

<b>AGENCY NAME:</b>	Medical University of South Carolina		
<b>AGENCY CODE:</b>	H51	<b>SECTION:</b>	17A



## Fiscal Year 2014-15 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<p><b>My agency is submitting the following recurring decision packages (Form B):</b> Decrease in Federal Funds, decrease in Other Funds, and an increase in positions 2039-College of Pharmacy Building Operations</p> <p><b>For FY 2014-15, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.		
<input checked="" type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.						
<input type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<p><b>My agency is submitting the following one-time decision packages (Form C):</b> 1383-College of Dental Medicine – BAN repayment, 1412-Deferred Capital Renewal, and 1421-College of Pharmacy Building Construction</p> <p><b>For FY 2014-15, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
<b>PROVISOS</b>	<p><b>For FY 2014-15, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).	<input checked="" type="checkbox"/>	Not requesting any proviso changes.
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.						
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).						
<input checked="" type="checkbox"/>	Not requesting any proviso changes.						

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Christine Smalls Brown	843-792-2864	smallsch@musc.edu
<b>SECONDARY CONTACT:</b>	Patrick Wamsley	843-792-8908	wamsleyp@musc.edu

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR (SIGN/DATE):</b>			11/24/13
<b>AGENCY DIRECTOR (TYPE/PRINT NAME):</b>	Mark S. Sothmann, Ph.D., Interim President		

*This form must be signed by the department head – not a delegate.*

<b>AGENCY NAME:</b>	Medical University of South Carolina		
<b>AGENCY CODE:</b>	H51	<b>SECTION:</b>	17A

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>1888</b>
-------------------------	-------------

*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>FY15 Federal Funds Changes</b>
--------------	-----------------------------------

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>( \$10,392,544)</b>
---------------	------------------------

*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	This program was administratively established at the Medical University of South Carolina through funding by various Federal Agencies. This decision package is not prompted by the establishment of or a revision to that authority.
---------------------------	---

*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input checked="" type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	Beneficiaries were University Colleges and programs, and administrative support areas.
----------------------------	--

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

**RELATED REQUEST(S)** No, not related to any other decision package.

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** No matching funds.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

**FUNDING ALTERNATIVES** N/A

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

**SUMMARY** Decrease in Federal Funds revenue due to ARRA funds ending and NIH grant funding starting to wean.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

<b>METHOD OF CALCULATION</b>	<p>The request was calculated by the University Grants and Contracts department based on historical revenue, knowledge of future grant activity, and their professional judgment.</p>
------------------------------	---

*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>The state will not incur any maintenance-of-effort or other obligations by adopting this decision package.</p>
----------------------	---

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>This is not request for new funds.</p>
-----------------------	---

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

<b>INTENDED IMPACT</b>	The intended impact is to correctly reflect Federal Funds.
------------------------	--

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	N/A
---------------------------	-----

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Medical University of South Carolina		
<b>AGENCY CODE:</b>	H51	<b>SECTION:</b>	17A

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>2017</b>
-------------------------	-------------

*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>FY15 Additional Positions Request</b>
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$0 – FTE request only</b>
---------------	-------------------------------

*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	This program was administratively established at the Medical University of South Carolina primarily through funding from sales & services, tuition, private grants & contracts, and auxiliary funds. This decision package is not prompted by the establishment of or a revision to that authority.
---------------------------	---

*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	N/A
----------------------------	-----

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

**RELATED REQUEST(S)** No, not related to any other decision package.

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** No matching funds.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

**FUNDING ALTERNATIVES** This is not a funding request. Positions will be funded through cost savings.

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

**SUMMARY** Total of 36 other funded FTE's due to growth in areas such as Orthopedic Surgery, Public Health, Biomedical Informatics, College of Health Professions and College of Nursing.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

<b>METHOD OF CALCULATION</b>	<p>Human Resources Management projected the number of positions based on input from the Colleges, as well as their human resource expertise.</p>
------------------------------	--

