

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

Institution: Marion Military Institute

Telephone Number: 334-683-2313

Name of Respondent: Jennifer C. Barnette

E-Mail Address: jbarnette@marionmilitary.edu

A. IMMEDIATE CAPITAL REQUIREMENTS - YEAR 1 (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 <small>(If more than 1 Code used include % for each Code. Click here to view Codes)</small>	Projected Gross Square Feet. <small>(Should be used only for Subsection 1 or 2 Projects)</small>	Projected Net Assignable Square Feet. <small>(Should be used only for Subsection 1 or 2 Projects)</small>	Space Category <small>(If more than 1 Code used include % for each Code. Click here to view Codes)</small>	Change in Purpose (Yes or No Depending on Project)	Projected Start/ Acquisition Date <small>(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)</small>	Projected Completion Date	Basis of Requirement <small>(Use no more than 2 Codes. Click here to view Codes) USE LETTER OF CODE ONLY</small>
		Education Trust Fund	Other State Funding	Other Funds												
1. New Construction/Acquisition Projects																
1.																
2.																
3.																
4.																
Subtotal																
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 Immediate Year 1 Capital Requirements																

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.

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

Institution: Marion Military Institute

Telephone Number: 334-683-2313

Name of Respondent: Jennifer C. Barnette

E-Mail Address: jbarnette@marionmilitary.edu

B. INTERMEDIATE CAPITAL REQUIREMENTS - YEAR 2 (FY 2014-2015)

	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 <small>(If more than 1 Code used include % for each Code. Click here to view Codes)</small>	Projected Gross Square Feet. <small>(Should be used only for Subsection 1 or 2 Projects)</small>	Projected Net Assignable Square Feet. <small>(Should be used only for Subsection 1 or 2 Projects)</small>	Space Category <small>(If more than 1 Code used include % for each Code. Click here to view Codes)</small>	Change in Purpose (Yes or No Depending on Project)	Projected Start/ Acquisition Date <small>(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)</small>	Projected Completion Date	Basis of Requirement <small>(Use no more than 2 Codes. Click here to view Codes) USE LETTER OF CODE ONLY</small>
		Education Trust Fund	Other State Funding	Other Funds												
1. New Construction/Acquisition Projects																
1.																
2.																
3.																
4.																
Subtotal																
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																

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.

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

Institution: Marion Military Institute
 Name of Respondent: Jennifer C. Barnette
 Telephone Number: 334-683- E-Mail Address: jbarnette@marionmilitary.edu

C. LONG TERM CAPITAL REQUIREMENTS - YEARS 3-5
 (FY 2015-2016 through FY 2017-2018)

	Estimated Total Cost
1. New Construction/Acquisition Projects	
1. Administration building	<u>\$12,000,000</u>
2. Military Science building	<u>\$7,000,000</u>
3. Student Center/Dining Facility	<u>\$7,000,000</u>
4. Leadership Reaction Course	<u>\$500,000</u>
5. Science building	<u>\$7,000,000</u>
6. Multiuse Fine Arts Building	<u>\$11,000,000</u>
7. Fitness/Wellness Center	<u>\$5,000,000</u>
8. Wrestling Arena	<u>\$3,000,000</u>
9. Vehicles	<u>\$250,000</u>
10. Emergency Warning/Fire Alarm system	<u>\$300,000</u>
11.	<u> </u>
Subtotal	<u>\$53,050,000</u>
2. Renovation/Remodeling Projects	
1. Baseball, Softball & Tennis Courts lighting	<u>\$350,000</u>
2. Street, parking lots, sidewalk resurfacing	<u>\$1,000,000</u>
3. Multi-purpose stadium	<u>\$500,000</u>
4.	<u> </u>
Subtotal	<u>\$1,850,000</u>
3. Major Capital Equipment Projects	
1.	<u> </u>
2.	<u> </u>
3.	<u> </u>
4.	<u> </u>
Subtotal	<u> </u>
4. Deferred Maintenance/Facilities Renewal (See Instructions)	
1.	<u> </u>
2.	<u> </u>
3.	<u> </u>
4.	<u> </u>
Subtotal	<u> </u>
Total Long Term Capital Requirements	<u>\$54,900,000</u>
Funding Source for All Long Term Projects:	
Education Trust Fund	\$ <u> </u>
Other State Funding	\$ <u>\$54,900,000</u>
Other Funds	\$ <u> </u>

D. TOTAL ALL CAPITAL PROJECTS \$ \$54,900,000
 (The total of Form1A, 1B and 1C
 should be reported in Part D)

