

DESCRIPTION OF INTERIM CAPITAL PROJECT FOR CONSIDERATION

October 5, 2017

MEDICAL UNIVERSITY OF SOUTH CAROLINA

PROJECT NAME: Clinical Sciences Building 8th Floor Northwest Side Renovation

REQUESTED ACTION: Establish Construction Budget (Phase II)

REQUESTED ACTION AMOUNT: \$1,379,000

PREVIOUS CHE ACTIONS: June 1, 2017 (Phase I)

<u>Project Budget</u>	<u>Previous</u>	<u>Change</u>	<u>Revised</u>
Professional Service Fees	\$21,000	\$59,000	\$80,000
Renovations – Building Interior	\$0	\$1,200,000	\$1,200,000
Labor Costs	\$0	\$20,000	\$20,000
Contingency	\$0	\$100,000	\$100,000
Total	\$21,000	\$1,379,000	\$1,400,000

<u>Source of Funds</u>	<u>Previous</u>	<u>Change</u>	<u>Revised</u>
College of Medicine Clinical Revenue*	\$21,000	\$1,379,000	\$1,400,000
Total	\$21,000	\$1,379,000	\$1,400,000

*REVENUE IS TRANSFERRED ON A REIMBURSEMENT BASIS FOR YEARLY EXPENSES AND COMMITMENTS

DESCRIPTION:

MUSC requests to proceed with Phase II for full design and construction for the 8th Floor renovation at the Clinical Sciences Building. The renovation will update 7,000 sq. ft. of lab and office space to increase operational efficiency and collaboration between the Department’s residency and medical teaching programs, and the clinical trials programs. In addition, the updated space will provide medical students a place to work during their rotations, and meeting area for faculty and residents from different divisions. During construction, personnel will be relocated within existing spaces used by the College of Medicine.

The proposed budget has not increased since presented for Phase I. All of the funds have been committed and are available for the project. Schematic design comments have been received from the Office of State Engineer, with no issues noted.

E&G MAINTENANCE NEEDS:

N/A – Renovation of lab and office space.

ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS:

No change in current expenses as this building is already built into the University’s maintenance plan. Energy efficient lighting and HVAC controls will be incorporated into the design.

FOR DEPARTMENT USE ONLY	
CHE	_____
JBRC	_____
SFAA	_____
JBRC Staff	_____
ADMIN Staff	_____
A-1 Form Mailed	_____
SPIRS Date	_____
Summary	_____

(For Department Use Only)
SUMMARY NUMBER
FORM NUMBER

PERMANENT IMPROVEMENT PROJECT REQUEST

1. AGENCY
 Code H51 Name Medical University of South Carolina
 Contact Person Philip S. Mauney Phone 843-792-2490

2. PROJECT
 Project # 9838 Name Clinical Sciences Building 8th Floor Northwest Side Renovation
 Facility # 600 Facility Name Clinical Sciences Building

County Code	10 - Charleston
New/Revised Budget	\$1,400,000.00

Project Type	3 - Repair/Renovate Existing Facilities/Systems
Facility Type	2 - Program/Academic

3. CPIP PROJECT APPROVAL FOR CURRENT FISCAL YEAR
 CPIP priority number _____ of _____ for FY _____.

4. PROJECT ACTION PROPOSED (Indicate all requested actions by checking the appropriate boxes.)

Establish Project	<input type="checkbox"/>	Decrease Budget	<input type="checkbox"/>	Close Project	<input type="checkbox"/>
Establish Project - CPIP	<input type="checkbox"/>	Change Source of Funds	<input type="checkbox"/>	Change Project Name	<input type="checkbox"/>
Increase Budget	<input checked="" type="checkbox"/>	Revise Scope	<input type="checkbox"/>	Cancel Project	<input type="checkbox"/>

5. PROJECT DESCRIPTION AND JUSTIFICATION
 (Explain and justify the project or revision, including what it is, why it is needed, and any alternatives considered.
 Attach supporting documentation/maps to fully convey the need for the request.)

This project will renovate approximately 7,000 square feet of existing lab and office space on the northwest side of the 8th floor of the Clinical Sciences Building. The goal of the renovation is to increase the operational efficiency and collaboration of the various work groups within the Department of Medicine. Renovations will create open, contemporary, functional, interchangeable, and translational office and open work areas to accommodate the Department's residency and medical teaching programs, as well as the department clinical trials programs. The existing space is original to the building and difficult to efficiently use for the department's teaching and research programs. This renovation will compliment adjacent renovations on the south end of this same floor. This request is for approval to proceed with phase 2 full design and construction.

