

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

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BUDGET & CONTROL BOARD  
OFFICE OF STATE BUDGET

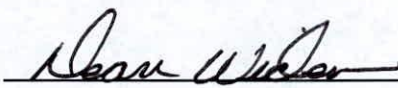
AGENCY NUMBER: R400

NAME: SC Department of Motor Vehicles

## 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 Dean Widener  
Title Chief, Inventory Management  
Date 3-12-15

## 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

Kevin A. Shwedo, Executive Director  
Typed Name and Title

Chief Financial Officer

  
Signature

Trish Blake, Director of Administration  
Typed Name and Title

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

Name: Dean Widener  
Name: Trish Blake

Phone 803-896-3943  
Phone 803-896-9024

## 2014 CPIP: TABLE OF CONTENTS

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9. B&CB Form C2, Listing of Projects Proposed for 2019-20	

## 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:

R40

NAME:

SC Department of Motor Vehicles

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?**

Most of the DMV locations are acceptable to perform the Agency's Mission; however, seven locations currently need renovations: Orangeburg, Florence, Mount Pleasant, Bluffton, North Myrtle Beach, Ladson, Charleston Leeds Avenue.

DMV is trying to move towards a larger online presence that will allow most of the transactions to be performed online thus lowering the need to come into a location; however, during the next few years, DMV will hit the first 10 yr DL renewal mark, increasing the need to come into a field office location.

Most of DMV's maintenance needs are handled internally. DMV is a non-appropriated State Agency and therefore, we must set aside cash for both MRO costs and Capital Improvements.

**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?**

DMV currently has an in-house maintenance staff who maintain our buildings and perform small projects on our Field Office locations statewide. DMV has a budget set aside for MRO of all the DMV offices of 1.8M that funds everything from the maintenance staff to the utilities, custodial and grounds contracts.

**3. What are your facility replacement and addition needs?**

DMV has Seven locations that we are looking to renovate, see item 1 above. ( In addition to the seven above, we have already obtained approval to renovate the Anderson DMV Field Office.)

Other than the seven locations above, DMV is reviewing and right-sizing our needs for the remaining offices based on our online presence and future trends.

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

DMV is currently working to ensure all of our DMV Offices are ADA Compliant. Most of the work will be done by our in-house staff but some locations will require outside contractors. During the process of renovating Anderson, Orangeburg and Florence, we will bring those offices up to current ADA Standards. Most of our focus will be the "under 100,000 dollar projects" for the next three to five years.

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

AGENCY NUMBER: R400

NAME: South Carolina Department of Motor Vehicles

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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
<b>1. NUMBER OF PROPOSED PROJECTS</b> (from Forms C2)	3.00	2.00	2.00			7
<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						
7 Federal						
8 Athletic						
9 Other	1,100,000.00	700,000.00	700,000.00			2,500,000.00
<b>TOTAL</b>	1,100,000.00	700,000.00	700,000.00			2,500,000.00

## 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: R40C

NAME: South Carolina Department of Motor Vehicles

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PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 X

2: 2016-17   

3: 2017-18   

4: 2018-19   

5: 2019-20   

PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Orangeburg SC DMV	350,000.00	DMV Misc Revenue
2	Florence SC DMV	400,000.00	DMV Misc Revenue
3	Mount Pleasant SC DMV	350,000.00	DMV Misc Revenue
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
TOTAL		1,100,000.00	

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

Page \_\_\_\_\_

Agency Number: R40 Name: SC Department of Motor Vehicles

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 ☐ 2: 2016-17 ☐

1. Project Name: Orangeburg SC DMV Renovation

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

2. Project Priority: 1 of 3 in Plan Year

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

## 5. What is the project?

The project is to renovate the current DMV location constructed during the 1970's. The renovations will address the flow of customers throughout the building, add an enclosed testing room, and update the front counters expanding the customer service stations from 8 counters to 12. Additionally, we will upgrade the HVAC system by removing one large unit and installing 3-4 small units for better air flow.

This project will also address any Asbestos abatement and ADA issues encountered.

## 8. Total estimated project cost:

1. _____	Land Purchase	Land	_____	Acres
2. _____	Building Purchase	Floor Space:	_____	Gross Square Feet
3. <u>20,000.00</u>	Professional Services Fees			
4. <u>100,000.00</u>	Equipment and/or Materials	Information Technol	<u>35000</u>	_____
5. _____	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Feet
7. <u>135,000.00</u>	Renovations - Building Interior	Floor Space:	_____	Gross Square Feet
8. <u>40,000.00</u>	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. <u>25,000.00</u>	Abatement			
18. <u>30,000.00</u>	Contingency			
<u>\$ 350,000.00</u>	<b>TOTAL PROJECT BUDGET</b>			

The total projected cost of this project is \$\_\_\_\_\_.

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

## 6. Why is the project needed?

To address the aging and declining condition of this building and accessibility of this office for the general public and our customers.

