# Appendix Book - November 13, 2025 Board of Regents Meeting

UNTS Acronym List

- UNTS Acronym List rv 3.3.21

AUDIT COMMITTEE

- Compliance Background Reports
  - UNT FY25 4th Quarter Compliance BOR Executive Report
  - UNT Health FY26 Quarter 1 BOR Compliance Report
  - UNT Dallas FY25 4th Quarter Compliance BOR Report

STRATEGIC INFRASTRUCTURE COMMITTEE

- 11.06.2025 Presentation to Committee
  - UNT Investment Strategy and Deferred Maintenance Backlog

# UNT System Acronym List

| | |
|---|---|
| **ACT** | American College Testing: a standardized test used for college admissions |
| **ASF** | Assignable Square Feet |
| **AUX** | Auxiliary Reserves |
| **BOR** | Board of Regents |
| **BSC** | Business Service Center |
| **BSS** | Business Support Services |
| **CAE** | Chief Audit Executive |
| **CAFR** | Comprehensive Annual Financial Report |
| **CIA** | Chief Internal Auditor |
| **CIP** | Capital Improvement Plan |
| **CIP** | Construction in Progress |
| **CM** | Construction Manager |
| **CMAR** | Construction Manager at Risk |
| **CO** | Change Order |
| **COL** | College of Law |
| **CP** | Commercial Paper |
| **DEI** | Diversity, Equity and Inclusion |
| **FTE** | Full Time Equivalent: generally used in reference to Full Time Student Equivalent (FTSE) but can also be used in reference to Full Time Faculty Equivalent (FTFE). See FTSE or FTFE below for definitions. |
| **FTIC** | First Time in College: a student who has never enrolled in a college or university. Students who have earned college credits only through dual credit courses are still considered FTIC. |

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| **FTSE** | Full Time Student Equivalent: is computed by dividing headcount enrollment by a set number of semester credit hours based on the rank of the student (Undergraduate FTSE = 15 SCH; Masters and Special Professional FTSE = 12 SCH; Doctoral FTSE = 9 SCH). FTSE is generally lower than headcount enrollment because of part time students. |
| **FTFE** | Full Time Faculty Equivalent: a measure of instructional faculty calculated from the percent of time directly related to teaching. |
| **FY** | Fiscal Year |
| **GAI** | General Academic Institution |
| **GMAT** | Graduate Management Admission Test: a standardized test for admission into graduate programs of business schools. |
| **GME** | Graduate Medical Education: clinical training following graduation from medical school leading to specialty certification. Texas, like most states, requires one year of graduate medical education to be eligible for state licensure. Also called residency training. |
| **GSF** | Gross Square Feet |
| **HEAF** | Higher Education Assistance Fund (also known as HEF) |
| **HERRF** | Higher Education Emergency Relief Fund |
| **HR** | Housing Reserve |
| **HR** | Human Resources |
| **HRI** | Health-Related Institution |
| **HSC** | Health Science Center |
| **HUB** | Historically Underutilized Business |
| **IA** | Internal Audit |
| **LAR** | Legislative Appropriations Request |
| **MCAT** | Medical College Admission Test: a standardized test for admission into medical school |
| **MP** | Master Plan |

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| **NACUBO** | National Association of College and University Business Officers |
| **OBS** | Office of the Board Secretary |
| **OGC** | Office of General Counsel |
| **OGCA** | Office of Grants & Contract Administration |
| **OFPC** | Office of Facilities Planning and Construction |
| **P3** | Public-Private Partnership (also known as PPP) |
| **PM** | Project Manager |
| **PP** | Private Placement |
| **PUF** | Permanent University Fund: a sovereign wealth fund created by the State of Texas to support higher education at the University of Texas System and Texas A&M System, but not other public higher education systems or institutions in Texas |
| **PSAT** | Preliminary Scholastic Aptitude Test: used to prepare high school students who plan to take the SAT for admission to college. (See SAT below) |
| **QEP** | Quality Enhancement Plan**:** required for reaffirmation of accreditation by SACSCOC. The QEP describes a carefully designed and focused course of action that addresses a well-defined topic or issue(s) related to enhancing student learning. |
| **RB** | Revenue Bonds |
| **RFP** | Request for Proposal |
| **RFQ** | Request for Qualifications |
| **RFS** | Revenue Financing System Bonds |
| **RPTC** | Reappointment, Promotion, and Tenure Committee |
| **RR** | Regents Rules |
| **SACS** | Southern Association of Colleges and Schools: a shortened abbreviation for "SACSCOC." (See below). |
| **SACSCOC** | Southern Association of Colleges and Schools Commission on Colleges: the recognized regional accrediting body for institutions of higher education that |

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| | award associate, baccalaureate, masters or doctoral degrees in eleven U.S. Southern states. |
| **SAT** | Scholastic Aptitude Test: A standardized test for college admissions. |
| **SCH** | Semester Credit Hour: the unit of measuring educational credit, usually based on the number of classroom/instructional hours per week throughout a term. |
| **SF** | Student Fees |
| **SF** | Square Feet |
| **SFP** | Statement of Financial Position |
| **SRECNP** | Statement of Revenues, Expenses and Changes in Net Position |
| **STEM** | Science, Technology, Engineering and Math |
| **TAMS** | Texas Academy of Mathematics and Science: the nation's first early college entrance residential program for gifted high school aged students |
| **THC** | Texas Historical Commission |
| **THECB** | Texas Higher Education Coordinating Board: a nine member board appointed by the Governor that provides coordination of higher education in Texas and was created by the Texas Legislature in 1965. |
| **TRB** | Tuition Revenue Bond |
| **T/TT** | Tenured/Tenure Track Faculty: faculty who hold the ranks of assistant professor, associate professor, and professor prior to or after the awarding of tenure. |
| **VC** | Vice Chancellor |

# Executive Report

**To**: University of North Texas System Board of Regents, Audit Committee

**From**: Clay Simmons, Vice President and Chief Integrity Officer

**Dept.:** University of North Texas, University Integrity and Compliance


**SUMMARY:**

This report provides an overview of the University of North Texas' (UNT) compliance and ethics program activities for the fourth quarter of FY25. The Office of University Integrity and Compliance (UIC) continues to strengthen institutional compliance through risk assessment, policy management, training, monitoring, and investigative efforts. This report outlines key developments, ongoing initiatives, and areas of focus to ensure the university maintains a robust and effective compliance framework.


