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2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP): COVER SHEET

JUL 23 2015

AGENCY NUMBER: H71 NAME: Wil Lou Gray Opportunity School

Budget & Control Board
OFFICE OF STATE BUDGET

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: Charles D. Abbott
Typed Name: Charles D. Abbott
Title: Director of Operations
Date: _____

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
Pat G. Smith
Signature

Chief Financial Officer
Melissa R. Thurstin
Signature

Pat G. Smith, Director
Typed Name and Title

Melissa R. Thurstin, Finance Director
Typed Name and Title

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

Name: Charlie Abbott Phone: 803.896.6469
Name: _____ Phone: _____

2014 CPIP: TABLE OF CONTENTS

This Comprehensive Plan includes the following documents arranged in the order indicated.

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7.	B&CB Form C2, Listing of Projects Proposed for 2017-18	N/A
8.	B&CB Form C2, Listing of Projects Proposed for 2018-19	N/A
9.	B&CB Form C2, Listing of Projects Proposed for 2019-20	N/A

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: H71 NAME: Wil Lou Gray Opportunity School

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<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>All bulidings on campus are nearly 50 years old and upgrades are a constant trend. Requirements to improve energy effeciency keeps us busy continually looking for ways to reduce electricity and water costs. Current estimates are approximately 1,500,000 dollars in design, build, and renovation/maintenance at this time.</p>	<p>2. What is your approach to maintaining existing facilities in acceptable condition? How are maintenance needs addressed?</p> <p>Each improvement need is evaluated to coincide with programmatic planning and improving student life on campus. Facility maintenance is catgorized as repair, renovations and/or restorations, and new construction. Repairs are usually scheduled through planned maintenance and accomplished within agency procurement certification guidelines. Major projects that exceed agency certificaions are managed with the oversight from the State Engineers office and any unfunded requirements are prioritized and funding requests are made through the legislative funding process.</p>
<p>3. What are your facility replacement and addition needs?</p> <p>The following projects that are planned and funded are our paving project that includes resurfacing all existing road and parking lot surfaces with appropriate curb cuts plus an additional parking area that will support 12-16 additional spaces. Also planned and funded are an irrigation project, a transformer/lighting project that puts our electricity below ground reducing the potential for outages due to storm/wind events. The addition of a day room for one dorm that was never completed due to funding shortfalls when dorms were built around 1970 is planned.</p> <p>Future projects will include a flooring project that replaces 50 plus year old tile floors in our Education building; the renovation of shower facilities in 3 male dormitories; and a cafeteria interior renovation.</p>	<p>4. What is the theme of your five-year CPIP? How does it address these questions?</p> <p>Our primary focus is preventative maintenance. Future projects will continue to focus on the need to provide adequate facilities for student life.</p>

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

AGENCY NUMBER: H71 NAME: Wil Lou Gray Opportunity School

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(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)	4.00	3.00				7
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	935,000.00	565,000.00				1,500,000.00
7 Federal						
8 Athletic						
9 Other						
TOTAL	935,000.00	565,000.00				1,500,000.00

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: H71

NAME: Wil Lou Gray Opportunity School

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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	Campus Paving Project	470,000.00	Appropriated Funds SFY 16
2	Irrigation Project	75,000.00	Appropriated Funds SFY 16
3	Pad Mounted Transformer/Security Lighting	90,000.00	Appropriated Funds SFY 16
4	Dayroom for Residential Domitory	300,000.00	Appropriated Funds SFY 16
5	Interior Renovation for Cafeteria	200,000.00	Appropriated Funds
6	Shower Renovation for Male Dormitories (3)	165,000.00	Appropriated Funds
7	Education Building Flooring Project	200,000.00	Appropriated Funds
8			
9			
10			
11			
12			
13			
14			
15			
TOTAL		1,500,000.00	

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: H71 Name: Wil Lou Gray Opportunity School

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

1. Project Name: Campus Paving Project

3. Project Type: Renovation w/minimal New Construction 100

2. Project Priority: 1 of 4 in Plan Year

4. Facility Type: _____

5. What is the project?

Resurface all road surfaces and parking lots on campus with a significant increase in curb cuts to improve ADA requirements. It will include a small parking lot for 12-16 parking slots for employee/family parking and a new drill pad for the JROTC exhibitions and student accountability formations.

