

<b>AGENCY NAME:</b>	Lander University		
<b>AGENCY CODE:</b>	H21	<b>SECTION:</b>	18



## Fiscal Year 2014-15 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS</b> <b>(FORM B</b> <b>DECISION PACKAGES)</b>	<p><b>My agency is submitting the following recurring decision packages (Form B):</b>          552 – Therapeutic Riding          613 – Enterprise Budgeting Format</p> <p><b>For FY 2014-15, my agency is (mark "X"):</b></p> <p><input checked="" type="checkbox"/> Requesting a net increase in recurring General Fund appropriations.</p> <p><input type="checkbox"/> Not requesting a net increase in recurring General Fund Appropriations.</p>
<b>CAPITAL &amp; NON-RECURRING FUNDS</b> <b>(FORM C</b> <b>DECISION PACKAGES)</b>	<p><b>My agency is submitting the following one-time decision packages (Form C):</b>          1740 – Energy Management          1803 – Capital Project – Library Renovation          1806 – Capital Project – Athenaeum - University Center          1809 – Capital Project – Life Safety, Accessibility, Storm Water Eros</p> <p><b>For FY 2014-15, my agency is (mark "X"):</b></p> <p><input checked="" type="checkbox"/> Requesting capital and/or non-recurring funds.</p> <p><input type="checkbox"/> Not requesting capital and/or non-recurring funds.</p>
<b>PROVISOS</b>	<p><b>For FY 2014-15, my agency is (mark "X"):</b></p> <p><input type="checkbox"/> Requesting a new proviso and/or substantive changes to existing provisos.</p> <p><input type="checkbox"/> Only requesting technical proviso changes (such as date references).</p> <p><input checked="" type="checkbox"/> Not requesting any proviso changes.</p>

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Tom Covar	864.388.8305	tcovar@lander.edu
<b>SECONDARY CONTACT:</b>	Ashley Wilkie	864.388.8305	awilkie@lander.edu

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR</b> <b>(SIGN/DATE):</b>	
<b>AGENCY DIRECTOR</b> <b>(TYPE/PRINT NAME):</b>	FOR DAN BALL 10/8/13 Dr. Daniel W. Ball



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## **FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>552</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Therapeutic Riding</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$350,000</b>
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	The Lander University Board of Trustees authorized this program in the Sublease Agreement dated September 16, 2008 under Item 4 entitled Permitted Uses between Lander University and Lander RWS Properties, LLC.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.

<b>RECIPIENTS OF FUNDS</b>	The therapeutic riding program would use these funds to enhance the programs and services provided by the Lander Equestrian Center.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>RELATED REQUEST(S)</b>	None.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	No.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	None.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>Lander University is requesting \$350,000 in recurring funds to enhance therapeutic services provided by the Lander Equestrian Center. These services are provided to people with physical, cognitive and social-emotional disabilities, by utilizing individualized, best-practice methods and techniques designed to promote the highest level of independence. The University's therapeutic horsemanship program is the only one of its kind in the State of South Carolina. Lander has partnered with The Burton Center to provide this unique program.</p>
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

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**METHOD OF  
CALCULATION**

The average cost of providing therapeutic services to an individual with physical, cognitive and social-emotional disabilities averages \$4,166. This includes occupational therapy costs, such as personnel costs, specialized saddles and safety equipment. Also, a portion of animal care is calculated into this average. It is the intent of the program to increase the number of clients by 84.  $84 \times \$4,166 \approx \$350,000$ .

*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

**FUTURE IMPACT**

The state will not incur any maintenance-of-effort or other obligations by adopting this decision package. If this decision package is not adopted, the therapeutic riding program cannot grow or provide enhanced therapeutic services.

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

**PRIORITIZATION**

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?*

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<b>INTENDED IMPACT</b>	<p>If this decision package is adopted, the therapeutic riding program will be able to grow and provide enhanced therapeutic services.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>These funds will be evaluated by the success rate of the client-based therapy. Client achievement is charted, tracked, and monitored by the occupational therapist providing the service.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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## **FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>613</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Enterprise Budgeting Format</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$29,033,843</b>
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Section 59-135 of the South Carolina Code of Laws as Amended.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
	<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.

<b>RECIPIENTS OF FUNDS</b>	<p>This decision package is a fundamental budgeting adjustment recognized by the Lander University Board of Trustees.</p> <p>Lander University's Board of Trustees has adopted an enterprise budgeting model whereby all sources of revenue are recognized. This is in response to the understanding that the Board has a fiduciary responsibility for the oversight of all revenue receipted by the University, even though the Board may not have authority to dictate the expenditures of all those resources. This decision package aligns the State detailed budget with that philosophy which has been approved by the Lander University Board of Trustees. The 2015 budget will reflect Federal PELL Grants and other grants and scholarships which in the past were incorporated into student fees. This will provide a more detailed understanding for the sources of funds that students use to pay their college tuition and fees at Lander University.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*



