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

AGENCY NUMBER: H38 NAME: USC Salkehatchie



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

The Salkehatchie Campus has buildings in two locations, Allendale and Walterboro. The main classroom buildings at both sites are old public school buildings, circa the 1920's and 30's, that have undergone some renovations. The general condition of these buildings is marginal at best. The science labs are outdated, and in some cases, the equipment is over 20 years old. Many of the associated facilities in use are residential dwellings that are being used as office space. We have addressed some of the repairs through our operating budget. However, more costly renovations cannot be supported through operational funds. Our most pressing need, new roofing, supports this point. We need roof replacements on the Gym, Science Building, and Research Building on our Walterboro Campus. These buildings hold all of our classroom and office space. Salkehatchie also requires a major modernization of its HVAC systems in its Allendale Original Classroom Building (OCB) and its Walterboro Main Classroom Building. 80% of the classes are taught in these 2 buildings. While some updates have been performed, there are still many outdated window units that are unsightly and maintenance intensive. More importantly, these units impede learning. Students often report that they cannot hear lectures over the noise of the units. Furthermore, the existing windows in the Walterboro Main Building need to be replaced with thermal pane windows. As determined in the most recent CHE Maintenance Needs Report, $6,981,435 is the current total amount needed for deferred maintenance.

**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?**

Our approach is to keep pace with the growing student body and provide access to state of the art equipment and facilities. With the anticipated growth, an expansion of our current facilities will be required. On the Walterboro Campus, there are plans to renovate the existing, partially unused Research Building to provide much needed assembly space. Accordingly, on the Allendale campus, there are plans to build a 40,000 SF structure to expand and upgrade the science and pre-nursing labs, provide a site for partnering with institutions and industries on skills and technology training, consolidate support services, and expand the campus wellness center to allow for public use. All funds for deferred maintenance are committed to projects thus there is no uncommitted balance.

**3. What are your facility replacement and addition needs?**

Essential maintenance repairs are being done through campus-generated E&G Maintenance Reserve funds. Local funding through the Western Carolina Higher Education Commission general operating budget has allowed for the purchase of materials so that campus maintenance staff can perform most of the minor repairs. Qualified tradesmen perform the more skilled work. However, the overall needs of the campus are substantial in terms of deferred maintenance. Several roofs need to be replaced and overall maintenance upgrades, such as HVAC systems, are needed to create a comfortable, less distracting environment that is conductive to learning.

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

At this time, there are no projects to be submitted, such as the ones referenced above. However, should funding become available through capital improvement bonds, projects will be added in the future CPIPs.

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

AGENCY NUMBER: H38 NAME: USC Salkehatchie



| (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) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 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 | | | | | | |
| **TOTAL** | | | | | | |

B&CB Form C1

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H38 NAME: USC Salkehatchie



PROJECT PROPOSED FOR PLAN YEAR (Check One):

| 1: 2015-16 X | 2: 2016-17 ___ | 3: 2017-18 ___ | 4: 2018-19 ___ | 5: 2019-20 ___ |
|---|---|---|---|---|

| PRIORITY NUMBER | PROJECT NAME | ESTIMATED COST | PROPOSED SOURCE(S) OF FUNDS |
|---|---|---|---|
| 1 | No Projects for Year 1 | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| | TOTAL | | |

B&CB Form C2

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)



Agency Number: H38 Name: USC Salkehatchie

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 X 2: 2016-17 ___

1. Project Name: No Projects for Year 1

2. Project Priority: _____ of _____ in Plan Year

3. Project Type: _____ %

4. Facility Type: _____ %

**5. What is the project?**

There is no reasonable certainty funding will be available for new projects.

**The total projected cost of this project is $_____.**

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

**6. Why is the project needed?**

**7. What alternatives to this project were considered?**

**8. Total estimated project cost:**

1. _____ Land Purchase — Land _____ Acres
2. _____ Building Purchase — Floor Space: _____ Gross Square Feet
3. _____ Professional Services Fees
4. _____ Equipment and/or Materials — Information Technology $ _____
5. _____ Site Development
6. _____ New Construction — Floor Space: _____ Gross Square Feet
7. _____ Renovations - Building Interior — Floor Space: _____ Gross Square Feet
8. _____ 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

$ _____ **TOTAL PROJECT BUDGET**

**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. _____ Other* ( )

$ _____ **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)



## ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS RESULTING FROM PERMANENT IMPROVEMENT PROJECT

1. AGENCY

Code H38 Name USC Salkehatchie

2. PROJECT

No. Name No Projects for Year 1

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 _X_ | 2: 2016-17 ___

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.
(Check whether reporting cost or savings.)