**PURPOSE**:

The purpose of this report is to inform the Board of Regents of the progress and effectiveness of UNT's compliance and ethics program, and to highlight strategic initiatives that support a culture of integrity and accountability across the institution.

**ASSESSMENT:**

## Risk Assessment

UIC completed its FY25 Workplan. Of the 23 projects on the workplan, all were completed except three. The completion of the Visiting Collaborators policy is pending and only needs final OGC approval to finalize. Two projects, College Scholarship Administration and International Compliance Program Development, were continued to the next fiscal year per plan.

UIC also completed and obtained approval for the FY26 Risk Assessment. Based on this risk assessment, the FY26 Workplan was also created and approved by the UNT Executive Compliance Committee. UIC worked closely with Internal Audit and Enterprise Risk Management to develop the risk assessment and is aligned with UNT System's ERM process.

## Policies and Procedures

UNT policies are currently 99% up to date for purposes of our six-year review goal, leaving one policy pending update. That policy has been approved but is on hold due to a university review of the associated program. There are currently 18 policies in the review process. As a reminder, UNT policies may be revised at any time to address changes in law, university practice, or for other reasons. We are currently revising policies impacted by the recent legislative session and changes to law that occurred this year.

UIC continues to retire policies that are no longer useful or that are better contained in other document repositories, with a goal of streamlining governance and eliminating redundancy. As UNT System functions continue their efforts to implement System regulations, additional UNT policies may be retired as they become superseded.

## Training and Communications

Compliance training completion percentages remain strong for required Title IX and FERPA training modules, ranging in the expected mid 90s for faculty (92%, 95%) and staff employees (95%, 96%). Student employees are lagging in all required modules with scores just below 90%. The required ethics policy completion numbers are much lower due to timing.

The revised Ethics module was rolled out on August 7 with a 60-day completion requirement (Oct. 1), and these numbers were pulled on September 26. Currently, Ethics compliance is at 51% for faculty, 41% for staff, and 66% for students. This is not unusual as many employees wait until the due date to complete their training. UIC expects to see completion percentages of at least 90%, which is our risk threshold. However, 94-97% is an achievable range and one we try to meet. UIC will continue to monitor training completion as we hit the required due date and will take action to increase compliance if problems are discovered.

The UNT System contract for the Learning Management System (LMS) was successfully extended for an additional two years, including increases in the number of licenses available to the System. Administration of the LMS, and the associated UNT Training team, were absorbed by HR effective September 1.

## Reporting and Accountability

UIC received 23 reports for this quarter, which is slightly above our three-year average of 20. Of the reports submitted this quarter, 14 are closed and nine are still under review. Of the 14 closed reports, eight did not contain enough information for investigation or were inquiries or management issues. Of the six closed cases which were investigated, five were unsubstantiated, and in one, the substantiation was undetermined. A look at trend data indicates that our number of reports for FY25, which was 104, matched the 104 reports recorded in FY24. This increase is substantially over our three-year average of 89 annual reports. This is most likely the result of an effort in 2023 to increase the visibility of the Trust Line to university employees and continued efforts in this area.

## Periodic Testing and Review

UIC work on compliance with Texas Education Code 51.3525 (SB17) is still ongoing. UIC continues to assist units to determine the allowability of proposed activities and to identify and resolve existing activities across the institution. UIC has also transitioned to targeted work on certain SB17 topics that were identified during previous reviews across the institution. Our current task is engaging all UNT colleges to report all scholarships awarded under their control. These scholarships will be reviewed by the colleges for potential SB17 issues and reported to UIC, which will review the work conducted by the colleges. An initial test of three colleges was completed during the fourth quarter, and the remaining colleges are to review their scholarships by October 1. UIC is working closely with Advancement and Student Financial Aid to ensure an accurate and comprehensive review is conducted.

UIC is assisting Research Integrity and Compliance (RIC) with improvements to the research security program in response to new laws passed by the 89th Legislature. RIC is spearheading this effort with UIC support and oversight. The state legislature passed two bills in 2025 that place additional requirements on institutions of higher education to build out a research security program, and we are actively developing this program. A project plan with implementation timelines has been established and is being monitored by UIC. Initial work is underway, and progress has been made. To date, the System has designated a Research Security Officer, and UNT has proposed a new Research Security Organization Chart with additional FTEs and established a Research Security Committee to oversee and inform the research security program.

Overall progress in meeting the elements of the implementation plan is at 8%, just short of the 11% anticipated. This shortfall was caused by revisions necessary to the research security policy draft, which is underway. We anticipate that the program will be brought back on track during the next quarter.

Finally, UIC is working closely with the System Chief Compliance Officer to establish Key Performance Indicators for the compliance program to track and evaluate the operation of the program. This project is slated to be finished in the first quarter of FY26.

# Executive Report

**To**: University of North Texas System Board of Regents, Audit Committee

**From**: Desiree K. Ramirez, CCEP, CHC, Chief Integrity and Privacy Officer

**Dept:** University of North Texas Health Science Center at Fort Worth
Office of Institutional Integrity and Awareness

**SUMMARY:**
This serves as the UNT Health FY2026 First Quarter compliance report on the effectiveness of compliance program to UNT Board of Regents Audit Committee. This is provided in accordance with the UNT System Audit Committee charter.

## Determining and Defining Integrity *(DOJ Evaluation- Is the program well designed?)*

*Establishing clear principles and standards that guide ethical behavior and decision-making.*

### Policies and Policy Management

Policy engagement significantly increased this quarter, with PolicyTech access 12,895 times. This represents a 54.7 percent rise from the previous quarter. The most frequently viewed policies focused on minors on campus, workplace violence, and discrimination or sexual misconduct. Policy review compliance improved substantially. Ninety-nine percent of policies were reviewed on time, with only one percent overdue, compared to 73 percent overdue in Q3. Thirteen policy and procedure changes were implemented, primarily within Academic and Faculty Affairs and the College of Health Professions.

The Office of Institutional Integrity and Awareness (OIIA) provided targeted compliance support to the Donated Body Program. This included policy review and guidance to ensure regulatory standards are met. Protocols were developed for donor intake, documentation, and staff training, which continue to reinforce public trust in the program.

A new policy management framework was established. It includes a relaunched Policy Committee with broader institutional representation, ensuring diverse perspectives are reflected in policy development and review. The framework strengthens the existing process of scheduled policy reviews, making the cycle more systematic and predictable. It also promotes shared accountability and transparency through clear documentation of committee membership, review schedules, and policy changes, enhancing the overall effectiveness and responsiveness of policy oversight.

