**Program Statement**

Project Name:

Campus:

Date:

Prepared by:

Campus Project No:

Phone:

(The Program Statement, with the supporting Architectural Program, are submitted for project review. The Program Statement is then submitted to the Board of Regents for approval. Narrative sections of the Program Statement should succinctly describe the project and information from the Architectural Program.)

1. **Introduction**
   1. **Background and history**
   2. **Project description**
   3. **Purpose and objectives**
2. **Justification of the Project** 
   1. **Data that supports the funding request**
   2. **Alternatives considered**
3. **Location and site considerations** 
   1. **County:**
   2. **Town or campus:**
   3. **Proposed site**
   4. **Statewide building inventory:**
   5. **Influence of project on existing site conditions**
      1. **Relationship to neighbors and environment**
      2. **Utilities**
      3. **Parking & circulation**
4. **Comprehensive Plan Compliance**
   1. **Compliance with the University of Nebraska Strategic Framework, Campus Roles and Mission and Campus Strategic Plan.**
   2. **Consistency with the agency comprehensive capital facilities plan**
   3. **Consistency with the current version of the CCPE Project Review Criteria/Statewide Plan**
5. **Analysis of existing facilities**
   1. **Function and purpose of existing programs as they relate to the proposed project**
   2. **Square footage of existing areas**

See Table 6.B.1

* 1. **Utilization of existing space by facility, room and/or function**
  2. **Physical deficiencies**
  3. **Programmatic deficiencies**
  4. **Replacement cost of existing building**

1. **Facility Requirements and the Impact of the Proposed Project**
   1. **Functions and purpose of the proposed program**
      1. **Activity identification and analysis**
      2. **Projected occupancy/use levels**
         * **Personnel projections**
         * **Describe/justify projected enrollments/occupancy**
   2. **Space requirements**
      1. **Square footage by individual areas and/or functions**



**Table 6.B.1**

* + 1. **Basis for square footage/planning parameters**

(Include explanation of probable required non-assignable spaces.)

* + 1. **Square footage difference between existing and proposed areas**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Existing** | **Proposed** | **Difference** |
| **Net Square Feet** |  |  |  |
| **Gross Square Feet** |  |  |  |

**Table 6.B.3**

* 1. **Impact of the project on existing space**
     1. **Reutilization and function(s)**
     2. **Demolition**
     3. **Renovation**

1. **Equipment Requirements**
   1. **List of available equipment for reuse**
   2. **Additional Equipment** 
      1. **Fixed equipment**
      2. **Movable equipment**
      3. **Special or technical equipment**
2. **Special Design Considerations**
   1. **Construction Type**
   2. **Heating and Cooling Systems**
   3. **Sustainability**
   4. **Life Safety/ADA**
   5. **Security**
   6. **Historic or architectural significance**
   7. **Artwork**
   8. **Phasing**
   9. **Future expansion**
   10. **Other**
3. **Project Budget & Fiscal Impact**
   1. **Cost Estimate Criteria**
      1. **Identify recognized standards, comparisons and sources**
      2. **Identify year and month on which estimates are made and inflation factor used**
      3. **Net and gross square feet**

|  |  |
| --- | --- |
| Net Square Feet |  |
| Gross Square Feet |  |

* + 1. **Project cost per net and gross square foot**

|  |  |
| --- | --- |
| Net Square Feet |  |
| Gross Square Feet |  |

* + 1. **Construction cost per gross square foot**
  1. **Total project cost**

|  |  |
| --- | --- |
| **Construction** |  |
| General Construction |  |
| Fixed Equipment |  |
| Site Work/Utilities |  |
| Construction Contingency |  |
| **Total Construction Cost** |  |
|  |  |
| **Non-construction** |  |
| Project Planning |  |
| Professional Consultant Fees |  |
| Professional In-house |  |
| Equipment - Movable |  |
| Equipment - Special/Technical |  |
| Land Acquisition |  |
| Artwork |  |
| Other |  |
| Non-Construction Contingency |  |
| **Total Non-construction Cost** |  |
|  | |
| **Total Project Cost** |  |

**Table 9.B**

* 1. **Fiscal impact based on first full year of operations**

(Include proposed funding sources and percentage of each)

* + 1. **Estimated additional operational and maintenance costs per year**
    2. **Estimated additional programmatic costs per year**

1. **Funding**
   1. **Total funds required:**
   2. **Project Funding Sources:**

|  |  |  |
| --- | --- | --- |
| **Funding Sources** | **Amount** | **% Total** |
| State Funds |  |  |
| Cash funds |  |  |
| Federal funds |  |  |
| LB 309 funds |  |  |
| Revenue bonds |  |  |
| Private donations |  |  |
| Other sources |  |  |
| **Total** | **$** | **0%** |

**Table 10.B**

* 1. **Fiscal year expenditures**

|  |  |
| --- | --- |
| **Fiscal Year** | **Expenditures** |
| FY2017-2018 |  |
| FY2018-2019 |  |
| FY2019-2020 |  |

**Table 10.C**

1. **Timeline**

|  |  |
| --- | --- |
| 1. **Program Statement** |  |
| 1. **Funding** |  |
| 1. **Professional consultant(s) selection** |  |
| 1. **Intermediate Design Documents** |  |
| 1. **Receive bids for construction** |  |
| 1. **Award of contract and start of construction** |  |
| 1. **Completion of construction** |  |
| 1. **Date to Occupy** |  |

1. **Higher Education Supplement**
   1. **Coordinating Commission for Postsecondary Education (CCPE) Review**
      1. CCPE review is required.
      2. CCPE review is not required.
   2. **Method of Contracting**
      1. **Identify method**
      2. **Provide rationale for method selection**