

# **Lamar State College Port Arthur**

## **Facilities Space Reporting Procedures**

**2019**

## Purpose and Overview

This manual is intended to document the processes at Lamar State College Port Arthur (LSCPA) to meet the Texas Higher Education Coordinating Board (THECB) requirements for space reporting.

LSCPA is committed to meeting the standards prescribed by the THECB as described below:

1. Rooms are identified by a unique alphabetic or numeric code.
2. Space use codes and functional category codes accurately reflect actual use.
3. Classification of Instructional Programs (CIP) codes identifies academic disciplines, instructional programs and departments.
4. Prorated use accurately reflects the time used for each function.
5. Reported room area (square footage) is accurate and verifiable.
6. Reported educational and general (E&G) room area is accurate and verifiable.
7. Inventory control systems are in place and in use:
  - a) Facility inventory systems are formal processes that are efficient, effective and enforced.
  - b) Reporting mechanisms are effective for providing feedback for data input.
  - c) Changes are reflected in the facilities inventory data in a timely and accurate manner.
  - d) Inventory data is reconcilable and compatible between internal and external reporting.

### **LSCPA facilities space reporting through the following control procedures:**

1. Surveys, Reports and Audits.
2. Project Management Process.
3. Systems and software.

### ***Surveys, Reports and Audits***

#### **Surveys**

***Who:*** Facilities Review Committee Accountant (who handles property), Coordinator of Institutional Research and Reporting and the Classroom Scheduling Coordinator).

***Frequency:*** Twice a year, prior to each long semester (Fall and Spring).

***Scope:*** The Facilities Review Committee conducts campus-wide surveys of facilities and reconciles the current THECB Facilities Inventory list to the planned utilization for the upcoming semester. Also, any renovations, modifications in room capacity or usage and personnel changes are noted during surveys.

Data revisions are compiled by the Accountant who documents the changes, updates the space inventory data and submits updated data to the THECB.

## **Reports**

**Who:** Department representatives, Deans, Chairs, Directors, other Campus Leadership, and anyone who is aware of changes or modifications in room capacity or usage or personnel.

**Frequency:** As changes occur.

**How:** Documentation, Email Notifications, Informal Telephone Calls and Drawings.

**Scope:** Space changes or errors discovered at times other than formal audits or surveys may be reported directly to the Accountant at any time. This includes changes to an existing room's size, capacity, type, use, coding or room number assignment. In addition to other formal processes, the LSCPA Facilities Change of Space and Allocation Request Form, spreadsheets, email notifications and informal phone calls may be used to document and track changes to space inventory records. In addition, the LSCPA Physical Plant department maintains drawings (architectural and/or CAD) of the relevant facilities on campus.

## **Audits**

**Who:** THECB Peer Review Team

**Frequency:** A five year audit cycle established by the THECB.

**Scope:** THECB staff will generate a random sample of 35 (minimum) educational and general (E&G) rooms from LSCPA's certified inventory of buildings and rooms reported and on file at the THECB. The THECB Peer Review Team will follow the Facilities Audit Protocol established by the THECB and available on the THECB website.

## ***Project Management Process***

**Who:** Project Planning Committee (generally consisting of President, VP of Academic Affairs, Executive VP for Finance and Operations, Dean of Student Services, Director of Physical Plant and Director of Purchasing).

**Frequency:** As needed.

**Scope:** Small and large projects involving physical alteration to existing space or new construction projects involving incremental additions to space are managed by the Project Planning Committee.

The Committee ensures projects are appropriately reviewed, approved and funded in compliance with the policies of the Texas State University System and the THECB.

## ***Reporting Process – Other Roles and Responsibilities:***

### **Accountant (who handles property)**

The Accountant in coordination with the Facilities Review Committee and other Campus-wide representatives (as previously described) is responsible for assigning and/or verifying space use, functional category and Classification of Instructional Program (CIP) codes. The Committee also reviews room identification, prorated use of institutional space, room capacity and reported room area. The Accountant compiles inventory space data changes and is responsible for updating and reporting CBM11 and CBM14 data to the THECB.