### Compliance and Ethics Committee

The Compliance and Ethics Committee, formerly known as the Compliance Advisory Council, serves as a cross-functional governance body that integrates key operational and academic stakeholders to provide comprehensive oversight of institutional compliance and ethics initiatives. This enhanced structure promotes early identification of risk and embeds compliance principles into core institutional operations.

A dedicated subcommittee is being established to address ethical dilemmas, assess ethical climate, and support programmatic ethics-related activities. Additionally, a Risk Committee has been formed under Strategy within the Division of the Chief of Staff. However, compliance and ethics risk assessments continue to fall under the purview of the Office of Institutional Integrity and Awareness (OIIA), ensuring alignment with institutional standards and regulatory expectations.

## Guiding Toward Integrity *(DOJ Evaluation- Is the program being effectively implemented?)*

*Promoting ethical behavior and decision-making through effective communication, education, active engagement, and comprehensive support.*

### Communication and Engagement

The *Integrity in Focus* newsletter continues to demonstrate strong engagement, with open rates reaching 78 percent in June and 76 percent in July. Notably, half of all recipients read each issue in its entirety, reflecting sustained interest in the content and themes. June's edition, *In Plain Sight: Integrity Isn't Hidden, It's Visible in Everything We Do*, emphasized how ethical behavior is embedded in everyday actions across UNT Health. July's theme, *The Integrity Mirror: The I Story*, encouraged personal reflection on growth and insights gained during spring training. Building on that momentum, the issue reinforced the message that integrity begins with each individual and is revealed through every choice.

### Training and Education

UNT Health sustained strong compliance with mandatory training requirements in Q4 FY25. Completion rates reached 82 percent for employees, 70 percent for new hires, and 62 percent for students. Certification for the Code of Culture achieved 57 percent completion, with targeted efforts underway to address overdue learners. Overall feedback on training was positive, particularly regarding interactive modules. Respondents expressed a preference for shorter content, improved navigation, and more role-specific assignments, offering valuable insights for future enhancements to the training experience.

### Strategic Plan

FY25 marked the first year of the *Legacy 2030* departmental strategic plan, leading into a transformative phase for the department. The Office of Institutional Integrity and Awareness (OIIA) prioritized embedding the integrity framework into department operational workflows to ensure alignment with the broader strategic vision. Key accomplishments included the revision and modernization of internal governance documents, the development of new training programs, most notably an upcoming module on artificial intelligence ethics to address emerging risks and promote responsible innovation and the consistent utilization of Microsoft Copilot to enhance meeting management and documentation practices.

The office also exceeded its team engagement target, reflecting strong internal buy-in and commitment to the strategic direction. While select initiatives were intentionally deferred to support deeper cross-functional coordination, 80 percent of strategic goals and half of the departmental strategic objectives are currently on track or have already been achieved, demonstrating solid early momentum.

## Monitoring Integrity *(DOJ Evaluation- Does the compliance program work in practice?)*

*Assessing and collecting valid and reliable data to ensure adherence to ethical standards and compliance policies, using passive and active methods to detect and prevent integrity violations.*

### Compliance and Ethics Risk Assessment

The Compliance and Ethics Risk Assessment process, which establishes institutional compliance and ethics risk profiles, has been actively monitored by the Office of Institutional Integrity and Awareness throughout FY25. This year's assessment identified several high-risk areas, including Clinical Documentation—particularly within Correctional Medicine—as well as International Compliance, Sponsored Programs, and Emergency Management. These findings will guide updates to internal controls, training initiatives, and monitoring strategies, which will in turn inform the FY26 compliance and ethics risk assessment and oversight efforts. Risk control details and updates implemented for the identified high-risk areas will be provided next quarter.

### Clinical Compliance

The Clinical Documentation Audit conducted for the Center for Older Adults reviewed 180 cases and identified key opportunities to strengthen documentation practices. The audit revealed areas where services were impacted due to regulatory considerations and documentation gaps, particularly in Evaluation and Management (E&M) coding and CPT/HCPCS entries. These findings offer a valuable foundation for targeted improvements and reinforce the department's commitment to enhancing compliance and clinical accuracy.

To support strategic goals focused on elevating core services and fostering innovation, a baseline audit was also completed across UNT Health clinical practice departments. The review demonstrated strong performance in billing accuracy, with most procedures and codes reported correctly. Opportunities for improvement included refining documentation practices, ensuring encounter-specific clinical notes, and enhancing provider education on coding guidelines.

Department-specific feedback emphasized the need for clearer teaching physician attestations, more precise procedural documentation, and improved billing practices for consultations and preventive services. The report encourages continued collaboration, leadership engagement, and targeted training to further advance compliance, accuracy, and service quality across the organization.

### Minors on Campus

This quarter, compliance support was provided to departments that include minors participating in campus activities; ensuring safe, well-supervised experiences for 120 youth across a range of academic and research programs. Participants engaged in pharmaceutical sciences research, public health education, health science enrichment, anatomy and physiology exploration, pediatric and women's health research, and health disparities studies.

Each program area was closely monitored for adherence to institutional policies and regulatory requirements. Faculty and staff received proactive guidance on documentation standards, supervision expectations, and safety protocols. These efforts reflect a strong institutional commitment to maintaining a compliant, secure, and enriching environment for all minors involved in campus-based initiatives.

### Research Security and International Compliance

The department continues to advance research security and international compliance efforts in close collaboration with Research and Innovation, the Office of General Counsel, and UNT Denton. Current initiatives focus on updating institutional policies, clarifying roles and responsibilities, and delivering targeted training to faculty and staff at UNT Health.

Collaborative meetings have addressed regulatory requirements related to export controls, international travel, and foreign collaborations. Concurrent audits and reviews have identified opportunities to strengthen documentation and oversight. These actions reinforce UNT Health's eligibility for federal funding and enhance safeguards for global research activities.

### Enforcing Integrity (*DOJ Evaluation- Does the compliance program work in practice?)*

*Implementing policies and controls, addressing violations through corrective actions, and using holistic approaches like root cause analysis to prevent reoccurrence.*

Trust Line Reporting

During Q4 FY25, fourteen TrustLine cases were reported, with a resolution rate of 57 percent. Seven cases remain under active review. The most frequently reported concerns involved employee relations and ethics or compliance matters. Notably, retaliation-related cases declined from 16 percent in Q4 FY24 to 7 percent in Q4 FY25, indicating a positive shift in organizational climate. Timely case closure and ongoing monitoring remain key priorities, reflecting enhanced responsiveness and a strengthened commitment to accountability and transparency across UNT Health.

