus to Reserve Account
Program FY 12-13:	$1,000		Surplus to Reserve Account
Program FY 13-14:	$1,000		Surplus to Reserve Account
Program FY 14-15:	$1,000		Surplus to Reserve Account
Total Five Years:	$5,000		

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department: Fire Department	Contact Person: Gary Petley
1. Project Title: Ambulance Re-Mount	**2. Cost** Total Purchase Price: $75,000
3. Form of Acquisition: Purchase____X____ Rental_____	**4. Number of Similar Items in Inventory_____1_____**
5. Number of Units Requested:____1_____	**6. Estimated use of Requested Item(s)** Weeks per year: 52 Average hours per day used: 4-hours Estimated useful life in years: 10-years
7. Purpose of Expenditure (check appropriate) (X) Schedule Replacement ( ) Present Equipment Obsolete ( ) Replace worn-out equipment ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation ( ) Increased Safety ( ) Improve procedures, records	

(OVER)

8. Replaced Item(s)

Item	Make	Age	Maint. Cost	Breakdowns
Ford 350 Chasis		2002	$2,500	Minimal

9. Recommended Disposition of Replacement Item(s)

_____Possible use by other departments _____X_____Trade-In
_____Sale

10. Cost & Recommended Sources of Financing:

Budget FY Sources of Financing	Total	TM Recommends	Recommended
Program FY 10-11:	$15,000	$0.00	Surplus to Reserve
Program FY 11-12:	$15,000		Surplus to Reserve
Program FY 12-13:	$15,000		Surplus to Reserve
Program FY 13-14:	$15,000		Surplus to Reserve
Program FY 14-15:	$15,000		Surplus to Reserve
Total Five Years:	$75,000		

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department: Fire Department	Contact Person: Gary Petley
1. Project Title: Communications Equipment Replacement Program.	**2. Cost** Total Purchase Price $30,000
3. Form of Acquisition: Purchase____X____ Rental_____	**4.Number of Similar Items in Inventory:** 1 Base Radio and 30 pagers
5. Number of Units Requested:_____	**6. Estimated use of Requested Item(s)** _52__Weeks per year 365 days per year. Estimated useful life in years: Base Station 10 years Pagers 6 to 7 years
7. Purpose of Expenditure (check appropriate) (X) Schedule Replacement (X) Present Equipment Obsolete over time (X) Replace worn-out equipment over time ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation ( ) Increased Safety ( ) Improve procedures, records	

(OVER)

8. Replaced Item(s)

Item	Make	Age	Maint. Cost	Breakdowns
1. Motorola MTR 2000 Base Station		2007		
2. Motorola Monitor 5 Pagers (30 ea)		2007		

9. Recommended Disposition of Replacement Item(s)

_____Possible use by other departments _____X If possible Trade-In
_____Sale

10. Cost & Recommended Sources of Financing:

Budget FY Sources of Financing	**Total**	**TM Recommends**	**Recommended**
Program FY 10-11:	$3,000	$0.00	Surplus to Reserve
Program FY 11-12:	$3,000		Surplus to Reserve
Program FY 12-13:	$3,000		Surplus to Reserve
Program FY 13-14:	$3,000		Surplus to Reserve
Program FY 14-15:	$3,000		Surplus to Reserve
Total Five Years:	$15,000		

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department: Fire Department	Contact Person: Gary Petley
1. Project Title: Turn-Out Gear Replacement (Pants & Coat)	**2. Cost** Per Unit Total Purchase Price $1,575 $9,450
3. Form of Acquisition: Purchase_____X___ Rental_____	**4. Number of Similar Items in Inventory_____30_____**
5. Number of Units Requested:____6_____	**6. Estimated use of Requested Item(s)**
7. Purpose of Expenditure (check appropriate) (X) Schedule Replacement ( ) Present Equipment Obsolete ( ) Replace worn-out equipment ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation ( ) Increased Safety ( ) Improve procedures, records	Used during fires and training.

(OVER)

8. Replaced Item(s)				
Item	Make	Age	Maint. Cost	Breakdowns
Sucuritex Turn-Out Gear		2002		

9. Recommended Disposition of Replacement Item(s)

_____Possible use by other departments _____Trade-In
_____Sale (NFPA Standards require removal from service at 10 years.)