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<b>RELATED REQUEST(s)</b>	None.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	N/A
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>Lander University's Board of Trustees has adopted an enterprise budgeting model whereby all sources of revenue are recognized. This is in response to the understanding that the Board has a fiduciary responsibility for the oversight of all revenue receipted by the University, even though the Board may not have authority to dictate the expenditures of all those resources. This decision package aligns the State detailed budget with that philosophy which has been approved by the Lander University Board of Trustees. The 2015 budget will reflect Federal PELL Grants and other grants and scholarships which in the past were incorporated into student fees. This will provide a more detailed understanding for the sources of funds that students use to pay their college tuition and fees at Lander University.</p>
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

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<b>METHOD OF CALCULATION</b>	<p>This decision package is a fundamental budgeting adjustment recognized by the Lander University Board of Trustees migrating to an enterprise budget model.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>N/A</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>N/A</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?*

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<b>INTENDED IMPACT</b>	<p>This decision package will align the state detailed budget with the Lander University Board approved enterprise budget model.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>N/A</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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## **FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark "X" for all that apply:</b></p> <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Change in cost of providing current services to existing program audience.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility / enrollment for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Change in case load / enrollment under existing program guidelines.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas.</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program.</td></tr> <tr><td><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative.</td></tr> </table>	<input type="checkbox"/>	Change in cost of providing current services to existing program audience.	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.	<input type="checkbox"/>	Non-mandated program change in service levels or areas.	<input type="checkbox"/>	Loss of federal or other external financial support for existing program.	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.	<input type="checkbox"/>	Proposed establishment of a new program or initiative.
<input type="checkbox"/>	Change in cost of providing current services to existing program audience.														
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<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.														
<input type="checkbox"/>	Proposed establishment of a new program or initiative.														

<b>RECIPIENTS OF FUNDS</b>	
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>RELATED REQUEST(s)</b>	
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

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<b>METHOD OF CALCULATION</b>	
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?*

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<b>INTENDED IMPACT</b>	
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*





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## **FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	1740
	<i>Provide the decision package number issued by the PBF system ("Governor's Request").</i>
<b>TITLE</b>	Energy Management
	<i>Provide a brief, descriptive title for this request.</i>
<b>AMOUNT</b>	\$825,000
	<i>How much is requested for this project in FY 2014-15?</i>
<b>BUDGET PROGRAM</b>	98990000
	<i>Identify the associated budget program(s) by name and budget section.</i>

<b>SUMMARY</b>	Lander University is requesting \$825,000 in non-recurring funds to replace its antiquated energy management system with a programmable, as-needed, system to allow for maximum energy conservation.

*Provide a summary of the project and explain why it is necessary.*

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<b>RELATED REQUEST(S)</b>	No.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	None.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	The University has reserves dedicated for building maintenance. The current unallocated balance is \$519,066.
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>The University received \$221,840 from the South Carolina Energy Office funded from the American Recovery and Reinvestment Act in 2012. This investment was made in the Jackson Library.</p> <p>No additional funds anticipated above this request of \$825,000.</p>
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

<b>OTHER APPROVALS</b>	If this request is granted, the University will prepare an A-1 form and submit for approval to CHE and the Budget and Control Board.
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

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**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST****DECISION PACKAGE**

1803

*Provide the decision package number issued by the PBF system ("Governor's Request").***TITLE****Capital Project – Library Renovation***Provide a brief, descriptive title for this request.***AMOUNT****\$13,852,975***How much is requested for this project in FY 2014-15?***BUDGET PROGRAM**

98990000

*Identify the associated budget program(s) by name and budget section.***SUMMARY**

The Jackson Library is in need of a major renovation. The facility was constructed in 1976 and has serviced the campus without renovation for 30 years. The concept of information access has changed dramatically in the last 30 years and due to the building limitations, commonly expected services cannot be offered to our students. The building requires a complete renovation to include the re-design of existing floor space, updating life safety systems, ADA accessibility, HVAC mechanical systems, electrical infrastructure, lighting retrofits and interior finishes.

We would like to incorporate a more flexible floor plan design into the renovation to include meeting space that can be easily configured into large academic rooms. This would provide a degree of flexibility above and beyond the compartmentalized floor plan design of the 1970's. The fire alarm control system will be upgraded to comply with current life safety codes. The system will be microprocessor based with addressable devices equipped with manual and automatic initiation with an independent, third party system monitoring. Code compliant ADA access is very limited. ADA improvements will include mainstreaming the student entrance through the application of automatic door opener systems, evaluating the second story egress means and upgrading the single elevator controls. The HVAC system is inefficient and does not control the space temperature adequately and has no provisions for moisture control under normal operating conditions. A new distribution system with heat and reheat capability combined with modern direct digital controls will provide code compliance as well as comfortable conditioning regardless of the season. The electrical infrastructure will be upgraded and the interior finishing's will be improved as the renovation mandates.

Lander has been able to replace the HVAC refrigeration machine (chiller) (2000) and re-roof the building (2006) as part of the ongoing, yet limited, building infrastructure improvements.