### Measuring for Effectiveness (*DOJ Evaluation- Does the compliance program work in practice?)*

Monitoring key areas such as policy management, committee activity, training compliance, clinical documentation, research oversight, TrustLine reporting, and engagement initiatives remain essential to maintaining institutional integrity, identifying emerging risks, and ensuring regulatory alignment. These metrics offer valuable operational insights and help reinforce a culture of accountability and transparency.

However, while these indicators are critical to understanding how the compliance program functions, they do not constitute standardized measures of effectiveness. Compliance programs across all campuses are actively advancing their approach to measuring effectiveness, aligning with Department of Justice (DOJ) evaluation standards. This initiative ensures that compliance activities are not only operationally sound but also demonstrably effective in fostering ethical behavior and reducing institutional risk.

## Executive Report

**To**: University of North Texas System Board of Regents, Audit Committee

**From**: Keith Maddox, Chief Compliance Officer

**Dept.:** University of North Texas at Dallas, Office of Compliance and Integrity

**SUMMARY:**

This serves as the University of North Texas at Dallas FY25 Fourth Quarter compliance report on the effectiveness of the compliance program to the UNT Board of Regents Audit Committee. This report is provided in accordance with the UNT System Audit Committee charter.

**PURPOSE**:

The purpose of this report is to demonstrate the progress of identified areas noted in the Compliance Program Effectiveness Assessment provided by Protiviti in November 2023. The Chief Compliance Officer (CCO) has been assessing the system and developing processes, policies, and procedures to ensure an effective compliance program per the Department of Justice guidance and the previous Protiviti review. The final summary of key findings from the Office of Internal Audit report dated October 7, 2025, listed six closed items and four open items as of September 1,2025. Action has been taken by the CCO to satisfy and close out the following four open issues:

1. Analysis and Remediation of Misconduct and Historical Misconduct Data Analysis
2. Risk Assessment and Compliance Workplan
3. Monitoring and Testing of Regulatory and Other Compliance Related Items
4. Policy Review and Updates

**Risk Assessment**

The foundation of an effective compliance program is an annual Compliance Risk Assessment. The UNT Dallas CCO reviewed and developed a Compliance Risk Assessment (CRA) to align with the Enterprise Risk Management (ERM) methodology and other Institution Compliance programs. A resulting workplan was developed to align with the CRA.

**Department of Justice (DOJ) Element Status**

| Compliance Process | Status |
|---|---|
| **DOJ Guidance Question 1: Is the Compliance Program Well Designed?** | |
| Risk Assessment | A Risk Assessment with an applicable workplan, based on the Risk Assessment, has been developed. |
| Policies and Procedures | Policies and procedures are under continuous review for updates, consolidations, and alignment. A risk-based methodology for reviewing and analyzing current policies has been completed to determine a priority list for updates and monitoring process. |
| Training and Communications | Employees' performance in the four core training areas is monitored with feedback given to supervisors to help improve |

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| | performance. The campus has a goal of 95 percent compliance rate. |
| Reporting and Accountability | The Compliance and Integrity Office works closely with the EO Office to investigate and resolve TrustLine calls. Calls received via TrustLine are assigned to the applicable Department for resolution. |
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| **DOJ Guidance Question 2: Is the Compliance Program implemented effectively?** | |
| Commitment by Senior and Middle Management | The CCO meets regularly with the President and Cabinet members. The President is advised of various issues as applicable and the status of those issues. The President discussed the importance of completing training and the campus goals at all hands meeting and distributed a letter in support of the employees' code of conduct. |
| Autonomy and Resources | The Office of Compliance and Integrity has hired two employees – Compliance Officer, and Risk & Emergency Management Coordinator. Both employees started work in September 2025. Additional resources in the Office of Compliance and Integrity are needed. A proposal to fill additional positions will be presented at a later date. |
| Incentives and Disciplinary Measures | Employees are aware of the TrustLine and the process of reporting violations. The TrustLine actively received calls throughout the year from faculty and students. |
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| **DOJ Guidance Question 3: Does the Compliance Program Work in Practice?** | |
| Continuous Improvement, Periodic Testing, and Review | The CCO has developed processes and procedures for consistency in investigative processes. A Governance Committee, a quarterly departmental report, and database to track, analyze, and monitor misconduct has been developed.<br><br>In addition, a risk-based workplan for monitoring and testing compliance with regulatory and institutional requirements has been established. |
| Investigation of Misconduct | Allegations of misconduct are investigated or assigned to Departments or EO Office as required. |
| Analysis and Remediation of Any Underlying Misconduct | No information currently. This information will be based on data received from departmental quarterly reports. |

# Deferred Maintenance

UNT System
UNIVERSITY OF NORTH TEXAS SYSTEM

## Investment Strategy
## Deferred Maintenance Backlog

Jeff Brown – November 06, 2025

- Facilities Management by the Numbers
- Definitions
- Facility Needs by Campus
- Strategic Investment Strategy
- Deferred Maintenance Funding Plan/Graph
- High Impact Deferred Maintenance Projects
- Stewardship Model
- Academic Programs + Deferred Maintenance Example

# FACILITIES MANAGEMENT by the NUMBERS

| | |
|---|---|
| ▪ Acres of Land | > 1200 |
| ▪ Number of Buildings | > 220 |
| ▪ Total Facility Gross Square Foot | > 10.7M |
| ▪ Average Annual M&O Budget | > $40M |
| ▪ Average Annual Capital Project Expenditures | > $75M |
| ▪ Facility Replacement Value (THECB) | > $6B |

- Deferred Maintenance – critical maintenance that was planned, but not completed due to lack of funding or execution
- Renewal – building systems and components that require renewal based on life cycle and/or condition
- Current Replacement Value (CRV) – THECB calculated replacement values
- Facility Condition Index (FCI) – 10-year facility need divided by the facility current replacement value – Goal ≤ 0.10
  - Based on benchmarking data, many institutions aim for a FCI of 0.10 – 0.15 as a strategic target balancing maintenance needs with budget constraints.
- Educational & General space - non-auxiliary

