

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP): COVER SHEET**

AGENCY NUMBER: H73      NAME: South Carolina Vocational Rehabilitation Department

**1. CPIP SUBMISSION AUTHORIZATION ON AVAILABILITY OF FUNDS**

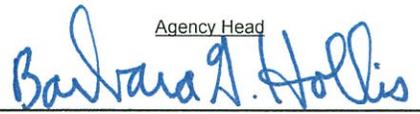
This submission presents this agency's Comprehensive Permanent Improvement Plan (CPIP) for fiscal years 2015-16, 2016-17, and for the following three fiscal years (2017-18, 2018-19, 2019-20). The plan includes all permanent improvements (as defined in the Budget and Control Board's Part I Manual and 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 Richard G. Elam  
 Title Assistant Commissioner  
 Date March 10, 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  
Barbara G. Hollis, Commissioner  
 Typed Name and Title

Chief Financial Officer  
  
 Signature  
Richard G. Elam, Asst. Commissioner  
 Typed Name and Title

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

Name: Richard G. Elam Phone: 896-6506  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**PART II Supporting Documentation:**

- |     |       |       |
|-----|-------|-------|
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |
- \*\*\*\*\*

**SUBMIT OR 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: H73

NAME: South Carolina Vocational Rehabilitation Department

Page 1

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

This department now operates 35 facilities throughout the state. These facilities were built in 1974 and as recently as 2010. Our most recent survey revealed that the general condition of these buildings is satisfactory. However, the older buildings need roof and HVAC maintenance. Because of the Americans with Disabilities Act, building accessibility has become an issue this Agency must address. All major projects dealing with ADA compliance have been approved in prior plans, but smaller Non-PIP adaptations are currently being initiated. The Agency has a schedule of maintenance projects which are carried out on an as needed basis. Cost of maintenance is funded out of Agency general operation funds. The current maintenance /roofing schedule for projects is incorporated into this 5 year plan.

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?

At the present time, we have in place a preventative program which is designed to maintain these buildings, including heating and air conditioning systems and building structure. This is an in-house system carried out by the Vocational Rehabilitation employees. However, due to the age of some of the buildings, we have initiated a maintenance program with a consulting roof maintenance firm to check buildings periodically to determine whether repair or replacement is necessary. The roofing maintenance projects are patched as long as economically feasible while more serious conditions are addressed immediately.  
We do not have an account dedicated to maintenance needs.

3. What are your facility replacement and addition needs?

The Agency is nearing completion of its long-range building plan to provide comprehensive vocational rehabilitation services through a network of Vocational Rehabilitation centers strategically located throughout the state. There still remains the need for the expansion of a few of the existing facilities to accommodate growing service needs.

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

To adequately maintain existing facilities, to bring these facilities into compliance with accessibility requirements of the Americans with Disabilities Act, and expand in areas where the state has experienced significant growth. This theme is in keeping with questions 2 and 3 which pertain to maintaining, replacing and additional requirements of the agency.

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

AGENCY NUMBER: H73                      NAME: South Carolina Vocational Rehabilitation Department

Page 2

(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
<b>1. NUMBER OF PROPOSED PROJECTS</b> (from Forms C2)	7	3	4	3	3	20
<b>2. ESTIMATED COSTS AND PROPOSED FUND SOURCES</b>						
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	1,792,087.50	371,250	543,750	652,500	412,500	3,772,087.50
7 Federal	3,076,262.50	1,113,750	1,631,250	682,500	1,237,500	7,741,262.50
8 Athletic						
9 Other						
<b>TOTAL</b>	4,868,350	1,485,000	2,175,000	1,335,000	1,650,000	11,513,350.00