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

SCDMV will consider all options for this location, including relocation if moving is financially viable.

## 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. _____	Appropriated State	
7. _____	Federal	
8. _____	Athletic	
9. <u>350,000.00</u>	Other* ( DMV Misc Revenue	)
<u>\$ 350,000.00</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	\$ _____
(3) Total Project Cost	\$ _____

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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Agency Number: R40 Name: SC Department of Motor Vehicles

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 ☐ 2: 2016-17 ☐

1. Project Name: Florence SC DMV Renovation

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

2. Project Priority: 2 of 3 in Plan Year FY16

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

## 5. What is the project?

The Project is to renovate the Florence DMV office expanding into underutilized space on the vacated District Office side of the building. By renovating the building, DMV will be able to double our front counter space, upgrade the ADA Restrooms, Abate all Asbestos and upgrade the office to current standards.

## 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			
4. <u>115,000.00</u>	Equipment and/or Materials	Information Technol	<u>35000</u>	_____
5. _____	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Feet
7. <u>170,000.00</u>	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. <u>50,000.00</u>	Other Asbestos Abatement			
18. <u>40,000.00</u>	Contingency			
<u>\$ 400,000.00</u>	<b>TOTAL PROJECT BUDGET</b>			

The total projected cost of this project is \$\_\_\_\_\_.

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

## 6. Why is the project needed?

This project is needed to handle the increased customers in the Florence County area.

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

Relocation of existing building, renovation of existing building or attempt to draw customers to outlying DMV offices that do not have a high customer base.

## 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. _____	Appropriated State
7. _____	Federal
8. _____	Athletic
9. _____	Other* ( DMV Misc Revenue )
<u>\$</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	\$ _____
(3) Total Project Cost	\$ _____

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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Agency Number: R40 Name: SC Department of Motor Vehicles

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 ☐ 2: 2016-17 ☐

1. Project Name: Mount Pleasant SC DMV Renovation

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

2. Project Priority: 3 of 3 in Plan Year

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

## 5. What is the project?

Relocation of this office to increase the number of customer service counters and customer waiting area. All construction will include SCDMV's unique requirements to serve the DMV customers.

DMV is working with State Property Leasing on space so no project estimate is currently available at this time

## 8. Total estimated project cost:

- |           |                                 |                             |          |                   |
|-----------|---------------------------------|-----------------------------|----------|-------------------|
| 1. _____  | Land Purchase                   | Land                        | _____    | Acres             |
| 2. _____  | Building Purchase               | Floor Space:                | _____    | Gross Square Feet |
| 3. _____  | Professional Services Fees      |                             |          |                   |
| 4. _____  | Equipment and/or Materials      | Information Technology      | \$ _____ |                   |
| 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. _____ | Contingency                     |                             |          |                   |
| \$ _____  |                                 | <b>TOTAL PROJECT BUDGET</b> |          |                   |

The total projected cost of this project is \$\_\_\_\_\_.

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

## 6. Why is the project needed?

DMV has expanded within the current space that we lease from Charleston County and no other space is available at this location.

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

We do not own this property so the two alternatives are to relocate into a leased building or purchase a location in the area.

## 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. _____ | Appropriated State          |
| 7. _____ | Federal                     |
| 8. _____ | Athletic                    |
| 9. _____ | Other* ( )                  |
| \$ _____ | <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        | \$ _____ |
| (3) Total Project Cost          | \$ _____ |

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

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

1. AGENCY

Code R40 Name SC Department of Motor Vehicles

2. PROJECT

No. 1 Name Orangeburg SC DMV Renovation

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
FY17			\$1,000.00	\$ 1,000.00
FY18			\$1,000.00	\$ 1,000.00
FY19			\$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.).

SCDMV Misc Revenue

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:

\_\_\_\_\_  
Signature of Authorized Official and Title

\_\_\_\_\_  
Date

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

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

1. AGENCY

Code R40 Name \_\_\_\_\_

2. PROJECT

No. 2 Name Florence SC DMV Renovation

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

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

SCDMV Misc Revenue

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:

\_\_\_\_\_  
Signature of Authorized Official and Title

\_\_\_\_\_  
Date

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

Page \_\_\_\_\_

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

1. AGENCY  
Code R40      Name SC Department of Motor Vehicles

2. PROJECT  
No. 3      Name Mount Pleasant SC DMV Renovation

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)				\$
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>
Unknown at this time, Performing a	_____
Property Search now	_____
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:

\_\_\_\_\_  
Signature of Authorized Official and Title

\_\_\_\_\_  
Date

## 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: \_\_\_\_\_ NAME: \_\_\_\_\_

Page \_\_\_\_\_

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 ____	2: 2016-17 <u>X</u>	3: 2017-18 ____	4: 2018-19 ____	5: 2019-20 ____
-----------------	---------------------	-----------------	-----------------	-----------------

PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Bluffton SC DMV	350,000.00	DMV Misc Revenue
2	North Myrtle Beach SC DMV	200,000.00	DMV Misc Revenue
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
<b>TOTAL</b>		550,000.00	

# 2015 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

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Agency Number: R40 Name: SC Department of Motor Vehicles

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 ☐ 2: 2016-17 ☐

1. Project Name: Bluffton SC DMV Renovations

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

2. Project Priority: 1 of 2 in Plan Year

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

## 5. What is the project?

Renovation and/or expansion of the Bluffton DMV office to accomodate SCDMV customer base in the Beaufort County Area.