# FACILITY NEEDS by CAMPUS

| Facility Needs by Campus | | | | | |
|---|---|---|---|---|---|
| Campus | Current Replacement Value (CRV) | E&G GSF | Deferred Maintenance | Capital Renewal (10 Yrs) | Facility Condition Index (FCI) |
| UNT E&G | $ 2,100,000,000 | 4,800,000 | $ 310,000,000 | $ 80,000,000 | 0.19 |
| UNT Health | $ 937,590,000 | 2,033,000 | $ 40,000,000 | $ 37,000,000 | 0.08 |
| UNT Dallas E&G | $ 194,440,000 | 659,992 | $ 750,000 | $ 7,000,000 | 0.04 |
| UNT System | $ 168,400,000 | 426,487 | $ 2,400,000 | $ 10,176,000 | 0.07 |
| Total | $ 3,400,430,000 | 7,919,479 | $ 353,150,000 | $ 134,176,000 | 0.10 |

Data Informed Decisions

- Leverage Facility Condition Assessment data, space-utilization metrics, maintenance records, master plans and institutional/academic priorities to identify, prioritize and justify deferred maintenance projects

Deferred Maintenance Funding Plan

- Target increased HEF distribution to strategically reduce the deferred maintenance backlog, achieving an acceptable Facilities Condition Index (FCI) ≤ 0.10, and accounting for annual reinvestment to maintain that standard.

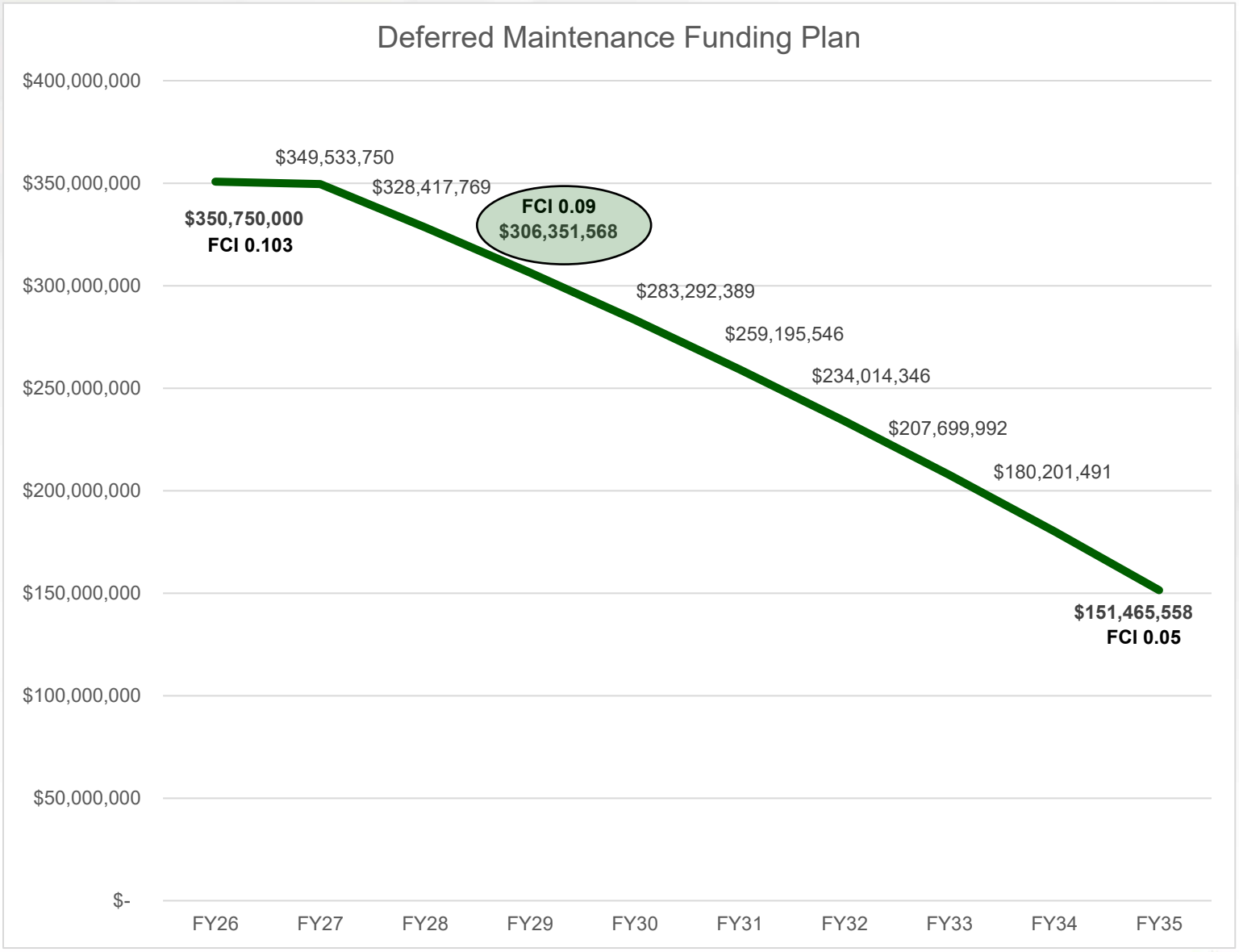
Annual Deferred Maintenance Spend Plan by Campus

- UNT $35M
- UNT Health $5M
- UNT Dallas $1M

# DEFERRED MAINTENANCE FUNDING PLAN

**Assumptions**

- Deferred Maintenance 10 Year Spend Plan - $410M
- Annual Renewal Rate $6M
- Inflation 4.5%
- Annual Fund Plan - UNT $35M, UNT Health $5M, UNTD $1M



# POTENTIAL HIGH IMPACT DEFERRED MAINTENANCE PROJECTS

| Location | Project | Deferred Maintenance Retired | Project Cost |
|---|---|---|---|
| UNT | Central Utility Plant | $ 23,000,000 | $ 38,000,000 |
| UNT | Renovate Language Building - Stewardship | $ 30,000,000 | $ 67,000,000 |
| UNT | Electrical Distribution Infrastructure 13.2kV | $ 40,000,000 | $ 40,000,000 |
| UNT | Demo Music Annex/Bain, reconstruct on MA site | $ 13,000,000 | $ 65,000,000 |
| UNT | Demo Physical Education Building | $ 35,000,000 | $ 15,000,000 |
| UNT | Mechanical System upgrades | $ 50,000,000 | $ 50,000,000 |
| UNT Health | EAD Chiller 1&2 Replacement | $ 2,000,000 | $ 2,000,000 |
| UNT Health | EAD Electrical Switchgear Replacement | $ 4,600,000 | $ 4,600,000 |
| UNT Health | RES Electrical Switchgear Replacement | $ 10,000,000 | $ 10,000,000 |
| UNT Health | RES Steam Boiler Replacement | $ 12,000,000 | $ 12,000,000 |
| UNT Health | EAD Air Handler Replacements Floors 1, 2 & 6 | $ 6,000,000 | $ 6,000,000 |
| UNT System | Downtown Dallas Buildings | $ 12,576,000 | $ 1,000,000 |
| UNT Dallas | Dallas Hall Building Repairs | $ 750,000 | $ 750,000 |
| | | $ 238,926,000 | $ 311,350,000 |