## 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H73

NAME: South Carolina Vocational Rehabilitation Department

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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"/>
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PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Greenwood VR Center Reroofing	505,550	75% Federal    25% State
2	Beaufort VR Center Reroofing	480,800	75% Federal    25% State
3	Anderson VR Center Reroofing	525,000	75% Federal    25% State
4	Oconee Pickens VR Center Reroofing & Building Addition	1,900,000	50% Federal    50% State
5	Sumter VR Center Reroofing	450,000	75% Federal    25% State
6	Anderson VR Center Repaving	607,000	75% Federal    25% State
7	Richland VR Center Phase I	400,000	50% Federal    50% State
8			
9			
10			
11			
12			
13			
14			
15			
<b>TOTAL</b>		<b>4,868,350</b>	

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

Agency Number: H73 Name: South Carolina Vocational Rehabilitaton Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16  2: 2016-17

1. Project Name: Greenwood VR Center Reroofing

3. Project Type: 3 \_\_\_\_\_ %

2. Project Priority: 1 of 7 in Plan Year 2015 - 2016

4. Facility Type: 2 \_\_\_\_\_ %

**5. What is the project?**

Reroof the Greenwood VR Center building consisting of approximately 26,700 square feet of roof deck with a white reflective roofing system. Remove existing built-up roof then apply embedment course, roof insulation, and SBS smooth-granular surfaced modified bitumen roofing system with associated flashings and metal work. The project may require removal and disposal of asbestos containing roofing and flashing materials.

The total projected cost of this project is \$ 505,550.00.

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. <u>25,000.00</u>	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>440,550.00</u>	Roofing	<u>31</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. <u>40,000.00</u>	Contingency			
	<u>\$ 505,550.00</u>	<b>TOTAL PROJECT BUDGET</b>		

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

The roof is approximately 31 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy.

**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. <u>126,387.50</u>	Appropriated State
7. <u>379,162.50</u>	Federal
8. _____	Athletic
9. _____	Other* ( )
	<u>\$ 505,550.00</u> <b>TOTAL</b>

\* Specify Type

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

A. Estimated Start Date:	<u>1-1-16</u>
B. Estimated Completion Date:	<u>3-1-16</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>505,550.00</u>
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>505,550.00</u>

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

Numerous leaks have been repaired in the existing roof. However, the size and frequency of the leaks are increasing, and it is no longer feasible or economically sound to continue to try and repair leaks.

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

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

1. AGENCY  
Code H73 Name South Carolina Vocational Rehabilitation Department

2. PROJECT  
No. \_\_\_\_\_ Name Greenwood VR Center Reroofing

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16  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.

<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: \_\_\_\_\_  
Richard G. Elam, Assistant Commissioner    March 10, 2015  
Signature of Authorized Official and Title    Date

Agency Number: H73 Name: South Carolina Vocational Rehabilitation Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16  2: 2016-17

1. Project Name: Beaufort VR Center Reroofing

3. Project Type: 3 \_\_\_\_\_ %

2. Project Priority: 2 of 7 in Plan Year 2015 - 2016

4. Facility Type: 2 \_\_\_\_\_ %

**5. What is the project?**

Reroof the Beaufort VR Center building consisting of approximately 25,200 square feet of roof deck with a white reflective roofing system. Remove existing built-up roof then apply roof insulation and SBS smooth-granular surfaced modified bitumen roofing system with associated flashings and metal work. The project may require removal and disposal of asbestos containing roofing and flashing materials.

The total projected cost of this project is \$ 480,800.00.

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. <u>25,000.00</u>	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>415,800.00</u>	Roofing	<u>28</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. <u>40,000.00</u>	Contingency			
<u>\$ 480,800.00</u>	<b>TOTAL PROJECT BUDGET</b>			

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

The roof is approximately 28 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy.

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

Numerous leaks have been repaired in the existing roof. However, the size and frequency of the leaks are increasing, and it is no longer feasible or economically sound to continue to try and repair leaks.

**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. <u>120,200.00</u>	Appropriated State
7. <u>360,600.00</u>	Federal
8. _____	Athletic
9. _____	Other* ( )
<u>\$ 480,800.00</u>	<b>TOTAL</b>

\* Specify Type

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

A. Estimated Start Date:	<u>2-1-16</u>
B. Estimated Completion Date:	<u>4-1-16</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>480,800.00</u>
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>480,800.00</u>

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

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

1. AGENCY  
Code H73 Name South Carolina Vocational Rehabilitation Department

2. PROJECT  
No. \_\_\_\_\_ Name Beaufort VR Center Reroofing

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16  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.