10. Cost & Recommended Sources of Financing:

Budget FY Sources of Financing	Total	TM Recommends	Recommended
Program FY 10-11:	$9,450 (6 sets)	$0.00	Surplus to Reserve
Program FY 11-12:	$9,900 (6 sets)		Surplus to Reserve
Program FY 12-13:	$10,350 (6 sets)		Surplus to Reserve
Program FY 13-14:	$9,125 (5 sets)		Surplus to Reserve
Program FY 14-15:	$9,375 (5 sets)		Surplus to Reserve
Total Five Years:	$48,200		

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department Police	Contact Person: Police Chief
1. Project Title: Police Cruiser	**2. Cost** Per Unit $26,000
3. Form of Acquisition: Purchase	**4. Number of Similar Items in Inventory: 2**
5. Number of Units Requested: 1	**6. Estimated use of Requested Item(s)** 52 Weeks per year. For the weeks used, estimate: 8-12 hours per each day for 5 days and 8 hours each day for 2 days. Estimated useful life in years: 3
7. Purpose of Expenditure (check appropriate) (x) Schedule Replacement (x) Past Scheduled Replacement (x) Replace worn-out equipment ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation (x) Increased Safety ( ) Improve procedures, records	

(OVER)

8. Replaced Item(s)

Item	Make	Age	Maint. Cost	Breakdowns
1. Chevrolet	Impala	2005	$4,875.24	Yes
2. Ford	Crown Vic	2008	$1,300.00	No

The 2005 has 90,899 miles on it as of 10/30/09.
The 2008 has 28,843 miles on it as of 10/30/09.

9. Recommended Disposition of Replacement Item(s)

_____ Possible use by other departments, _____X_____Trade-In, _____ Sale

10. Cost & Recommended Sources of Financing:

Budget FY Sources of Financing	Total	Recommended
Program FY 10-11:	$ 0.00	
Program FY 11-12:	$ 26,000 (1)	Annual Budget
Program FY 12-13:	$ 0.00	
Program FY 13-14:	$ 26,000 (2)	Annual Budget
Program FY 14-15:	$ 0.00	
Total Five Years:	$52,000	

CAPITAL IMPROVEMENT PROJECT REQUEST

(EXCLUDING EQUIPMENT)

FORM B

Department: Transfer Station / Recycling Center Contact Person: Gerald Howard

1. **Project Title:**

Concrete Slab for Scale Approach.

2. **Purpose of Project Request**

( ) Add a new item to the program
( ) Delete an item in a year already a part of the program
(X) Modify a project already in the adopted program

Description:

90' x 16'x 6" (26.67 cubic yards)

Justification & Useful Life:

The truck approach to the scales needs to be replaced with concrete to withstand the heavy loads of the trucks using the scales.

Cost & Recommended Sources of Financing:

Budget FY	Total	Recommended Sources of Financing
Program FY 10-11	$9,000	Annual Budget
Program FY 11-12		
Program FY 12-13		
Program FY 13-14		
Program FY 14-15		
Total Five Years:	$9,000	

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department: TS / Recycling Center	Contact Person: Gerald Howard
1. Project Title: Forklift	**2. Cost** Per Unit Total Purchase Price: $36,000 Less: Trade-in: $2,000 Net Purchase Cost: $34,000 Town of Benton pays 45%
3. Form of Acquisition: Purchase____X____ Rental_____	**4. Number of Similar Items in Inventory**_____1_____
5. Number of Units Requested:____1_____	**6. Estimated use of Requested Item(s)** 52 Weeks per year. For the weeks used, estimate: 12 hours per week Estimated useful life in years: 10 years
7. Purpose of Expenditure (check appropriate) (X) Schedule Replacement ( ) Present Equipment Obsolete ( ) Replace worn-out equipment ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation ( ) Increased Safety ( ) Improve procedures, records	

(OVER)

8. Replaced Item(s)

Item	Make	Age	Maint. Cost	Breakdowns
A. Forklift model 7FGU18	Toyota	2006	Normal	None

9. Recommended Disposition of Replacement Item(s)

_____Possible use by other departments _____X_____Trade-In
_____Sale

10. Cost & Recommended Sources of Financing:

Budget FY Sources of Financing	**Total**	**TM Recommends**	**Recommended**
Program FY 10-11:	$2,000	$0.00	Surplus to Reserve
Program FY 11-12:	$2,000		Surplus to Reserve
Program FY 12-13:	$2,000		Surplus to Reserve
Program FY 13-14:	$2,000		Surplus to Reserve
Program FY 14-15:	$2,000		Surplus to Reserve
Total Five Years:	$10,000		

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department: TS / Recycling Center	Contact Person: Gerald Howard
1. Project Title: Recycling Bailer	**2. Cost** Per Unit Total Purchase Price: $20,000
3. Form of Acquisition: Purchase___X____ Rental_____	**4. Number of Similar Items in Inventory_____1_____**
5. Number of Units Requested:____1_____	**6. Estimated use of Requested Item(s)** 52 Weeks per year. For the weeks used, estimate: 15 hours Estimated useful life in years: 12 years
7. Purpose of Expenditure (check appropriate) (X) Schedule Replacement ( ) Present Equipment Obsolete (X) Replace worn-out equipment ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation (X) Increased Safety ( ) Improve procedures, records	