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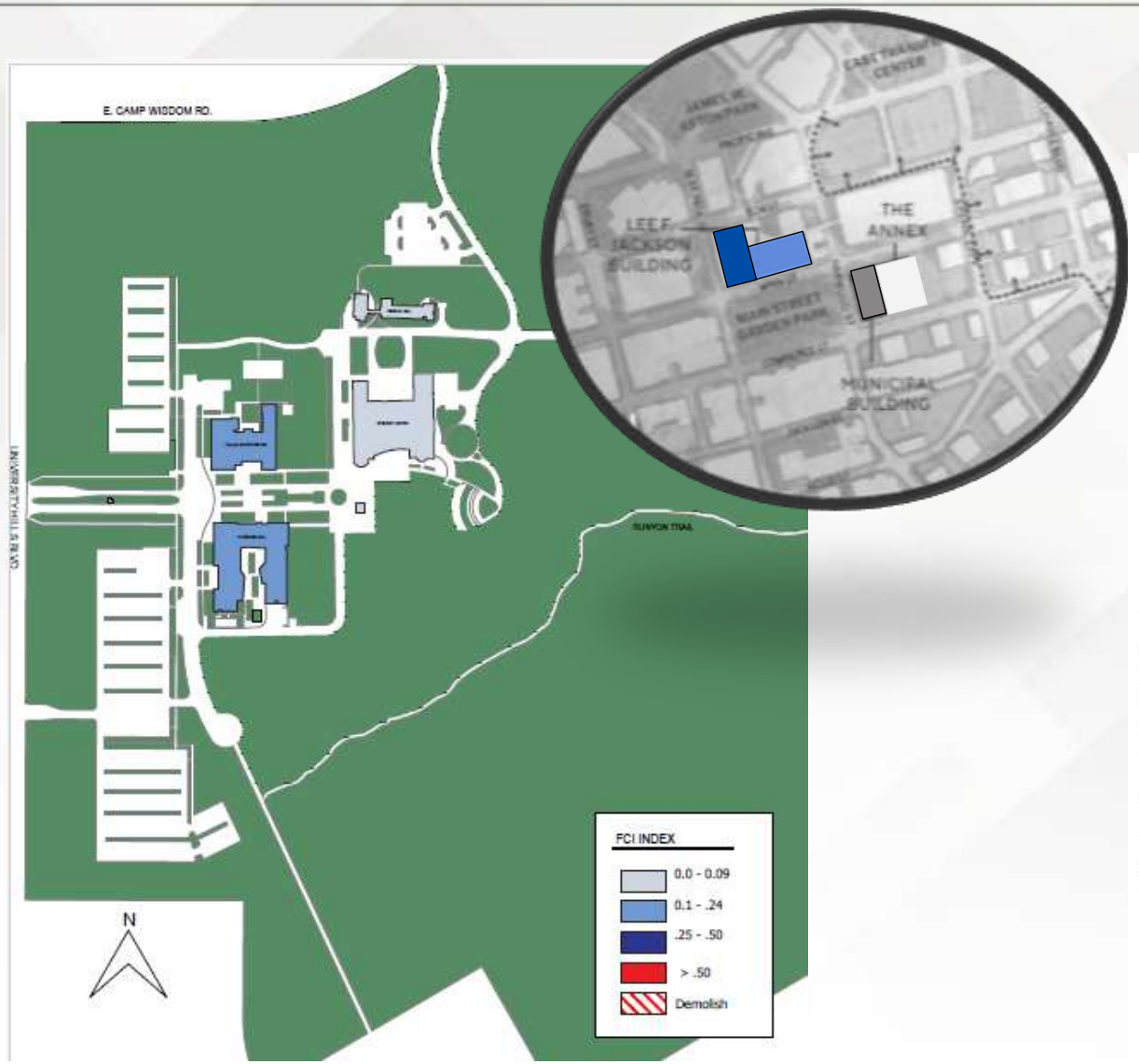
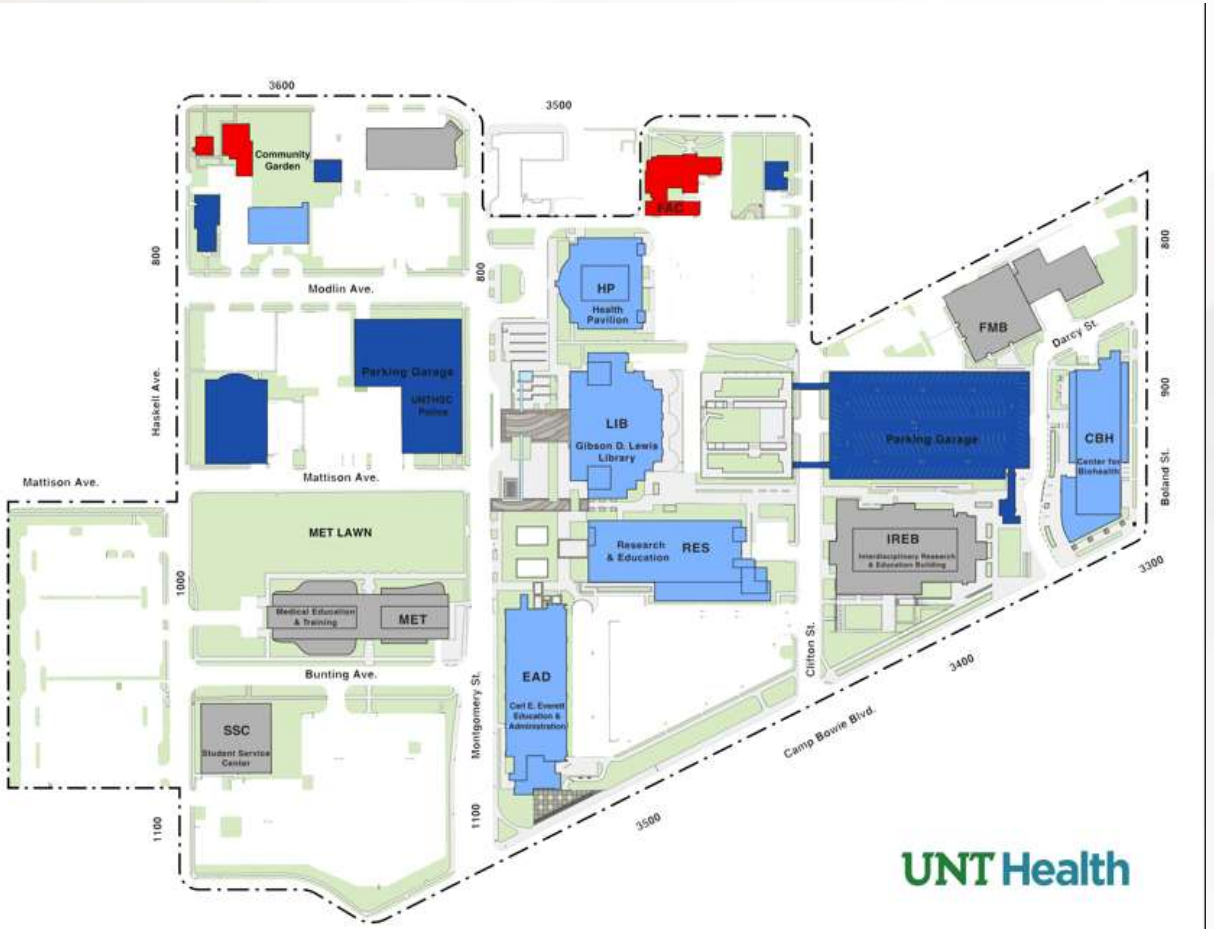
| Annual Operational Savings from divesting/demolition | $ 1,400,000 |

