MEMORANDUM

To: Board of Regents

From: Board Office

Subject: Register of University of Iowa Capital Improvement Business Transactions for Period of May 21, 2003, Through June 18, 2003

Date: July 7, 2003

Recommended Actions:

Requested Approvals

1. Approve the following items for the major capital projects, as defined by Board policy adopted in June 2003, included on the Register of Capital Improvement Business Transactions for the University of Iowa.

   a. University Hospitals and Clinics—Emergency Treatment Center Expansion and Renovation project (see pages 7 through 10);

      1. Acknowledge receipt of the University’s submission of information to address the Board’s capital project evaluation criteria (pages 8 through 10);

      2. Accept the Board Office recommendation that the project meets the necessary criteria for Board consideration; and

      3. Authorize permission to proceed with project planning, including the architectural selection process.

   b. University Hospitals and Clinics—Institute of Neurological Disease Development project (see pages 10 through 12);

      1. Acknowledge receipt of the University’s submission of information to address the Board’s capital project evaluation criteria (pages 11 and 12);

      2. Accept the Board Office recommendation that the project meets the necessary criteria for Board consideration; and

      3. Authorize permission to proceed with project planning, including the architectural selection process.
c. **Medical Laboratories–Biological Safety Level 3 Facility** project (see pages 12 through 18).

1. Acknowledge receipt of the University’s submission of information to address the Board’s capital project evaluation criteria (pages 15 through 18);

2. Since this item was a late submittal to the Board Office which limited the time for Board staff review, the Board Office recommends that the Board carefully review and consider the information submitted, and receive additional information from the University at the July Board meeting (as further outlined on page 14), to determine whether the desired standards for the criteria are being met, or whether the project should be deferred for consideration until the September Board meeting.

3. If the Board determines that the project meets the necessary criteria, and other outstanding questions are addressed, authorize permission to proceed with project planning, the waiving of provisions of the Board’s Policy Manual requiring use of an Architectural Selection Committee for the architectural selection process, and the selection of Rohrbach Carlson, Iowa City, Iowa, to provide design services for the project.

d. **University of Iowa Hospitals and Clinics—Positron Emission Tomography Imaging Center Expansion** project (see pages 18 through 21).

1. Acknowledge receipt of the University’s submission of information to address the Board’s capital project evaluation criteria (pages 20 and 21);

2. Accept the Board Office recommendation that the project meets the necessary criteria for Board consideration; and

3. Approve the program statement for the project.
e. **University of Iowa Hospitals and Clinics—Pomerantz Family Pavilion Food Service Facility** project (see pages 21 through 24).

1. Acknowledge receipt of the University’s submission of information to address the Board’s capital project evaluation criteria (pages 23 and 24);

2. Accept the Board Office recommendation that the project meets the necessary criteria for Board consideration; and

3. Approve the schematic design and project description and budget for the project in the amount of $2,263,000, with the understanding that this approval will constitute final Board approval and authorization to proceed with construction.

f. **Old Capitol—Fire Restoration and Building Improvements—Phase 2** project (see pages 25 through 29).

1. Acknowledge receipt of the University’s submission of information to address the Board’s capital project evaluation criteria (pages 28 and 29);

2. Since this item was a late submittal to the Board Office which limited the time for Board staff review, and the University has indicated the need to present the project at the July meeting to facilitate completion of the fire-related components by the November 2004 insurance deadline, carefully review and consider the information submitted, and receive additional information from the University at the July Board meeting (as further outlined on pages 27 and 28), to determine whether the desired standards for the criteria are being met, or whether the project should be deferred for consideration until the September Board meeting.

3. If the Board determines that the project meets the necessary criteria, and other outstanding questions are addressed, approve the project description and budget for the project in the amount of $2,950,000, with the understanding that this approval will constitute final Board approval and authorization to proceed with construction.
g. **West Campus Chilled Water Plant Development/Expansion**
   project (see pages 29 through 31).
   
   1. Acknowledge receipt of the University’s submission of information to address the Board’s capital project evaluation criteria (pages 30 and 31);
   
   2. Accept the Board Office recommendation that the project meets the necessary criteria for Board consideration; and
   
   3. Approve the engineering agreement for design development and construction phase services with Stanley Consultants, Muscatine, Iowa, in the amount of $2,159,900.

h. **Kinnick Stadium Renovation** project (see pages 32 through 36).
   
   1. Acknowledge receipt of the University’s submission of information to address the Board’s capital project evaluation criteria (pages 33 through 36);
   
   2. Accept the Board Office recommendation that the project be subject to further Board review and consideration, in greater detail, of the necessary criteria upon completion of the master planning phase; and
   
   3. Approve the architectural agreement for programming, master planning, and schematic design services with Neumann Monson, Iowa City, Iowa, in the amount of $1,599,000.

i. **Iowa Memorial Union Renovation** project (see pages 36 through 40).
   
   1. Acknowledge receipt of the University’s submission of information to address the Board’s capital project evaluation criteria (pages 37 through 40);
   
   2. Accept the Board Office recommendation that the project be subject to further Board review and consideration, in greater detail, of the necessary criteria upon completion of the master planning phase; and
   
   3. Approve the architectural agreement for master planning and programming services with OPN Architects, Cedar Rapids, Iowa, in the amount of $279,610.

2. Based on additional information received, approve the project description and budget for the **Trowbridge Hall—Renovate Room B40** project in the amount of $630,000 (see pages 40 through 42).

3. Approve the remainder of the items on the Register of Capital Improvement Business Transactions for the University of Iowa.
Executive Summary:

Requested Approvals

Permission to proceed with project planning for the following projects:

University Hospitals and Clinics—Emergency Treatment Center Expansion and Renovation project which would construct an addition to expand the Emergency Treatment Center in the Carver Pavilion and renovate the Center’s existing space to correct existing design and space deficiencies and to accommodate current and future patient volume, new emergency medicine services, a graduate medical education residency program and clinical research facilities (see page 7).

University Hospitals and Clinics—Institute of Neurological Disease Development project which would renovate space in the General Hospital to support the collaborative needs of the Department by providing office areas for faculty and staff of the Carver College of Medicine Department of Neurology, and visiting faculty and fellows (see page 10).

Permission to proceed with project planning and the selection of Rohrbach Carlson, Iowa City, Iowa, for the Medical Laboratories—Biological Safety Level 3 Facility project which would construct a Biosafety Level 3 (BSL-3) facility on the roof of the Medical Laboratories building on the Health Sciences Campus to support anticipated biodefense-related research initiatives (see page 12).

- The selection of Rohrbach Carlson requires waiving the provisions of the Board’s Policy Manual related to the use of an Architectural Selection Committee for projects of $1 million or more.

Program statement for the University Hospitals and Clinics—Positron Emission Tomography Imaging Center Expansion project which would expand the Center in the lower level of the Pappajohn Pavilion to accommodate the installation of a replacement PET scanner and new PET/CT scanner to provide state-of-the-art patient diagnostic imaging services and to accommodate the Center’s patient volume for these services (see page 18).

Schematic design and project description and budget ($2,263,000) for the University Hospitals and Clinics—Pomerantz Family Pavilion Food Service project which would develop a new, full-service dining facility for University Hospitals in shell space on the fifth level of the Pomerantz Pavilion (see page 21).

- The proposed schematic drawing for the project is included as Attachment A to this docket memorandum.

Project description and budget ($2,950,000) for the Old Capitol—Fire Restoration and Building Improvements—Phase 2 project which would reconstruct the interior fire damaged areas and upgrade the building infrastructure, recondition portions of the building exterior, and provide fire-related site restoration (see page 25).
Architect/engineer agreements with:

Stanley Consultants, Muscatine, Iowa ($2,159,900) to provide design services for the West Campus Chilled Water Plant Development/Expansion project which would construct an addition to the existing plant to increase its chilled water capacity to serve the expanding needs of the west campus and Arts Campus (see page 29).

Neumann Monson Architects, Iowa City, Iowa ($1,599,000) to provide design services for the Kinnick Stadium Renovation project which would address the most critical deficiencies with the stadium (see page 32).

OPN Architects, Cedar Rapids, Iowa ($279,610) for the Iowa Memorial Union Renovation project which would provide various life safety, accessibility, and technology upgrades for the facility (see page 36).

Project description and budget for the Trowbridge Hall—Renovate Room B40 project ($630,000) which would provide a clean room research laboratory for the Department of Geological Sciences (see page 40).

- The Board deferred action on this item at the June 2003 meeting; the University has provided additional information regarding alternative locations considered for the laboratory and the costs of a possible future relocation of the laboratory if it is developed in Trowbridge Hall.

Additional project descriptions and budgets:

University Hospitals and Clinics Roofing Replacement—Roof Group 16 project ($483,000) which would replace deteriorated roofing materials on the Colloton Pavilion roof (see page 43).