<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: \_\_\_\_\_  
Richard G. Elam, Assistant Commissioner    March 10, 2015  
Signature of Authorized Official and Title    Date

Agency Number: H73 Name: South Carolina Vocational Rehabilitation Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 X 2: 2016-17    

1. Project Name: Anderson VR Center Reroofing

3. Project Type: 3 \_\_\_\_\_ %

2. Project Priority: 3 of 7 in Plan Year 2015 - 2016

4. Facility Type: 2 \_\_\_\_\_ %

**5. What is the project?**

Reroof Anderson VR Center building consisting of approximately 26,750 square feet of roof deck with a white reflective roofing system. Remove existing built-up roof then apply roof insulation and SBS smooth-granular surfaced modified bitumen roofing system with associated flashings and metal work. The project may require removal and disposal of asbestos containing roofing and flashing materials.

The total projected cost of this project is \$ 525,000.00 .

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. <u>25,000.00</u>	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>455,000.00</u>	Roofing	<u>28</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. <u>45,000.00</u>	Contingency			
<u>\$ 525,000.00</u>	<b>TOTAL PROJECT BUDGET</b>			

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

The roof is approximately 28 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy.

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

Numerous leaks have been repaired in the existing roof. However, the size and frequency of the leaks are increasing, and it is no longer feasible or economically sound to continue to try and repair leaks.

**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. <u>131,250.00</u>	Appropriated State	
7. <u>393,750.00</u>	Federal	
8. _____	Athletic	
9. _____	Other* (	)
<u>\$ 525,000.00</u>	<b>TOTAL</b>	

\* Specify Type

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

A. Estimated Start Date:	<u>3-1-16</u>
B. Estimated Completion Date:	<u>5-1-16</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>525,000.00</u>
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>525,000.00</u>

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

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

1. AGENCY  
Code H73 Name South Carolina Vocational Rehabilitation Department

2. PROJECT  
No. \_\_\_\_\_ Name Anderson VR Center Reroofing

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16  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.

<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: \_\_\_\_\_  
Richard G. Elam, Assistant Commissioner    March 10, 2015  
Signature of Authorized Official and Title    Date

Agency Number: H73 Name: South Carolina Vocational Rehabilitation Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16  2: 2016-17

1. Project Name: Oconee/Pickens VR Center Reroofing & Building Addition

3. Project Type: 2 & 3 \_\_\_\_\_ %

2. Project Priority: 4 of 7 in Plan Year 2015 - 2016

4. Facility Type: 2 \_\_\_\_\_ %

**5. What is the project?**

Design and construct an 8,100 square foot addition to the existing Work Training Center with production area space, clean work room, offices, and storage. This addition will be utilized for additional contract work space. At the present time, adequate space does not exist to perform clean/contract work.

Replace the roof of the Oconee/Pickens VR Center building, consisting of approximately 20,000 square feet of roof deck. Remove approximately 20,000 square feet of existing built up roof. Apply roof insulation and SBS smooth granular surfaced modified bitumen roofing system with associated flashings and metal work. New roofing system to have 20 year warranty. Removal and disposal of asbestos containing roofing and flashing materials may be required.

The total projected cost of this project is \$ 1,900,000.00.

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.	<u>190,000.00</u>	Professional Services Fees	Information Technology	\$ _____	
4.	_____	Equipment and/or Materials			
5.	_____	Site Development			
6.	<u>1,215,000.00</u>	New Construction	Floor Space:	<u>8,100</u>	Gross Square Feet
7.	_____	Renovations - Building Interior	Floor Space:	_____	Gross Square Feet
8.	_____	Renovations - Utilities			
9.	<u>340,000.00</u>	Roofing	<u>26</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.	<u>155,000.00</u>	Contingency			
	<u>\$ 1,900,000.00</u>	<b>TOTAL PROJECT BUDGET</b>			

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

The roof is approximately 26 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy. The addition is needed to increase capacity to serve the growing client population in this region, as well as to increase the types of subcontract work necessary to train our clients for competitive employment.

