

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

AGENCY NUMBER: H40 NAME: USC Union

<p>1. What is the condition and adequacy of your existing facilities? Demand trends? What is the total amount of your agency's maintenance needs?</p> <p>USC Union has two historic buildings and four auxiliary buildings, all of which are maintenance intensive. All academic and administrative work is conducted in the two historic buildings, the Central Building and the Main Building. Both historic buildings are renovated public school buildings with construction dates of 1891 and 1909, respectively. The Main Building is on the National Historic Register and, as such, requires adherence to strict and costly compliance guidelines.</p>	<p>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?</p> <p>Our maintenance staff actively addresses problems as they are recognized and does preventative maintenance as finances allow. Our Maintenance Director has established an excellent relationship with the Facilities and Maintenance Department on the Columbia campus to assist in using our small maintenance funds wisely. Currently, we are directing the deferred funds to address the priority needs which exist. All funds for maintenance needs are committed to projects thus there is no uncommitted balance.</p>
<p>3. What are your facility replacement and addition needs?</p> <p>Facilities are in adequate condition, but need special maintenance funding to be maintained in an acceptable condition for academics.</p>	<p>4. What is the theme of your five-year CPIP? How does it address these questions?</p> <p>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 future CPIP's.</p>

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

AGENCY NUMBER: H40 NAME: USC Union

(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						

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H40

NAME: USC Union

Page 124

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 <input checked="" type="checkbox"/>	2: 2016-17 <input type="checkbox"/>	3: 2017-18 <input type="checkbox"/>	4: 2018-19 <input type="checkbox"/>	5: 2019-20 <input type="checkbox"/>
--	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

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			

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: H40 Name: USC Union

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-17

1. Project Name: No Projects for Year 1

3. Project Type: _____ %

2. Project Priority: _____ of _____ in Plan Year

4. Facility Type: _____ %

_____ %

_____ %

5. What is the project?

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

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. _____ | 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 | | | |
| <p>\$ _____ TOTAL PROJECT BUDGET</p> | | | | |

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?

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* (|) |
| <p>\$ _____ TOTAL</p> | | |

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 \$ _____

7. What alternatives to this project were considered?

* Specify Type

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H40

NAME: USC Union

Page 127

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"/>
-------------------------------------	--	-------------------------------------	-------------------------------------	-------------------------------------

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			

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: H40 Name: USC Union

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-17

1. Project Name: No Projects for Year 2

3. Project Type: _____ %

2. Project Priority: _____ of _____ in Plan Year

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.

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. _____ | 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**

6. Why is the project needed?

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 | \$ _____ |

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 _____

* Specify Type

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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

1. AGENCY

Code H40 Name USC Union

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.

<u>COST FACTORS</u>	<u>AMOUNT</u>
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:

[Signature] UNIVERSITY ARCHITECT 3/29/15

Signature of Authorized Official and Title

Date

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H40

NAME: USC Union

Page 130

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"/>
-------------------------------------	-------------------------------------	--	-------------------------------------	-------------------------------------

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			

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H40

NAME: USC Union

Page 131

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"/>
-------------------------------------	-------------------------------------	-------------------------------------	--	-------------------------------------

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			

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H40

NAME: USC Union

Page 132

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"/>
-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--

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			