

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP): COVER SHEET

AGENCY NUMBER: R60 NAME: SC Department of Employment and Workforce

1. CPIP SUBMISSION AUTHORIZATION ON AVAILABILITY OF FUNDS

This submission presents this agency's Comprehensive Permanent Improvement Plan (CPIP) for fiscal years 2015-16, 2016-17, and for the following three fiscal years (2017-18, 2018-19, 2019-20). The plan includes all permanent improvements (as defined in the Budget and Control Board's Part I Manual and in Code Section 2-47-50) which are projected and proposed for those years by this agency as of the date this document is signed.

The submission of this Comprehensive Plan is authorized by the undersigned who certifies that the information presented is true and correct.

Signature 
 Typed Name Martha R. Stephenson
 Title Asst. Exec. Director, Admin, Support & Operations
 Date March 11, 2015

2. CERTIFICATION THAT ALL FUNDS AVAILABLE HAVE BEEN APPLIED IN PLAN

We certify that all funds available to this agency from its own sources or capabilities for financing permanent improvements have been applied to projects proposed in this Plan. For 2015-16, we certify that the funds projected for expenditure are, or with reasonable certainty will be, available to this agency.

Agency Head

 Signature
Cheryl M. Stanton, Executive Director
 Typed Name and Title

Chief Financial Officer

 Signature
Don Grant, Chief Financial Officer
 Typed Name and Title

3. AGENCY CONTACT PERSON(S) ON THIS CPIP ARE:

Name: Martha R. Stephenson Phone 737-0108
 Name: Don Grant Phone 737-0367

2014 CPIP: TABLE OF CONTENTS

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3. B&CB Form C2, Listing of Projects Proposed for 2015-16	<u>4</u>
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PART II Supporting Documentation:

- 10. _____
- 11. _____
- 12. _____
- 13. _____

SUBMIT ORIGINAL (UNBOUND) TO:

CAPITAL BUDGETING UNIT
 EXECUTIVE BUDGET OFFICE
 1205 PENDLETON STREET, SUITE 529
 COLUMBIA, SOUTH CAROLINA 29201

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP): NARRATIVE SUMMARY OF THE FIVE-YEAR PLAN

AGENCY NUMBER: R60 NAME: SC Department of Employment and Workforce

1. What is the condition and adequacy of your existing facilities? Demand trends? What is the total amount of your agency's maintenance needs?

Our agency owned buildings are primarily in good condition and adequate to meet our needs. Demand trends indicate that we should be able to use our existing needed facilities in the foreseeable future not withstanding any unknown federal or state legislation that may impact the Agency's mission.

The Agency has been consolidating services within the past few years. We currently have twelve (12) vacant buildings which are currently listed on the Budget and Control Board's Real Property Services Site as Surplus Real Property for Sale. We have recently sold another building that has previously been listed as surplus property.

2. What is your approach to maintaining existing facilities in acceptable condition? How are maintenance needs addressed? If your agency has an account dedicated to maintenance needs, what is the name of that account and what is its uncommitted balance?

Local regional managers are responsible for identifying local office maintenance and repair needs. Our Construction and Planning Department has also started a statewide facility survey to further identify repair needs. Local repair needs are handled in each location by the use of the existing MMO bid process procedures. Large scale repairs are handled through the Agency's Facilities Management Department. Additionally, the Budget and Control Board's Office of General Services is contracted to perform maintenance and repair work at the Agency's Central Office Complex buildings. This maintenance plan has proven to prolong the use and appearance of our facilities throughout the state.

For offices in the field, the Agency now has statewide janitorial, landscaping and HVAC maintenance contracts in place. These statewide contracts are providing consistency on standards for building maintenance throughout the state.

3. What are your facility replacement and addition needs?

The Agency currently does not have any replacement or addition needs for FY 15-16 and none are foreseen within the next five (5) years.

All Agency replacement and maintenance needs over \$100,000 have been requested for BCB approval. We currently have one project in the process of final approval that is listed on Form C1.

Additional projects over \$100,000 in the next five years would be ones that would be discovered during this timeframe. At the appropriate time we would follow the Board's procedures for project approval.

