

DESCRIPTION OF INTERIM CAPITAL PROJECT FOR CONSIDERATION

October 5, 2017

MEDICAL UNIVERSITY OF SOUTH CAROLINA

PROJECT NAME: Basic Science Building Exterior Envelope Repairs

REQUESTED ACTION: Establish Project (Phase I)

REQUESTED ACTION AMOUNT: \$105,000

Internal Projected Cost: \$7,000,000

PREVIOUS CHE ACTIONS: N/A

DESCRIPTION:

MUSC requests to establish a project to repair the exterior envelope of the Basic Science Building. The 47-year-old building is prone to water intrusion experienced with heavy rainstorms, and the severe weather of Joaquin, Matthew, and Irma has revealed conditions that need to be addressed. In addition to exterior wall repairs and modifications, the project will replace all windows, and replace the roof. The 335,663 square-foot building provides space for 300-400 faculty and 400-500 students who enter and exit on a daily basis.

This project will protect the interior investments previously made to the building by addressing items considered as deferred maintenance.

At the time the CPIP was submitted, the University was working on a study of the building envelope and did not have the cost or funding source identified. The University has since identified its Institutional Capital Project Fund for the source of A&E and construction and has determined the expected cost. The current available balance of \$22M is adequate to support the projected cost of this project.

E&G MAINTENANCE NEEDS:

The overall building score in 2014 was 70. The specific systems to be addressed are:

Exterior Wall System 1 - 2 - 3 - 4 - 5	Rating
Physical Condition	3
Waterproofing	3
Caulking	2
Pointing	2
Code Compliance	1
Insulation	1
Maintainability	2
Painting	
Average	1.75

Roof System 1 - 2 - 3 - 4 - 5	Rating
Physical Condition	3
Leaks	3
Drainage	3
Insulation	3
Fire Rating	1
Design Load	1
Average	2.3333
Age of Roof Cover:	varied
Type of Roof Cover:	built up
Flat:	X
Pitched:	

Window System 1 - 2 - 3 - 4 - 5	Rating
Physical Condition	3
Appearance	2
Functional Ability	2
Infiltration	3
Maintainability	3
Average	2.6

ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS:

Anticipated savings cannot be quantified at this time, but it is estimated that there will be no change.

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 # _____ Name Basic Science Building Exterior Envelope Repairs
 Facility # 500 Facility Name Basic Science Building

County Code	10 - Charleston
New/Revised Budget	\$105,000.00

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 checked="" 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 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.)

The Basic Science Building had significant water intrusion during recent storms Joachim and Matthew. The building is also prone to water intrusion during heavy rain storms. The building is 47 years old and in need of exterior envelope repairs. This project will make building envelope repairs to the Basic Science Building. The work will include masonry repairs/modifications, complete window replacement, wet sealing of all existing fenestrations, complete cleaning of exterior building envelope, complete sealant replacement, prefabricated joint replacements, complete clear water repellent to exterior walls, sheet metal for roof and exterior walls, stucco repairs, and exterior waterproofing. The work also includes complete removal of the roof system down to structural deck and replacement, including all related sheet metal accessories and related work. This request is for approval to proceed with Phase 1 schematic design.

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: October 2017 Estimated Completion Date: June 2019
 Estimated Expenditures: Thru Current FY: \$105,000.00 After Current FY: _____

8. ESTIMATES OF NEW/REVISED PROJECT COSTS

PROJECT #	
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1. _____ Land Purchase ---->
2. _____ Building Purchase ---->
3. 105,000.00 Professional Services Fees
4. _____ Equipment and/or Materials ---->
5. _____ Site Development
6. _____ New Construction ---->
7. _____ Renovations - Building Interior ---->
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

Land: _____ Acres
 Floor Space: _____ Gross Square Feet
 Information Technology _____
 Floor Space: _____ Gross Square Feet
 Floor Space: _____ Gross Square Feet

\$105,000.00 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: _____	
<u>Cost Breakdown</u>	
Design Services	\$ _____
Monitoring	\$ _____
Abate/Remed	\$ _____
Total Costs	\$ _____ 0.00

9. PROPOSED SOURCE OFFUNDING

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) ICPF		105,000.00	105,000.00 0.00 0.00		7262	98800100	4276	3907
TOTAL BUDGET	\$0.00	\$105,000.00	\$105,000.00	#7 on FY18 Capital Budget				

10. SUBMITTED BY:

Juan Edwary
 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 # _____ Name Basic Science Building Exterior Envelope Repairs

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 I A&E PRE-DESIGN PROJECTS**

1. What is the internal projected cost of the project?

\$7,000,000

2. What is/are the source(s) of funds to be used for A&E pre-design?

University Institutional Capital Project Fund

3. What is your agency/institution's definition of the source(s) of funds used for the A&E pre-design?
(Please be specific for each source and if there is a statutory authority authorizing the use of the funds for capital projects for the source, please cite the code section. If a source includes any type of fee, what is the fee called, what is the fee amount and when was it put in place?)

University Institutional Capital Project Fund - Excess debt service funds and remaining balances from closed projects.

4. What is the current fund balance of uncommitted funds in the source of funds for A&E pre-design?

University Institutional Capital Project Fund - \$22,000,000.

5. What is the source(s) of funds to be used for construction?

University Institutional Capital Project Fund

6. What is your agency/institution's definition of the source(s) of funds to be used for construction?
(Please be specific for each if different from those in 3 above. If there is statutory authority authorizing the use of the funds for capital project, please cite the code section and if a source includes a fee, what is the fee called, what is the fee amount and when was it put in place?)

University Institutional Capital Project Fund - Excess debt service funds and remaining balances from closed projects.

7. What is the current fund balance of uncommitted funds in each source to be used for construction?

University Institutional Capital Project Fund - \$22,000,000.

8. Will the use of any funds for A&E pre-design or for construction require an increase in any student fee or tuition?

NO

9. If the use of any funds for A&E pre-design or construction will require any student fee or tuition increase, please explain and include the amount of the fees annually or by semester, what the fee is called and when it was put in place.

NO

10. What is the total square footage of the building to be renovated or constructed?

335,663

11. 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?

Not Applicable, Exterior Envelope Repairs

12. What program(s) will use the space to be renovated/constructed?

Not Applicable, Exterior Envelope Repairs

13. What is the current age of the building to be renovated?

47 years old

14. What is the current age of the building system(s) to be renovated or replaced?

47 years old

15. If any new space is being added to the facility, please provide demand/usage data to support the need.

No new space is being added

16. If the A&E pre-design request is above 1.5% of the internal estimated cost of the project, what is the reason the amount exceeds 1.5%?

Not applicable

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 for the entire building? (Answer for as many as are applicable.)

There are 300 - 400 faculty and staff permanently housed in the Basic Science Building. In addition this building is a major academic building with 400 - 500 students entering it daily.

18. 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?

No. Funding for the project had not been identified at the time of CPIP submittal.

19. What are the economic impacts of the project, including job creation and retention? If there are none, please explain.

The main economic benefit of this project is to protect the significant interior investment that has already been made in this building. There should be 15 - 25 engineering and construction jobs maintained for the duration of the project.

20. 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 facility.

21. 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 FY 18 capital budget process.

22. 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