

**DESCRIPTION OF INTERIM CAPITAL PROJECTS FOR CONSIDERATION**

September 6, 2018

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**PROJECT NAME:** 2015 – 16 Maintenance Needs  
**REQUESTED ACTION:** Revise Project Scope  
**REQUESTED ACTION AMOUNT:** \$149,864.10  
*Internal Projected Cost:* \$745,807.44  
**INITIAL CHE APPROVAL DATE:** November 2, 2015

**DESCRIPTION:**

The MUSC requests for a change of scope to use the balance of project funds to address miscellaneous building exterior envelope issues.

The scope of the original project was to replace four air cooled chillers at the Children's Research Institute, College of Health Professional Building A, and the Storm Eye Institute. The four chillers in the original scope have been addressed. MUSC is now requesting to utilize the remaining balance of \$149,864.10.

**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 # 9832 Name 2015-16 Maintenance Needs  
 Facility # 515, 650 Facility Name Children's Research Institute, Health Professions Building A, Storm Eye Institute

County Code	10 - Charleston
New/Revised Budget	\$745,807.44

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.)

<b>Establish Project</b>	<input type="checkbox"/>	<b>Decrease Budget</b>	<input type="checkbox"/>	<b>Close Project</b>	<input type="checkbox"/>
<b>Establish Project - CPIP</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 checked="" 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 replace four air cooled chillers at the Children's Research Institute, College of Health Professions Building A, and the Storm Eye Institute. These existing chillers are old, beyond their useful life, constant maintenance issues, and energy inefficient. New energy efficient chillers will be installed in their place. Funding is a 50/50 split between state appropriations and MUSC match from Engineering & Facilities Operating Funds.

The four chillers in the original scope have been addressed. This request is for a change of scope to use the balance of the project funds to address miscellaneous building exterior envelope issues.

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 2015 Estimated Completion Date: December 2018  
 Estimated Expenditures: Thru Current FY: \$745,807.44 After Current FY: \_\_\_\_\_

8. ESTIMATES OF NEW/REVISED PROJECT COSTS

<b>PROJECT #</b>	9832
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- 1. \_\_\_\_\_ Land Purchase ---->
  - 2. \_\_\_\_\_ Building Purchase ---->
  - 3. 40,000.00 Professional Services Fees
  - 4. \_\_\_\_\_ Equipment and/or Materials ---->
  - 5. \_\_\_\_\_ Site Development
  - 6. \_\_\_\_\_ New Construction ---->
  - 7. \_\_\_\_\_ Renovations - Building Interior ---->
  - 8. 540,157.44 Renovations - Utilities
  - 9. \_\_\_\_\_ Roofing - \_\_\_\_\_ Roof Age
  - 10. 150,000.00 Renovations - Building Exterior
  - 11. \_\_\_\_\_ Other Permanent Improvements
  - 12. \_\_\_\_\_ Landscaping
  - 13. \_\_\_\_\_ Builders Risk Insurance
  - 14. \_\_\_\_\_ Other Capital Outlay
  - 15. 15,650.00 Labor Costs
  - 16. \_\_\_\_\_ Bond Issue Costs
  - 17. \_\_\_\_\_ Other: \_\_\_\_\_
  - 18. \_\_\_\_\_ Contingency
- \$745,807.44 TOTAL PROJECT BUDGET

Land: \_\_\_\_\_ Acres  
 Floor Space: \_\_\_\_\_ Gross Square Feet  
 Information Technology \_\_\_\_\_  
 Floor Space: \_\_\_\_\_ Gross Square Feet  
 Floor Space: \_\_\_\_\_ Gross Square Feet

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			0.00 0.00			78800100		5787
(8) Athletic			0.00 0.00			88800100		3807
(9) Other (Specify) FY15-16 Lottery Funds	372,903.72		372,903.72		8895	98800100	1001	3907
FY15-16 Lottery Match	372,903.72		372,903.72		7201	98800100	3035	3907
			0.00					
<b>TOTAL BUDGET</b>	<b>\$745,807.44</b>	<b>\$0.00</b>	<b>\$745,807.44</b>					

10. SUBMITTED BY:

*Juse Edwary*  
 Signature of Authorized Official and Title

7/11/18  
 Date

11. APPROVED BY:

(For Department Use Only) \_\_\_\_\_  
 Authorized Signature and Title

\_\_\_\_\_  
 Date