4. What is the theme of your five-year CPIP? How does it address these questions?

The theme of our five-year plan is continuous maintenance and improvement of our existing facilities to better accommodate the citizens and employers of south Carolina. With adequate federal funding and Budget and Control Board approval, we will continue the maintenance program that is in place and pursue improvement plans for our existing facilities.

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP): FINANCIAL SUMMARY OF THE FIVE-YEAR PLAN

AGENCY NUMBER: R60 NAME: SC Department of Employment and Workforce

(1)	(2) Plan Year 1 2015-16	(3) Plan Year 2 2016-17	(4) Plan Year 3 2017-18	(5) Plan Year 4 2018-19	(6) Plan Year 5 2019-20	(7) Grand Total Years 1-5
1. NUMBER OF PROPOSED PROJECTS (from Forms C2)	1.00	2.00	0.00	0.00	0.00	3
2. ESTIMATED COSTS AND PROPOSED FUND SOURCES						
0 Capital Improvement Bonds						
1 Departmental CIB						
2 Institution (Tuition) Bonds						
3 Revenue Bonds						
4 Excess Debt Service						
5 Capital Reserve Fund						
6 Appropriated State						
7 Federal						
8 Athletic						
9 Other	195,131.77	442,750.00	0.00	0.00	0.00	637,881.77
TOTAL	195,131.77	442,750.00				637,881.77

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: OR6 NAME: SC Department of Employment and Workforce

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PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <u>_x_</u>	2: 2016-17 <u>___</u>	3: 2017-18 <u>___</u>	4: 2018-19 <u>___</u>	5: 2019-20 <u>___</u>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	C Lem Harper Building Cooling Tower Replacement	195,131.77	Contingency Assessment
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TOTAL		195,131.77	

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: R60 Name: SC Department of Employment and Workforce

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 x 2: 2016-17

1. Project Name: C Lem Harper Building Cooling Tower Replacement

3. Project Type: Repairs/Renovation 100 %

2. Project Priority: 1 of 1 in Plan Year

4. Facility Type: Program/Office 100 %

5. What is the project?

The current HVAC system is a water source heat pump system. A central water loop is circulated to individual water source heat pump units. The request is for the existing cooling tower to be replaced since it is beyond and life expectancy of the unit and is experiencing maintenance. Included in the plans is the installation of a central gas fired boiler. The replacement cooling tower and boiler installation is estimated to save approximately \$9,412.00 annually in energy costs by switching from electricity to natural gas.

8. Total estimated project cost:

1. _____	Land Purchase	Land	_____	Acres
2. _____	Building Purchase	Floor Space:	_____	Gross Square Feet
3. _____	Professional Services Fees	Information Technology	\$ _____	
4. _____	Equipment and/or Materials			
5. _____	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Feet
7. _____	Renovations - Building Interior	Floor Space:	_____	Gross Square Feet
8. <u>195,131.77</u>	Renovations - Utilities			
9. _____	Roofing _____	Roof Age		
10. _____	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. _____	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. _____	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other			
18. _____	Contingency			
		\$	<u>195,131.77</u>	TOTAL PROJECT BUDGET

The total projected cost of this project is \$ 195,131.77

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

6. Why is the project needed?

This cooling tower is over 24 years old and is beyond the ASHRAE expected life of 20 years. The tower is experiencing maintenance issues and should be replaced to eliminate future costly repairs.

9. Proposed Source of Funds

0. _____	Capital Improvement Bonds	
1. _____	Departmental CIB	
2. _____	Institution (Tuition) Bonds	
3. _____	Revenue Bonds	
4. _____	Excess Debt Service* ()
5. _____	Capital Reserve Fund	
6. _____	Appropriated State	
7. _____	Federal	
8. _____	Athletic	
9. <u>195,131.77</u>	Other* ()
\$	<u>195,131.77</u>	TOTAL

* Specify Type

10. Project Schedule (for 2015-16 only)

A. Estimated Start Date:	<u>July 2015</u>
B. Estimated Completion Date:	<u>December 2015</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>195,131.77</u>
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>195,131.77</u>

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: R60 NAME: SC Department of Employment and Workforce