(OVER)

8. Replaced Item(s)				
Item	Make	Age	Maint. Cost	Breakdowns

9. Recommended Disposition of Replacement Item(s)		
_____ Possible use by other departments		_____ Trade-In
_____ Sale	_____ X _____	Retain

10. Cost & Recommended Sources of Financing:			
Budget FY Sources of Financing	**Total**	**TM Recommends**	**Recommended**
Program FY 10-11:	$4,000	$0.00	Surplus
Program FY 11-12:	$4,000		Surplus
Program FY 12-13:	$4,000		Surplus
Program FY 13-14:	$4,000		Surplus
Program FY 14-15:	$2,000		Surplus
Total Five Years:	$18,000		

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department: Highway Contact Person: Clayton Pierce	
1. Project Title: 450 Super Duty Ford One Ton and a Half Four by Four Plow / Dump Truck	**2. Cost** Total Purchase Price $50,000 Less: Trade-in or Other discount Net Purchase Cost $50,000
3. Form of Acquisition: Purchase___X_____ Rental_____	**4. Number of Similar Items in Inventory_____1_____**
5. Number of Units Requested: _1_____	**6. Estimated use of Requested Item(s)** _52__Weeks per year_____Approx. months (if seasonal) For the weeks used, estimate: 274 average miles Estimated useful life in years: 5 years
7. Purpose of Expenditure (check appropriate) (x) Schedule Replacement ( ) Present Equipment Obsolete ( ) Replace worn-out equipment ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation ( ) Increased Safety ( ) Improve procedures, records	

(OVER)

8. Replaced Item(s)

Item	Make	Age	Maint. Cost	Breakdowns
Dump Truck/plow	Ford 350	2004	$2,000 annual	2 to 3 annual

9. Recommended Disposition of Replacement Item(s)

_____Possible use by other departments _____X_____Trade-In
_____Sale

10. Cost & Recommended Sources of Financing:

Budget FY Sources of Financing	**Total**	**TM Recommends**	**Recommended**
Program FY 10-11:	$5,000	$0.00	Surplus to Reserve
Program FY 11-12:	$10,000		Surplus to Reserve
Program FY 12-13:	$10,000		Surplus to Reserve
Program FY 13-14:	$10,000		Surplus to Reserve
Program FY 14-15:	$10,000		Surplus to Reserve
Total Five Years:	$45,000		

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department: Highway	Contact Person: Clayton Pierce
1. Project Title: B3030 4 x 4 Kubota Tractor w/72" Plow # B 2775 w/Hard Cab Package	**2. Cost** Total Purchase Price $27,000 Less: Trade-in Net Purchase Cost $27,000
3. Form of Acquisition: Purchase____X____ Rental_____	**4. Number of Similar Items in Inventory___1_____**
5. Number of Units Requested:_____	**6. Estimated use of Requested Item(s)** _52__Weeks per year. For the weeks used, estimate: 8 Average hours per day used. Estimated useful life in years : 10 Years
7. Purpose of Expenditure (check appropriate) (X) Schedule Replacement ( ) Present Equipment Obsolete ( ) Replace worn-out equipment ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation ( ) Increased Safety ( ) Improve procedures, records	

(OVER)

8. Replaced Item(s)

Item	Make	Age	Maint. Cost	Breakdowns
1. Sidewalk Tractor	1993	15		

9. Recommended Disposition of Replacement Item(s)

_____Possible use by other departments _____X_____Trade-In
_____Sale

10. Cost & Recommended Sources of Financing:

Budget FY Sources of Financing	**Total**	**TM Recommends**	**Recommended**
Program FY 10-11:	$5,000	$0.00	Surplus to Reserve
Program FY 11-12:	$5,000		Surplus to Reserve
Program FY 12-13:	$5,000		Surplus to Reserve
Program FY 13-14:	$5,000		Surplus to Reserve
Program FY 14-15:	$5,000		Surplus to Reserve
Total Five Years:	$25,000		

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department: Highway Contact Person: Clayton Pierce	
1. Project Title: John Deere 4 x 4 410G loader/backhoe with 24 " tooth bucket and a 48" ditching bucket system.	**2. Cost** Total Purchase Price $70,000 Less: Trade-in Net Purchase Cost $70,000
3. Form of Acquisition: Purchase_____X___ Rental_____	**4. Number of Similar Items in Inventory__1_____**
5. Number of Units Requested:___1_____	**6. Estimated use of Requested Item(s)** 52 Weeks per year. For the weeks used, estimate: 2 Average hours per day used. Estimated useful life in years: 10
7. Purpose of Expenditure (check appropriate) (X) Schedule Replacement ( ) Present Equipment Obsolete ( ) Replace worn-out equipment ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation ( ) Increased Safety ( ) Improve procedures, records	