## 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      |                     |              |                   |
| 4. <u>140,000.00</u> | Equipment and/or Materials      | Information Technol | <u>40000</u> | _____             |
| 5. _____             | Site Development                |                     |              |                   |
| 6. _____             | New Construction                | Floor Space:        | _____        | Gross Square Feet |
| 7. <u>155,000.00</u> | 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>30,000.00</u> | Contingency                     |                     |              |                   |
| <u>\$ 350,000.00</u> | <b>TOTAL PROJECT BUDGET</b>     |                     |              |                   |

The total projected cost of this project is \$\_\_\_\_\_.

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

## 6. Why is the project needed?

SCDMV is tracking increased transaction rates at this office over the last 5 years. To handle the increased workload, DMV needs to increase the Customer Service counters to handle the customers.

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

DMV will look at both renovation of the current location or leasing existing property.

## 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. _____             | Appropriated State          |   |
| 7. _____             | Federal                     |   |
| 8. _____             | Athletic                    |   |
| 9. <u>350,000.00</u> | Other* ( DMV Misc Revenue   | ) |
| <u>\$ 350,000.00</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 \$ \_\_\_\_\_
- (3) Total Project Cost \$ \_\_\_\_\_

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

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Agency Number: R40 Name: SC Department of Motor Vehicles

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 2: 2016-171. Project Name: North Myrtle Beach SC DMV Renovations2. Project Priority: 2 of 2 in Plan Year

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

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

**5. What is the project?**

The project is needed to expand or relocate the North Myrtle Beach DMV office. The North Myrtle Beach Office currently has 5 Customer Service Counters. To accommodate the growing customer base in Horry County, DMV needs to expand to seven Customer Service Counters.

**8. Total estimated project cost:**

1. _____	Land Purchase	Land	_____	Acres
2. _____	Building Purchase	Floor Space:	_____	Gross Square Feet
3. <u>20,000.00</u>	Professional Services Fees			
4. <u>20,000.00</u>	Equipment and/or Materials	Information Technology	\$	<u>15,000.00</u>
5. _____	Site Development			
6. _____	New Construction	Floor Space:	_____	Gross Square Feet
7. <u>140,000.00</u>	Renovations - Building Interior	Floor Space:	<u>1,750</u>	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>20,000.00</u>	Contingency			
\$ <u>200,000.00</u>	<b>TOTAL PROJECT BUDGET</b>			

The total projected cost of this project is \$ 200,000.

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

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

Given the rate of growth in Horry County, SCDMV needs to add customer service stations to accommodate customer demand and to keep wait times under 20 minutes.

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

DMV will look at renovating the current location or the possibility of relocating to another location. A decision will be made based on the long term cost of renovating or relocating.

**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. _____	Appropriated State	
7. _____	Federal	
8. _____	Athletic	
9. <u>200,000.00</u>	Other* (	)
\$ <u>200,000.00</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	\$ _____
(3) Total Project Cost	\$ _____

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

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

1. AGENCY

Code R40 Name South Carolina Department of Motor Vehicles

2. PROJECT

No. 1 Name Bluffton SC DMV Renovations

PROJECT PROPOSED FOR PLAN YEAR (Check One): 

1: 2015-16 <u>    </u>	2: 2016-17 <u>X</u>
------------------------	---------------------

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)				\$

(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:

\_\_\_\_\_  
Signature of Authorized Official and Title

\_\_\_\_\_  
Date

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

Page

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

1. AGENCY

Code R40 Name South Carolina Department of Motor Vehicles

2. PROJECT

No. 2 Name North Myrtle Beach SC DMV

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.).

Misc DMV Revenue

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.

COST FACTORS

AMOUNT

1. Rent if DMV relocates to another location	
2. Costs are unknown at this time due to possible	
3. property search	
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: R40

NAME: South Carolina Department of Motor Vehicles

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PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2015-16 \_\_\_\_

2: 2016-17 \_\_\_\_

3: 2017-18 X

4: 2018-19 \_\_\_\_

5: 2019-20 \_\_\_\_

PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Ladson SC DMV	350,000.00	DMV Misc Revenue
2	Charleston, Leeds Avenue SC DMV	350,000.00	DMV Misc Revenue
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
TOTAL		700,000.00	