6. OPERATING COSTS IMPLICATIONS
 Attach Form A-49 if any additional operating costs or savings will result from this request. This includes costs to be absorbed with current funding.

7. ESTIMATED PROJECT SCHEDULE AND EXPENDITURES
 Estimated Start Date: June 2017 Estimated Completion Date: September 2018
 Estimated Expenditures: Thru Current FY: \$1,000,000.00 After Current FY: \$400,000.00

8. ESTIMATES OF NEW/REVISED PROJECT COSTS

PROJECT #	9838
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- | | | | |
|-----|--|------------------------|-------------------------|
| 1. | Land Purchase ----> | Land: | _____ Acres |
| 2. | Building Purchase ----> | Floor Space: | _____ Gross Square Feet |
| 3. | 80,000.00 Professional Services Fees | Information Technology | _____ |
| 4. | Equipment and/or Materials ----> | | |
| 5. | Site Development | | |
| 6. | New Construction ----> | Floor Space: | _____ Gross Square Feet |
| 7. | 1,200,000.00 Renovations - Building Interior ----> | Floor Space: | 7,000 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. | 20,000.00 Labor Costs | | |
| 16. | Bond Issue Costs | | |
| 17. | Other: _____ | | |
| 18. | 100,000.00 Contingency | | |
| | <u>\$1,400,000.00</u> TOTAL PROJECT BUDGET | | |

ENVIRONMENTAL HAZARDS	
Identify all types of significant environmental hazards (including asbestos, PCB's, etc..) present in the project and the financial impact they will have on the project. Type: _____	
Cost Breakdown	
Design Services	\$ _____
Monitoring	\$ _____
Abate/Remed	\$ _____
Total Costs	<u>\$ 0.00</u>

9. PROPOSED SOURCE OF FUNDING

Source	Previously Approved Amount	Increase/Decrease	Original/Revised Budget	Transfer to/from Proj. #	Rev Object Code	Treasurer's ID Number	Rev Sub Fund	Exp Sub Fund
(0) CIB, Group			0.00 0.00		8115		3043	3043
(1) Dept. CIB, Group			0.00 0.00		8115		3143	3143
(2) Institution Bonds			0.00 0.00					3235
(3) Revenue Bonds			0.00 0.00					3393
(4) Excess Debt Service			0.00 0.00					3497
(5) Capital Reserve Fund			0.00 0.00		8895		3603	3603
(6) Appropriated State			0.00 0.00		8895	68800100	1001	3600
(7) Federal			0.00 0.00			78800100		5787
(8) Athletic			0.00 0.00			88800100		3807
(9) Other (Specify) COM Clinical Revenue	21,000.00	1,379,000.00	1,400,000.00 0.00 0.00		7201	98800100	3035	3907
TOTAL BUDGET	\$21,000.00	\$1,379,000.00	\$1,400,000.00	#3 on FY18 Capital Budget				

10. SUBMITTED BY:


Signature of Authorized Official and Title

August 28, 2017

Date

11. APPROVED BY:

(For Department Use Only) Authorized Signature and Title

Date

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

1. AGENCY Code H51 Name Medical University of South Carolina

2. PROJECT Project # 9838 Name Clinical Sciences Building 8th Floor Northwest Side Renovations

3. ADDITIONAL ANNUAL OPERATING COSTS / SAVINGS. (Check whether reporting costs 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 (revenues, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? YES NO
If no, how will additional funds be provided?

7. Itemize below the cost factors that contribute to the total costs or savings reported above in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	_____ \$0.00