### Coordinator of Institutional Research and Reporting

The Institutional Research and Reporting Coordinator plays a vital role providing information for planning and decision making in administrative and academic capacities. The Coordinator also provides official approved LSCPA data to the state and federal government, other external agencies and the LSCPA administration, faculty and staff. The Coordinator is responsible for CBM005 reporting to the THECB and ensures CBM005 Building and Room Usage data validates with the CBM11 and CBM14 data submitted by the Accountant.

### ***Systems and Software***

#### Systems

The THECB system housing CBM data including CBM11 (Room data) and CBM14 (Building data).

#### Software

The software utilized for THECB uploads and reporting including FTP (File Transfer Protocol software), Ellucian/Banner software, Microsoft Word, Excel and Notepad.

## LAMAR STATE COLLEGE PORT ARTHUR CHANGE OF SPACE AND ALLOCATION REQUEST FORM

I. CONTACT INFORMATION	
Requesting Department:	Date:
Name:	
Phone:	Email:
II. SPACE CHANGE	
<p>A. Change that <b>increases or decreases room or building square footage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes see below)</p> <p>A. 1. Building Name: _____</p> <p>A. 2. Room Number: _____</p> <p>A. 3. Change square footage From: _____ To: _____</p>	
<p>B. Change in <b>Capacity</b> of a <b>classroom, class lab, meeting or assembly</b> room? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes see below)</p> <p>B. 1. Building Name: _____</p> <p>B. 2. Room Number: _____</p> <p>B. 3. Change Room Capacity From: _____ To: _____</p>	
<p>C. Change Affecting How a room is utilized (Purpose or function of the room) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes see below)</p> <p>C. 1. Building Name: _____</p> <p>C. 2. Room Number: _____</p> <p>C. 3. Space will be used for: <input type="checkbox"/> Instruction _____ % General Academic _____ % Vocational/Technical  <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Support  <input type="checkbox"/> Other, please specify _____</p> <p>C. 4. Space will be used by: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Students  <input type="checkbox"/> Other, please specify _____</p> <p>C. 5. Briefly describe this change and any special considerations. <i>(Use additional sheet if necessary)</i></p>	
<p>D. Relocation of faculty, staff or others from one location to another. <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes see below)</p> <p>D. 1. <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other, please specify _____</p> <p>D. 2. From Building: _____ To Building: _____</p> <p>D. 3. From Room: _____ To: Room: _____</p> <p>D. 4. If Faculty: Please provide Name, Title, Department, Academic Discipline and if courses taught are degree related or non-degree related or Not Applicable. (All fields are required)  Name: _____  Title: _____  Department: _____  Academic Discipline: _____  Courses Taught : Degree Related: _____ % Non-Degree Related: _____ % Not Applicable _____</p> <p>D. 5. If Staff: Please provide Name, Title and Department.  Name: _____  Title: _____  Department: _____</p> <p>D. 6. If Other: Please provide Name, Title and Job duties.  Name: _____  Title: _____  Job duties: _____</p>	

E. Other change that does not fit in Sections A-D above?  Yes  No (If Yes see below)

E. 1. Building Name: \_\_\_\_\_

E. 2. Room Number: \_\_\_\_\_

E. 3. Describe the change:

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F. If the space is to be shared – list the departments sharing the space and the proration of the utilization.

Department # 1 Name: \_\_\_\_\_ % of time used \_\_\_\_\_

Department # 2 Name: \_\_\_\_\_ % of time used \_\_\_\_\_

*Sum must equal 100%*

III. AUTHORIZATION SIGNATURES	
Department Chair or Department Head:	Date:
Comments:	
Executive Vice President for Finance and Operations:	Date:
Comments:	
President:	Date:
Comments:	
Vice President of Academic Affairs:	Date:
Comments:	
Director of Physical Plant (Only if renovations or alterations are involved):	Date:
Comments:	
Coordinator of Institutional Research:	Date:
Comments:	

Submit completed request with the proper signatures to the Accountant in the Business Office who handles property management.