The total projected cost of this project is \$ 470,000.00.

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 Fe
3.	<u>21,731.86</u> Professional Services Fees		
4.	<u>237,903.45</u> Equipment and/or Materials	Information Technology	\$ _____
5.	<u>155,193.10</u> Site Development		
6.	_____ New Construction	Floor Space:	_____ Gross Square Fe
7.	_____ Renovations - Building Interior	Floor Space:	_____ Gross Square Fe
8.	_____ Renovations - Utilities		
9.	_____ Roofing _____ Roof Age		
10.	_____ Renovations - Building Exterior		
11.	_____ Other Permanent Improvements		
12.	<u>4,500.00</u> Landscaping		
13.	<u>500.00</u> Builders Risk Insurance		
14.	_____ Other Capital Outlay		
15.	_____ Labor Costs		
16.	_____ Bond Issue Costs		
17.	_____ Other		
18.	<u>50,171.59</u> Contingency		
	<u>\$ 470,000.00</u> TOTAL PROJECT BUDGET		

6. Why is the project needed?

Road surfaces are cracking and underlayment is suffering due to water/weather infiltration. Repairs and resurfacing are necessary in order to turn the deterioration process. Minimal parking increase is necessary due to lack of parking spaces for employees and families. Improve parking to meet ADA requirements.

7. What alternatives to this project were considered?

No alternatives considered. Project was downsized due to initial cost estimates.

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>470,000.00</u> Appropriated State	\$	<u>470,000.00</u>
7.	Federal		(2) After 2015-2016 Year
8.	Athletic	\$	_____
9.	Other* (_____)		(3) Total Project Cost
	<u>\$ 470,000.00</u> TOTAL	\$	<u>470,000.00</u>

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

A. Estimated Start Date:	<u>September 2015</u>
B. Estimated Completion Date:	<u>June 2016</u>
C. Estimated Total Expenditure	
(1) In 2015-2016 Year	<u>470,000.00</u>
(2) After 2015-2016 Year	_____
(3) Total Project Cost	<u>470,000.00</u>

* Specify Type

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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

1. AGENCY
Code H71 Name Wil Lou Gray Opportunity School

2. PROJECT
No. 9513 Name Campus Paving Project

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	\$0.00	\$0.00	\$0.00	\$
2				\$
3				\$

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

N/A

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

7. Itemize below the cost factors that contribute to the total costs or savings rep 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 additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: H71 Name: Wil Lou Gray Opportunity School

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

1. Project Name: Irrigation Project

3. Project Type: New Construction 100

2. Project Priority: 2 of 4 in Plan Year

4. Facility Type: _____

5. What is the project?

Campus wide irrigation installation to include a well to pump our own water for all vegetation (grass, shrubs, and trees were applicable). Also includes improving a couple of areas where significant washing is taking place during moderate to heavy rains.

The total projected cost of this project is \$ 75,000.00.

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

8. Total estimated project cost:

1. <u>20,000.00</u>	Land Purchase	Land	<u>10</u> Acres
2. _____	Building Purchase	Floor Space:	_____ Gross Square Fe
3. _____	Professional Services Fees		
4. <u>20,500.00</u>	Equipment and/or Materials	Information Technology	\$ _____
5. <u>3,000.00</u>	Site Development		
6. <u>9,000.00</u>	New Construction	Floor Space:	_____ Gross Square Fe
7. _____	Renovations - Building Interior	Floor Space:	_____ Gross Square Fe
8. _____	Renovations - Utilities		
9. _____	Roofing	_____	Roof Age
10. _____	Renovations - Building Exterior		
11. _____	Other Permanent Improvements		
12. <u>2,500.00</u>	Landscaping		
13. <u>500.00</u>	Builders Risk Insurance		
14. _____	Other Capital Outlay		
15. <u>15,000.00</u>	Labor Costs		
16. _____	Bond Issue Costs		
17. _____	Other		
18. <u>4,500.00</u>	Contingency		
<u>\$ 75,000.00</u>	TOTAL PROJECT BUDGET		

6. Why is the project needed?

To improve problem areas due to excessive water runoff during moderate to heavy rains and to be better able to maintain all vegetation on campus.

7. What alternatives to this project were considered?

No alternatives considered. Project was downsized due to intial cost estimates.

