

NH Department of Education
 Office of School Building Aid
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**SCHOOL BUILDING AID
 MAINTENANCE IMPACT
 ANALYSIS**

Maintenance impact analysis will be submitted on this form together with the preliminary application (A24P). A project number will be assigned to each project. Please reference the number(s) on all correspondence related to the project(s).

OFFICE USE ONLY
 Approved: _____
 Initials: _____
 Project No. _____

Visit us on the web at <http://www.ed.state.nh.us/buildingaid/>

School District: _____ SAU#: _____

Project: _____

Brief description of proposed construction work:

Amount of new space to be added to district inventory: _____ SF

Amount of space to be eliminated: _____ SF

Net increase/decrease in facility space: _____ SF

Brief description of proposed new types of equipment to be operated and maintained:

Brief description of the overall impact of proposed construction on the facility maintenance program. Explain how maintenance is to be performed by in-house staff or contractors:

Describe the training program for the maintenance staff on the new facility and new equipment. Indicate who will provide instruction and when instruction will be complete.

Net increase/decrease in maintenance staff caused by project: _____ FTE

Estimated annual increase/decrease to district maintenance budget: \$ _____

Signature Director of Maintenance or Equivalent

Signature Superintendent of Schools

STATEMENT OF ASSURANCE

As required by RSA 198:15-b, the _____ School District intends to maintain and service all new equipment installed through this project according to the instructions of the equipment manufacturer.

Signature Chair, District Board of Education Date: _____