- Strategically and systematically reduce deferred maintenance backlog and maintain a campus Facility Condition Index (FCI) of ≤ 0.10
- Renovate and repurpose existing under-utilized poor performing spaces to create high performing, efficient space meeting programmatic needs
- Consider divesting or demolition of facilities with a FCI > 0.50
- Align capital investments with academic and institutional priorities
- Stewardship Model vs Targeted One for One Replacement vs Shotgun Approach

# FACILITY CONDTION INDEX HEAT MAPS

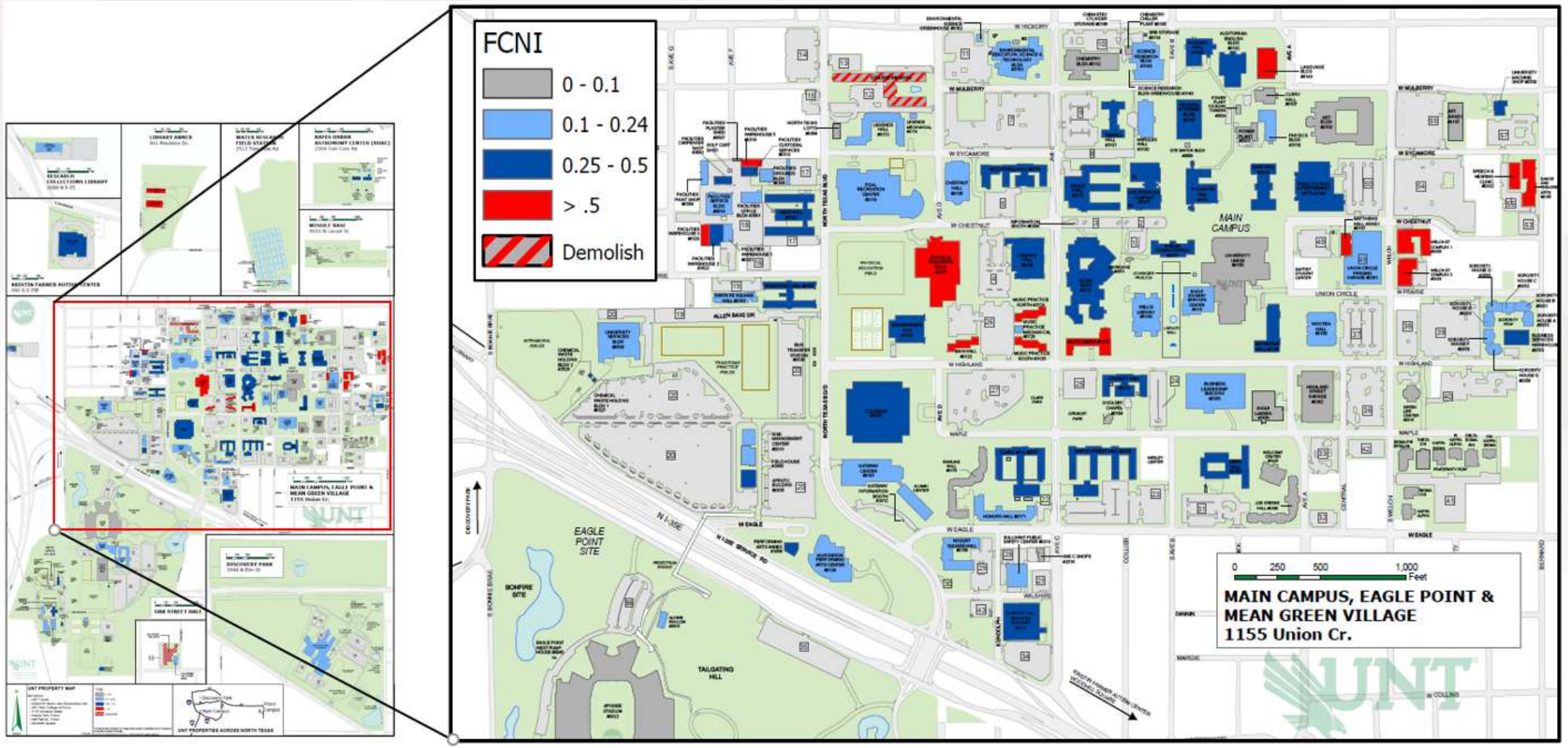



Invest in Grey, Light Blue, and evaluate Dark Blue
Red = renew, repurpose, or remove



