

# SCSL Digital Collections

## Agency Budget Plan - Fiscal Year 2015-16

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AGENCY NAME:	Medical University of South Carolina		
AGENCY CODE:	H51	SECTION:	23



## Fiscal Year 2015-16 Agency Budget Plan

### FORM A – SUMMARY

**RECURRING FUNDS  
(FORM B  
DECISION PACKAGES)**

<b>My agency is submitting the following recurring decision packages (Form B):</b> Decrease in Federal Funds (3273), increase in Other Funds (3598), increase in positions (3139), and Allocation of Employee Benefits (3276)	
<b>For FY 2015-16, my agency is (mark "X"):</b>	
<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

**CAPITAL &  
NON-RECURRING  
FUNDS  
(FORM C  
DECISION PACKAGES)**

<b>My agency is submitting the following one-time decision packages (Form C):</b> College of Dental Medicine – BAN repayment (3184), and Deferred Capital Renewal (3187)	
<b>For FY 2015-16, my agency is (mark "X"):</b>	
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

**PROVISOS**

<b>For FY 2015-16, my agency is (mark "X"):</b>	
<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 2015-16 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>		
<b>TYPE/PRINT NAME:</b>	David J. Cole, MD, FACS	Donald R. Johnson, II, MD

*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>	23

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	3273
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	FY2015-16 Federal Funds Changes
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	(\$10,263,602)
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*What is the net change in requested appropriations for FY 2015-16? 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.
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*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"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<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.	

<b>RECIPIENTS OF FUNDS</b>	Beneficiaries were University Colleges and programs, and administrative support areas.
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*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>23</b>

<b>RELATED REQUEST(S)</b>	No, not related to any other decision package.
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*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>	No matching funds.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*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.*

<b>SUMMARY</b>	Decrease in Federal Funds revenue due to ARRA funds ending and waning of NIH grant funding.
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>23</b>

<b>METHOD OF CALCULATION</b>	<p>The request was calculated by the University Grants and Contracts Accounting department based on historical revenue, historical growth rates, future grant activity information, and professional judgment.</p>
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*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>
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*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>
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*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 2015-16?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>23</b>

<b>INTENDED IMPACT</b>	The intended impact is to correctly reflect Federal Funds.
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*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
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*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		
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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	3598
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	FY2015-16 Other Funds Changes
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$10,263,602
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*What is the net change in requested appropriations for FY 2015-16? 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.
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*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"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<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.	

<b>RECIPIENTS OF FUNDS</b>	Beneficiaries are University Colleges and programs, and administrative support areas.
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*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>		
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<b>RELATED REQUEST(S)</b>	No, not related to any other decision package request.
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*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>	No matching funds.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*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.*

<b>SUMMARY</b>	This request is to reallocate authority within the University to reflect anticipated changes in program activity. The revenue changes are matched with changes in expenditures. The impact is \$10,263,602 increase in other funds.
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*



<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
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<b>METHOD OF CALCULATION</b>	<p>Budget forecast and year-end financial statements were used to determine the projected amounts.</p>
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*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>
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*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>
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*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 2015-16?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
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<b>INTENDED IMPACT</b>	This intended impact is to appropriately reflect generated revenues.
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*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>	Funds will be monitored through budget evaluations currently in place.
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*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		
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### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	3139
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	FY2015-16 Additional Positions Request
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$0 – FTE request only
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*What is the net change in requested appropriations for FY 2015-16? 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.
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*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>	<p><b>Mark “X” for all that apply:</b></p> <table border="0"> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Allocation of statewide employee benefits.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Realignment within existing programs and lines.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td></tr> <tr><td><input type="checkbox"/></td><td>Change in cost of providing current services to existing program audience.</td></tr> <tr><td><input type="checkbox"/></td><td>Change in case load / enrollment under existing program guidelines.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility / enrollment for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas.</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Proposed establishment of a new program or initiative.</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program.</td></tr> </table>	<input type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.	<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.	<input type="checkbox"/>	(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>	<input type="checkbox"/>	Change in cost of providing current services to existing program audience.	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.	<input type="checkbox"/>	Non-mandated program change in service levels or areas.	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative.	<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"/>	(Base Adjustment) Allocation of statewide employee benefits.																				
<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.																				
<input type="checkbox"/>	(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>																				
<input type="checkbox"/>	Change in cost of providing current services to existing program audience.																				
<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.																				
<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.																				
<input type="checkbox"/>	Non-mandated program change in service levels or areas.																				
<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative.																				
<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.																				

<b>RECIPIENTS OF FUNDS</b>	N/A
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*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>23</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, amount, and terms of the match requirement.*

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

*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 55 other funded FTE's due to need to fill positions in areas such as Biomedical Informatics, College of Medicine including Medicine, Family Medicine, Hematology/Oncology, Obstetrics/Gynecology, College of Health Professions and College of Dental Medicine.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
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<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>
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*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>
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*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
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*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 2015-16?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>23</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>
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*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>Monitored by MUSC's Benefits and Records staff in the Human Resources Management Office.</p>
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*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		
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### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	3276
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Allocation of FY2014-15 Statewide Employee Benefits-recurring
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,724,964
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Executive Budget Office, State of South Carolina
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*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 checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<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.	

<b>RECIPIENTS OF FUNDS</b>	Medical University of South Carolina Employees.
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*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>		
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<b>RELATED REQUEST(S)</b>	No, not related to any other decision package request.
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*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>	The requested funds would not be matched.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*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.*

<b>SUMMARY</b>	Allocation of Statewide Employee Benefits for FY2014-15.
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*



<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
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<b>METHOD OF CALCULATION</b>	Per letter form the Executive Budget Office for Allocation of State Funds for FY2014-15.
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*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>	N/A
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*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
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*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 2015-16?*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
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<b>INTENDED IMPACT</b>	N/A
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*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
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*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>		
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**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>3184</b>
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*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>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$26,600,000</b>
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*How much is requested for this project in FY 2015-16?*

<b>BUDGET PROGRAM</b>	<b>Instruction: College of Dental Medicine; #577</b>
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*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. Seven 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 gross square feet 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</p>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the*

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*agency's security or technology plan.*

<b>RELATED REQUEST(S)</b>	No, not related to any other decision package.
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*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
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*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.
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*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 \$15,400,000 from State Appropriations. \$10,200,000 came from private funds and \$2,500,000 from other funds.</p> <p>Capital Improvement Bonds and/or State Appropriations are needed to offset the Bond Anticipation Notes balance of \$26,600,000.</p>
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*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.
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*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>23</b>

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

<b>DECISION PACKAGE</b>	<b>3187</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Deferred Capital Renewal FY2015-16</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$17,900,000</b>
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*How much is requested for this project in FY 2015-16?*

<b>BUDGET PROGRAM</b>	<b>Operations &amp; Maintenance of Plant; #591</b>
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*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. Our model of the University facilities and their condition and age suggest that a \$17.9 million annual investment is needed to maintain overall status quo. This annual investment is needed to maintain critical systems (mechanical, electrical, plumbing, exterior façade, roofs, conveyance and building envelope). The most urgent needs for 2015-2016 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>
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*Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>AGENCY NAME:</b>	<b>Medical University of South Carolina</b>		
<b>AGENCY CODE:</b>	<b>H51</b>	<b>SECTION:</b>	<b>23</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** 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.)*

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