Lindquist Center and Nursing Building—Replace Fire Alarm Systems projects ($335,000 and $384,000, respectively) which would replace the obsolete fire alarm systems in the buildings (see page 44).

Architectural agreement with Rohrbach Carlson, Iowa City, Iowa ($105,000) to provide furnishings design services for the Roy J. and Lucille A. Carver Biomedical Research Building project (see page 45).
Background and Analysis:

University Hospitals and Clinics—Emergency Treatment Center Expansion and Renovation

Project Summary

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Background

The Emergency Treatment and Level 1 Trauma Center (ETC), located in 23,000 gross square feet of space on the first floor of the Carver Pavilion, has been in operation since 1978.

Currently, the ETC’s annual patient visits total approximately 31,000; this is an increase of more than 100 percent since the Center became operational.

The ETC’s patient volume is projected to increase to 44,000 annual patient visits by the year 2012, an increase of 42 percent over the current level.

The University wishes to renovate and expand the ETC to accommodate current and future patient volume and the lengthier patient visit times associated with high level emergency needs. This would also support the introduction of new emergency medicine services and upgrade the ETC to correct existing design and space deficiencies as cited by review and regulatory agencies.

The renovation and expansion would also provide space for the planned implementation of a graduate medical education residency program in emergency medicine, and clinical research facilities for improved diagnosis and treatment of patients with emergent or traumatic injury or illness.

Project Scope

The University proposes to undertake the project in the following phases:

Phase 1

The first phase would relocate or replace mechanical, electrical and utility services, and construct transformer and emergency generator vaults and utility tunnels to support the future expansion of the ETC. This phase would also expand the existing ETC patient parking lot.
**Phase 2**

The second phase would construct a three-level addition of approximately 49,000 gross square feet adjacent to the ETC.

- This would include first floor expansion space for the ETC (approximately 27,000 gross square feet), basement and subbasement levels to house building support space (approximately 17,000 gross square feet), and a utility tunnel and emergency exit corridor from the UIHC main lobby (approximately 5,000 gross square feet).

**Remaining Phases**

The remaining phases would renovate the existing ETC space (23,000 gross square feet); this work would be phased to allow the ETC to remain operational during the construction project.

**Anticipated Cost/Funding**

Estimated at $30 million, to be funded by University Hospitals Building Usage Funds and UIHC bond proceeds.

- The Phase 1 project cost is estimated at $5 million and was included on the FY 2004 list of anticipated projects presented to the Board in June 2003.

- The Phase 2 project is included on the UIHC FY 2005 – FY 2009 capital plan (see G.D. 9).

**Architect/Engineer Selection**

Granting permission to proceed with the project would allow UIHC to begin the architect/engineer selection process in accordance with the Board’s Policy Manual, which requires the selection of an architectural firm for projects of $1 million or more by an institutional Architectural Selection Committee.

The University would return to the Board for approval of the selected firm and negotiated design agreement.

**Evaluation Criteria**

Since the project meets the Board’s definition of a major capital project, the University has provided the following information in response to the Board’s evaluation criteria.

**Institutional Mission/Strategic Plan**

Completion of this project will provide the ETC with the facilities required for it to meet its patient care mission of providing services for treating the full spectrum of illness and injury from the most minor to the most severe and complicated, to provide these services 24 hours per day and 7 days per week, and to effectively integrate and coordinate the resources of the ETC with the full spectrum of diagnostic and therapeutic capabilities of the UIHC. The UIHC’s educational and research missions will also be
enhanced through development of the necessary space to more effectively undertake a residency training program in emergency medicine and by providing the type of facilities required to conduct innovative clinical research directed toward more clinically efficacious diagnosis and treatment of patients with emergent or traumatic injury or illness. The project also supports several of the UIHC’s current Strategic Plan goals and objectives, most notably by differentiating the UIHC clinically, by enabling the UIHC to excel in all aspects of service to our patients and their families and referring providers, by facilitating opportunities for operational and clinical efficiencies, and by making possible incremental growth in service volume and revenue.

| Other Alternatives Explored | Due to the aforementioned need to provide an adequate level of patient treatment and support space to meet the historical and projected increases in ETC patient visit volume, as well as for the other reasons cited above, there are no other alternatives available than to expand the ETC’s patient care and support facilities. A total of eight alternative sites were evaluated prior to determining that the most practical and clinically judicious option is to expand and renovate the existing ETC rather than attempt to develop a new facility at some other location within the hospital. This decision was determined based on each site’s accessibility by ambulance, private automobile and emergency helicopter, proximity to key inpatient units and diagnostic and therapeutic support services (intensive care and burn units, operating room, lab and x-ray services), availability and proximity of parking, and proximity of essential physician consultants. |
| Impact on Other Facilities and Square Footage | This project will not result in the abandonment, transfer or demolition of existing facilities. |
| Financial Resources for Construction Project | The estimated average annual rate of return in developing this project, based on a projected useful life of twenty years, is 17%. This project will be funded through UIHC bonds and University Hospitals Building Usage Funds acquired from depreciation allowances of third parties underwriting the cost of patient care plus hospital net earnings from paying patients. No state capital appropriated dollars will be involved. |
| Financial Resources for Operations and Maintenance | The source of funds to cover the additional operating costs associated with the incremental increase in building space will be hospital operating revenues. |
External Forces

This project will resolve ETC design deficiencies that resulted in a supplemental recommendation from the Joint Commission on Accreditation of Healthcare Organizations during their survey of the UIHC in October 2001. The project will also resolve spatial deficiencies cited by the American College of Surgeons during their trauma center designation survey in January 2002. Furthermore, the project will correct deficiencies in the mechanical and ventilation systems supporting the ETC which will enable the facility to more safely and effectively respond to potential biological, chemical or radioactive incidents, and it will provide for isolation of the mechanical systems serving the ETC and develop expanded hazardous material decontamination facilities and isolation rooms. The project is in concert with the Department of Homeland Security’s efforts to provide greater security and safety for all Americans and its mandate to improve capabilities in treating mass casualties.

University Hospitals and Clinics—Institute of Neurological Disease Development

Project Summary

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Background

The University wishes to develop conferencing space to support the collaborative needs of the Department of Neurology of the Carver College of Medicine.

The project would provide a location for University neuroscientists to meet with their national and international colleagues to discuss common areas of interest and collaborate on scientific pursuits.

Project Scope

The project would provide office areas for visiting faculty and fellows and Department of Neurology faculty and staff, and a library and conference room.

The project would renovate approximately 7,000 gross square feet of space currently occupied by the Department of Neurology on the seventh level of the South Wing of the General Hospital.

Anticipated Cost/Funding

Estimated at $1.2 million, to be funded by the Carver College of Medicine and University Hospitals Building Usage Funds.

- The UIHC anticipated project cost of $600,000 was included on the FY 2004 list of anticipated projects presented to the Board in June 2003.
Granting permission to proceed with the project would allow UIHC to begin the architect/engineer selection process in accordance with the Board’s Policy Manual, which requires the selection of an architectural firm for projects of $1 million or more by an institutional Architectural Selection Committee.

The University would return to the Board for approval of the selected firm and negotiated design agreement.

Since the project meets the Board’s definition of a major capital project, the University has provided the following information in response to the Board’s evaluation criteria.

Development of the Institute supports several of the UIHC’s current Strategic Plan goals and objectives, most notably by serving as a mechanism to differentiate and distinguish the UIHC clinically and by establishing a locus for the implementation of interdisciplinary interaction and collaboration to enrich the patient care, teaching and research missions of the UIHC.

Several potential sites within the General Hospital were evaluated prior to selecting the 7 South site. No other site provided the necessary space for accommodating all of the components of the Institute or the desired proximity to other Neurology facilities. The 7 South space was thus selected as being the most suitable for development of this facility.

This project will not result in the abandonment, transfer or demolition of existing facilities.

This project will be funded through a combination of Roy J. and Lucille A. Carver College of Medicine earnings and gifts and University Hospitals Building Usage Funds acquired from depreciation allowances of third parties underwriting the cost of patient care plus hospital net earnings from paying patients. No state capital appropriated dollars will be involved.

The source of funds to cover the associated operating and maintenance costs will be hospital operating revenues.
External Forces

The academic medicine environment is extremely competitive and the most successful and highly recognized departments attain their status by differentiating themselves for their peers. Development of the Institute of Neurological Disease will provide another means for the Department of Neurology to distinguish itself from neurology departments in other academic medical centers since it will facilitate the Department’s capability for sponsoring national and international conferences and collaborative exchanges among neuroscientists and investigators from other fields to address and seek solutions to medical challenges. The Institute will thus also serve as a “breeder” for the generation of new research funding and help build on an already highly successful model of world-class patient care, research and teaching.

Medical Laboratories—Biological Safety Level 3 Facility

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Background

The National Institutes of Health have indicated plans to invest $1.7 billion to $1.8 billion per year over the next three years in biodefense-related research grants and contracts.

