

FACILITIES MASTER PLAN / CAPITAL PROJECT REQUEST
CAPITAL REQUIREMENTS SUMMARY AND NEEDS ASSESSMENT FORM
(Form 1A)

Institution: Shelton State Community College
Name of Respondent: Camille Cochran

Telephone Number: 205.391.2284
E-Mail Address: ccochrane@sheltonstate.edu

A. IMMEDIATE CAPITAL REQUIREMENTS - YEAR 1 (FY 2012-2013)

Institutional Priority	Funding Sources			Estimated Total Cost	Specify Source(s) Other State	Specify Source(s) Other Funds	Building Number (If existing Facility or Facilities)	Space Utilization Description (If more than 1 Code used include % for each Code. Click here to view Codes)	Projected Gross Square Feet. (Should be used only for Subsection 1 or 2 Projects)	Projected Net Assignable Square Feet. (Should be used only for Subsection 1 or 2 Projects)	Space Category (If more than 1 Code used include % for each Code. Click here to view Codes)	Change in Purpose (Yes or No Depending on Project)	Projected Start/ Acquisition Date (Date reported cannot be before the start of the fiscal year to be reported on the form. Fiscal Years run from Oct. 1 - Sept. 30)	Projected Completion Date	Basis of Requirement (Use no more than 2 Codes. Click here to view Codes) USE LETTER OF CODE ONLY
	Education Trust Fund	Other State Funding	Other Funds												
1. New Construction/Acquisition Projects															
1.															
2.															
3.															
4.															
Subtotal															
2. Renovation/Remodeling Projects															
1. Restroom Renovation, Martin Campus	1		\$300,000	\$300,000	Plant		Main/Martin	17, Restroom Renov	4,250	4,250	E & G	No	10/1/2012	9/30/2013	E
2.															
3.															
4.															
Subtotal			\$300,000	\$300,000											
3. Major Capital Equipment Projects															
1.															
2.															
3.															
4.															
Subtotal															
4. Deferred Maintenance/Facilities Renewal (See Instructions)															
1. Upgrade existing HVAC equipment	2		\$500,000	\$500,000	Plant		Main/Martin	1	NA		E & G	No	10/1/2012	9/30/2013	E
2.															
3.															
4.															
Subtotal			\$500,000	\$500,000											
Total Immediate Year 1 Capital Requirements			\$800,000	\$800,000											

A brief description and justification must be attached for each project listed above.

Provide a succinct but thorough justification of the need for the capital project. This information may be included in a separate Word Processing document. See instructions for further information.

2.1 The Martin/Main campus is 15 years old and has enjoyed continuous growth in that time. As a result, restrooms need repairs and renovation. An architect is creating a master plan and is in the process of proposing a solution.

4.1 The Martin/Main campus is 15 years old and the existing HVAC equipment needs upgrading. This equipment covers the entire building. The architect hired to create a master plan will provide the plan for this project.

FACILITIES MASTER PLAN / CAPITAL PROJECT REQUEST
CAPITAL REQUIREMENTS SUMMARY AND NEEDS ASSESSMENT FORM
(Form 1B)