(OVER)

8. Replaced Item(s)

Item	Make	Age	Maint. Cost	Breakdowns
Back-Hoe / loader	New Holland	8-years		

9. Recommended Disposition of Replacement Item(s)

_____Possible use by other departments _____X_____Trade-In
_____Sale

10. Cost & Recommended Sources of Financing:

Budget FY Sources of Financing	**Total**	**TM Recommends**	**Recommended**
Program FY 10-11:	$8,000	$0.00	Surplus to Reserve
Program FY 11-12:	$10,000		Surplus to Reserve
Program FY 12-13:	$10,000		Surplus to Reserve
Program FY 13-14:	$10,000		Surplus to Reserve
Program FY 14-15:	$10,000		Surplus to Reserve
Total Five Years:	$48,000		

CAPITAL PROJECT REQUEST FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

FORM A

Department: highway	Contact Person: Clayton Pierce
1. Project Title: Swenson Sander / Hopper	**2. Cost** Total Purchase Price $10,000 Less: Trade-in Net Purchase Cost $10,000
3. Form of Acquisition: Purchase____X____ Rental_____	**4. Number of Similar Items in Inventory**_____1_____
5. Number of Units Requested:____1____	**6. Estimated use of Requested Item(s)** 22 Weeks per year. For the weeks used, estimate 12 Average hours per day used. Based on snow. Estimated useful life in years: 8-years
7. Purpose of Expenditure (check appropriate) (X) Schedule Replacement ( ) Present Equipment Obsolete ( ) Replace worn-out equipment ( ) Reduce personnel time ( ) Expanded Service ( ) New Operation ( ) Increased Safety ( ) Improve procedures, records	

(OVER)

8. Replaced Item(s)

Item	Make	Age	Maint. Cost	Breakdowns
Sander	Swenson	4	Normal	None

9. Recommended Disposition of Replacement Item(s)

_____Possible use by other departments _____Trade-In
_____Sale. Retain for emergencies: X

10. Cost & Recommended Sources of Financing:

Budget FY Sources of Financing	Total	TM Recommends	Recommended
Program FY 10-11:	$2,000	$0.00	Surplus to Reserve
Program FY 11-12:	$2,000		Surplus to Reserve
Program FY 12-13:	$2,000		Surplus to Reserve
Program FY 13-14:	$2,000		Surplus to Reserve
Program FY 14-15:	$2,000		Surplus to Reserve
Total Five Years:			

FY 2010 / 2011
Road Reconstruction / Paving
Cost Estimates
11/9/09

1. Goodrich Road:

238 Tons Asphalt @ 82.50 per ton = $19,635
1" Overlay on previously paved base
350 gals HFMS-1 Tack Coat @ 8.00 = $ 2,80
TOTAL **$33,3**

3. Hill Road .95 mile from end of previous year's paving to Canaan Town Line:

Reclaim (Includes FG) 12,262 SY @ $1.75 / SY = $ 21,4
1,347 Tons 19MM Asphalt @ 82.50 = $ 111,1
Butt Joints/Aprons 160 sy @ 18.00 = $ 2,8
TOTAL = **$ 135,4**

TOTAL FY 10 / 11 Estimate = **$190,027**

SOURCE of FUNDS

State URIP: $ 56,964
Excise Tax: $ 133,063
Total: **$ 190,027**

CAPITAL IMPROVEMENT PROJECT REQUEST

(EXCLUDING EQUIPMENT)

FORM B

Department: Cemetery **Contact Person:**

1. **Project Title:**	2. **Purpose of Project Request**
Repair, Restoration & Cleaning of Cemetery Grave Stones	( ) Add a new item to the program ( ) Delete an item in a year already a part of the program (X) Modify a project already in the adopted program

Description:

This project adds money to the cemetery reserve account for future use to repair, restore, 7 clean existing grave marker stones in the seven (7) town cemeteries.

Justification & Useful Life:

Over a period of time grave markers become damaged, displaced, or discolored. To keep the cemeteries in a neat appearance this project would be applied approximately every five (5) years.

Cost & Recommended Sources of Financing:

Budget FY Financing	Total	TM Recommends	Recommended Sources of
Program FY 10-11	$5,000	$0.00	Surplus to Reserve
Program FY 11-12	$5,000		Surplus to Reserve
Program FY 12-13	$5,000		Surplus to Reserve
Program FY 13-14	$5,000		Surplus to Reserve
Program FY 14-15	$5,000		Surplus to Reserve
Total Five Years:	$25,000		