The Carver College of Medicine anticipates securing a portion of this funding for three major new research initiatives in microbiology and infectious diseases:

- A Midwest consortium, with investigators from the University of Iowa and Iowa State University, received one of the two highest scores nationally in a National Institutes of Health (NIH) competition for planning grants for Regional Centers of Excellence in Biodefense and Emerging Pathogens.

- The NIH indicated an intent to fund between four and eight grants; the planning grant would provide $1.47 million over two years and allow the University of Iowa to compete for a Regional Center of Excellence in 2004-2005.

- The Carver College of Medicine program grant to study the biodefense pathogen, *Francisella tularensis*, also received a score indicative of a very high probability of funding; this is a five-year project with a total budget of $9.3 million.
The Carver College of Medicine has also begun a study of the newly identified coronavirus that causes Severe Acute Respiratory Syndrome (SARS); these investigators are one of the few groups nationally with a long history of coronavirus research.

The three programs would require ready access to a Biological Safety Level 3 (BSL-3) containment facility to work with these very contagious microbial pathogens; such a facility is necessary for the Carver College of Medicine to remain competitive for these programs.

The University’s only BSL-3 Laboratory is located at the University Hygienic Laboratory on the Oakdale Campus; the distance of this laboratory from the Health Sciences Campus, where the Carver College of Medicine research personnel and facilities are housed, prohibits the transport of these highly infectious materials for BSL-3 research initiatives.

Project Scope

The project would construct a BSL-3 facility as a penthouse on the northeast roof area of the Medical Laboratories building on the Health Sciences Campus.

- It is anticipated that the facility would consist of 2,300 gross square feet of space; the northeast roof area of the Medical Laboratories building totals 3,500 gross square feet.

- The University has verified that the Medical Laboratories building could structurally support the rooftop penthouse; it would be designed to be in structural equilibrium with other existing penthouse facilities on the building roof.

- The proposed facility would include a minimum of four tissue culture rooms, a sterilizer area, toilet/shower room, locker room, tank room, and other support areas.

Questions Regarding Proposed Location

In response to Board Office inquiries regarding the safety of locating a BSL-3 facility on a building rooftop, and in the core of the heavily populated Health Sciences Campus, the University has provided the following information:

- The proposed rooftop location would provide a relatively isolated location to meet the separation and restricted access requirements for the BSL-3 laboratory.

- The rooftop location would allow the facility to function independently from the rest of the Medical Laboratories Building; the BSL-3 laboratory would have a separate air handling system.

- The purpose of the BSL-3 facility is containment; accordingly, the facility would be designed to meet the required containment standards to ensure that there is no threat of biological agents escaping from the facility.
- The University has indicated that there are no requirements with respect to the distance of a BSL-3 facility to other occupied facilities.
- The proposed location would also be in close proximity to existing researchers and facilities in public health, environmental health and safety, and biological research.

The Board Office recommends that the University present additional information on the project, and the proposed location, at the July meeting for Board consideration. The following information should be addressed:

- What are the specific location requirements for a BSL-3 facility?
- How does the proposed location meet all of the requirements for a BSL-3 facility?
- What other campus sites were evaluated for the BSL-3 facility and why were they rejected?
- Has the proposed rooftop location been approved by the University Health Protection Office?

### Additional Information

The University anticipates that the proposed building size would accommodate future BSL-3 research needs beyond the anticipated biodefense grants currently under application.

The University reports that the availability of a BSL-3 facility on the Health Sciences Campus would allow additional Carver College of Medicine faculty to develop similar projects with the potential for funding by the Federal government’s biodefense initiative.

### Anticipated Cost/Funding

Estimated at $1.1 million, to be funded by Carver College of Medicine Gifts and Earnings.

The project was not included in the FY 2004 list of anticipated projects presented to the Board in June 2003.

- The University reports that it analyzed various locations and logistics for the facility; the final site selection, which was required to estimate the total project cost, was not made until after the FY 2004 capital plan was prepared.
The University requests approval to waive provisions of the Board’s Policy Manual which require the selection of an architectural firm for projects of $1 million or more by an institutional Architectural Selection Committee.

The University requests approval of the selection of Rohrbach Carlson, Iowa City, Iowa, to provide design services for the project.

- The firm is recommended by the University based on its successful performance in the design and implementation of previous laboratory projects in Medical Laboratories building, and its familiarity with the building’s mechanical and electrical systems; the firm has a strong relationship with the Carver College of Medicine.

- The firm has significant experience in the design of BSL-3 facilities and is very familiar with the unique, specialized design requirements for these laboratories; many design firms do not possess this level of expertise.

- The firm’s Iowa City location and close proximity to the project site would be an asset to the project.

The University would return to the Board for approval of the negotiated agreement.

Since the project meets the Board’s definition of a major capital project, the University has provided the following information in response to the Board’s evaluation criteria.

This BSL-3 facility will serve three major new initiatives in microbiology and infectious diseases at the University of Iowa Carver College of Medicine (CCOM). A Midwest consortium, which was led by the University of Iowa and which also includes investigators at Iowa State University, received one of the two highest scores nationally in an NIH competition for planning grants for Regional Centers of Excellence in Biodefense and Emerging Pathogens. In the request for applications for this competition, NIH indicated an intent to fund 4-8 of these grants. This planning grant will provide $1.475 million in total funding including $475,000 in Facilities and Administrative (indirect) costs over two years and allow the University of Iowa to compete for a Regional Center of Excellence in 2004-2005. The funding for a Regional Center could reach $50 million over five years.

Another program grant in the CCOM to study the biodefense pathogen, *Francisella tularensis*, received a score indicative of a very high probability of funding. This is a five-year project with a total budget of $9.3 million including $2,547,626 in F and A costs.
In addition, investigators at Iowa who are one of the few groups nationally with a long history of coronavirus research have begun to study the newly identified coronavirus that is the cause of SARS.

All of these three programs require ready access to a BSL-3 containment facility to work with these very contagious microbial pathogens. This BSL-3 facility is essential for the success of the above programs and for the CCOM to be competitive for a significant portion of the $1.7 to $1.8 billion to be spent by NIH over the next three years in the field of biodefense and emerging pathogens.

To obtain select agent approval from the Center for Disease Controls, a BSL-3 level facility must be available. This facility must be constructed to specifications and must be certified by the campus Health Protection Officer.

Graduate students, postdoctoral fellows and, occasionally, undergraduates will use this facility in their research work.

This project will continue the impressive growth of the research programs in the UI CCOM, and will reflect the UI Carver College of Medicine leadership nationally in research against bioterrorism of the nation. Joint ventures with Iowa State University reflect the sharing of this research facility with other institutions within the State of Iowa. In addition, the facility will serve NIH funded Comprehensive Holden Cancer Center, as a number of drugs used in cancer research must be formulated in a BSL-3 facility. This facility will also serve as a resource for biotechnology firms in the area.

The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and the National Institutes of Health have established safety practices, equipment and facility requirements for the biosafety in microbiological and biomedical laboratories in order to protect personnel, the environment and the community. Four biosafety levels have been established. The Biosafety Level 3 (BSL-3) is applicable to research facilities in which work is done on agents which may cause serious or potentially lethal disease as a result of exposure by inhalation. The facility is designed to prevent exposure of individuals within the facility to these agents and to prevent escape of these agents to the outside environment.

At this time, the University does not have a laboratory on the main campus that meets the criteria needed for this new research program. There is a BSL-3 at the University Hygienic Lab at Oakdale, but the faculty scientists who will utilize the new BSL-3 are located on the main Health Science Campus. In addition, the research animals that will be studied are housed in the Animal Care Facility in the Medical Laboratory Building on the Health Science Campus. Given the nature of the biological agents involved, the transport of infectious materials and derivatives of these materials between Oakdale and the main campus is not feasible.

Other Alternatives Explored
The CCOM has explored the potential of obtaining NIH funds to support the construction of this facility. NIH has currently restricted applications for BSL-3 facilities only to designated Regional Centers for Biodefense and Emerging Infections. Because we are in the planning stage for such a Center, the CCOM does not qualify for these funds.

Impact on Other Facilities and Square Footage
No other space on the Health Science Campus will be abandoned or changed as a result of the construction of the new BSL-3 facility.

Financial Resources for Construction Project
The U of Iowa and the Roy J. and Lucille A. Carver College of Medicine will share in the cost from earnings and gifts.

A good score was received on the initial Biodefense Planning grant, and therefore has an excellent chance to be funded for $1,475,000, of which $475,000 is indirect funds or F&A funds. With this seed grant in place, we would be eligible and will be very competitive to obtain a $10,000,000 per year grant for the next 5 years. If this were obtained, we would receive $6,780,000 in direct funds and $3,220,000 in F&A funds each year, over the 5 years.

In addition, the CCOM has a newly funded Program Project Grant (PPG) of $9.3 million over 5 years. The direct funding for this PPG is $6,757,498 and the F&A funds are $2,547,626. The Principal Investigator for this grant is Dr. William Nauseef.