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

Numerous leaks have been repaired in the existing roof. However, the size and frequency of the leaks are increasing, and it is no longer feasible or economically sound to continue to try and repair leaks. Rent additional production space which will require additional staff and transportation cost which is not economically sound.

**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.	<u>950,000.00</u>	Appropriated State	
7.	<u>950,000.00</u>	Federal	
8.	_____	Athletic	
9.	_____	Other* ( )	
	<u>\$ 1,900,000.00</u>	<b>TOTAL</b>	

\* Specify Type

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

A. Estimated Start Date:	<u>5-1-16</u>
B. Estimated Completion Date:	<u>4-1-17</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>400,000.00</u>
(2) After 2015-2016 Year	\$ <u>1,500,000.00</u>
(3) Total Project Cost	\$ <u>1,900,000.00</u>



Agency Number: H73 Name: South Carolina Vocational Rehabilitation Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 X 2: 2016-17    

1. Project Name: Sumter VR Center Reroofing

3. Project Type: 3 \_\_\_\_\_ %

2. Project Priority: 5 of 7 in Plan Year 2015 - 2016

4. Facility Type: 2 \_\_\_\_\_ %

**5. What is the project?**

Reroof Sumter VR Center building consisting of approximately 23,400 square feet of roof deck with a white reflective roofing system. Remove existing built-up roof then apply embedment course, roof insulation, and SBS smooth-granular surfaced modified bitumen roofing system with associated flashings and metal work. The project may require removal and disposal of asbestos containing roofing and flashing materials.

The total projected cost of this project is \$ 450,000.00.

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.	<u>25,000.00</u>	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>390,000.00</u>	Roofing	<u>29</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.	<u>35,000.00</u>	Contingency			
	<u>\$ 450,000.00</u>	<b>TOTAL PROJECT BUDGET</b>			

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

The roof is approximately 29 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy.

**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.	<u>112,500.00</u>	Appropriated State	
7.	<u>337,500.00</u>	Federal	
8.	_____	Athletic	
9.	_____	Other* (	)
	<u>\$ 450,000.00</u>	<b>TOTAL</b>	

\* Specify Type

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

A. Estimated Start Date:	<u>6-1-16</u>
B. Estimated Completion Date:	<u>8-1-16</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>225,000.00</u>
(2) After 2015-2016 Year	\$ <u>225,000.00</u>
(3) Total Project Cost	\$ <u>450,000.00</u>

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

Numerous leaks have been repaired in the existing roof. However, the size and frequency of the leaks are increasing, and it is no longer feasible or economically sound to continue to try and repair leaks.

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

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

1. AGENCY  
 Code H73 Name South Carolina Vocational Rehabilitation Department

2. PROJECT  
 No. \_\_\_\_\_ Name Sumter VR Center Reroofing

No. \_\_\_\_\_  
 PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16  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.

<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: \_\_\_\_\_  
 Richard G. Elam, Assistant Commissioner    March 10, 2015  
 Signature of Authorized Official and Title    Date

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

Agency Number: H73 Name: South Carolina Vocational Rehabilitation Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16  2: 2016-17

1. Project Name: Anderson VR Center Repaving

3. Project Type: 3 & 6 \_\_\_\_\_ %

2. Project Priority: 6 of 7 in Plan Year 2015 - 2016

4. Facility Type: 8 \_\_\_\_\_ %

**5. What is the project?**

Repair and resurface the existing parking lot and loading area. Subsurface investigations will be required to determine the level of deterioration of the existing paved areas. Exterior lighting will also be added to the parking areas for increased safety and security.

The total projected cost of this project is \$ 607,000.00.