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PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input type="checkbox"/>	2: 2016-17 <input checked="" type="checkbox"/>	3: 2017-18 <input type="checkbox"/>	4: 2018-19 <input type="checkbox"/>	5: 2019-20 <input type="checkbox"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Columbia SC Works/UI Hub Roof Replacement	247,750.00	Contingency Assessment
2	Florence SC Works Center Roof Replacement	195,000.00	Contingency Assessment
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15			
TOTAL		442,750.00	

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: R60 Name: SC Department of Employment and Workforce

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-17

1. Project Name: Columbia SC Works/UI Hub Roof Replacement

3. Project Type: Roof Replacement 100 %

2. Project Priority: 1 of 2 in Plan Year

4. Facility Type: Program/Office 100 %

5. What is the project?

The project would replace the current roofing assembly at the Columbia SC Works/UI Hub facility. This building is part of the agency's Central Office complex.
 The assembly is an aggregate ballast installed over an EPDM membrane, loose laid over rigid insulation and spot adhered to a painted steel deck. The warranty on the roof expired in 1999.
 The project will recommend a durable modified asphalt roofing system.

The total projected cost of this project is \$ 247,750.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

- | | | | | |
|--|---------------------------------|------------------------|----------|-------------------|
| 1. _____ | Land Purchase | Land | _____ | Acres |
| 2. _____ | Building Purchase | Floor Space: | _____ | Gross Square Feet |
| 3. _____ | Professional Services Fees | Information Technology | \$ _____ | |
| 4. _____ | Equipment and/or Materials | | | |
| 5. _____ | Site Development | | | |
| 6. _____ | New Construction | Floor Space: | _____ | Gross Square Feet |
| 7. _____ | Renovations - Building Interior | Floor Space: | _____ | Gross Square Feet |
| 8. _____ | Renovations - Utilities | | | |
| 9. <u>247,750.00</u> | Roofing | <u>30</u> | | Roof Age |
| 10. _____ | Renovations - Building Exterior | | | |
| 11. _____ | Other Permanent Improvements | | | |
| 12. _____ | Landscaping | | | |
| 13. _____ | Builders Risk Insurance | | | |
| 14. _____ | Other Capital Outlay | | | |
| 15. _____ | Labor Costs | | | |
| 16. _____ | Bond Issue Costs | | | |
| 17. _____ | Other | | | |
| 18. _____ | Contingency | | | |
| \$ <u>247,750.00</u> TOTAL PROJECT BUDGET | | | | |

6. Why is the project needed?

The roof was evaluated September 2014. Several deficiencies were noted and a recommendation was made by the evaluating consultant to replace the roofing assembly. The roof has required several repairs over the past few years and is beyond its life expectancy of 15-20 years. There are moisture infiltration problems evident on the roof and within the interior of the building.

7. What alternatives to this project were considered?

Extensive repairs were considered but determined would only extend the life of the roof to five years. Sealant repairs are failing and proving not to be effective.

9. Proposed Source of Funds

- | | | |
|-----------------------------------|-----------------------------|----------|
| 0. _____ | Capital Improvement Bonds | |
| 1. _____ | Departmental CIB | |
| 2. _____ | Institution (Tuition) Bonds | |
| 3. _____ | Revenue Bonds | |
| 4. _____ | Excess Debt Service* (|) |
| 5. _____ | Capital Reserve Fund | |
| 6. _____ | Appropriated State | \$ _____ |
| 7. _____ | Federal | \$ _____ |
| 8. _____ | Athletic | \$ _____ |
| 9. <u>247,750.00</u> | Other* (Cor |) |
| \$ <u>247,750.00</u> TOTAL | | |

* Specify Type

**10. Project Schedule
(for 2015-16 only)**

- A. Estimated Start Date: _____
- B. Estimated Completion Date: _____
- C. Estimated Total Expenditures
- (1) In 2015-2016 Year \$ _____
- (2) After 2015-2016 Year \$ _____
- (3) Total Project Cost \$ _____

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: R60 Name: SC Department of Employment and Workforce

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-17

1. Project Name: Florence SC Works Roof Replacement

3. Project Type: Roof Replacement 100 %

2. Project Priority: 2 of 2 in Plan Year

4. Facility Type: Program/Office 100 %

5. What is the project?

The project would replace the current roofing assembly at the Florence SC Works facility. The assembly is a BUR built up roof with an aggregate surface, coal tar pitch, multi-ply membrane over a painted deck. The warranty on the roof expired in 1990-1995. The project will recommend a new modified asphalt roofing assembly system.