This project is expected to be a productive research facility from inception.

Financial Resources for Operations and Maintenance
The indirect cost recovery funds of the grants mentioned above and other CCOM grants will be the source of funds to maintain the facility.

The indirect cost of the grants described in items 1 and 4, will be used to support the BSL-3. This source of funding is part of the UI General Fund.

External Forces
In order for faculty to obtain approval to work with any of the Centers for Disease Control select agents A through C, they must have access to an approved BSL-3 facility. In addition, new national security regulations mandate that select agents in the category A and B be maintained under three levels of security. The new facility would be designed to comply with these regulations.

This facility would be constructed in accordance with the guidelines established by CDC for BSL-3 facilities.
Since the fall of 2001, the Federal government has had plans to invest $1.7 - 1.8 billion per year over the next three years in biodefense related grants and contracts. A BSL-3 facility is vital for the safe handling of many of the organisms covered by this initiative. This facility will support the faculty at the College of Medicine who are participating in the Biodefense grants listed above and will allow additional faculty to develop projects which have the potential to be funded under the Biodefense initiative.

University of Iowa Hospitals and Clinics—Positron Emission Tomography Imaging Center Expansion

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Background

The UIHC Positron Emission Tomography (PET) Imaging Center is located in 5,854 net square feet on the lower level of the John Pappajohn Pavilion.

- PET technology has proven to be highly efficacious and useful in the early diagnosis of cancer and the monitoring of cancer treatments.

However, UIHC reports the following deficiencies with the existing PET Imaging Center:

- The Center is operating at maximum capacity, which results in delays in patient care and clinical research studies.

- The existing PET scanner is 12 years old, and therefore it cannot provide the superior imaging performance nor accommodate a higher patient volume associated with newer generation scanners.

- The scanner’s localization capabilities are not as accurate as those provided by a combination of PET and CT scanner technologies.

UIHC wishes to renovate and expand the existing PET Imaging Center and install a replacement PET scanner and a new PET/CT scanner.

The proposed project would significantly advance UIHC’s capabilities to provide state-of-the-art patient diagnostic imaging and clinical research services and develop new clinical applications for PET imaging.
Project Scope
This project would expand the PET Imaging Center on the lower level of the Pappajohn Pavilion to accommodate the two new scanners.

The project would enclose and renovate the lower level of the Pavilion’s central atrium, which is located immediately adjacent to the PET Center, to provide the necessary expansion space.

The project would also renovate and upgrade a portion of the Center’s existing space (2,509 net square feet) to house patient and staff support areas and laboratories.

Program Statement
The project would develop two imaging rooms (one to accommodate each scanner), a control room, patient areas (reception/waiting area, preparation rooms, dressing room/restroom), radiopharmaceutical dispensary, radiochemistry laboratory, four staff offices, staff restroom/locker room, and utility rooms.

The project would be phased to ensure the PET Imaging Center remains operational at all times.

Square Footage Table
The following table provides the detailed square footages for the project.

### Detailed Building Program

#### Atrium Expansion Space

<table>
<thead>
<tr>
<th>First Level</th>
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<tr>
<td>Atrium Enclosure Floor Space</td>
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<table>
<thead>
<tr>
<th>Lower Level</th>
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<tbody>
<tr>
<td>PET Imaging Rooms (2)</td>
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<tr>
<td>Control Room/Technologist Work Area</td>
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<td></td>
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</tbody>
</table>

#### Existing Lower Level Space

| Research Area                          | 510 |
| Radiochemistry Laboratory              | 404 |
| Patient Preparation and Holding Rooms | 383 |
| Staff Offices (4)                      | 351 |
| Machine Shop                           | 156 |
| Patient Waiting and Reception Area     | 143 |
| Patient Restroom/Dressing Room         | 107 |
| Staff Locker and Restrooms             | 121 |
| Radiopharmaceutical Dispensary         | 124 |
| Storage/Linen/ Crash Cart              | 82  |
| Communications Closet                  | 71  |
| Consultation Area                      | 57  |
|                                         | 2,509 nsf |

#### Total Net Assignable Space

| Total Net Assignable Space              | 5,193 nsf |

Anticipated Cost/Funding
$2.5 million to be funded by University Hospitals Building Usage Funds.
Evaluation Criteria

Since the project meets the Board’s definition of a major capital project, the University has provided the following information in response to the Board’s evaluation criteria.

Institutional Mission/Strategic Plan

Completion of this project will provide the PET Imaging Center with the facilities and imaging technology required for it to meet its mission of providing state-of-the-art diagnostic services to all patients cared for within the UIHC. The UIHC’s educational and research missions will also be enhanced by making available the most up-to-date imaging technology for training radiology residents and fellows in the application and use of both conventional PET and PET/CT and to provide physicians and research scientists in the disciplines of Nuclear Medicine, Radiology, Oncology, Radiation Oncology, Otolaryngology, Thoracic Surgery, Urology, Psychiatry and Neurology with the imaging technology required for them to remain competitive in obtaining federal funding for clinical research studies. The project also supports several of the UIHC’s current Strategic Plan goals and objectives, most notably by differentiating the UIHC clinically, by enabling the UIHC to excel in all aspects of service to our patients and their families and referring providers, by facilitating opportunities for operational and clinical efficiencies, and by making possible incremental growth in service volume and revenue, and by implementing or enhancing interdisciplinary interaction and collaboration to enrich the patient care, teaching and research missions of the UIHC.

Other Alternatives Explored

The project is required to provide the necessary level of space and facilities to accommodate the growth in PET diagnostic and clinical research volume and to accommodate the installation of a PET/CT scanner. PET/CT represents an entirely new technology that melds the two existing imaging approaches of PET and computed tomography (CT) into a single instrument that superimposes the functional images provided by PET with the anatomical images provide by CT. This information has been shown to be of substantial value in the diagnosis of cancer and assessment of therapeutic interventions. There are no viable alternatives available other than to expand the PET Imaging Center to accommodate this needed growth in diagnostic imaging technology and to make these imaging services available to our patients, their physicians and the researchers for which PET and PET/CT technology is of absolute necessity when conducting research studies.

Impact on Other Facilities and Square Footage

This project will not result in the abandonment, transfer or demolition of existing facilities.

Financial Resources for Construction Project

The estimated project cost is $2.5 million. The estimated internal rate of return over the life of the project is 11.9%. The project will be funded through University Hospitals Building Usage Funds acquired from depreciation allowances of third parties underwriting the cost of patient care plus hospital net earnings from paying patients. No state capital appropriated dollars will be involved.

Financial Resources for Operations and
Maintenance

External Forces

As previously noted, the offering of conventional PET and PET/CT services is vital in enabling the UIHC to meet all elements of its tri-partite mission. Beyond this, the availability of PET and PET/CT imaging technology is required for conducting a number of National Institutes of Health funded clinical research studies. In the aggregate these studies provide several million dollars of funding to University researchers each year. With the absence of space for the additional PET scanning system there is a high probability that future research funding support will be diminished.

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University of Iowa Hospitals and Clinics—Pomerantz Family Pavilion Food Service Facility

<table>
<thead>
<tr>
<th>Project Summary</th>
<th>Amount</th>
<th>Date</th>
<th>Board Action</th>
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<td>Program Statement</td>
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<td>Project Description and Total Budget</td>
<td>2,263,000</td>
<td>July 2003</td>
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Background

Existing food service facilities are located on the first floor of the South Wing of the General Hospital.

In recent years, patient care and staff support functions have expanded into the Pappajohn and Pomerantz Pavilions.

- The physical distance between the expansion areas and the food service facilities is inconvenient for patients, visitors and staff, particularly for those who have difficulty walking or are confined to a wheelchair.

UIHC opened two additional food service operations in the Pappajohn and Pomerantz Pavilions in 1999 and 2000 to meet the demand in these locations.

- While these sites provide only limited food service offerings, they serve more than 300,000 customers annually, exceeding their capacity.

UIHC plans to relocate additional functions to the Pappajohn and Pomerantz Pavilions, thereby increasing the number of visitors and staff in these two pavilions.
UIHC proposes to develop a new, full-service dining facility in approximately 8,500 gross square feet of shelled-in space on the fifth level of the Pomerantz Pavilion to meet the current and future demand for food service facilities in the Pappajohn and Pomerantz Pavilions.

- The new dining facility would provide quick, fresh menu offerings to patients, visitors and staff.

The dining facility would have a seating capacity for up to 160, depending on the seating configuration; however, it is anticipated that approximately 50 percent of the food orders would be take-out items.

Stations within the serving area would include a grill, deli, a “chef’s special area” with rotating food selections, and a coffee/bakery area; soups, salads, and sandwiches, and a variety of beverages, would also be available.

Menu selections would be provided for individuals requiring diet modifications due to health conditions.

The facility would be open primarily for lunch; however, the coffee/bakery area would provide breakfast service and beverages and snack items would be available throughout the day.

