

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

Institution: Northeast Alabama Community

Telephone Number: 256-638-4418 Ext 2313

Name of Respondent: Larry D. Guffey

E-Mail Address: ldguffey@nacc.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. NONE																
2.																
3.																
4.																
Subtotal																
2. Renovation/Remodeling Projects																
1. NONE																
2.																
3.																
4.																
Subtotal																
3. Major Capital Equipment Projects																
1. NONE																
2.																
3.																
4.																
Subtotal																
4. Deferred Maintenance/Facilities Renewal (See Instructions)																
1. NONE																
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: Northeast Alabama Community
Name of Respondent: Larry D. Guffey

Telephone Number: 256-638-4418 Ext 2313
E-Mail Address: ldguffey@nacc.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 (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.																
2.																
3.																
4.																
Subtotal																
3. Major Capital Equipment Projects																
1.																
2.																
3.																
4.																
Subtotal																
4. Deferred Maintenance/Facilities Renewal (See Instructions)																
1. Replace Air Handler Student Ctr	1		\$85,000	\$85,000			D	8				E & G	N	1-Oct-14	1-Jan-15	E
2. Replace Air Handler Wallace Adm	1		\$60,000	\$60,000			A	1				E & G	N	1-Jan-15	1-Mar-15	E
3. Electrical Service upgrade - Gym	3		\$65,000	\$65,000			I	5				E & G	N	1-Mar-15	1-Jul-15	G
4.																
Subtotal			\$210,000	\$210,000												
Total Intermediate Year 2 Capital Requirements			\$210,000	\$210,000												

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.

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

Institution: Northeast Alabama Community College
 Name of Respondent: Larry D. Guffey
 Telephone Number: 256-638- E-Mail Address: ldguffey@nac.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. STUDENT CENTER BUILDING	<u>\$12,000,000</u>
2.	<u> </u>
3.	<u> </u>
4.	<u> </u>
Subtotal	<u>\$12,000,000</u>
2. Renovation/Remodeling Projects	
1.	<u> </u>
2.	<u> </u>
3.	<u> </u>
4.	<u> </u>
Subtotal	<u> </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>\$12,000,000</u>
Funding Source for All Long Term Projects:	
Education Trust Fund	\$ <u> </u>
Other State Funding	\$ <u> </u>
Other Funds	\$ <u>\$12,000,000</u>

D. TOTAL ALL CAPITAL PROJECTS **\$ \$12,210,000**
 (The total of Form1A, 1B and 1C
 should be reported in Part D)

STATEMENT OF BONDED INDEBTEDNESS AS OF SEPTEMBER 30, 2012

Institution: Northeast Alabama Community College

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

Name of Respondent: Larry D. Guffey

Telephone Number: 256-638-4418 Ext 2313 E-Mail Address: ldguffey@nacc.edu

NAME OF BOND ISSUE	PROJECT USE (Briefly describe project)	DATE OF ORIGINAL ISSUANCE	ORIGINAL VALUE	AMOUNT OUTSTANDING As of 9/30/2012	AMOUNT OF DEBT SERVICE As of 9/30/2012			SOURCE OF DEBT SERVICE PAYMENT	DATE OF MATURITY
					PRINCIPAL	INTEREST	TOTAL		
Bond Series 2005	Health Sciences/Workforce Dev	3/24/2005	\$6,225,000	\$4,310,000	\$275,000	\$189,821	\$464,821	Tuition & Fees	9/1/2024
Bond Series 2012	Math & Science Building	6/7/2012	\$8,270,000	\$8,270,000		\$74,625	\$74,625	Tuition & Fees	9/30/2038
Total			\$14,495,000	\$12,580,000	\$275,000	\$264,447	\$539,447		

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

**NORTHEAST ALABAMA COMMUNITY COLLEGE
FACILITIES MASTER PLAN 2012
JUSTIFICATIONS**

Form 1B: Deferred Maintenance/Facility Renewal

1. Replace Air Handler Student Center – Some of the air handling equipment for the Student Center exceeds 30 years old, is very noisy, and inefficient. The equipment will be replaced by Northeast maintenance personnel and with institutional funds.
2. Replace Air Handler Wallace Administration - This air handler causes constant problems, is very noisy, and inefficient. The existing equipment is over 30 years old. It will be replaced by Northeast maintenance personnel and with institutional funds.
3. Electrical Service Upgrade – Gym - The electrical service for the HFA Building (Gym) will be upgraded with new electrical trans closures and equipment. The building dates to 1970 and the electrical equipment is in need of upgrading. The upgrade will be accomplished by our local electrical utility, TVA, and Northeast personnel.