

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

Institution: Auburn University Montgomery
Name of Respondent: Kim Decker

Telephone Number: 334-244-3255
E-Mail Address: kdecker@aum.edu

A. IMMEDIATE CAPITAL REQUIREMENTS - YEAR 1 (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. Mechanical Systems	1		\$2,500,000	\$2,500,000	Auburn University		Various							10/1/2014	9/30/2015	E, G
2.																
3.																
4.																
Subtotal			\$2,500,000	\$2,500,000												
Total Immediate Year 1 Capital Requirements			\$2,500,000	\$2,500,000												

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: Auburn University Montgomery
Name of Respondent: Kim Decker

Telephone Number: 334-244-3255
E-Mail Address: kdecker@aum.edu

B. INTERMEDIATE CAPITAL REQUIREMENTS - YEAR 2 (FY 2015-2016)

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. Residence Hall	1		\$30,000,000	\$30,000,000		Institutional Bond Issue		13	125,000	125,000	Auxiliary		10/1/2015	3/31/2017	D
2.															
3.															
4.															
Subtotal			\$30,000,000	\$30,000,000											
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			\$30,000,000	\$30,000,000											

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: Auburn University Montgomery

Name of Respondent: Kim Decker

Telephone Number: 334-244-3255 E-Mail Address: kdecker@aum.edu

C. LONG TERM CAPITAL REQUIREMENTS - YEARS 3-5
 (FY 2016-2017 through FY 2018-2019)

	Estimated Total Cost
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 Long Term Capital Requirements	_____
Funding Source for All Long Term Projects:	
Education Trust Fund	\$ _____
Other State Funding	\$ _____
Other Funds	\$ _____

D. TOTAL ALL CAPITAL PROJECTS **\$ \$32,500,000**
 (The total of Form1A, 1B and 1C
 should be reported in Part D)

STATEMENT OF BONDED INDEBTEDNESS AS OF SEPTEMBER 30, 2013

Institution: Auburn University Montgomery

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

Name of Respondent: Kim Decker

Telephone Number: 334-244-3255 E-Mail Address: kdecker@aum.edu

NAME OF BOND ISSUE	PROJECT USE (Briefly describe project)	DATE OF ORIGINAL ISSUANCE	ORIGINAL VALUE	AMOUNT OUTSTANDING As of 9/30/2013	AMOUNT OF DEBT SERVICE As of 9/30/2013			SOURCE OF DEBT SERVICE PAYMENT	DATE OF MATURITY
					PRINCIPAL	INTEREST	TOTAL		
AUM 1978 Dorm Rev. Bond	Build West Campus Dorms	6/1/1979	\$3,279,000	\$790,000	\$120,000	\$28,567	\$148,567	Auxiliary revenue	12/01/2018
Total			\$3,279,000	\$790,000	\$120,000	\$28,567	\$148,567		

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

AUM

Brief Description or Justification:

Deferred Maintenance-the mechanical systems are over 30 years old and lack efficiency. Updating these system would produce greater efficiency and cost savings for AUM overall.

Residence Hall- To increase the options available to students and provide the benefits associated with living in a campus residence hall. To accommodate increasing enrollment as well as to increase the campus' appeal, attracting more students.