Private conference rooms would be developed, and catering service would be provided for designated areas in the Pomerantz and Pappajohn Pavilions.

The proposed schematic design for the project is included as Attachment A to this docket memorandum.

The various food service stations, and the food preparation and storage areas, would be located in the eastern half of the space; the adjacent dining area would be located in the western half.

The main entrance to the facility would be located along the north corridor.

Two conference rooms would be located in the southeast corner and would be directly accessible from the food preparation area and the south corridor.
The following table compares the square footages for the schematic design with the square footages in the building program approved by the Board in May 2003. (The numbers are unchanged.)

### Detailed Building Program

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<tr>
<th></th>
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<tr>
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<tr>
<td>Support Areas</td>
<td>594</td>
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<tr>
<td>Conference Rooms</td>
<td>462</td>
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<tr>
<td><strong>Total Net Assignable Space</strong></td>
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<td><strong>8,050</strong></td>
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### Construction Schedule

The University plans to begin construction in December 2003; construction completion is anticipated in April 2004.

### Funding

University Hospitals Building Usage Funds.

### Project Budget

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<th>Item</th>
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</table>

### Evaluation Criteria

Since the project meets the Board’s definition of a major capital project, the University has provided the following information in response to the Board’s evaluation criteria.

### Institutional Mission/Strategic Plan

With the planned relocation and expansion of ambulatory care clinics, diagnostic and therapeutic units, and inpatient units to the Pappajohn and Pomerantz Family Pavilions, and to the new building addition that will initially accommodate the Center of Excellence in Image-Guided Radiation Therapy, the need for a permanent food service venue at the southerly end of the UIHC becomes of critical importance in meeting the needs of the hospitals’ patients, visitors and staff. The completion of this project supports several of the UIHC’s Strategic Plan goals and strategies, most notably by ensuring the hospitals’ facilities are developed with a particular emphasis on patient comfort and convenience and operational effectiveness, by excelling in all aspects of service to our patients and their families, and by achieving incremental growth in net service revenue.
Other Alternatives Explored

In an effort to meet the growing need and demand for food services at the southern end of the UIHC complex, two small, limited-menu food service facilities have been opened over the past 3 – 4 years. The Art Rock Café was established as a temporary facility in the lower level Pappajohn Pavilion atrium lobby and the Skywalk Corner Café was developed on the second level of the Pomerantz Family Pavilion. Both of these facilities have been very successful in helping to meet the growing demand for convenient food services in this area of the hospital. However, both of these facilities are now operating at or near capacity, and the temporary Art Rock Café will need to be closed in approximately 8 months to accommodate expansion of the PET Imaging Center. The Pomerantz Family Pavilion Food Service facility is needed to meet the current demand and to allow for planned growth in service volume stemming from the increases in outpatients, visitors and staff to the southern end of the UIHC.

Impact on Other Facilities and Square Footage

The new Pomerantz Family Pavilion Food Service Facility provides for the completion of approximately eighty-five hundred square feet of shelled-in space on the fifth level of the Pomerantz Family Pavilion. Approximately thirteen hundred square feet of space now used by the Art Rock Café in the lower level Pappajohn Pavilion atrium will be converted to provide the necessary space to accommodate expansion of the adjacent PET Imaging Center.

Financial Resources for Construction Project

The project will be funded through University Hospitals Building Usage Funds acquired from depreciation allowances of third parties underwriting the cost of patient care plus hospital net earnings from paying patients. No state capital appropriated dollars will be involved. The estimated internal rate of return over the life of this project is 7.2%.

Financial Resources for Operations and Maintenance

The source of funds to cover the additional operating costs associated with the increase in finished building space will be charges that will be paid by patients, visitors and staff (i.e. customers) using the new dining service.

External Forces

As previously described, the project is necessary to meet the need to provide a convenient food service for outpatients, visitors and staff in the two most southerly pavilions of the UIHC.
## Old Capitol—Fire Restoration and Building Improvements

### Project Summary

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<th>Amount</th>
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<td>Jan. 2002</td>
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<td>Authorization for Executive Director to Approve Negotiated Agreement with OPN Architects</td>
<td>Jan. 2002</td>
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<td>March 2002</td>
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<td>Architectural Agreement—Fire Restoration—Phase 1 and Phase 2 Schematic (OPN Architects)</td>
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<td>March 2002</td>
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<td>Master Plan and Schematic Design</td>
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<tr>
<td>Project Description and Total Budget</td>
<td>2,950,000</td>
<td>July 2003</td>
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</tbody>
</table>

* Approved by Executive Director in accordance with Board procedures.
** Approved by Executive Director as authorized by Board at January 2002 meeting.
*** Approved by University in accordance with Board procedures.

### Background

The Old Capitol was severely damaged by fire on November 20, 2001.

- The exterior dome and tower were destroyed, and the interior walls, ceilings, floors, and furnishings sustained water and smoke damage.

The University plans to proceed with the restoration in a manner consistent with the building's status as a National Historic Landmark.

### Phase 1

Phase 1 of the reconstruction project, which is nearing completion, is reconstructing the dome, cupola and bell tower, replacing the roof, demolishing the heating, ventilating and air conditioning system equipment, and installing a new air handling unit.
Master Plan – Future Phases

As presented to the Board with the Master Plan in May 2002, the Phase 2 project would reconstruct the interior fire damaged areas (floors, walls, ceilings and spiral staircase), upgrade the building infrastructure (fire alarm and suppression systems, electrical and lighting upgrades, elevator improvements), and enhance the building’s lower level.

The Phase 3 project would recondition portions of the building exterior, including restoration of the west portico and wood trim, exterior masonry, and west stairs, and window replacement and repairs.

The Phase 4 project would restore the site and would include landscape and walkway improvements and west terrace repairs.

Modified Phase 2 Project

The proposed Phase 2 project would complete all of the fire-related interior improvements outlined in the Master Plan. (Funding is not currently available to complete the lower level enhancements; only very minor touch-up work would be undertaken on this level).

In addition, Phase 2 would complete the majority of the work originally planned for completion in Phases 3 and 4.

- The Phase 3 work to be incorporated into Phase 2 consists of non-fire related repairs that the University reports are crucial to maintaining the building’s structural integrity.

- This consists of reconditioning portions of the building’s exterior to include restoration of the west portico and wood trim, replacement of the west portico stairs, and replacement and repair of windows.

- The University has applied for a Federal Grant (Save America’s Treasures) to partially fund these improvements.

- The Phase 4 work to be incorporated into Phase 2 consists of the fire-related site and landscaping restoration; this work is necessary to return the site to its pre-fire condition.

The University reports that the available project funding would now allow the work identified above to be completed in Phase 2; the consolidation of the work into one phase is expected to result in lower construction costs.
Funding

Total fund sources for the Phase 2 project include insurance proceeds, federal grant funds, state appropriations, gifts, and Income from Treasurer’s Temporary Investments.

- The insurance proceeds would reimburse the costs of the fire-related improvements to the Old Capitol.
- The University must complete all of the fire-related improvements by November 20, 2004 (three years from the date of the fire) to receive the insurance reimbursement.
- The 2003 General Assembly appropriated $350,000 for the non-fire related improvements to the Old Capitol.

Need for July Board Action

In response to Board Office inquiries regarding the need to request Board approval of the project at the July meeting given the late submittal of the item to the Board Office, the University has provided the following information:

- The proposed work requires a tight construction schedule to meet the November 2004 completion deadline.
- Due to the age of the building, there is a high probability that unexpected conditions will be encountered during construction that could result in additional project delays.

In response to Board Office inquiries regarding the incorporation of non-fire related improvements into the Phase 2 project when there is a November 2004 completion deadline for the fire-related work, the University has provided the following information:

- Incorporating the non-fire related work into the project would not negatively impact completion of the fire-related work by the deadline; there are options for structuring the work to facilitate completion of the fire-related improvements by November 2004. (The non-fire related work could be completed after that date.)

Given the November 2004 insurance deadline, the Board Office recommends that the University present additional information on the project at the July meeting for Board consideration. The following information should be addressed:

- Given the tight construction schedule to meet the November 2004 deadline, why was the project not presented for Board consideration at an earlier meeting?
- What reassurances can the University provide the Board that the construction deadline will be met to ensure receipt of the insurance proceeds?
• What funds would be used if the construction deadline is not met and the insurance funds are not received?

**Project Budget**

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**Evaluation Criteria**

Since the project meets the Board’s definition of a major capital project, the University has provided the following information in response to the Board’s evaluation criteria.

**Institutional Mission/Strategic Plan**

Old Capitol is intimately tied to the history of Iowa and the University serving as the state’s first Capitol building. When the state government moved to Des Moines in 1857, Old Capitol was deeded to the University becoming the University’s first permanent building. It is the symbol of the University of Iowa and is a state icon. The building was damaged by fire on November 20, 2001. Phase 1 of the project, restoration of the dome, cupola, bell tower, and roof is nearing completion. Completion of the fire-damaged interior areas is critical to completing the building’s restoration.

