

**DESCRIPTION OF INTERIM CAPITAL PROJECT FOR CONSIDERATION**

February 1, 2018

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**PROJECT NAME:** Clinical Sciences Building High Risk Infectious Disease (HRID) unit

**REQUESTED ACTION:** Establish Project (Phase I)

**REQUESTED ACTION AMOUNT:** \$37,500

*Internal Projected Cost: \$2,400,000*

**PREVIOUS CHE ACTIONS:** N/A

**DESCRIPTION:**

MUSC requests to establish a project to create a High Risk Infectious Disease Unit in a 3,000 SF space on the 1<sup>st</sup> Floor of the Clinical Sciences Building. The specialized medical unit will allow for isolation treatment for highly infectious diseases and provide training space for providers. MUSC Health is recognized as the state's Biocontainment unit, and is one of five sites in the country. Currently, this space is occupied by MUHA's neurophysiology group, which will be relocating to the main hospital building.

The funding for this project will be with a federal grant from the Office of the Assistant Secretary for Preparedness and Response (ASPR) under the U.S. Department of Health and Human Services. S.C. Department of Health and Environmental Control received the underlying grant in 2015, and in late 2017 MUHA accepted a \$2.9M sub-award which will cover the cost of construction, furniture, supplies and equipment. Once this grant is completed, additional grants may be pursued or offered to expand the capability and provide operational support in addition to private foundation and philanthropic support.

This project was not identified as a priority during the most recent CPIP submission, as the funding was not yet identified. Since the CPIP submission, MUSC MUHA has worked with S.C. DHEC and received board approval in December 2017.

**ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS:**

Additional operating costs/savings are unknown at this time, and will be delineated during the schematic design phase. All operating costs associated with space MUHA occupies are covered by revenue from clinical operations. At this time, current staff is sufficient. A training coordinator may be added in the future.

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 Clinical Sciences Building High Risk Infectious Disease (HRID) Unit  
 Facility # 600 Facility Name Clinical Sciences Building

County Code	10 - Charleston
New/Revised Budget	\$36,000.00

Project Type	3 - Repair/Renovate Existing Facilities/Systems
Facility Type	3 - Health Care/Medical

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.)

<b>Establish Project</b>	<input checked="" type="checkbox"/>	<b>Decrease Budget</b>	<input type="checkbox"/>	<b>Close Project</b>	<input type="checkbox"/>
<b>Establish Project - GPIP</b>	<input type="checkbox"/>	<b>Change Source of Funds</b>	<input type="checkbox"/>	<b>Change Project Name</b>	<input type="checkbox"/>
<b>Increase Budget</b>	<input type="checkbox"/>	<b>Revise Scope</b>	<input type="checkbox"/>	<b>Cancel Project</b>	<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 create a High Risk Infectious Disease (HRID) unit in the Clinical Sciences Building (CSB). This specialized medical unit will allow for isolation treatment for highly infectious diseases. This unit will be constructed in approximately 3000 square feet of vacated space on the first floor of the CSB. This HRID unit will be one of the few specialized units in the country, and the only one in South Carolina, equipped to address highly infectious diseases. When not in active use for patients, the space will be used for mock training to prepare providers to handle high risk cases. The unit will be constructed with a federal grant from the Office of the Assistant Secretary for Preparedness and Response (ASPR). 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: March 2018 Estimated Completion Date: May 2020  
 Estimated Expenditures: Thru Current FY: \$36,000.00 After Current FY: \_\_\_\_\_

8. ESTIMATES OF NEW/REVISED PROJECT COSTS

<b>PROJECT #</b>	
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1. \_\_\_\_\_ Land Purchase ---->
2. \_\_\_\_\_ Building Purchase ---->
3. 36,000.00 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

\$36,000.00 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 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 ASPR Grant		36,000.00	36,000.00 0.00		2823	78800100	5055	5787
(8) Athletic			0.00 0.00			88800100		3807
(9) Other (Specify)			0.00 0.00 0.00			98800100		3907
<b>TOTAL BUDGET</b>	<b>\$0.00</b>	<b>\$36,000.00</b>	<b>\$36,000.00</b>					

10. SUBMITTED BY:

  
 \_\_\_\_\_  
 Signature of Authorized Official and Title

12/15/17  
 \_\_\_\_\_  
 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 Clinical Sciences Building High Risk Infectious Disease (HRID) Unit

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: *Jos-Edwards*                      12/15/17  
Signature of Authorized Official and Title                      Date

**PERMANENT IMPROVEMENT PROJECT INFORMATION FORMAT  
FOR PHASE I A&E PRE-DESIGN PROJECTS**

1. What is the internal projected cost of the project?  
\$2,400,000
2. What is/are the source(s) of funds to be used for A&E pre-design?  
Federal Grant, Office of the Assistant Secretary for Preparedness and Response (ASPR)
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?)  
Federal Grant, Office of the Assistant Secretary for Preparedness and Response (ASPR)
4. What is the current fund balance of uncommitted funds in the source of funds for A&E pre-design?  
\$2,400,000
5. What is the source(s) of funds to be used for construction?  
Federal Grant, Office of the Assistant Secretary for Preparedness and Response (ASPR)
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?)  
Federal Grant, Office of the Assistant Secretary for Preparedness and Response (ASPR)
7. What is the current fund balance of uncommitted funds in each source to be used for construction?  
\$2,400,000
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.  
Not Applicable
10. What is the total square footage of the building to be renovated or constructed?  
273899 GSF
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?  
~ 3000 GSF

12. What program(s) will use the space to be renovated/constructed?  
MUSC Health
13. What is the current age of the building to be renovated?  
42 years old
14. What is the current age of the building system(s) to be renovated or replaced?  
42 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.)  
Up to 50 faculty/staff could use the facility during an infectious disease event.  
Numerous faculty/staff will utilize the space for training.
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 major benefit of this project is protecting public health for the citizens of South Carolina and the United States.
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