

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

Institution: H. Councill Trenholm State Techr  
Name of Respondent: Catherine Wright, Comptroller

Telephone Number: (334) 420-4252  
E-Mail Address: [cwright@trenholmstate.edu](mailto:cwright@trenholmstate.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 (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. Parking Lots - PC/TC	1	\$50,000			\$50,000				17-Parking			other	No	10/1/2013	9/30/2014	F
2.																
3.																
4.																
Subtotal		\$50,000			\$50,000											
Total Immediate Year 1 Capital Requirements		\$50,000			\$50,000											

**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 AND NEEDS ASSESSMENT FORM  
(Form 1B)

Institution: H. Council Trenholm State Technol  
Name of Respondent: Catherine Wright, Comptroller

Telephone Number: (334) 420-4252  
E-Mail Address: [cwright@trenholmstate.edu](mailto:cwright@trenholmstate.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. Restrooms (10) - PC	2	\$150,000			\$150,000			PC-Variou	17-Restroom	3,000		E & G	No	10/1/2014	9/30/2015	E
2.																
3.																
4.																
Subtotal		\$150,000			\$150,000											
3. Major Capital Equipment Projects																
1.																
2.																
3.																
4.																
Subtotal																
4. Deferred Maintenance/Facilities Renewal <b>(See Instructions)</b>																
1. Parking Lots - PC/TC	1	\$50,000			\$50,000				17-Parking			Other	No	10/1/2014	9/30/2015	F
2.																
3.																
4.																
Subtotal		\$50,000			\$50,000											
Total Intermediate Year 2 Capital Requirements		\$200,000			\$200,000											

**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.





# 2012 ACHE FACILITIES MASTER PLAN/CAPITAL PROJECT REQUEST

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Institution: H. Councill Trenholm State Technical College  
Name of Respondent: Catherine Wright, Comptroller  
Telephone Number: (334) 420-4252  
Email Address: cwright@trenholmstate.edu

## Description/Justification

### Form 1A

#### A. Immediate Capital Requirements – Year 1 (2013-2014)

##### **1. Deferred Maintenance/Facilities Renewal**

1. **Parking Lots PC/TC** - Repair/replace parking lot surfaces, painting the curbs and re-striping.

### Form 1B

#### B. Intermediate Capital Requirements – Year 2 (2014-2015)

##### **1. Renovations/Remodeling Projects**

1. **Restroom Renovations** – Renovate ten restrooms on the Patterson Campus.
2. **Parking Lots PC/TC** - Repair/replace parking lot surfaces, painting the curbs and re-striping.