NEW MEXICO HIGHER EDUCATION DEPARTMENT
2044 Galisteo Street, Suite 4, Santa Fe, NM 87505-2100

CAPITAL PROJECT TRANSMITTAL SUMMARY SHEET

Complete this summary sheet and include with project submittal. The deadline to submit project documents can be found on the NMHED Annual Calendar of Events at http://www.hed.state.nm.us/institutions/resources.aspx. In order to ensure your project will be considered, it must be uploaded by the deadline to the link found at the following web address: https://cptss.hed.state.nm.us/app

Institution: Date:

1. Project title:

2. HED meeting date when project consideration is requested:

3. Contact person: Phone:

   Email:

4. Required forms for project categories (5.3.10 and 2.70.4 NMAC):
   - ☐ a) Construction, Alterations, or Demolition (All Forms)
   - ☐ b) Revenue Bond Forms (1, 1-A, 4, 5, 6)
   - ☐ c) Property Acquisition – Purchase, Lease, or Donation (Forms 1, 1-A, 3, 4, 5, 6)
   - ☐ d) Property Disposition – Sale or Trade (Forms 1 and 6)

☐ 5. A site plan or plat, as-builts or completed preliminary floor plan drawings, including elevations, with each space identified as to function. (Required for all project categories)

☐ 6. Supporting Documentation for Funding Sources. (Required for project category a, b, and c)

☐ 7. Certificate of Adequate Parking. (Only required for new construction and property acquisition)

☐ 8. Evidence of Energy Measures (Required for project category a and c)

☐ 9. Form 1 – Project Information

☐ 10. Form 1-A – Institutional and General Information

☐ 11. Form 2 – Space Information

☐ 12. Form 3 – Estimated Utilities Costs

☐ 13. Form 4 – Proposed Project Costs

☐ 14. Form 5 – Proposed Project Square Footage and Funding Sources

☐ 15. Form 6 – Certification by Governing Board

☐ 16. Completed Presenter Information Sheet

NEW MEXICO HIGHER EDUCATION DEPARTMENT

FORM 1: PROJECT INFORMATION

Spell out and define all acronyms

Institution: **Original:** ☐ **Date:**

Project title: **Revision:** ☐ **Date:**

Location of Facility:

Age of Facility:

Date of Last Improvement:

Types of Space within Facility:

Gross Square Footage of Facility:

Gross Square Footage Offset:

General Nature of Use and User Groups within Facility:

Detailed Scope of Work and Impact to User Groups:

NEW MEXICO HIGHER EDUCATION DEPARTMENT
FORM 1: PROJECT INFORMATION (cont)

Institution: **Original:** ☐ **Date:**

Project title: **Revision:** ☐ **Date:**

Description of why this project is needed and how it satisfies program needs/enrollment/mission:

Describe the consequences of this project not receiving approval:

Was this project included in the annual Capital Outlay Plan submitted to HED. If yes provide year included. If not, provide reason why:

If this request was included in a previous recommendation for Legislative funding, provide information on differences from initial recommendation to current project request:

Provide detailed information on the impact this project will have on Operations and Maintenance budgets? What source of funding will be used to cover these costs?

NEW MEXICO HIGHER EDUCATION DEPARTMENT
FORM 1-A: INSTITUTIONAL AND GENERAL INFORMATION

Institution: **Original:** ☐ **Date:**

Project title: **Revision:** ☐ **Date:**

Current Total On-Campus Enrollment ð Fall Semester	
Head Count: _____	FTE: _____
_____% Growth from **previous year**	_____% Average growth in previous **5-year period**

Calculate percent change for each year and divide the sum of those changes by 5.

Current Total Off-Campus Enrollment (web-based or Distance Ed., etc.) ð Fall Semester	
Head Count: _____	FTE: _____
_____% Growth from **previous year**	_____% Average growth in previous **5-year period**

Only report head count for students exclusively off campus.

Calculate percent change for each year and divide the sum of those changes by 5.