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. <u>45,000.00</u>	Professional Services Fees			
4. _____	Equipment and/or Materials	Information Technology	\$ _____	
5. <u>512,000.00</u>	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. <u>50,000.00</u>	Contingency			
<u>\$ 607,000.00</u>	<b>TOTAL PROJECT BUDGET</b>			

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

The existing paved areas have deteriorated and are in need of repair and resurfacing, since the facility is over 28 years old.

**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. <u>151,750.00</u>	Appropriated State	
7. <u>455,250.00</u>	Federal	
8. _____	Athletic	
9. _____	Other* ( )	
<u>\$ 607,000.00</u>	<b>TOTAL</b>	

\* Specify Type

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

A. Estimated Start Date:	<u>8-1-16</u>
B. Estimated Completion Date:	<u>8-1--16</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>303,500.00</u>
(2) After 2015-2016 Year	\$ <u>303,500.00</u>
(3) Total Project Cost	\$ <u>607,000.00</u>

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

Continued patching of the existing paving is no longer a viable option since all of the surrounding areas are also deteriorating.

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

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

1. AGENCY  
Code H73 Name South Carolina Vocational Rehabilitation Department

2. PROJECT  
No. \_\_\_\_\_ Name Anderson VR Center Repaving

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16  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) 2016		\$300.00		\$ 300.00
2) 2017		\$1,000.00		\$ 1,000.00
3) 2018		\$1,000.00		\$ 1,000.00

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. Utilities - Lighting	300.00
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	300.00

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: \_\_\_\_\_  
Richard G. Elam, Assistant Commissioner    March 10, 2015  
Signature of Authorized Official and Title    Date

Agency Number: H73 Name: South Carolina Vocational Rehabilitation Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16  2: 2016-17

1. Project Name: Richland VR Center Phase I

3. Project Type: Purchase Land/Building 100 %

2. Project Priority: 7 of 7 in Plan Year 2015 - 2016

4. Facility Type: VR Program 100 %

**5. What is the project?**

Purchase from Department of Mental Health, approximately 10 acres of land on Farrow Road. The land will be used to consolidate two VR offices in Richland County to one location. The location on Farrow Road is a more centralized location for clients served in the county.

The total projected cost of this project is \$ 400,000.00

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

**8. Total estimated project cost:**

1.	<u>350,000.00</u>	Land Purchase	Land	<u>10</u>	Acres
2.		Building Purchase	Floor Space:		Gross Square Feet
3.	<u>25,000.00</u>	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.	<u>25,000.00</u>	Contingency			
	<u>\$ 400,000.00</u>	<b>TOTAL PROJECT BUDGET</b>			

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

The Agency currently provides services from two different locations; one owned and the other one leased. The provision of services will improve infrastructure and efficiencies and over the long-term, save funds.

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

Continue to operate from two separate locations which is not efficient and results in higher cost.

**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.	<u>200,000.00</u>	Appropriated State
7.	<u>200,000.00</u>	Federal
8.		Athletic
9.		Other* ( )
	<u>\$ 400,000.00</u>	<b>TOTAL</b>

\* Specify Type

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

A. Estimated Start Date:	<u>February, 2016</u>
B. Estimated Completion Date:	<u>May, 2016</u>
C. Estimated Total Expenditures	
(1) In 2015-2016 Year	\$ <u>400,000.00</u>
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>400,000.00</u>

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

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

1. AGENCY  
Code H73 Name South Carolina Vocational Rehabilitation Department

2. PROJECT  
No. \_\_\_\_\_ Name Richland VR Center Phase I

PROJECT PROPOSED FOR PLAN YEAR (Check One): 1: 2015-16  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) 2016				\$
2) 2017				\$
3) 2018				\$

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: \_\_\_\_\_  
Richard G. Elam, Assistant Commissioner    March 10, 2015  
Signature of Authorized Official and Title    Date

## 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H73                      NAME: South Carolina Vocational Rehabilitation Department