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 8.28.2017 Date

**PERMANENT IMPROVEMENT PROJECT INFORMATION FORMAT
FOR PHASE II CONSTRUCTION BUDGET**

9838 – CSB 8th Floor Northwest Side Renovations

1. What is the total projected cost of the project and what is it based on? Please attach a summary of the costs prepared during the A&E pre-design phase to support the total cost.
\$1,400,000
2. What is/are the source(s) of funds for the construction? If any private or federal funds are included, please attach a letter guaranteeing the availability of the funds.
Clinical Income
3. What is your agency/institution's definition of each fund source to be used for construction? (If any type of fee makes up a portion of the source, what is the fee called, what is the fee amount, and when it was put in place. If there is a statutory authority authorizing the use of the funds for capital projects, please cite the code section.)
MUSC Physicians Department Generated-Clinical Revenue funds are transferred to the College of Medicine (COM) from the MUSCP Practice Plan on a reimbursement basis for yearly expenses and commitments.
4. What is the current uncommitted balance of funds for each source listed in 3 above?
\$5,200,000
5. If institution or revenue bonds are included as a source, when were the bonds issued? If not issued yet, when is the bond resolution expected to be brought for B&C Board approval?
Not Applicable
6. If a student fee is used to fund debt service, what is the current amount of the fee annually or by semester? Please specify which.
Not Applicable
7. Will the use of any funds for construction require an increase in any student fee or tuition? If so, please explain in detail.
NO
8. Will the project be LEED certified for energy savings and conservation and if so, at what level will it be certified? For projects requiring or using LEED certification, please attach the required cost-benefit analysis and a checklist of items to be used to achieve LEED points or a description of the energy measures to achieve LEED.
NO
9. What energy savings/conservation measures will be implemented within the project if the project will not be LEED certified? For projects that do not require/use LEED, please provide a paragraph on energy savings measures to be implemented as part of the project. If there are no energy savings measures included, please state that and explain why.
Energy efficient lighting and HVAC controls will be incorporated into the design.
10. What is the projected date (month and year) for execution of the construction contract?
February 2018
11. What is the projected date (month and year) for completion of construction?
August 2018
12. What program(s) are to be included in the constructed or renovated space?
Dept of Medicine: Internal Medicine Residency; Medical Student Education; and Clinical Research
13. What is the total square footage of the building to be renovated or constructed?
273,899 sf
14. If a portion of the building is to be renovated, what is the square footage of the portion that will be included in the renovation?
7000
15. What is the current age of the building or building systems to be renovated?
42 years old
16. If any new space is being added to the facility, please provide demand/usage data to support the need.
No new space being added

17. What are the estimated numbers of students, faculty, staff and/or clients that are expected to use the space affected by the project or the entire building? (Answer for as many as are applicable.)
100 Internal Medicine Residents, 28 Medical Students, 48 Dept of Medicine staff, 10 Dept of Medicine faculty
18. If the construction cost increased significantly from the internal estimate (30% or more), what factors caused the cost to increase?
Not Applicable
19. If the contingency is more than 10%, please explain why.
Not Applicable
20. If funds are being transferred from another project, what is the current status of the project from which funds are being transferred?
Not Applicable
21. Has the project been included in a previous year's CPIP? If so, what was the last year the project was included and for which year, 1-5?
At the time of the last CPIP submittal funding was not available for this project. Therefore it was not included.
22. What are the economic impacts of the project, including job creation and retention? If there are none, please explain.
The renovation will provide contemporary space to attract new Medical Students and Internal Medicine Residents to MUSC. Approximately 10 engineer/construction jobs will be created/retained during the course of this project.
23. How will your agency/institution address and fund maintenance of this facility construction/renovation?
The maintenance support structure is already in place for this existing area.
24. If your agency/institution has a deferred maintenance account, what is the name of the account and what is its current uncommitted balance?
Yes, the name of the account is "Investment Fund-Deferred Maintenance." All funds in the account were committed to deferred maintenance projects during the FY18 capital budget process.
25. If how maintenance will be addressed and funded for this facility construction/renovation has not been determined yet, what steps are in place to begin to address how your agency/institution will fund maintenance to this and other agency/institution facilities?
Not Applicable