*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>The state will not incur any maintenance-of-effort or other obligations by adopting this decision package.</p> <p>If this request is not honored, the Colleges will experience inefficiencies resulting in ineffective performance. This is a request for new positions only. No additional funds are being requested.</p>
----------------------	---

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	N/A
-----------------------	-----

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?*



<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

<b>INTENDED IMPACT</b>	<p>This intended impact is to deliver the appropriate amount of positions to allow the identified Colleges to operate effectively.</p>
------------------------	--

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>Funds will be monitored through budget evaluations currently in place.</p>
---------------------------	---

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Medical University of South Carolina		
<b>AGENCY CODE:</b>	H51	<b>SECTION:</b>	17A

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>1939</b>
-------------------------	-------------

*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>FY15 Other Funds Changes</b>
--------------	---------------------------------

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>(\$24,444,000)</b>
---------------	-----------------------

*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	This program was administratively established at the Medical University of South Carolina primarily through funding from sales & services, tuition, private grants & contracts, and auxiliary funds. This decision package is not prompted by the establishment of or a revision to that authority.
---------------------------	---

*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	N/A
----------------------------	-----

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

**RELATED REQUEST(S)** No, not related to any other decision package request.

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** No matching funds.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

**FUNDING ALTERNATIVES** N/A

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

**SUMMARY**

This request is to eliminate internal transfers of \$21,300,000 that is a redistribution of revenues within the University. This revenue is directly offset by matching expenditures.

Also to eliminate \$3,144,000 of Indirect Cost Funding included in Grants revenue. This revenue is directly offset by matching expenditures.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

<b>METHOD OF CALCULATION</b>	<p>Budget forecast and year-end financial statements were used to determine the projected amounts.</p>
------------------------------	--

*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>The state will not incur any maintenance-of-effort or other obligations by adopting this decision package.</p>
----------------------	---

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>This not a request for new funds.</p>
-----------------------	--

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

<b>INTENDED IMPACT</b>	This intended impact is to appropriately reflect generated revenues.
------------------------	--

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	N/A
---------------------------	-----

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	Medical University of South Carolina		
<b>AGENCY CODE:</b>	H51	<b>SECTION:</b>	17A

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>2039</b>
-------------------------	-------------

*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>College of Pharmacy Building Operations</b>
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$304,200</b>
---------------	------------------

*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	This program was administratively established at the Medical University of South Carolina primarily through funding from sales & services, tuition, private grants & contracts, and auxiliary funds. This decision package is not prompted by the establishment of or a revision to that authority.
---------------------------	---

*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	The recipient of these funds would be the University's Engineering & Facilities Department to fund additional personnel costs for positions required to maintain the building.
----------------------------	--

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

**RELATED REQUEST(S)** Related to decision package 1421 – College of Pharmacy Building Construction (non - recurring).

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** Nothing known at this time.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

**FUNDING ALTERNATIVES** There are no other funding alternatives.

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

**SUMMARY** This decision package is necessary to provide funding for additional personnel to maintain the new building for the College of Pharmacy, which is requested in decision package #1421. The funds would be used for salaries and fringes/employer contributions for the following positions: Building/Grounds Specialists I (Housekeepers), Trades Specialists IV (Zone Maintenance), and Trades Specialists V (Electrician and University Maintenance).  
  
A new building is needed for the College to replace very poor existing space, with unacceptable functionality and physical building condition. This new building will be comprised of a lobby-reception area, lecture halls and classrooms, teaching laboratories, clinical practice and teaching areas, research labs, administrative/faculty offices and support, building support, as well as much needed student life areas.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

<b>METHOD OF CALCULATION</b>	<p>The amount of \$234,000 was calculated by using the mid-point salaries for the following positions: Buildings/Grounds Specialists I (qty. 3), Trades Specialists IV (qty. 2), and Trades Specialists V (qty. 2). The fringes/employer contributions at 30%, added an additional \$70,200 to the total.</p> <p>Any deviations to this request could result from changes to the State pay band salaries and the amount of employer contributions designated each year. Additionally, occupant needs may change for the building over time resulting in additional personnel to support the various needs.</p>
------------------------------	--