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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	Rock Hill VR Center Reroofing	510,000.00	75% Federal    25% State
2	Orangeburg VR Center Reroofing	475,000.00	75% Federal    25% State
3	Conway VR Center Repaving	500,000.00	75% Federal    25% State
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
<b>TOTAL</b>		1,485,000.00	

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

Agency Number: H73 Name: South Carolina Vocational Rehabilitation Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 \_ 2: 2016-17 **X**

1. Project Name: Rock Hill VR Center Reroofing

3. Project Type: 3 \_\_\_\_\_ %

2. Project Priority: 1 of 3 in Plan Year 2016 - 2017

4. Facility Type: 2 \_\_\_\_\_ %

**5. What is the project?**

Reroof Rock Hill VR Center building consisting of approximately 26,700 square feet of roof deck with a white reflective roofing system. Remove existing built-up roof then apply roof insulation and SBS smooth-granular surfaced modified bitumen roofing system with associated flashings and metal work. The project may require removal and disposal of asbestos containing roofing and flashing materials.

The total projected cost of this project is \$ 510,000.00.

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. <u>25,000.00</u>	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>441,000.00</u>	Roofing	<u>28</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. <u>44,000.00</u>	Contingency			
	<u>\$ 510,000.00</u>	<b>TOTAL PROJECT BUDGET</b>		

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

The roof is approximately 28 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy.

**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. <u>127,500.00</u>	Appropriated State	
7. <u>382,500.00</u>	Federal	
8. _____	Athletic	
9. _____	Other* (	)
	<u>\$ 510,000.00</u>	<b>TOTAL</b>

**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	\$ <u>510,000.00</u>
(3) Total Project Cost	\$ <u>510,000.00</u>

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

Numerous leaks have been repaired in the existing roof. However, the size and frequency of the leaks are increasing, and it is no longer feasible or economically sound to continue to try and repair leaks.

\* Specify Type

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

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

1. AGENCY  
Code H73 Name South Carolina Vocational Rehabilitation Department

2. PROJECT  
No. \_\_\_\_\_ Name Rock Hill VR Center Reroofing

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: \_\_\_\_\_  
Richard G. Elam, Assistant Commissioner      March 10, 2015  
Signature of Authorized Official and Title      Date

Agency Number: H73 Name: South Carolina Vocational Rehabilitation Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 \_ 2: 2016-17 **X**

1. Project Name: Orangeburg VR Center Reroofing

3. Project Type: 3 \_\_\_\_\_ %

2. Project Priority: 2 of 3 in Plan Year 2016 - 2017

4. Facility Type: 2 \_\_\_\_\_ %

**5. What is the project?**

Reroof Orangeburg VR Center building consisting of approximately 23,400 square feet of roof deck with a white reflective roofing system. Remove existing built-up roof then apply embedment course, roof insulation, and SBS smooth-granular surfaced modified bitumen roofing system with associated flashings and metal work. The project may require removal and disposal of asbestos containing roofing and flashing materials.

The total projected cost of this project is \$ 475,000.00.

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. <u>25,000.00</u>	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>410,000.00</u>	Roofing	<u>28</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. <u>40,000.00</u>	Contingency			
<u>\$ 475,000.00</u>	<b>TOTAL PROJECT BUDGET</b>			

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

The roof is approximately 28 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. The existing roof has exceeded its life expectancy.

**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. <u>118,750.00</u>	Appropriated State	
7. <u>356,250.00</u>	Federal	
8. _____	Athletic	
9. _____	Other* (	)
<u>\$ 475,000.00</u>	<b>TOTAL</b>	

\* 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  
\$ 475,000.00

(3) Total Project Cost  
\$ 475,000.00

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

Numerous leaks have been repaired in the existing roof. However, the size and frequency of the leaks are increasing, and it is no longer feasible or economically sound to continue to try and repair leaks.