**Other Alternatives Explored**

Within hours of the fire, then President Coleman announced Old Capitol would be restored. Given its historic significance, there was truly no other alternative. The decision was made to restore the building in a manner consistent with its status as a National Historic Landmark and to make important life-safety improvements.

**Impact on Other Facilities and Square Footage**

There will not be any square footage abandoned, transferred or demolished.

**Financial Resources for Construction Project**

The project will be funded through insurance proceeds, federal grant funds, private gifts, state appropriations and treasurer’s temporary investments.

**Financial Resources for Operations and Maintenance**

The resources available prior to the fire will be sufficient to maintain the projects within this capital project without compromising current programs or operations. There should be no increase in Operations and Maintenance expense as a result of this project.
External Forces  The building cannot be inhabited without this work. The project is necessary to repair fire damage to the building and to install needed life safety improvements. Additional improvements will be undertaken to the degree possible so as to take advantage of the construction project related to the restoration of the fire damaged areas and to avoid subsequent disruption of restored building components. Pursuant to the insurance contract, fire-related damage must be repaired by November 2004. Thus, Phase 2 work must begin promptly to avoid a lapse in the insurance coverage.

West Campus Chilled Water Plant Development/Expansion

<table>
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<th>Project Summary</th>
<th>Amount</th>
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<td>July 2003</td>
<td>Requested</td>
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* Approved by Executive Director as authorized by Board in January 2003.

Background  The West Campus Chilled Water Plant provides chilled water service for the academic and medical facilities on the west campus; the plant has a current capacity of 16,000 tons.

- The chilled water plant is located within Hospital Parking Ramp #3, which is located north of Kinnick Stadium.

The plant was constructed in 1970 and the equipment was installed in phases, with the last 3,000 tons of cooling capacity installed in 1988.

The continuing expansion of the west campus and the growth of the Arts Campus will require an increase in the capacity of the West Campus Chilled Water Plant.

In addition, the existing chilled water equipment is beyond or nearing the end of its useful life, increasing the amount of required maintenance.
Project Scope

To address the expanding chilled water needs, the University proposes to construct an addition to the West Campus Chilled Water Plant.

- The proposed addition would increase the chilled water capacity by 12,000 tons, and would provide for future expansion by an additional 4,000 tons; this represents the University's current estimate of future west campus and Arts Campus cooling requirements.

- The building would house three 4,000 ton capacity chillers and mechanical and electrical equipment necessary to support and maintain the chilled water plant operation.

- The University would construct the addition on the site immediately to the north of the West Campus Chilled Water Plant; this is the former site of the outdoor Football Practice Facility.

- The project would also replace the existing equipment in the chilled water plant in a subsequent phase following construction of the addition.

Anticipated Cost/Funding

Approximately $38 million, to be funded by Utility System Revenue Bonds and possibly Parking System Funds.

Project Schedule

The University plans to begin construction in March 2004. The University anticipates that this would allow start-up and commissioning in July 2005, and full operation of the facility in November 2005.

Design Services

The agreement with Stanley Consultants would provide design development through construction documents, and limited technical construction administration services, for a fee of $2,159,900, including reimbursables.

Evaluation Criteria

Since the project meets the Board’s definition of a major capital project, the University has provided the following information in response to the Board’s evaluation criteria.

Institutional Mission/Strategic Plan

This project supports the institution’s mission and strategic plan by supporting all facilities on the West Campus of the University with an efficient and adequate source of chilled water. Centralized chilled water systems are substantially more efficient than smaller, building-specific cooling equipment. The central chilled water facility will replace less efficient cooling equipment and serve increased demand on the west campus.
### Other Alternatives Explored

The University uses a central chilled water system to cool campus facilities. Centralized chilled water systems are substantially more efficient than smaller, building specific cooling equipment. The West Campus Chilled Water Plant was initially constructed in the early 1970's to serve the University of Iowa Hospitals and Clinics (UIHC) as well as the west campus Health Sciences. The plant has been upgraded incrementally to keep pace with UIHC and Health Sciences growth. Projected short-term growth in chilled water loads will exceed the existing Plant's capacity by 2005. In addition, the majority of the existing plant equipment is obsolete and has outlived its expected life. This equipment must be upgraded to continue to serve the University's cooling needs -- a future project phase.

The University examined options for meeting the cooling loads in three engineering studies beginning in August 2000. Expanding the current Plant and then following the expansion with a Phase II upgrade of existing Plant equipment is the recommended solution. Failure to increase chilled water production capacity will result in the University not being able to cool classroom, research, and patient care areas.

### Impact on Other Facilities and Square Footage

When this project is complete, no facilities will be abandoned, transferred or demolished. However, the overall reliance on central cooling systems will increase and will continue to replace smaller building-based air conditioning.

### Financial Resources for Construction Project

The project will be funded by University of Iowa utility revenue bonds. Debt service for the bonds will be funded through the sale of chilled water units (MMBTU's) to the customers of the utility. The University distributes approximately 1.05 MMBTU of cooling and charges its users $12.2 million.

### Financial Resources for Operations and Maintenance

Operations and maintenance costs are funded from fees charged to the various customers of the chilled water utility in accordance with their chilled water usage. The customers include the UIHC, general fund buildings, athletics, Residence Services and others.

### External Forces

Peak loads on the central chilled water system have reached the limit of system capacity and will continue to increase. Further, many of the existing chilled water production units are near the end of their useful lives and need to be replaced. The new chiller units will significantly improve energy efficiency and will reduce unit operations and maintenance costs.
Kinnick Stadium Renovation

Project Summary

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<th>Amount</th>
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<th>Board Action</th>
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<td>July 2003</td>
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Background

Kinnick Stadium was constructed in 1929, and much of the stadium has received few improvements since its construction.

- Work in the facility has been limited to the reconstruction of the north bleachers approximately 20 years ago, and ongoing maintenance of the building masonry.

A recent analysis of the south end zone structural system has estimated its remaining life expectancy at less than five years.

The stadium press box, constructed in the mid-1950s, suffers from awkward elevation changes and low ceiling heights; its heating, cooling, and plumbing systems are original to the structure and in need of replacement.

The stadium’s plumbing systems are original to the facility’s construction and require extensive maintenance.

The number of men’s and women’s toilet facilities and concession stands is inadequate for the stadium population.

Project Scope

The University proposes to develop a master plan for the renovation of the stadium, which would phase the work to minimize the impact on the stadium during football seasons.

The plan is likely to include:

- Replacement of the entire south bleacher area and expansion of the south plaza area;
- Replacement of the west side press and viewing box;
- Renovation of restrooms, concession areas, and mechanical, plumbing, and electrical systems on the east and west ground level concourses; and
- Site restoration and improvements surrounding the stadium.
The timeframe for completion of the proposed improvements would be reviewed in the master planning process.

**Anticipated Cost/Funding**

The University has completed an initial feasibility study for the renovation of Kinnick Stadium which indicates an approximate project cost between $70 million and $80 million.

The University proposes to fund the renovation project with gifts to the University, Athletic Department earnings, and Athletic Enterprise Revenue Bonds.

**Design Agreement**

The agreement with Neumann Monson Architects would provide programming, master planning, and schematic design services for a fee of $1,599,000, including reimbursables.

**Evaluation Criteria**

Since the project meets the Board’s definition of a major capital project, the University has provided the following information in response to the Board’s evaluation criteria.

**Institutional Mission/Strategic Plan**

As a NCAA Division 1-A institution and a member of the Big Ten Conference, the University of Iowa Athletic Department maintains a top-notch collegiate football program. The Hawkeye football team draws more than 400,000 fans and University of Iowa supporters to Kinnick Stadium each year. The football program and its athletes serve as a symbol for the University. Saturdays at Kinnick Stadium serve as an epicenter, not only for student life on campus, but for many from throughout the state. As such, Kinnick Stadium itself must remain a facility that is first and foremost safe. And despite its age of 74 years, it must also create a place that makes the game day experience for visitors enjoyable while presenting our commitment to excellence to both our Hawkeye fans as well as the visitors from other states and schools.

The University of Iowa Athletic Department mission statement reads:

> “The mission of the Department of Intercollegiate Athletics is to provide the administrative and coaching support, facilities, resources and equipment necessary for student-athletes to graduate from the University of Iowa while participating in broad-based championship-caliber athletic competition. The overall well being of the participant and integrity of the program will be paramount in all that we do.”

The University’s commitment to providing opportunities for success to its student-athletes, regardless of the sport, rests predominantly with the largest and highest revenue-generating program: football. A Kinnick Stadium project that corrects the many long-standing deferred maintenance issues and addresses current facility shortcomings will ensure a long term commitment to the success of our student-athletes.
Kinnick Stadium was built in 1929. Its history is rich, but apart from a significant and permanent reconstruction of the north bleachers roughly 20 years ago, much of the stadium has been untouched since its original construction 74 years ago. The University has carried out ongoing maintenance of the masonry portions of the structure, including phased tuckpointing in recent years.