The Library is expected to serve the campus for several decades to come, but replacement of building systems/components is necessary to extend the useful life of the building. Improved floor space utilization, improved technological library services, mainstream accessibility for all, and improved interior decor will all contribute to the



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<b>RELATED REQUEST(S)</b>	No.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	None.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	None.
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	The University has been able to replace the HVAC refrigeration machine (chiller) (2000) and re-roof the building (2006) as part of the ongoing, yet limited, building infrastructure improvements. This was accomplished using institutional maintenance reserves. Further, the University received \$221,840 from the South Carolina Energy Office funded from the American Recovery and Reinvestment Act in 2012. (See decision package number 1740.)
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

<b>OTHER APPROVALS</b>	This request is part of the University's latest CIP Priority No. 2
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

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## FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

<b>DECISION PACKAGE</b>	1806
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Capital Project – Athenaeum – University Center
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$36,075,000
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*How much is requested for this project in FY 2014-15?*

<b>BUDGET PROGRAM</b>	98990000
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>In 1974 the current Grier Student Center was constructed for a student population of 800. Today's enrollment represents a 375% increase over the effective design capacity of this building thus necessitating the need for a new University Center. The existing Student Center offers virtually no student organization meeting space nor does it facilitate any student social functions. Lander will incorporate a flexible floor plan into the design and utilize a flexible space design that can easily convert open meeting space into large academic class rooms. As part of the last bond bill issued in 2000, the General Assembly appropriated to Lander \$3 million dollars as part of the cost of a new "student center". These dollars have been used to expand and modernize the student dining hall in the existing student center.</p> <p>The University is in desperate need of a new University (Multi-Purpose) Center to replace the existing Grier (Student) Center which was built in 1974. Lander has out-grown this facility and is in need of a structure that will not only appeal to current and prospective students of Lander University but also fulfill the demands placed on our institution for common space including academic/classroom use, where the community as well as our students can congregate, meet and engage in living and learning together. The Athenaeum would house Student Affairs, Career Services, Health Services, Student Activities, Student Counseling, Student Body Government, Campus Bookstore, Campus Post Office, Campus Police Department, and provide the Greenwood community space for convention type programming.</p>
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*Provide a summary of the project and explain why it is necessary.*

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<b>RELATED REQUEST(s)</b>	No.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	None.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	None.
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>The University has a plan to cover the future annual operating costs. These will be absorbed into the University's existing budget. This project is part of Phase III of the University's Master Plan and there have been no operating forecast data projected to date.</p> <p>The University will utilize student fee generated revenue to fund future needs for this facility.</p>
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

<b>OTHER APPROVALS</b>	This request is part of the University's latest CIP Priority No. 1
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Lander University		
<b>AGENCY CODE:</b>	H21	<b>SECTION:</b>	18

## **FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	1809
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Capital Project – Life Safety, Accessibility, Storm Water Erosion, Roof Replacement</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$9,000,725</b>
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*How much is requested for this project in FY 2014-15?*

<b>BUDGET PROGRAM</b>	98990000
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>Critical maintenance items must be addressed to prevent further deterioration of existing facilities or creation of unsafe conditions. The backlog of facilities maintenance cannot be funded at one time, so we have prioritized the most pressing items for this project. Likewise, the storm water infrastructure must be upgraded to prevent future problems caused by erosion and water intrusion.</p> <p>This project will address critical needs involving Roof Replacement, Life Safety Improvements, Facility Maintenance, Infrastructure, and Campus-wide ADA Accessibility.</p> <p>The roofing systems of the Physical Education and Exercise Studies (PEES) Building and the Finis Horne Arena have surpassed their anticipated useful life and are in need of replacement. The fire alarm system in the Cultural Center is unreliable and support is no longer available. The fire alarm system no longer provides the level of protection desired in a large assembly occupancy. There is substantial differential foundation settling occurring on the Grier Student Center. The result is exterior brick veneer cracking, structural member deflection and store front displacement resulting in water entering the building throughout.</p> <p>The infrastructure portion of the project will provide repairs and upgrades to the campus storm water system. As the campus has expanded, the increasing storm water discharge has created localized ponding of water, erosion on the banks of Sample Branch and infiltration into some structures.</p> <p>Providing accessibility for all students continues to be a priority for the administration. The accessibility portion of the project will provide automatic door openers on prioritized doors of campus buildings, provide accessible restrooms, and the repair and construction of sidewalks and ramps as needed to provide a completely accessible ADA compliant campus.</p>
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*Provide a summary of the project and explain why it is necessary.*



<b>AGENCY NAME:</b>	<b>Lander University</b>		
<b>AGENCY CODE:</b>	<b>H21</b>	<b>SECTION:</b>	<b>18</b>

<b>RELATED REQUEST(S)</b>	No.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	None.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	The University has reserves dedicated for building maintenance. The current unallocated balance is \$519,066.
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	The University has over the past several years invested millions of maintenance reserve funds into life safety, accessibility, roof repair and replacement, as well as sidewalks and parking lots. Funding this decision package would allow the University to continue progress in achieving a safer campus for students, faculty, staff, and visitors.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

<b>OTHER APPROVALS</b>	This request is part of the University's latest CIP Priority No. 3.
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