The total projected cost of this project is \$ 195,000.

Attach Form C4 for additional annual operating costs or savings for each proposed new project.

8. Total estimated project cost:

- | | | | | |
|--|---------------------------------|------------------------|----------|-------------------|
| 1. _____ | Land Purchase | Land | _____ | Acres |
| 2. _____ | Building Purchase | Floor Space: | _____ | Gross Square Feet |
| 3. _____ | Professional Services Fees | Information Technology | \$ _____ | |
| 4. _____ | Equipment and/or Materials | | | |
| 5. _____ | Site Development | | | |
| 6. _____ | New Construction | Floor Space: | _____ | Gross Square Feet |
| 7. _____ | Renovations - Building Interior | Floor Space: | _____ | Gross Square Feet |
| 8. _____ | Renovations - Utilities | | | |
| 9. <u>195,000.00</u> | Roofing | <u>44</u> | Roof Age | |
| 10. _____ | Renovations - Building Exterior | | | |
| 11. _____ | Other Permanent Improvements | | | |
| 12. _____ | Landscaping | | | |
| 13. _____ | Builders Risk Insurance | | | |
| 14. _____ | Other Capital Outlay | | | |
| 15. _____ | Labor Costs | | | |
| 16. _____ | Bond Issue Costs | | | |
| 17. _____ | Other | | | |
| 18. _____ | Contingency | | | |
| \$ <u>195,000.00</u> TOTAL PROJECT BUDGET | | | | |

6. Why is the project needed?

The roof was evaluated July 2014. Several deficiencies were noted and a recommendation was made by the evaluating consultant to replace the roofing assembly. The roof has required several repairs over the past few years and is beyond its life expectancy of 25-30 years. There are several evident deficiencies on the roof. These deficiencies have necessitated a lot of repeated repairs.

7. What alternatives to this project were considered?

Extensive repairs were considered but determined would only temporarily stop any point moisture infiltration. It is expected that extensive repairs would cost 25% more than the value of a new roofing assembly.

9. Proposed Source of Funds

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|-----------------------------|-----------------------------|---|
| 0. _____ | Capital Improvement Bonds | |
| 1. _____ | Departmental CIB | |
| 2. _____ | Institution (Tuition) Bonds | |
| 3. _____ | Revenue Bonds | |
| 4. _____ | Excess Debt Service* (|) |
| 5. _____ | Capital Reserve Fund | |
| 6. _____ | Appropriated State | |
| 7. _____ | Federal | |
| 8. _____ | Athletic | |
| 9. <u>195,000.00</u> | Other* (Cor |) |
| \$ <u>195,000.00</u> | TOTAL | |

* Specify Type

10. Project Schedule
(for 2015-16 only)

- A. Estimated Start Date: _____
- B. Estimated Completion Date: _____
- C. Estimated Total Expenditures
- (1) In 2015-2016 Year \$ _____
- (2) After 2015-2016 Year \$ _____
- (3) Total Project Cost \$ _____

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: R60 NAME: SC Department of Employment and Workforce

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input type="checkbox"/>	2: 2016-17 <input type="checkbox"/>	3: 2017-18 <input checked="" type="checkbox"/>	4: 2018-19 <input type="checkbox"/>	5: 2019-20 <input type="checkbox"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	None	0.00	
2			
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15			
	TOTAL		

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input type="checkbox"/>	2: 2016-17 <input type="checkbox"/>	3: 2017-18 <input type="checkbox"/>	4: 2018-19 <input checked="" type="checkbox"/>	5: 2019-20 <input type="checkbox"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	None	0.00	
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15			
TOTAL			

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input type="checkbox"/>	2: 2016-17 <input type="checkbox"/>	3: 2017-18 <input type="checkbox"/>	4: 2018-19 <input type="checkbox"/>	5: 2019-20 <input checked="" type="checkbox"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	None	0.00	
2			
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10			
11			
12			
13			
14			
15			
TOTAL			