Institution: Shelton State Community College
Name of Respondent: Camille Cochran

Telephone Number: 205.239.5357
E-Mail Address: cocochrane@sheltonstate.edu

B. INTERMEDIATE CAPITAL REQUIREMENTS - YEAR 2 (FY 2013-2014)

	Institutional Priority	Funding Sources			Estimated Total Cost	Specify Source(s) Other State	Specify Source(s) Other Funds	Building Number (If existing Facility or Facilities)	Space Utilization Description (If more than 1 Code used include % for each Code. Click here to view Codes)	Projected Gross Square Feet. (Should be used only for Subsection 1 or 2 Projects)	Projected Net Assignable Square Feet. (Should be used only for Subsection 1 or 2 Projects)	Space Category (If more than 1 Code used include % for each Code. Click here to view Codes)	Change in Purpose (Yes or No Depending on Project)	Projected Start/ Acquisition Date (Date reported cannot be before the start of the fiscal year to be reported on the form. Fiscal Years run from Oct. 1 -Sept. 30)	Projected Completion Date	Basis of Requirement (Use no more than 2 Codes. Click here to view Codes) USE LETTER OF CODE ONLY
		Education Trust Fund	Other State Funding	Other Funds												
1. New Construction/Acquisition Projects																
1. Electronic Signage	1		\$350,000	\$350,000	Plant			17, Signage	NA			E & G		10/1/2013	9/30/2014	F
2.																
3.																
4.																
Subtotal			\$350,000	\$350,000												
2. Renovation/Remodeling Projects																
1.																
2.																
3.																
4.																
Subtotal																
3. Major Capital Equipment Projects																
1.																
2.																
3.																
4.																
Subtotal																
4. Deferred Maintenance/Facilities Renewal (See Instructions)																
1.																
2.																
3.																
4.																
Subtotal																
Total Intermediate Year 2 Capital Requirements			\$350,000	\$350,000												

A brief description and justification must be attached for each project listed above.

Provide a succinct but thorough justification of the need for the capital project. This information may be included in a separate Word Processing document. See instructions for further information.

- 1.1 Highway 69 is a major route and "new" signage is needed to direct community members to the campus. Electronic signage provides the opportunity to list events. Currently, small paper signs are required to advertise upcoming events. The architect hired to create a master plan for the College will oversee this project.

FACILITIES MASTER PLAN / CAPITAL PROJECT REQUEST
 CAPITAL REQUIREMENTS SUMMARY
 (Form 1C)

Institution: Shelton State Community College

Name of Respondent: Camille Cochran

Telephone Number: 205.391.2284

E-Mail Address: ccochrane@sheltonstate.edu

C. LONG TERM CAPITAL REQUIREMENTS - YEARS 3-5
 (FY 2014-2015 through FY 2016-2017)

	Estimated Total Cost
1. New Construction/Acquisition Projects	
1. Health Occupations Wing - Martin	\$3,000,000
2. Addition of freight elevator	\$500,000
3.	_____
4.	_____
Subtotal	\$3,500,000
2. Renovation/Remodeling Projects	
1.	_____
2.	_____
3.	_____
4.	_____
Subtotal	_____
3. Major Capital Equipment Projects	
1.	_____
2.	_____
3.	_____
4.	_____
Subtotal	_____
4. Deferred Maintenance/Facilities Renewal (See Instructions)	
1. Renovate ingress/egress to campus - Martin	\$500,000
2.	_____
3.	_____
4.	_____
Subtotal	\$500,000
Total Long Term Capital Requirements	\$4,000,000
Funding Source for All Long Term Projects:	
Education Trust Fund	\$ _____
Other State Funding	\$ 4,000,000
Other Funds	\$ _____

D. **TOTAL ALL CAPITAL PROJECTS** \$ 5,150,000
 (The total of Form1A, 1B and 1C
 should be reported in Part D)

STATEMENT OF BONDED INDEBTEDNESS AS OF SEPTEMBER 30, 2011

Institution: Shelton State Community College

Component (E&G, Auxiliary, Hospital, Health, Other) E & G

Name of Respondent: Ann Bracknell

Telephone Number: 205.391.2958 E-Mail Address: ann.bracknell@sheltonstate.edu

NAME OF BOND ISSUE	PROJECT USE (Briefly describe project)	DATE OF ORIGINAL ISSUANCE	ORIGINAL VALUE	AMOUNT OUTSTANDING As of 9/30/2011	AMOUNT OF DEBT SERVICE As of 9/30/2011			SOURCE OF DEBT SERVICE PAYMENT	DATE OF MATURITY
					PRINCIPAL	INTEREST	TOTAL		
Shelton St. Comm. College	Martin Campus	8/3/2001	\$24,560,000	\$9,155,000	\$2,010,000	\$529,394	\$2,539,394	Tuition & Fees	10/1/2014
Total			\$24,560,000	\$9,155,000	\$2,010,000	\$529,394	\$2,539,394		

Please be as specific as possible regarding the sources of debt service payments.