Tuition ð Fall Semester		
Current Tuition Per Credit Hour: $_____	Current Tuition Per Semester: $_____	
Month/year per semester tuition was last increased: _____/_____	Amount of last per semester tuition increase: $_____	_____% Change from last increase

Program Enrollment Being Served by this Project ð Fall Semester	
Head Count: _____	FTE: _____
_____% Growth from **previous year**	_____% Average growth in previous **10-year period**

Bonding Information (to be completed if local bond proceeds are used for project funding)	
Assessed Valuation: _____	Month/year of most recent local bond issue: _____/_____
Outstanding Debt: _____	
Available Capacity: _____	

Project Schedule	
Month/year proposed construction start date: _____/_____	Month/year proposed construction completion date: _____/_____

Comments:

NEW MEXICO HIGHER EDUCATION DEPARTMENT
FORM 2: SPACE INFORMATION

Institution: **Original:** ☐ **Date:**

Project title: **Revision:** ☐ **Date:**

List the Net Assignable Square Feet (NASF) and Net Usable Square Feet (NUSF) of spaces to be constructed, altered, or demolished by this project. Definitions of classifications used below may be found in "Postsecondary Education Facilities Inventory and Classification Manual" (FICM) published by the U.S. Department of Education.

CLASSIFICATION CODE	TYPE OF SPACE	DEMO	NEW	ALTERATION	% OF NUSF (NEW & ALT)	
100	Classroom	0	0	0	0	
200	Laboratory	0	0	0	0	
300	Office	0	0	0	0	
400	Study	0	0	0	0	
500	Special	0	0	0	0	
600	General	0	0	0	0	
700	Support	0	0	0	0	
800	Health	0	0	0	0	
900	Residential	0	0	0	0	
TOTAL NET ASSIGNABLE AREA (NASF)		0	0	0	0	
WWW	Circulation Area	0	0	0	0	
XXX	Building Services Area	0	0	0	0	
YYY	Mechanical Area	0	0	0	0	
TOTAL NONASSIGNABLE AREA		0	0	0	0	**NIC SQ FT**
TOTAL NET USABLE AREA (NUSF)		0	0	0	0	0
TARE		0	0	0		**TOTALS**
TOTAL PROJECT GROSS SQUARE FEET		0	0	0		0
					FINAL PROJECT GROSS SQUARE FEET	0
					ORIGINAL BUILDING GROSS SQUARE FEET	0
					FINAL BUILDING GROSS SQUARE FEET	0
					FINAL BUILDING GROSS SQUARE FEET DIFFERENCE	0

NEW MEXICO HIGHER EDUCATION DEPARTMENT

FORM 3: ESTIMATED UTILITY COSTS AND ENERGY EFFICIENCY MEASURES

Institution: **Original:** ☐ **Date:**

Project title: **Revision:** ☐ **Date:**

This form is designed to estimate the projectõs effect on current utilities costs, and to note submittal of supporting documentation related to Energy Saving Measures incorporated into the project.

FORMULA	CURRENT EXPENSES	PROJECTED ANNUAL EXPENSES AFTER COMPLETION	DIFFERENCE BETWEEN CURRENT AND PROJECTED (+ OR -)
Eligible GSF: _____ x $3.75			

Check applicable boxes below:

☐ Space is non I&G (Comment Required)

☐ Target Finder attached

☐ LEED Checklist attached

Project Green Screen Features and Comments. Describe, in detail, the energy measures being implemented:

NEW MEXICO HIGHER EDUCATION DEPARTMENT

FORM 4: PROPOSED PROJECT COSTS

Institution: **Original:** ☐ **Date:**

Project title: **Revision:** ☐ **Date:**

I. PROJECT BUDGET

EXPENDITURES	ITEMS INCLUDED IN TOTAL COST FOR EACH EXPENDITURE	ORIGINAL SUBMISSION		BUDGET REVISION
		NEW CONSTRUCTION	ALTERATIONS	
A. Building Cost				
1. General	Building Labor, Materials, All Signage, Material Testing & Seismic Testing			
2. Mechanical/Plumbing	Controls, Fire Suppression Systems, Test & Balance			
3. Electrical	Lighting Control Systems, Performance Testing			
4. Special Systems (voice, data, other)	Voice/Data, Wiring Performance Testing, Audio/Video infrastructure, Access Control, Security/Camera's, Fire Alarms			
5. Demolition	Interior Demo, HAZMAT & Abatement			
BUILDING COST SUBTOTAL		$ 0.00	$ 0.00	$ 0.00
B. Built-in Equipment	Equipment permanently attached to building and/or infrastructure (Fume hoods, autoclaves, and lab casework)			
C. Site Development				
1. Utilities, Infrastructure	Utilities 5' beyond new building perimeter, relocations and tunnels			
2. Landscaping/Site Improvements	Free standing lighting, hardscapes, parking			
3. Demolition	Building, Site or Parking Removal			
TOTAL CONSTRUCTION COST (T.C.C.)		$ 0.00	$ 0.00	$ 0.00

D. Construction Contingency	Not more than 5% for new Construction or 10% for renovations of Total Construction Cost (T.C.C.)			
E. Professional Fees				
1. Architectural/Engineering	Planning, Programming, Design thru Construction and Specialized Services			
2. Project Administration	PM Fees, Construction Manager at Risk (CMAR) Pre-Construction Services, IT Admin Fees, Parking Mitigation, Consultant Services, Tax Segregation services fee, Project Reserve			
3. Surveys/Commissioning	Soils Reports, Environmental Reports, Structural Shear Reports			
F. Movable Equipment	Special Systems Equipment			
G. Other	Site acquisition, etc.			
H. Art in Public Places (1% of State Appropriation)	AIPP or N/A			
I. Gross Receipts Tax	GRT is Not Nested within Costs Above. Amount entered will be added to Total Project Budget			
J. Gross Receipts Tax	GRT is Nested within Costs Above. Amount entered is included in Total Project Budget			
TOTAL PROJECT BUDGET		$ 0.00	$ 0.00	$ 0.00

Comments:

Provide information on how the above cost estimates were developed. If developed by an A/E firm, provide the name of the firm and method used for estimating. If developed by the institution, provide method used for estimating.

NEW MEXICO HIGHER EDUCATION DEPARTMENT

FORM 5: PROPOSED PROJECT SQUARE FOOTAGE AND FUNDING SOURCES

Institution: **Original:** ☐ **Date:**

Project title: **Revision:** ☐ **Date:**

COSTS PER GROSS SQUARE FOOT (GSF)			
	Cost (Items A-C on Form 4)	**GSF for New Construction NUSF for Alteration**	**Cost per GSF**
New Construction	$ 0.00	0	NaN
Alterations	$ 0.00	0	NaN

RATIO OF NET USABLE TO GROSS SQUARE FEET (NUSF/GSF)			
	NUSF (same as total from Form 2)	**GSF**	**RATIO NUSF/GSF (%)**
New Construction	0	0	NaN
Alterations	0	0	NaN

FUNDING SOURCE

Enter the source of funding for the project.
Total must match the total project budget on Form 4.

Funding Source and Description		**Original Submission**	**Budget Revision**
Appropriation Code	*Description of Funding Type and Source of Funds*		
	Total:	$ 0.00	$ 0.00

List State Appropriations as follows: *Bond Series #: GOBxx or STBxx or GF 20xx, DFA#: A0x-xxxx), SBxxx or HBxxx, Laws of 20xx, chapter x, and section x.* This information is available on the CAPS website at use https://platform.dfa.nm.gov/. For all other funding, list revenue source and year budgeted.

NEW MEXICO HIGHER EDUCATION DEPARTMENT
FORM 6: CERTIFICATION BY GOVERNING BOARD

Institution: **Original:** ☐ **Date:**

Project title: **Revision:** ☐ **Date:**

ORIGINAL CERTIFICATION

I hereby certify, on the basis of the information contained in Forms 1 through 5 of this capital project submittal and all attached supporting documentation, if appropriate, that the Governing Board approved the original submission of this project at its meeting on _____.

Certified:

_____ _____

Printed Name of President/Chancellor Signature

REVISED SUBMISSION CERTIFICATION

I hereby certify that the Governing Board approved this Revised Submission at its meeting on _____.

Certified:

_____ _____

Printed Name of President/Chancellor Signature