H51-9838-PG
MUSC CSB 8TH FL NORTHWEST SIDE RENOVATIONS



SCHEMATIC DESIGN COST ESTIMATE

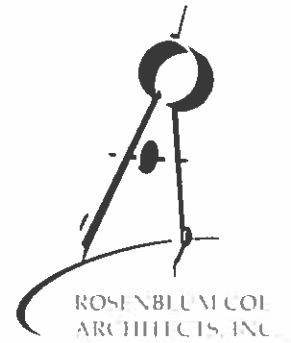
AREA OF RENOVATION	7493 GSF
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DIV		COST PER SF	PERCENT	TOTAL
1	DEMOLITION	\$6.86		\$51,401.98
2	SITework			
3	CONCRETE	\$1.06		\$7,942.58
4	MASONRY			\$0.00
5	STEEL & IRON			\$0.00
6	WOOD & PLASTICS (CABINetry)	\$2.81		\$21,055.33
7	THERMAL & MOISTURE PROTECTION			\$0.00
8	DOORS & FINISHES	\$12.74		\$95,460.82
9	FINISHES	\$17.96		\$134,574.28
10	SPECIALTIES	\$0.89		\$6,668.77
11	EQUIPMENT	\$0.37		\$2,772.41
12	FURNISHINGS (WINDOW BLINDS)			\$2,500.00
13	SPECIAL CONSTRUCTION			\$0.00
14	CONVEYING SYSTEMS			\$0.00
21	FIRE PROTECTION			\$0.00
22	PLUMBING			\$0.00
23	MECHANICAL SYSTEMS(HVAC)			\$200,990.00
26	ELECTRICAL			\$144,500.00
27	DATA & COMMUNICATIONS			BY OWNER
	SAFETY & SECURITY	\$1.08		\$8,092.44
31	EARTHWORK			\$0.00
32	EXTERIOR IMPROVEMENTS			\$0.00
33	UTILITIES			\$0.00
	GENERAL CONDITIONS	\$7.90		\$59,194.70
	JOB CLEAN -UP	\$2.07		\$15,510.51
				\$0.00
	INSURANCE, LICENSE, & PERMITS	\$0.72		\$5,394.96
	BONDING	\$0.97		\$7,268.21
	CONTRACTOR OVERHEAD	\$4.00		\$29,972.00
	CONTRACTOR PROFIT	\$3.31		\$24,801.83
	TOTAL BASE BID	\$100.00		\$818,100.82
	CONSTRUCTION CONTINGENCY(25% OF TOTAL BASE BID)			\$204,525.21
	COST OF CONSTRUCTION			\$1,022,626.03

SOFT COSTS			
	FEES, PERMITS, AND THIRD PARTY INSPECTIONS		\$80,000.00
	AV/IT		\$25,000.00
	F.F.E (NOT IN CONTRACT)		\$0.00
	HAZARDOUS MATERIALS ABATEMENT (BY OWNER)		\$37,000.00
	TOTAL SOFT COSTS		\$142,000.00

TOTAL PROJECT COST			\$1,164,626.03
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07 August 2017



**MUSC Clinical Sciences Building 8th Floor Northwest Side Renovation:
Project Schedule**

Completion Phase 1 & Send to OSE	August 4, 2017
NTP Phase 2 Design	October 23, 2017
Complete Design Development	November 22, 2017
Start CDs	December 4, 2017
Complete CDs & Final Owner Approval	January 15, 2018
Advertise for Bids	January 18, 2018
Receipt of Bids	February 13, 2018
Bonds / GC Contract	February 26, 2018
NTP with Construction	February 28, 2018
Substantial Completion (6 months).....	August 28, 2018

T:\Rcal\Projects\17008 MUSC 8th Floor West

PROGRAM	
EDUCATION	
RESIDENCY MAIN ROOM	24 PEOPLE / 24 WORKSURFACES
STUDENT CLERKSHIP DIRECTOR OFFICE	1 PERSON / 1 OFFICE
EDUCATION DIRECTORS	3 PEOPLE / 3 OFFICES
CHIEF RESIDENTS	4 PEOPLE / 1 OFFICE
ASSISTANT PROGRAM DIRECTORS	3 PEOPLE / 1 OFFICE
RESIDENCY DIRECTOR OFFICE	1 PERSON / 1 OFFICE
TOTAL COUNT	36 PEOPLE / 31 AREAS
CLINICAL RESEARCH	
SUPERVISING COORDINATOR	4 PEOPLE / 4 OFFICES
CLINICAL RESEARCH COORDINATORS	40 PEOPLE / 40 WORKSTATIONS
TOUCHDOWN ROOM	8 PEOPLE / 8 WORKSURFACES
TOTAL COUNT	52 PEOPLE / 52 AREAS
SHARED RESOURCES	
BREAK ROOM	167 SF @ 15 SF NET / 10 PEOPLE
DEPARTMENT OF MEDICINE CONFERENCE ROOM	500 SF @ 15 SF NET / 33 PEOPLE
COPY / FAX	162 SF @ 15 SF NET / 10 PEOPLE