**2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

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

1. AGENCY  
Code H73 Name South Carolina Vocational Rehabilitation Department

2. PROJECT  
No. \_\_\_\_\_ Name Orangeburg VR Center Reroofing

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: \_\_\_\_\_  
Richard G. Elam, Assistant Commissioner March 10, 2015  
Signature of Authorized Official and Title Date

Agency Number: H73 Name: South Carolina Vocational Rehabilitation Department

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 \_ 2: 2016-17 **X**

1. Project Name: Conway VR Center Repaving

3. Project Type: 3 & 6 \_\_\_\_\_ %

2. Project Priority: 3 of 3 in Plan Year 2016 - 2017

4. Facility Type: 8 \_\_\_\_\_ %

**5. What is the project?**

Repair and resurface the existing parking lot and loading area. Subsurface investigations will be required to determine the level of deterioration of the existing paved areas. Exterior lighting will also be added to the parking areas for increased safety and security.

The total projected cost of this project is \$ 500,000.00 .

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. <u>45,000.00</u>	Professional Services Fees	Information Technology	\$ _____	
4. _____	Equipment and/or Materials			
5. <u>415,000.00</u>	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. <u>40,000.00</u>	Contingency			
	<u>\$ 500,000.00</u>	<b>TOTAL PROJECT BUDGET</b>		

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

The existing paved areas have deteriorated and are in need of repair and resurfacing, since the facility is over 37 years old.

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

Continued patching of the existing paving is no longer a viable option since all of the surrounding areas are also deteriorating.

**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. <u>125,000.00</u>	Appropriated State
7. <u>375,000.00</u>	Federal
8. _____	Athletic
9. _____	Other* ( )
	<u>\$ 500,000.00</u> <b>TOTAL</b>

\* Specify Type

**10. Project Schedule  
(for 2014-15 only)**

A. Estimated Start Date:	_____
C. Estimated Total Expenditures	
(1) In 2014-2015 Year	\$ _____
(2) After 2014-2015 Year	\$ <u>500,000.00</u>
(3) Total Project Cost	\$ <u>500,000.00</u>

**2014 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)**

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

1. AGENCY  
Code H73      Name      South Carolina Vocational Rehabilitation Department

2. PROJECT  
No.      Name      Conway VR Center Repaving

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) 2017		\$1,100.00		\$ 1,100.00
2) 2018		\$1,200.00		\$ 1,200.00
3) 2019		\$1,300.00		\$ 1,300.00

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. Utilities for Lighting	1,100.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	1,100.00

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: \_\_\_\_\_ Richard G. Elam, Assistant Commissioner    March 10, 2015  
Signature of Authorized Official and Title      Date

## 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H73                      NAME: South Carolina Vocational Rehabilitation Department

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PROJECT PROPOSED FOR PLAN YEAR (Check One):      1: 2015-16     2: 2016-17     3: 2017-18     4: 2018-19     5: 2019-20

PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Conway VR Center Reroofing	500,000.00	75% Federal    25% State
2	Walterboro VR Center Repaving	675,000.00	75% Federal    25% State
3	Lexington VR Center Repaving	500,000.00	75% Federal    25% State
4	Spartanburg VR Center Repaving	500,000.00	75% Federal    25% State
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
<b>TOTAL</b>		<b>2,175,000.00</b>	

## 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H73

NAME: South Carolina Vocational Rehabilitation Department

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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	SCVRD State Office Reroofing	425,000.00	0% Federal    100% State
2	Berkeley-Dorchester VR Center Reroofing	460,000.00	75% Federal    25% State
3	Camden VR Center Reroofing	450,000.00	75% Federal    25% State
4			
5			
6			
7			
8			
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10			
11			
12			
13			
14			
15			
<b>TOTAL</b>		1,335,000.00	

## 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H73

NAME: South Carolina Vocational Rehabilitation Department

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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	Beaufort VR Center Repaving	650,000.00	75% Federal    25% State
2	Camden VR Center Repaving	500,000.00	75% Federal    25% State
3	Berkeley-Dorchester VR Center Repaving	500,000.00	75% Federal    25% State
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
<b>TOTAL</b>		1,650,000.00	