*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>The State will not incur any maintenance-of-effort or other obligations by adopting this decision package.</p> <p>If this request is not honored, the new building's opening may get delayed until there are sufficient personnel to support the building's operations. On the other hand, if the building was to open, personnel would need to be pulled from other campus areas. This would cause overall campus building support and the level of service to suffer due to less positions covering more square footage.</p>
----------------------	---

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>We would defer action on this request in FY2014-2015.</p>
-----------------------	--

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?*



<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

<b>INTENDED IMPACT</b>	<p>If there is no funding provided for building support personnel, this new building would be difficult to maintain. The occupants of the new building would suffer. Grant funding could decrease, faculty may choose to seek employment elsewhere and students may pursue another institution for their learning. The building systems would eventually breakdown. The College’s accreditation could possibly be impacted negatively.</p>
------------------------	--

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>We have our own key performance indicators and industry benchmarks.</p>
---------------------------	--

*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>1383</b>
-------------------------	-------------

*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>H51-9732 College of Dental Medicine Building Construction Project – Repayment of Bond Anticipation Notes</b>
--------------	---

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$28,000,000</b>
---------------	---------------------

*How much is requested for this project in FY 2014-15?*

<b>BUDGET PROGRAM</b>	<b>Instruction: College of Dental Medicine; #577</b>
-----------------------	--

*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>This project was the number one priority for MUSC's CPIP for the past several years. Six years ago, \$30 million was approved in bond anticipation notes by the State Treasurer's Office, in anticipation of capital improvement bonds to offset this temporary financing strategy. The project is completed, so the need to follow through with this offset is immediate. This Dental Clinics Building is essential to providing instruction and patient care at the State of South Carolina's only College of Dental Medicine.</p> <p>The 117,993 gsf building opened in 2010, and houses all of the patient clinical activities for the College. The building consists of a lobby-reception area, cashier, clinical practice and teaching areas, operating suites, central sterilization, supplies/dispensing, machine shop, and mechanical/electrical areas. The College will continue to maintain the faculty and administrative support offices, student service areas, and general lecture halls in existing space within the Basic Science Building.</p> <p>The Dental Clinics Building was constructed because the facility that previously housed the instruction and patient care for the College had an extremely old infrastructure. Two separate studies by external architects and engineers had concluded that the most economical solution to the space problem of this College was to construct a new clinical and research building. Further, so much had changed in the practice and teaching of dentistry, not to mention a recent emphasis on research, that the present building was not suitable for today's methods and standards for teaching students clinical dentistry.</p>
----------------	---

*Provide a summary of the project and explain why it is necessary.*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

<b>RELATED REQUEST(S)</b>	N/A
---------------------------	-----

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	N/A
-----------------------	-----

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	See comments under "Long-Term Planning and Sustainability". No other funding sources were available.
-----------------------------	--

*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>The total project cost was \$61,000,000. \$6,300,000 was allocated in Capital Improvement Bonds and \$14,500,000 from State Appropriations. \$10,200,000 came from private funds and \$2,000,000 from other funds.</p> <p>Capital Improvement Bonds and/or State Appropriations are needed to offset the Bond Anticipation Notes balance of \$28,000,000.</p>
--	--

*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

<b>OTHER APPROVALS</b>	No other approvals are necessary.
------------------------	-----------------------------------

*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>1412</b>
-------------------------	-------------

*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Deferred Capital Renewal 2014-2015</b>
--------------	---

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$18,500,000</b>
---------------	---------------------

*How much is requested for this project in FY 2014-15?*

<b>BUDGET PROGRAM</b>	<b>Operations &amp; Maintenance of Plant; #591</b>
-----------------------	--

