

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

Institution: Auburn University at Montgomery
Name of Respondent: Kim Decker

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

A. IMMEDIATE CAPITAL REQUIREMENTS - YEAR 1 (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.	1			#####		Institutional Bond Issue		13	90,000	90,000	Auxiliary		10/1/2015	3/31/2017	D	
2.	1			\$1,000,000	\$1,000,000	Ida Belle Young Gift		2R	3,000	3,000	Other		10/1/2015	6/30/2016	H	
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. If the descriptions/justifications are listed below adjust the print range so they print out properly
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 B)

Institution: Auburn University at Montgomery
Name of Respondent: Kim Decker

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

B. INTERMEDIATE CAPITAL REQUIREMENTS - YEAR 2 (FY 2016-2017)

	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. West Housing	1		\$300,000	\$300,000		Auxiliary Revenue	F	8,13	10,500	10,500	Auxiliary		10/01/16	06/30/2017	E,F	
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.																
2.																
3.																
4.																
Subtotal																
Total Intermediate Year 2 Capital Requirements			\$300,000	\$300,000												

A brief description and justification must be attached for each project listed above. If the descriptions/justifications are listed below adjust the print range so they print out properly

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 C)

Institution: Auburn University at 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 2017-2018 through FY 2019-2020)

	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	\$ _____
Total Long Term Funding	_____

D. TOTAL ALL CAPITAL PROJECTS **\$ \$16,300,000**
 (The total of Form A, B and C
 should be reported here)

STATEMENT OF BONDED INDEBTEDNESS AS OF SEPTEMBER 30, 2014

Institution: Auburn University at 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 9/30/2014	AMOUNT OF DEBT SERVICE As of 9/30/2014			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	\$665,000	\$125,000	\$22,166	\$147,166	Auxiliary revenue	12/01/2018
Total			\$3,279,000	\$665,000	\$125,000	\$22,166	\$147,166		

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

AUM

Brief Description or Justification:

Residence Hall –Housing and Residential life is responsible for promoting the personal and academic success of the AUM residents in the University’s residential halls. The construction of new residence halls keeps programs up to date and provides a supportive living environment. Safe, high quality, modern facilities are needed to meet the service and living environment expectations of a contemporary student. Constructing a new residence hall to include 204 beds would tie into the University’s strategic plan of increasing student recruitment and retention and provide housing to the inflow of the new student enrollment expectation.

Research Building-To provide AUM expanded research space. Such a facility is critical to grow extramural research funding, to train the next generation work force and enhance the economic vitality of AUM.

West Housing Remodel – Remodel one unit of the West Housing buildings to establish a storefront area to include retail and dining facilities for students, faculty and staff.