The University has for some time performed an annual analysis of the structural system that supports the south bleacher portion of the stadium. This portion of the stadium remains the only seating area not supported by a permanent structure. The south end zone’s wooden plank seating and walkways are supported by tubular steel framing, which has been in place for more than 20 years. The annual report, conducted by a structural engineer, identifies areas that have become damaged by rust and corrosion, and those areas are repaired before each season in order to provide a safe structural loading capacity. In recent years the report has identified a probable remaining life span for the south end zone structural system. Currently, the structural system has been assigned an effective life span of less than 5 years. There remains no option other than the replacement of the system in total. Additionally, the configuration of the south end zone creates crowd egress difficulties and does not provide easy access for persons with disabilities.

Based on standards of stadiums that are similar to the size and function of Kinnick Stadium, the number of both men’s and women’s toilet facilities are severely inadequate. Additionally, typical stadium standards call for a concession stand point-of-purchase (a cash register) for every 300 – 400 stadium seats. Currently, there are approximately 1,200 seats per point-of-purchase in Kinnick, resulting in long lines and congestion within the concourse areas. Below and through the concourse areas, maintenance needs are high due to plumbing systems and piping that have been in place since the building’s original 1929 construction.

The press box has been in place since the mid-1950s and has been expanded to the extent possible within the limits created by the original structure. The resultant structure suffers from awkward elevation changes within the floors of the structure and ceiling heights that are below comfortable standards. Heating, cooling, and plumbing systems remain original to the structure. Only one elevator serves the entire press box, resulting in overloaded and inconvenient egress from the structure.

These most pressing needs led to the University exploring options for improvement. The one option that exists outside of renovating the existing stadium is relocation. Based on projects of similar scale and type throughout the country in recent years, the construction of a new 70,000-seat football stadium would most likely cost more than $400 million, in addition to land acquisition and connecting transportation infrastructure costs. Additionally, and apart from the difficulties of appropriate land acquisition, the relocation of the stadium would sacrifice the collegiate and unique atmosphere that has been a part of Iowa Football events for many decades. Completing improvements to Kinnick Stadium that will properly address safety and quality concerns and will ensure that the building continues to serve the needs of the University for
the foreseeable future, will allow for the rich history of Iowa Football and the legend of Nile Kinnick to remain intact for future generations.

As the project moves through Programming and Schematic Design, the details of the improvements and advantages to improving the stadium at its present location will be fully addressed.

Impact on Other Facilities and Square Footage

The details of this question will be better defined as we begin to work with our design consultants in the development of Programming and Schematic Design.

The University’s feasibility study identified that the work at the South bleachers and within the concourses would be replacement in-kind. The objective will be to work within the constraints of current codes and ADA regulations while maintaining a similar number of seats. Design efforts intend to increase the number of toilet fixtures within the existing space through more efficient design and layouts. The replacement of the existing and outdated Press Box will also be a replacement in-kind. An increase in useful spaces within the press box are expected to result in a larger enclosed space, while maintaining a height that is close to that which exists. Currently, the press box occupies 17,000 gross square feet. While not yet designed, it is expected that the enclosed space within the press box replacement will range from 60,000 – 80,000 gross square feet and will include spaces that can be used for year-round functions. This information will be developed and reported to the Board later this year.

Financial Resources for Construction Project

The project will be driven by gifts to the Athletic Department and from revenue generated in spaces mainly contained within the renovated Press Box. A preliminary marketing analysis indicates that similar projects in similar demographic regions of the country draw additional revenue of $4 million to $5 million. This added revenue in combination with an intended major gift campaign and a grass roots campaign are programmed to support the sale of revenue bonds which will be needed as a part of the financing. More detailed studies on fundraising and pricing are underway.

Financial Resources for Operations and Maintenance

Current operating costs are programmed at less than $100,000 and are expected to remain in that vicinity. Operations and Maintenance completes a once-a-year cleaning of the entire press box facility and that activity will continue. All other maintenance costs are arranged by Athletics and paid for by revenue from programmed spaces. The increase in square footage, within the Press Box and in the concourses will be off-set by new and easier spaces and finishes to clean. Annual operations costs for repairs will also be reduced through replacement of antiquated systems.
External Forces
Requirements of the Americans with Disabilities Act (ADA) remain a challenge at Kinnick Stadium. The University has made numerous physical changes in order to assure that minimum ADA requirements are met. The renovation of the Press Box and the south bleachers will improve accessibility and will bring Kinnick Stadium closer to a barrier-free environment. The safety of fans in the south bleachers is the motivating factor for the replacement.

Iowa Memorial Union Renovation

Project Summary

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Background
The Iowa Memorial Union (IMU) was constructed in 1925; additions to and renovations of the facility were completed in 1927, 1955, 1965, and 1988.

The University wishes to undertake a major renovation of the IMU to upgrade the facility consistent with student expectations.

Project Scope
The University envisions completing the renovation project over a number of years in the following proposed phases:

Phase 1
Master planning for the entire renovation project, deferred maintenance improvements, construction of a River Terrace to provide a student gathering place and small performance venue, and a possible two-floor study/dining expansion area.

Phase 2
Remodeling of the Hawkeye Room and Wheelroom, construction of a new food court, construction and/or reconfiguration of kitchen and food service areas, reconfiguration of the central events/conferencing office, and improvements to the River Room.
Phase 3
Relocation of the Campus Information Center and Box Office, expansion of the Terrace Room, development of a large social/study area, relocation of the Information Technology Center, and construction of a new pantry coffee house and office spaces.

Phase 4
Reorganization and consolidation of the IMU administrative offices, remodeling of the Book Store receiving area to provide office space, and reallocation of some Book Store office space to retail space.

Anticipated Cost/Funding
The estimated Phase 1 project cost is $8,976,000. While the costs for Phases 2 through 4 would be identified in the master plan for the renovation project (to be developed in Phase 1), the total cost for the four phases is anticipated to be approximately $27 million.

In November 2002, the Board approved a new $29 mandatory building fee per student per academic year for the Phase 1 renovation of the Union. This fee would support debt service payments for approximately a $10 million bond issuance (Phase 1 estimated cost plus debt service reserve and issuance costs).

The existing building fee for the Union of $25.92 per student per academic year supports debt service payments for existing Iowa Memorial Union bonds (issued in 1986 with refunding bonds issued in 2002). The last maturity of the bonds is 2009.

Design Services
The agreement with OPN Architects would provide master planning and programming services for a fee of $279,610, including reimbursables.

Evaluation Criteria
Since the project meets the Board’s definition of a major capital project, the University has provided the following information in response to the Board’s evaluation criteria.

Institutional Mission/Strategic Plan
The Iowa Memorial Union (IMU) is a vital facility on the UI campus. It is often the place where the University makes its first impression on potential students, faculty and staff. It is also the place where current students come to plan and participate in experiential learning opportunities, meet with classmates, grab a bite to eat, and listen to lecturers and concerts. To bring the IMU up to the standard students, parents and other visitors expect, a major renovation is required.

As part of the Student Services Master Plan (1999-2000), Brailsford & Dunlavey conducted a study of what students desired in a student union facility. Among its findings are:

- The focus groups’ interviews revealed that a significant portion of students, faculty, and staff consider improvements to the IMU a high university priority.
• All categories of students were willing to finance improvements through student fees, because students strongly felt that the improvements would build a sense of community, improve the quality of the out-of-class experience, and make the campus more user friendly.

• The survey revealed that weekly student usage of the IMU would increase from approximately 53% to 79% with a facility renovation.

• Although students would like to see more retail services on campus, students showed an even greater interest in more convenient hours, better service and space dedicated to students (i.e., lounge spaces, quiet study areas, computer labs, etc.).

• Food service quality, variety, and cost were consistently the most frequently mentioned negative aspects of the building.

Each of UI’s top cross applicant schools and a majority of the Big Ten comparables have completed a substantial renovation of their student union facilities within the last few years or have plans to do so.

Other Alternatives Explored

The Iowa Memorial Union (IMU) is an aging campus building serving the unique purpose of community center for the University. Thousands of students, faculty, staff, and visitors utilize the IMU facilities, services, and programs on a daily basis. The wear and tear of this high usage has taken its toll on the facility—the original section of which opened in 1925. In addition, the IMU is challenged to meet the changing expectations of students and other members of the University community.

Based on student and faculty/staff focus groups, provider interviews, student survey, and a review of previously completed studies conducted for the Student Services Master Plan, it was determined that the available space in the IMU and its configuration were not conducive to meeting the identified needs. A conceptual plan for renovations to the IMU was developed. This plan includes improving the food service in the building, reorganizing circulation patterns, consolidating student activities and student organization space, enlarging the bookstore, making more space available to students for use as lounge space and study space, and improving the building’s relationship with its surroundings, especially the Iowa River.