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>75,000.00</u>	Appropriated State	\$	<u>75,000.00</u>
7. _____	Federal		
8. _____	Athletic	\$	_____
9. _____	Other* (_____)		
<u>\$ 75,000.00</u>	TOTAL	\$	<u>75,000.00</u>

* Specify Type

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

A. Estimated Start Date:	<u>October 2015</u>
B. Estimated Completion Date:	<u>May 2016</u>
C. Estimated Total Expenditure	
(1) In 2015-2016 Year	\$ <u>75,000.00</u>
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>75,000.00</u>

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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

1. AGENCY
Code H71 Name Wil Lou Gray Opportunity School

2. PROJECT
No. TBD Name Irrigation Project

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)	\$0.00	\$0.00	\$0.00	\$
2)	\$0.00	\$0.00	\$0.00	\$
3)	\$0.00	\$0.00	\$0.00	\$

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

N/A

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

7. Itemize below the cost factors that contribute to the total costs or savings rep 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 additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: H71 Name: Wil Lou Gray Opportunity School

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

1. Project Name: Pad Mounted Transformer/Security Lighting

3. Project Type: Renovation 100

2. Project Priority: 3 of 4 in Plan Year

4. Facility Type: _____

5. What is the project?

Project will replace 50 plus year old arial transformer with more energy efficient pad mounted transformer and move overhead wiring to underground power to new more energy efficient LED security lighting.

The total projected cost of this project is \$ 90,000.00.

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 Fe
3. <u>15,000.00</u>	Professional Services Fees			
4. <u>50,000.00</u>	Equipment and/or Materials	Information Technology	\$ _____	
5. <u>1,500.00</u>	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Fe
7. _____	Renovations - Building Interior	Floor Space:	_____	Gross Square Fe
8. <u>4,000.00</u>	Renovations - Utilities			
9. _____	Roofing	_____	Roof Age	
10. _____	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. <u>1,000.00</u>	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. <u>11,000.00</u>	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other			
18. <u>7,500.00</u>	Contingency			
<u>\$ 90,000.00</u>	TOTAL PROJECT BUDGET			

6. Why is the project needed?

Energy efficiency and reducing probability of power outages due to high winds and/or powerline or power pole breaches.

7. What alternatives to this project were considered?

No alternatives to this project were considered, only product possibilities were discussed due to costs.

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>90,000.00</u>	Appropriated State	\$	<u>90,000.00</u>
7. _____	Federal		
8. _____	Athletic	\$	_____
9. _____	Other* (_____)		
<u>\$ 90,000.00</u>	TOTAL	\$	<u>90,000.00</u>

* Specify Type

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

A. Estimated Start Date:	<u>September 2015</u>
B. Estimated Completion Date:	<u>June 2016</u>
C. Estimated Total Expenditure	
(1) In 2015-2016 Year	\$ <u>90,000.00</u>
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>90,000.00</u>

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: H71 Name: Wil Lou Gray Opportunity School

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

1. Project Name: Dayroom for Residential Dormitory

3. Project Type: New Construction 100

2. Project Priority: 4 of 4 in Plan Year

4. Facility Type: Dorm

5. What is the project?

New construction to add a dayroom to a residential student dorm that never had a dayroom. It was in the original plans but was scratched from plans due to budget shortages in 1970-71. Other dorms on campus have dayrooms.

The total projected cost of this project is \$ 300,000.00.

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 Fe
3. <u>25,000.00</u>	Professional Services Fees			
4. _____	Equipment and/or Materials	Information Technology	\$ _____	
5. <u>16,000.00</u>	Site Development			
6. <u>225,000.00</u>	New Construction	Floor Space:	_____	Gross Square Fe
7. <u>14,000.00</u>	Renovations - Building Interior	Floor Space:	_____	Gross Square Fe
8. <u>3,000.00</u>	Renovations - Utilities			
9. _____	Roofing	_____	Roof Age	
10. _____	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. <u>1,000.00</u>	Landscaping			
13. <u>1,000.00</u>	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. _____	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other			
18. <u>15,000.00</u>	Contingency			
<u>\$ 300,000.00</u>	TOTAL PROJECT BUDGET			

6. Why is the project needed?

Student life equality. All other residential dorms have dayrooms.

7. What alternatives to this project were considered?

None.