☐ COSTS ☐ SAVINGS ☐ NO CHANGE

4.

| TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources | | | | |
|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) |
| Fiscal Year | General Funds | Federal | Other | Total |
| 1) | | | | $ |
| 2) | | | | $ |
| 3) | | | | $ |

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? ☐ YES ☐ NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

| COST FACTORS | AMOUNT |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| TOTAL | |

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By:

UNIVERSITY ARCHITECT 3/20/15

Signature of Authorized Official and Title Date

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H38 NAME: USC Salkehatchie



PROJECT PROPOSED FOR PLAN YEAR (Check One):

| 1: 2015-16 ___ | 2: 2016-17 _X_ | 3: 2017-18 ___ | 4: 2018-19 ___ | 5: 2019-20 ___ |
|---|---|---|---|---|

| PRIORITY NUMBER | PROJECT NAME | ESTIMATED COST | PROPOSED SOURCE(S) OF FUNDS |
|---|---|---|---|
| 1 | No Projects for Year 2 | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| | TOTAL | | |

B&CB Form C2

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)



Agency Number: H38 Name: USC Salkehatchie

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 ___ 2: 2016-17 X

1. Project Name: No Projects for Year 2

2. Project Priority: _____ of _____ in Plan Year

3. Project Type: _____ %

4. Facility Type: _____ %

**5. What is the project?**

There is no reasonable certainty funding will be available for new projects.

**The total projected cost of this project is $_____.**

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

**6. Why is the project needed?**

**7. What alternatives to this project were considered?**

**8. Total estimated project cost:**

| | | | |
|---|---|---|---|
| 1. | Land Purchase | Land | Acres |
| 2. | Building Purchase | Floor Space: | Gross Square Feet |
| 3. | Professional Services Fees | | |
| 4. | Equipment and/or Materials | Information Technology | $ |
| 5. | Site Development | | |
| 6. | New Construction | Floor Space: | Gross Square Feet |
| 7. | Renovations - Building Interior | Floor Space: | Gross Square Feet |
| 8. | 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 | | |
| $ | **TOTAL PROJECT BUDGET** | | |

**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. | Other* ( ) | |
| $ | **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)



## ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS RESULTING FROM PERMANENT IMPROVEMENT PROJECT

1. AGENCY

Code H38 Name USC Salkehatchie

2. PROJECT

No. Name No Projects for Year 2

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16 ___ | 2: 2016-17 _X_

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS.
(Check whether reporting cost or savings.)

☐ COSTS ☐ SAVINGS ☐ NO CHANGE

4.

| TOTAL ADDITIONAL OPERATING COSTS/SAVINGS Projected Financing Sources | | | | |
|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) |
| Fiscal Year | General Funds | Federal | Other | Total |
| 1) | | | | $ |
| 2) | | | | $ |
| 3) | | | | $ |

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenue, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? If no, how will additional funds be provided? ☐ YES ☐ NO

7. Itemize below the cost factors that contribute to the total costs or savings reported in Column 5 for the first fiscal year.

| COST FACTORS | AMOUNT |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| TOTAL | |

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By: UNIVERSITY ARCHITECT 3/20/15

Signature of Authorized Official and Title Date

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H38 NAME: USC Salkehatchie



PROJECT PROPOSED FOR PLAN YEAR (Check One):

| 1: 2015-16 ___ | 2: 2016-17 ___ | 3: 2017-18 _X_ | 4: 2018-19 ___ | 5: 2019-20 ___ |
|---|---|---|---|---|

| PRIORITY NUMBER | PROJECT NAME | ESTIMATED COST | PROPOSED SOURCE(S) OF FUNDS |
|---|---|---|---|
| 1 | No Projects for Year 3 | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| | TOTAL | | |

B&CB Form C2

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H38 NAME: USC Salkehatchie



PROJECT PROPOSED FOR PLAN YEAR (Check One):

| 1: 2015-16 ___ | 2: 2016-17 ___ | 3: 2017-18 ___ | 4: 2018-19 _X_ | 5: 2019-20 ___ |
|---|---|---|---|---|

| PRIORITY NUMBER | PROJECT NAME | ESTIMATED COST | PROPOSED SOURCE(S) OF FUNDS |
|---|---|---|---|
| 1 | No Projects for Year 4 | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| | TOTAL | | |

B&CB Form C2

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H38 NAME: USC Salkehatchie



PROJECT PROPOSED FOR PLAN YEAR (Check One):

| 1: 2015-16 ___ | 2: 2016-17 ___ | 3: 2017-18 ___ | 4: 2018-19 ___ | 5: 2019-20 _X_ |
|---|---|---|---|---|

| PRIORITY NUMBER | PROJECT NAME | ESTIMATED COST | PROPOSED SOURCE(S) OF FUNDS |
|---|---|---|---|
| 1 | No Projects for Year 5 | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| | TOTAL | | |

B&CB Form C2