Incremental steps have been taken to improve some of the identified needs.

• Efforts have been made recently to improve building signage to aid with the wayfinding issues within the IMU. Beginning with the last renovation in 1988, circulation was emphasized in an attempt to join the 3 disparate sections of the building. That renovation was partially successful but, because of budget limitation of that renovation, it did not unify the building and did not maximize space for student and visitor use.
• Modifications in the food services have been made in an attempt to expand options and to make the seating arrangements more comfortable and useable. However, additional improvements need to be made. The fast food area is too structurally confining to add additional national brands desired by students for fast food options. The cafeteria is a straight line system that is not economical to operate and its design limits service times leaving it underutilized. The cafeteria is difficult to get to from the central part of the building, illustrating a major shortcoming of the last renovation caused by limited funding. Satellite facilities have been established around the campus that supplement the revenue of the IMU food service, but they do not enhance the ambiance of the IMU.

• Soft seating (lounge) areas have been developed, meeting room tables and chairs have been purchased, and modifications of meeting rooms have been made. The quality of the building environment, however, has shown less than optimum improvement because of the deficiencies in the HVAC and the many deferred maintenance needs in the infrastructure (estimated to be $3.7 million).

• An ADA accessible unisex restroom was added on the third floor. Fully accessible public ADA restrooms are needed on the others floors and an accessible entrance is needed on the west side.

These changes outlined above have been made within the existing, limited structure of the IMU. For there to be larger scale improvements as indicated in the focus groups, structural changes will be required.

Failure to correct building deficiencies and upgrade facilities will limit the University of Iowa's ability to remain competitive in attracting high quality faculty, staff, and students in pursuit of the University's mission.

Impact on Other Facilities and Square Footage

The IMU renovation project is anticipated to be multi-phased. The first phase will address a number of deferred maintenance items (ballroom lighting, elevator modernization, flooring replacement, fire alarm upgrade, plumbing and electrical upgrades). This phase contemplates the possible addition of dining/study space (less than 10,000 GSF). The first phase also contemplates complete master planning of the entire renovation project. Information on the additional phases will be presented to the Board when developed.

Financial Resources for Construction Project

In November 2002, the Board approved an increase in student fees related to the support of the IMU. These funds have been programmed to support the sale of revenue bonds that would accomplish the basic infrastructure improvements envisioned for Phase I. A detailed financing package will be developed with the advice of our consultants as the master planning process continues.
Financial Resources for Operations and Maintenance

The only additional operating costs would be for a proposed addition (less than 10,000 GSF) on the west side of the building. This represents a very small percentage increase of the total gross square footage for the entire building (312,000 total GSF). Additional revenues as a result of the remodeling are anticipated to cover these small incremental costs. It is also anticipated that savings will be realized with improvements to the HVAC systems serving the building.

External Forces

Reasonable standards of access and safety are a portion of Phase I infrastructure considerations.

Trowbridge Hall—Renovate Room B40

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Background

The University wishes to convert a partially abandoned basement mechanical room in Trowbridge Hall to a clean room research laboratory for the Department of Geological Sciences. (A map indicating the location of the facility is included as Attachment B.)

- The laboratory would be used to determine the age and origin of geologic samples utilizing radiogenic isotopes; the user of the laboratory, Dr. David Peate, is currently investigating high-temperature geochemistry and his research shows promise of attracting substantial external funding.

The project would include demolition and installation of new mechanical and electrical systems, partitions, doors, windows, casework, fume hoods and interior finishes, and relocation of an existing chilled water recirculation pump; the laboratory would total 505 square feet.

Board Action – June 2003

- The Board deferred approval of the project at the June meeting and requested that the University return in July with additional information on the project.

- The Board questioned the development of the laboratory in Trowbridge Hall since this site was identified as a potential location for a future parking area in the University’s presentation of the East Campus Visitor Parking Study at the April 2003 meeting.

- The Board questioned the financial investment in the project given the possible limited life expectancy of Trowbridge Hall, and asked the University to investigate alternative locations for development of the laboratory.
The Board also requested additional details and cost implications for a possible, future relocation of the laboratory if it is developed in Trowbridge Hall.

In response to the Board's request for additional information, the University has provided the following.

Alternative Location The University evaluated space in the Chemistry Building, located north of Trowbridge Hall, and Iowa Advanced Technology Laboratories, located north of the Memorial Union, to house the clean room laboratory. (These locations are also identified on Attachment B.)

- Preliminary engineering evaluations indicated that the project costs at either location would be considerably higher than the proposed project budget for the Trowbridge Hall space, particularly with respect to mechanical system relocation costs.

- A unique mechanical system is needed to resist the highly corrosive acids that would be used in the laboratory.

- In addition, the University has indicated that there is no space available in the Iowa Advanced Technology Laboratories that could be economically converted to the specified clean room use; development of the clean room laboratory in this building would require additional relocations and the identification of alternate space for the relocations.

- Any location for the laboratory outside of Trowbridge Hall would compromise the ability of the departmental research group to utilize the laboratory.

- The laboratory would be clustered with other geochemistry research laboratories in Trowbridge Hall; this would provide a number of efficiencies by allowing researchers to share laboratory equipment and utilize several laboratories at the same time.

- To enhance the interdisciplinary nature of teaching and research, faculty must be able to interact with each other daily; locating Dr. Peate in an isolated location from his faculty collaborators would be detrimental to the development of new research and teaching methods.

- The close proximity of the laboratory to the space where the users conduct their other daily activities is imperative for efficient use of the laboratory.
This year, the Department of Geological Sciences will apply for National Science Foundation funding to acquire a mass spectrometer (an analytical spectroscopic tool which separates molecular and atomic species according to their mass); the University reports that this equipment should be placed in close proximity to the clean laboratory for maximum efficiency.

The Department has identified space for the mass spectrometer in the Trowbridge Hall subbasement; this location would minimize vibration and provide easy access for equipment installation.

The future relocation of the laboratory, if necessary, would involve the removal of fume hoods, casework and other equipment.

The University has indicated that the salvage value of these items is estimated at approximately $200,000.

Dr. Peate holds a B.A. from Cambridge University (with honors), and a Ph.D. from Open University. He is the author of more than 40 articles, 70 conference presentations, and many successful grant proposals. He has mentored nine Ph.D. students and is considered an outstanding teacher.

Building Renewal Funds.

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University of Iowa Hospitals and Clinics Roofing Replacement—Roof Group 16

**Project Summary**

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**Background**

The existing materials on three roof sections of the Colloton Pavilion are deteriorated and suffer from a number of leaks which cannot be easily repaired.

The roof areas, which total 17,000 square feet, consist of a rubber membrane material which is approximately 13 years old; the life expectancy of the material was approximately 10 years.

**Project Scope**

The project would remove the existing roofing material and install a built-up roofing material.

The replacement material was selected for its durability, resistance to foot traffic, and life expectancy (15 years).

**Funding**

University Hospitals Building Usage Funds.

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**Project Budget**

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## Lindquist Center and Nursing Building—Replace Fire Alarm Systems

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### Background

The existing fire alarm systems in the Lindquist Center and the Nursing Building are obsolete and difficult to maintain. The replacement of the fire alarm systems in these buildings is necessary to ensure the safety of the building occupants.

### Project Scope

The projects would install a new addressable fire detection system for each building.

### Funding

Building Renewal Funds and/or Income from Treasurer’s Temporary Investments.

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<td>(Miron Construction Company)</td>
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<td></td>
</tr>
<tr>
<td>Construction Contract Award—Steindler Demolition Phase 2B, Asbestos Abatement</td>
<td>40,964</td>
<td>Jan. 2003</td>
<td>Ratified</td>
</tr>
<tr>
<td>(Great Plains Asbestos Control)</td>
<td></td>
<td></td>
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<tr>
<td>Architectural Agreement—Furnishings Design</td>
<td>105,000</td>
<td>July 2003</td>
<td>Requested</td>
</tr>
<tr>
<td>(Rohrbach Carlson, Iowa City, IA)</td>
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### Background

This project will provide a facility with 131,500 gross square feet (74,400 net square feet) of additional biomedical research space as an extension to the Medical Education and Biomedical Research Facility. (The project was formerly known as Building B.)

The building will house research facilities to accommodate the current and anticipated growth in the College of Medicine’s research activities and the administrative functions of the College of Medicine.

The building will consist of seven levels, with the administrative units of the College of Medicine on Level 1 and research laboratory space on the remaining levels.

The project is currently under construction; the anticipated completion date is March 2006.

### Design Agreement

The agreement with Rohrbach Carlson would provide furnishings design services for the facility for a fee of $105,000, including reimbursables.
Also presented for Board ratification are two project budgets under $250,000, five construction contracts awarded by the Executive Director, and the acceptance of one completed construction contract. The register prepared by the University is included in the Regent Exhibit Book.

Sheila Doyle

Approved: Gregory S. Nichols