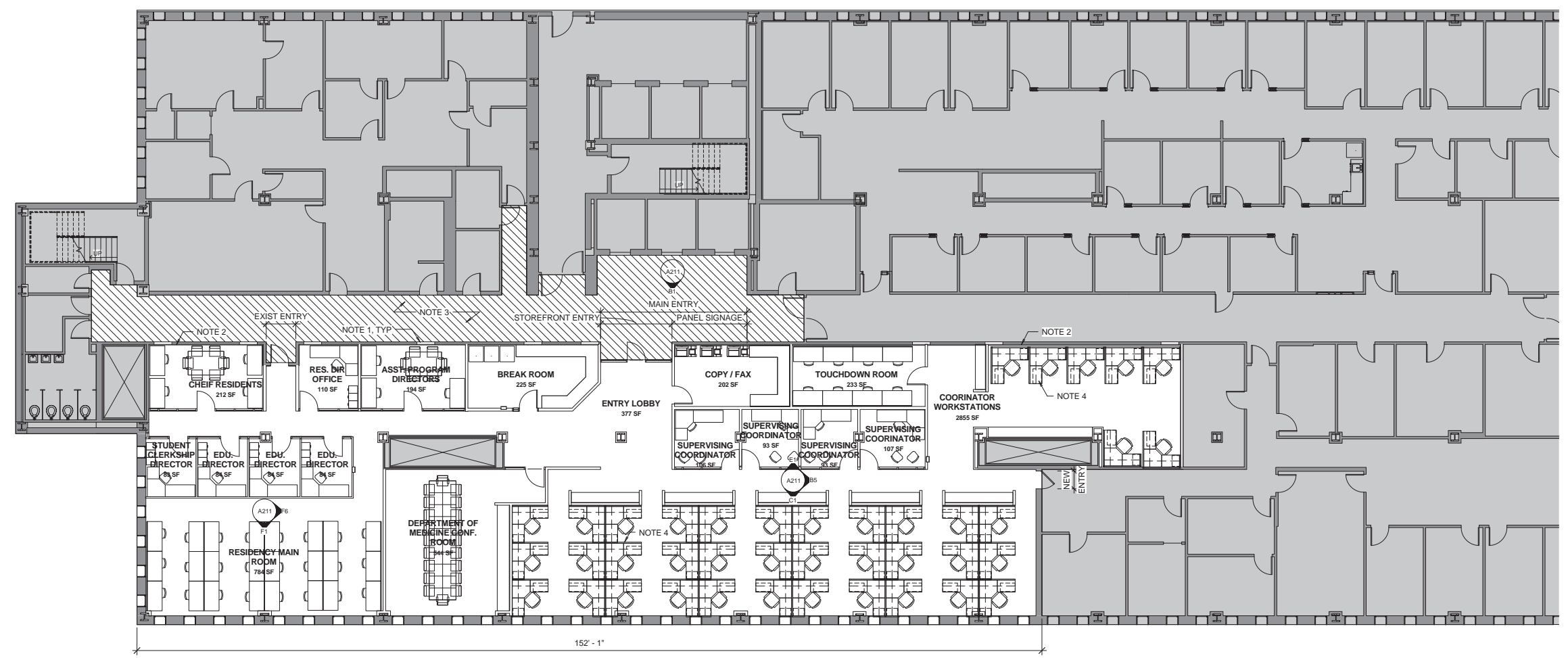
FLOOR PLAN LEGEND

- NOT IN SCOPE
- BID ALTERNATE ADDITIVE - REPLACE CEILING IN CORRIDOR
- EXISTING WALL TO REMAIN
- NEW WALL CONSTRUCTION

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NOTES:

- INFILL EXISTING DOOR OPENINGS SHOWN WITH MTL STUDS & 5/8" TYPE "X" GWB, AS SHOWN ON DEMO PLAN
- EXISTING CORRIDOR WALL ASSUMED 1 HOUR RATED. SCOPE OF WORK INCLUDES ADDING NEW LAYER OF 5/8" TYPE "X" GWB OVER EXISTING GWB. PROJECT SIDE OF CORRIDOR WALL ONLY.
- WORK IN CORRIDOR IS LIMITED TO AREAS AFFECTED BY THIS PROJECT ONLY INCLUDES INFILL EXISTING DOORS AND AS REQUIRED MEP MODIFICATIONS ABOVE CEILING.
- FURNITURE IS N.I.C. LAYOUT IS SHOWN FOR COORDINATION PURPOSES ONLY.



SCHEMATIC DESIGN PHASE 1

OSE PROJECT NUMBER:
H51-9838-PG

CSB 8TH FLOOR NORTHWEST SIDE RENOVATION

96 JONATHAN LUCAS STREET
CHARLESTON, SC 29403

ROSENBLUM COE ARCHITECTS, INC.

1643 MEANS ST.
CHARLESTON, SC 29412
843.577.6073

FLOOR PLAN	
SHEET NAME	
PROJECT NUMBER	17008
DRAWN BY	RML
CHECKED BY	SHC
DATE	8/4/2017
SCALE	AS NOTED

A101