

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

Institution: Bishop State Community College
Name of Respondent: Kenneth Dixon

Telephone Number: 251-405-7042
E-Mail Address: kdixon@bishop.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		\$100,000	\$250,000		Plant	Title III		10	18,000	16,200	E&G	No	10/1/2015	9/30/2016	C
2.																
3.																
4.																
Subtotal			\$100,000	\$250,000	\$350,000											
2. Renovation/Remodeling Projects																
1.	2		\$250,000	\$250,000	Facility Renewal				5	32,476	29,420	E&G	No	10/1/2015	9/30/2016	E
2.	3		\$300,000	\$300,000	Facility Renewal				1	N/A		E&G	No	10/1/2015	9/30/2016	E
3.	4		\$750,000	\$750,000	Facility Renewal				1	N/A		E&G	No	10/1/2015	9/30/2016	E
4.	5		\$100,000	\$100,000	Facility Renewal				1	N/A		E&G	No	10/1/2015	9/30/2016	E
Subtotal			\$1,400,000	\$1,400,000												
3. Major Capital Equipment Projects																
1.																
2.																
3.																
4.																
Subtotal																
4. Deferred Maintenance/Facilities Renewal (See Instructions)																
1.	6		\$250,000	\$250,000	Facility Renewal				1	N/A		E&G	No	10/1/2015	9/30/2016	E
2.	7		\$300,000	\$300,000	Facility Renewal					N/A		E&G	No	10/1/2015	9/30/2016	E
3.	8		\$500,000	\$500,000	Facility Renewal				1	N/A		E&G	No	10/1/2015	9/30/2016	E
4.	9		\$150,000	\$150,000	Facility Renewal				9	N/A		Other	No	10/1/2015	9/30/2016	E
Subtotal			\$1,200,000	\$1,200,000												
Total Immediate Year 1 Capital Requirements			\$2,700,000	\$250,000	\$2,950,000											

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.

- 1) Carver Leak Village-Greater space requirement for existing Plumbing Program in collaboration with Mobile Gas Corp. Project funding of \$150,000 was initially based on estimate of cost. Current funding of \$350,000 is based architect drawings.
- 2) Gymnasium Restrooms-Upgrade antiquated restrooms throughout gym.
- 3) Central Campus- Renovate restrooms, interior paint, re-tile and paint classrooms,
- 4) SW Campus- Renovate restrooms, pressure wash and paint entire campus.
- 5) SW Campus-Renovate Cafeteria for students to improve campus life.
- 6) SW Campus- Landscape and window tinting for improvement of campus life.
- 7) SW Campus- Building demolition and removal for improvement of campus life.
- 8) SW Campus-Upgrade all HVAC systems for much needed deferred maintenance.
- 9) Lincoln Square- Repaint and landscape because of deterioration of existing facilities

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

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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.	1			\$6,000,000	\$6,000,000				1	N/A		E&G	No	10/1/2016	9/30/2017	D
2.	2			\$5,000,000	\$5,000,000				1	N/A		E&G	No	10/1/2016	9/30/2017	D
3.																
4.																
	Subtotal			\$11,000,000	\$11,000,000											
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				\$11,000,000	\$11,000,000											

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.

- 1) Chatom Campus- Greater space requirement for existing programs and new program development.
- 2) Allied Health Bldg-Needed for enrollment growth and greater space requirement for existing Nursing Program.

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

Institution: Bishop State Community College
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C. LONG TERM CAPITAL REQUIREMENTS - YEARS 3-5
 (FY 2017-2018 through FY 2019-2020)

	Estimated Total Cost
1. New Construction/Acquisition Projects	
1. Technology Center	<u>\$5,000,000</u>
2.	<u> </u>
3.	<u> </u>
4.	<u> </u>
Subtotal	<u>\$5,000,000</u>
2. Renovation/Remodeling Projects	
1. Central Campus Classrooms	<u>\$150,000</u>
2.	<u> </u>
3.	<u> </u>
4.	<u> </u>
Subtotal	<u>\$150,000</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>\$5,150,000</u>
Funding Source for All Long Term Projects:	
Education Trust Fund	\$ <u> </u>
Other State Funding	\$ <u>\$150,000</u>
Other Funds	\$ <u>\$5,000,000</u>
Total Long Term Funding	<u>\$5,150,000</u>

D. TOTAL ALL CAPITAL PROJECTS **\$ \$19,100,000**
 (The total of Form A, B and C
 should be reported here)