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>300,000.00</u>	Appropriated State	\$	<u>275,000.00</u>
7. _____	Federal		(2) After 2015-2016 Year
8. _____	Athletic	\$	<u>25,000.00</u>
9. _____	Other* (_____)		(3) Total Project Cost
<u>\$ 300,000.00</u>	TOTAL	\$	<u>300,000.00</u>

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

A. Estimated Start Date:	<u>October 2015</u>
B. Estimated Completion Date:	<u>September 2016</u>
C. Estimated Total Expenditure	
(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 H71 Name Wil Lou Gray Opportunity School

2. PROJECT

No. TBD Name Dayroom for Residential Dormitory

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) 16	\$150.00	\$0.00	\$0.00	\$ 150.00
2) 17	\$300.00	\$0.00	\$0.00	\$ 300.00
3) 18	\$300.00	\$0.00	\$0.00	\$ 300.00

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

N/A

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

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

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. Energy Consumption Bldg. Addition	150.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	150.00

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

9. Submitted By:

Signature of Authorized Official and Title

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: H71 Name: Wil Lou Gray Opportunity School

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

1. Project Name: Interior Renovation for Cafeteria

3. Project Type: Renovation 100

2. Project Priority: 1 of 3 in Plan Year

4. Facility Type: Dining Hall/Cafeteria

5. What is the project?

Interior renovation of dining hall/cafeteria.

The total projected cost of this project is \$ 200,000.00.

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 Fe
3.	<u>20,000.00</u> Professional Services Fees		
4.	Equipment and/or Materials	Information Technology	\$
5.	Site Development		
6.	New Construction	Floor Space:	<u>8,804</u> Gross Square Fe
7.	<u>150,000.00</u> Renovations - Building Interior	Floor Space:	Gross Square Fe
8.	Renovations - Utilities		
9.	Roofing	Roof Age	
10.	<u>4,000.00</u> Renovations - Building Exterior		
11.	Other Permanent Improvements		
12.	Landscaping		
13.	<u>1,000.00</u> Builders Risk Insurance		
14.	Other Capital Outlay		
15.	Labor Costs		
16.	Bond Issue Costs		
17.	Other		
18.	<u>25,000.00</u> Contingency		
	<u>\$ 200,000.00</u> TOTAL PROJECT BUDGET		

6. Why is the project needed?

Building interior is dated and efforts are needed to improve student/staff spaces for dining.

7. What alternatives to this project were considered?

Only alternatives considered were downsizing the project due to potential costs of a major overhaul.

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.	Federal		
8.	Athletic	\$	<u>200,000.00</u>
9.	Other* ()		
	<u>\$ 200,000.00</u> TOTAL	\$	<u>200,000.00</u>

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

A. Estimated Start Date:	<u>July 2016</u>
B. Estimated Completion Date:	<u>June 2017</u>
C. Estimated Total Expenditure	
(1) In 2015-2016 Year	\$ _____
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>200,000.00</u>

* Specify Type

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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

1. AGENCY
Code H71 Name **Wil Lou Gray Opportunity School**

2. PROJECT
No. TBD Name **Interior Renovation for Cafeteria**

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) 17	\$200.00	\$0.00	\$0.00	\$ 200.00
2) 18	\$200.00	\$0.00	\$0.00	\$ 200.00
3) 19	\$200.00	\$0.00	\$0.00	\$ 200.00

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

N/A

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

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

<u>COST FACTORS</u>	<u>AMOUNT</u>
Energy Savings (LED Lights)	200.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	200.00

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

9. Submitted By:

Signature of Authorized Official and Title

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: H71 Name: Wil Lou Gray Opportunity School

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

1. Project Name: Shower Renovation for Male Dorms (3)

3. Project Type: Renovation 100

2. Project Priority: 2 of 3 in Plan Year

4. Facility Type: _____

5. What is the project?

Renovation of the shower facilities in the male dorms.

The total projected cost of this project is \$ 165,000.00.

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 Fe
3. <u>12,000.00</u>	Professional Services Fees			
4. _____	Equipment and/or Materials	Information Technology	\$ _____	
5. _____	Site Development			
6. _____	New Construction	Floor Space:	<u>2,100</u>	Gross Square Fe
7. <u>123,500.00</u>	Renovations - Building Interior	Floor Space:	_____	Gross Square Fe
8. <u>12,000.00</u>	Renovations - Utilities			
9. _____	Roofing	_____	Roof Age	
10. _____	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. <u>1,000.00</u>	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. _____	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other			
18. <u>16,500.00</u>	Contingency			
	\$ <u>165,000.00</u> TOTAL PROJECT BUDGET			

6. Why is the project needed?

Constant wear and tear has taken a toll on the shower rooms plumbing, fixtures and stalls.