# FACILITY CONDITION HEAT INDEX MAP

Invest in Grey, Light Blue, and evaluate Dark Blue
Red = renew, repurpose, or remove



## Aligning Physical Assets with the Academic Mission and Priorities supporting Student Recruitment, Engagement/Retention and Success

### Leadership/Academic

- Academic Success
- Student Engagement
- Research
- Preparing Students for Texas Workforce
- Synergy with External Partners
- Mission Critical
- ROI
- Brand

### Space Data

- Underutilized Space
- Programmatic Obsolescence
- SUE Scores
- Research & Support
- High Performing Classroom Space
- Collaborative Space
- Clinical Space

### Facilities Data

- Life Safety/ADA
- Strategic/Core to Mission
- Reduce FCI/Deferred Backlog
- Measurable Operational Impact
- Minimize Risk/Improve
- Energy Efficiency

### Capital Projects

- Strategic Capital Projects for Consideration, Evaluation, Prioritization, Budget Planning, and Execution

## Strategic and Intentional Data Informed Decisions

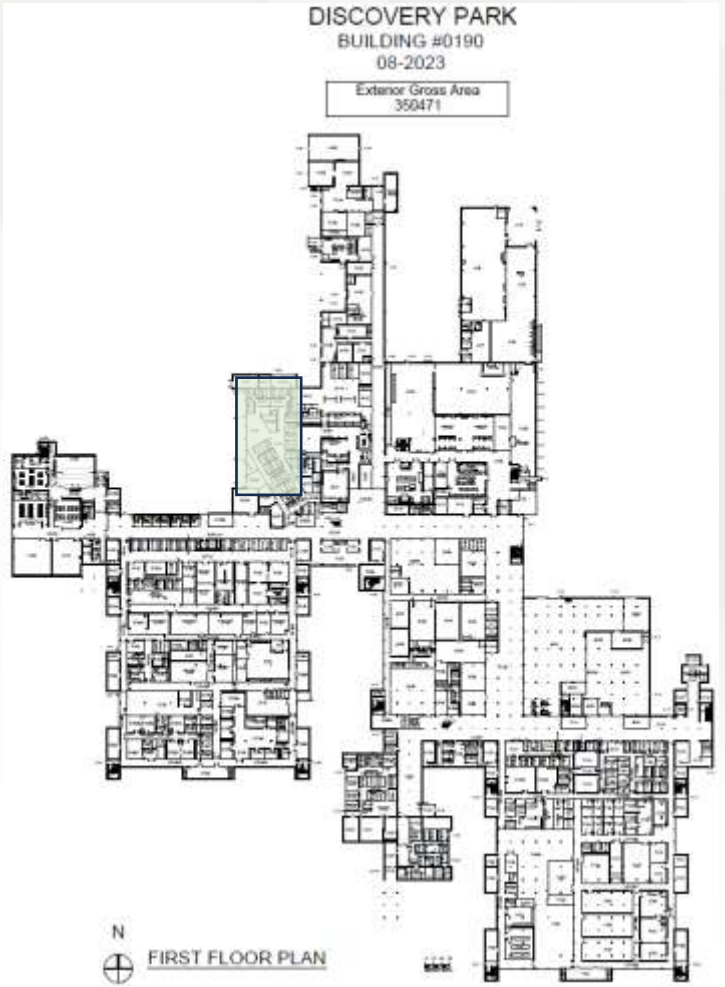
- Unit-level Plan
- Master Plan
- Space Utilization
- Facility Condition Assessments (FCA)
- Maintenance data
- Institutional input and need

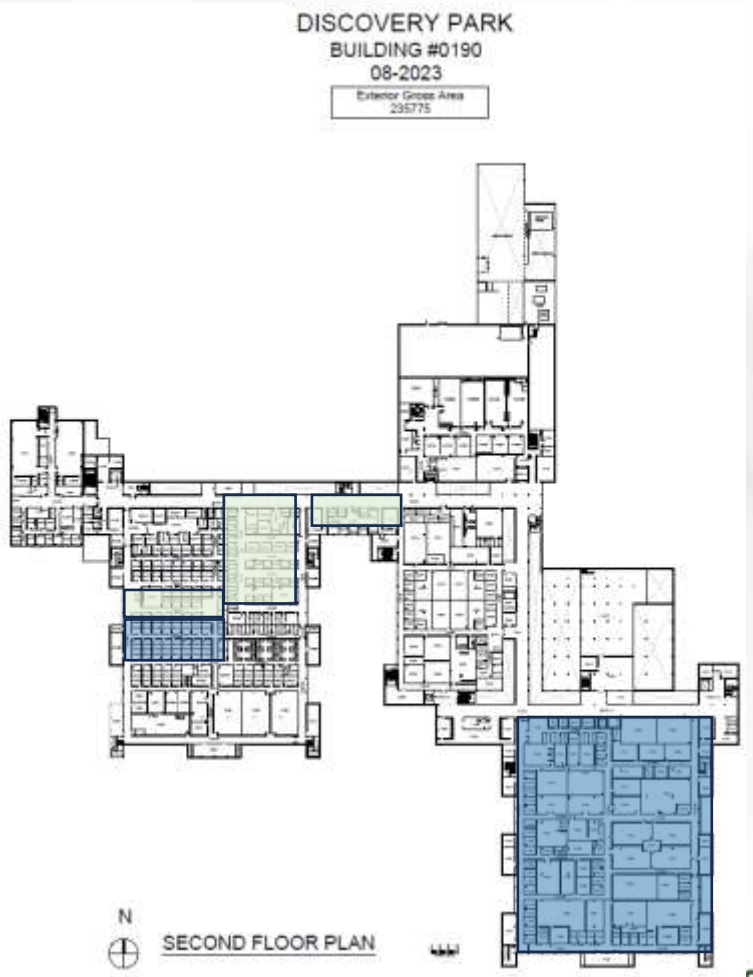
# STEWARDSHIP MODEL EXAMPLE

- Renovate Underutilized Poor Performing Space at Language Building, Eliminating $30M in Deferred Maintenance
- Move College of Information from Discovery Park to Renovated Language Building, vacating 26,000 ASF
- Renovate vacated space at Discovery Park facilitating growth capacity for Computer Science
- Computer Science is a high yield revenue generating program
- Aligns with the Academic Mission and the President's Strategic Vision + Eliminating Deferred Maintenance

Computer Science 47,000 ASF

College of Information 26,000 ASF



# Questions