*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>MUSC has identified over \$100 million of the most obvious deferred capital renewal needs for the University. The value of the University facilities and their condition and age suggest that a \$26 million annual investment is needed to maintain overall status quo, and another annual investment of \$5 million is needed to bring the facility to good condition as defined by APPA. An annual investment of \$18.5 million is needed to maintain a status quo condition of critical systems (mechanical, electrical, plumbing, exterior façade, roofs, conveyance and building envelope). In the spirit of the Governor's request to limit requests to address the most urgent needs, we are asking for the \$18.5 million needed to maintain a status quo condition of critical systems. The most urgent needs for 2014-2015 totaling \$18.5 million will be identified based on priority as we get closer to this coming fiscal year.</p> <p>This is a capital project that will consist of several projects to address basic critical facility renewal needs required to maintain an acceptable working environment within existing facilities for our students, faculty, staff, patients and visitors. The alternatives of replacing facilities through leasing or constructing new would be more expensive. The facilities affected by executing these projects are expected to continue to serve the University throughout the service life of the investment. In each case, executing these projects will result in cost avoidance as deterioration resulting from delay is increasingly progressive in nature.</p>
----------------	---

*Provide a summary of the project and explain why it is necessary.*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

**RELATED REQUEST(S)** N/A

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** Nothing known at this time.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

**FUNDING ALTERNATIVES** See comments under "Long-Term Planning and Sustainability".

*What other possible funding sources were considered?*

**LONG-TERM PLANNING AND SUSTAINABILITY** No funds have been invested in this project to date. We anticipate that any additional annual operating funds will be absorbed into the existing budget. We already maintain these systems. It is likely that there will be associated operating cost savings that can be used to address other currently unmet maintenance needs.

*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

**OTHER APPROVALS** No approvals have been obtained. Specific projects will be submitted for approval in accordance with MUSC Board of Trustees and State agency guidelines.

*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*

<b>AGENCY NAME:</b>	Medical University of South Carolina		
<b>AGENCY CODE:</b>	H51	<b>SECTION:</b>	17A

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	1421
-------------------------	------

*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	College of Pharmacy Building Construction
--------------	---

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$38,000,000 (with a total project cost of \$42,000,000)
---------------	--

*How much is requested for this project in FY 2014-15?*

<b>BUDGET PROGRAM</b>	Instruction: College of Pharmacy; #574
-----------------------	--

*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>The College of Pharmacy has been in very poor space for over 40 years now, with unacceptable functionality and physical building condition. The College has never been the recipient of State capital bond funds to address its long-standing space needs. The most recent space analysis showed that new construction is the preferred alternative for addressing the College's academic, clinical, and research needs. Most recent accreditations have been successful because of the promise of a new building.</p> <p>This project is a capital project that would result in approximately 83,000 gross square feet of space to house most of the College of Pharmacy's academic, research, and clinical needs. This new building for the College will be comprised of a lobby-reception area, lecture halls and classrooms, teaching laboratories, clinical practice and teaching areas, research labs, administrative/faculty offices and support, building support, as well as much needed student life areas. Approximately 5,000 assignable square feet of offices will need to be retained in existing College space until a future new academic building is constructed to the north of this proposed building.</p>
----------------	---

*Provide a summary of the project and explain why it is necessary.*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>17A</b>

**RELATED REQUEST(S)** Related to decision package 2039 – College of Pharmacy Building Operations (recurring).

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** Nothing known at this time.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

**FUNDING ALTERNATIVES** We are requesting a total of \$38 million in State Appropriations and/or Capital Improvement Bonds, with the balance being paid through private funding sources.

*What other possible funding sources were considered?*

**LONG-TERM PLANNING AND SUSTAINABILITY** Fundraising for private funding is currently underway to offset the balance of the project cost, minus the monies being requested in State Appropriations and/or Capital Improvement Bonds. Additional annual operating costs will be necessary through State Appropriations as detailed below:  
Year One: \$1,189,560 \*                      Year Five: \$1,287,841  
Year Two: \$1,213,561                      Year Six: \$1,313,598  
Year Three: \$1,237,832  
Year Four: \$1,262,589                      \* Seven additional FTEs will be needed.

*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?*

**OTHER APPROVALS** No approvals have been obtained. This project will require MUSC Board of Trustees, CHE, JBRC and Budget and Control Board approvals.

*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)*