7. What alternatives to this project were considered?

No alternatives considered.

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>165,000.00</u>	Appropriated State	\$ _____	
7. _____	Federal		
8. _____	Athletic	\$ _____	165,000.00
9. _____	Other* (_____)		
	\$ <u>165,000.00</u> TOTAL	\$ _____	165,000.00

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

A. Estimated Start Date:	<u>July 2016</u>
B. Estimated Completion Date:	<u>June 2017</u>
C. Estimated Total Expenditure	
(1) In 2015-2016 Year	\$ _____
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>165,000.00</u>

* Specify Type

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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

1. AGENCY
Code H71 Name **Wil Lou Gray Opportunity School**

2. PROJECT
No. TBD Name **Shower Renovations for Male Dorms (3)**

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) 17	\$0.00	\$0.00	\$0.00	\$
2) 18	\$0.00	\$0.00	\$0.00	\$
3) 19	\$0.00	\$0.00	\$0.00	\$

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

N/A

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

7. Itemize below the cost factors that contribute to the total costs or savings rep 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 additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Agency Number: H71 Name: Wil Lou Gray Opportunity School

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

1. Project Name: Education Building Flooring Project

3. Project Type: Renovation 100

2. Project Priority: 3 of 3 in Plan Year

4. Facility Type: _____

5. What is the project?

Tile floor renovation in the Education Building.

The total projected cost of this project is \$ 200,000.00.

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:	<u>4,000</u>	Gross Square Fe
3. <u>8,000.00</u>	Professional Services Fees			
4. <u>45,000.00</u>	Equipment and/or Materials	Information Technology	\$ _____	
5. <u>2,000.00</u>	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Fe
7. <u>64,000.00</u>	Renovations - Building Interior	Floor Space:	_____	Gross Square Fe
8. _____	Renovations - Utilities			
9. _____	Roofing	_____	Roof Age	
10. <u>25,000.00</u>	Renovations - Building Exterior			
11. _____	Other Permanent Improvements			
12. _____	Landscaping			
13. <u>1,000.00</u>	Builders Risk Insurance			
14. _____	Other Capital Outlay			
15. <u>30,000.00</u>	Labor Costs			
16. _____	Bond Issue Costs			
17. _____	Other			
18. <u>25,000.00</u>	Contingency			
<u>\$ 200,000.00</u>	TOTAL PROJECT BUDGET			

6. Why is the project needed?

The building has the original 50 year old tile floors and they are in varying degrees of deterioration and the floor is very uneven due to years of wear. The renovation will lead to less floor maintenance in the future.

7. What alternatives to this project were considered?

Varying types of flooring was considered and the decision was made to go with a process that required less maintenance going forward.

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. _____	Federal		
8. _____	Athletic	\$ _____	
9. _____	Other* (_____)		
<u>\$ 200,000.00</u>	TOTAL	\$ _____	

* Specify Type

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

A. Estimated Start Date:	<u>July 2016</u>
B. Estimated Completion Date:	<u>June 2017</u>
C. Estimated Total Expenditure	
(1) In 2015-2016 Year	\$ _____
(2) After 2015-2016 Year	\$ _____
(3) Total Project Cost	\$ <u>200,000.00</u>

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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

1. AGENCY

Code H71 Name Wil Lou Gray Opportunity School

2. PROJECT

No. TBD Name Education Building Flooring Project

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) 17	\$0.00	\$0.00	\$0.00	\$
2) 18	\$0.00	\$0.00	\$0.00	\$
3) 19	\$0.00	\$0.00	\$0.00	\$

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

N/A

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

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

<u>COST FACTORS</u>	<u>AMOUNT</u>	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL		

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

9. Submitted By:

Signature of Authorized Official and Title

2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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

1. AGENCY

Code _____ Name _____

2. PROJECT

No. _____ Name _____

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 w funds be provided? YES NO

7. Itemize below the cost factors that contribute to the total costs or savings rep 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 additional positions required or positions saved. _____

9. Submitted By:

Signature of Authorized Official and Title