

FACILITIES MASTER PLAN / CAPITAL PROJECT REQUEST
CAPITAL REQUIREMENTS SUMMARY AND NEEDS ASSESSMENT FORM
(Form A)

Institution: Southern Union State Community College

Telephone Number: 256-395-2211 Ext. 5110

Name of Respondent: Ben Jordan

E-Mail Address: benjordan@suscc.edu

A. IMMEDIATE CAPITAL REQUIREMENTS - YEAR 1 (FY 2017-2018)

Institutional Priority	Funding Sources				Estimated Total Cost	Specify Source(s) Other State	Specify Source(s) Other Funds	Building Number (If existing Facility or Facilities)	Space Utilization Description (If more than 1 Code used include % for each Code. Click here to view Codes)	Projected Gross Square Feet (Should be used only for Subsection 1 or 2 Projects)	Projected Net Assignable Square Feet (Should be used only for Subsection 1 or 2 Projects)	Space Category (If more than 1 Code used include % for each Code. Click here to view Codes)	Change in Purpose (Yes or No Depending on Project)	Projected Start/ Acquisition Date (Date reported cannot be before the start of the fiscal year to be reported on the form. Fiscal Years run from Oct. 1 - Sept. 30)	Projected Completion Date	Basis of Requirement (Use no more than 2 Codes. Click here to view Codes) USE LETTER OF CODE ONLY
	Education Trust Fund	Education Trust Fund Advancement & Technology Fund	Other State Funding	Other Funds												
1. New Construction/Acquisition Projects																
1.				\$14,000,000	\$14,000,000		Unexpended Plant	N/A	2T	60,000	50,000	E&G		9/30/2018	9/30/2020	B
2.																
3.																
4.																
Subtotal				\$14,000,000	\$14,000,000											
2. Renovation/Remodeling Projects																
1.																
2.																
3.																
4.																
Subtotal																
3. Major Capital Equipment Projects																
1.																
2.																
3.																
4.																
Subtotal																
4. Deferred Maintenance/Facilities Renewal (See Instructions)																
1.																
2.																
3.																
4.																
Subtotal																
Total Immediate Year 1 Capital Requirements				\$14,000,000	\$14,000,000											

A brief description and justification must be attached for each project listed above. If the descriptions/justifications are listed below adjust the print range so they print out properly.

Provide a succinct but thorough justification of the need for the capital project. This information may be included in a separate Word Processing document. See instructions for further information.

FACILITIES MASTER PLAN / CAPITAL PROJECT REQUEST
CAPITAL REQUIREMENTS SUMMARY AND NEEDS ASSESSMENT FORM
(Form B)

Institution: Southern Union State Community College

Telephone Number: 256-395-2211 Ext. 5110

Name of Respondent: Ben Jordan

E-Mail Address: benjordan@suscc.edu

B. INTERMEDIATE CAPITAL REQUIREMENTS - YEAR 2 (FY 2018-2019)

Institutional Priority	Funding Sources				Estimated Total Cost	Specify Source(s) Other State	Specify Source(s) Other Funds	Building Number (If existing Facility or Facilities)	Space Utilization Description (If more than 1 Code used include % for each Code. Click here to view Codes)	Projected Gross Square Feet (Should be used only for Subsection 1 or 2 Projects)	Projected Net Assignable Square Feet (Should be used only for Subsection 1 or 2 Projects)	Space Category (If more than 1 Code used include % for each Code. Click here to view Codes)	Change in Purpose (Yes or No Depending on Project)	Projected Start/ Acquisition Date (Date reported cannot be before the start of the fiscal year to be reported on the form. Fiscal Years run from Oct. 1 - Sept. 30)	Projected Completion Date	Basis of Requirement (Use no more than 2 Codes. Click here to view Codes) USE LETTER OF CODE ONLY
	Education Trust Fund	Education Trust Fund Advancement & Technology Fund	Other State Funding	Other Funds												
1. New Construction/Acquisition Projects																
1.																
2.																
3.																
4.																
Subtotal																
2. Renovation/Remodeling Projects																
1. Cosmetology	1			\$500,000	\$500,000		Renewal & Replacement	28	3	14,440	9,929	E&G	No	10/1/2018	9/30/2019	C
2.																
3.																
4.																
Subtotal				\$500,000	\$500,000											
3. Major Capital Equipment Projects																
1.																
2.																
3.																
4.																
Subtotal																
4. Deferred Maintenance/Facilities Renewal (See Instructions)																
1.																
2.																
3.																
4.																
Subtotal																
Total Intermediate Year 2 Capital Requirements				\$500,000	\$500,000											

A brief description and justification must be attached for each project listed above. If the descriptions/justifications are listed below adjust the print range so they print out properly

Provide a succinct but thorough justification of the need for the capital project. This information may be included in a separate Word Processing document. See instructions for further information.

FACILITIES MASTER PLAN / CAPITAL PROJECT REQUEST
 CAPITAL REQUIREMENTS SUMMARY
 (Form C)

Institution: Southern Union State Community College
 Name of Respondent: Ben Jordan
 Telephone Number: 256-395-2211 x 5110 E-Mail Address: benjordan@suscc.edu

C. LONG TERM CAPITAL REQUIREMENTS - YEARS 3-5
 (FY 2019-2020 through FY 2021-2022)

	Estimated Total Cost
1. New Construction/Acquisition Projects	
1.	_____
2.	_____
3.	_____
4.	_____
Subtotal	_____
2. Renovation/Remodeling Projects	
1. Higginbotham Academic Center, Opelika	\$1,500,000
2.	_____
3.	_____
4.	_____
Subtotal	\$1,500,000
3. Major Capital Equipment Projects	
1.	_____
2.	_____
3.	_____
4.	_____
Subtotal	_____
4. Deferred Maintenance/Facilities Renewal (See Instructions)	
1.	_____
2.	_____
3.	_____
4.	_____
Subtotal	_____
Total Long Term Capital Requirements	\$1,500,000
Funding Source for All Long Term Projects:	
Education Trust Fund	\$ _____
ETF Advancement & Technology Fund	\$ _____
Other State Funding	\$ 1,500,000
Other Funds	\$ _____
Total Long Term Funding	\$ 1,500,000

D. TOTAL ALL CAPITAL PROJECTS **\$ 16,000,000**
 (The total of Form A, B and C
 should be reported here)

**SOUTHERN UNION STATE COMMUNITY COLLEGE
FORM 1A DESCRIPTION AND JUSTIFICATION**

Priority 1: Health Occupations Building, Opelika Campus

All buildings on the Opelika campus are currently at capacity, leaving no facility space to expand current programs or add new programs of study. The Health Occupations Building on the Opelika campus would replace Technical Building #1 which is original to the 1966 campus and allow the College to expand the class offerings for the College. The building would be more than twice the size of the current Technical Building #1 and contain new classrooms and science laboratories for Biology and Chemistry instruction as well as a Health Science Simulation laboratory for simulated hospital instruction for EMS, Nursing, and Surgical Technology. The building would also house a wellness instructional area for aerobics and the physical education programs taught on the Opelika campus.

**SOUTHERN UNION STATE COMMUNITY COLLEGE
FORM 1B DESCRIPTION AND JUSTIFICATION**

Priority 1: Cosmetology, Opelika Campus

The Cosmetology program is located in a leased building in downtown Opelika and the College is responsible for all upkeep on the facility. The building was last renovated when the college acquired it in 1993 and needs interior renovations to modernize the facility.