STRATEGIC FACILITY PLANNING REPORT

Fairview Health Services | University of Minnesota | University of Minnesota Physicians

VOLUME I: CLINICAL SCIENCES CAMPUS PLAN

FINAL REPORT

Hines hGA LarsonAllen

Report Prepared by

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August 19, 2004

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Dear Chairpersons:

On behalf of Hines, Hammel, Green & Abrahamson (HGA), and Larson Allen Weishair, LLP (LA), it is our pleasure to present to the Clinical Campus Planning Initiative Steering Committee the enclosed Strategic Facility Planning Report for Phase I.

The Process Manager's goal has been to provide, in concert with the Steering Committee, a set of analytical tools for decision making. It is our intent that each member of the partner organization will be able to utilize these tools as they proceed, individually and collaboratively, towards realizing the strategic plan for the partnership. We believe that this report represents the first definitive effort to clarify and integrate the goals and visions of the three clinical campus partners into a single comprehensive plan. We have worked, with guidance from the Steering Committee, towards a vision for establishing the programmatic, financial, and scheduling implications of a selected number of strategic facility planning options.

As stated in our original proposal, we believe this report is the first step that *"…will enable the partnership to proceed through subsequent phases of planning and development with minimal risk, maximum confidence, and optimal speed."*

Due to the complexity of the vision and goals of the partnership, significant work remains to bring the proposed projects to reality. We are eager to continue our work on Phase II requirements and look forward to completing Phase II planning. We want to thank the Steering Committee and the Steering Committee Working Group for their time, cooperative participation, and crucial input to this report.

Very truly yours,

O. David McGinnis
Process Manager / Project Team Leader
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EXECUTIVE SUMMARY

Since 1997, the University of Minnesota and its Academic Health Center (AHC), Fairview Health Services (FHS), and University of Minnesota Physicians (UMP) have studied individual needs and alternative solutions relative to achieving programmatic, operational, and facility enhancements. These studies focused on the Minneapolis Campus of the University of Minnesota, the Fairview-University Medical Center, on both "sides" of the Mississippi River (the University Campus and the Riverside Campus), and the Academic Health Center Minneapolis District Plan (on the East Campus). For each organization, a major challenge to implementing solutions has been the lack of a holistic and integrative process to balance the known and anticipated needs of the partners with respect to Clinical Sciences Campus development within the AHC Minneapolis District Plan site. Potential solutions for one entity impacted at least one other entity.

This study begins to reconcile, integrate and synthesize a strategic plan for future clinical facilities, a revitalized campus, and identification of required capital and implementation issues. Through this process, the partners established a common vision, goals and objectives, master planning principles, as well as a more respectful and comprehensive understanding of each organization's needs, challenges, and internal planning processes.

Representatives from each entity participated in a significant, collaborative, and mutually supportive planning process. A Steering Committee, comprised of key leaders from each organization, advised and guided the consultant team during the course of this study.

The vision statement establishes the underlying foundation for master planning of the Clinical Sciences Campus:

> "The Clinical Sciences Campus Plan for the partnership will create the campus environment and healthcare facilities necessary to attain the partnership's goal of local, regional, and international renown in patient care, research, and health professional education. The Clinical Sciences Campus Plan will, over the next 20 years, enable the partnership to lead the continuing evolution in health care, health professional education, and breakthroughs in clinical research and service…"

Core objectives were established that led to the development of phased implementation scenarios and capital cost models. The objectives included:

- Replace and consolidate children's facilities by 2009.
- Enhance and consolidate the University's clinical sciences with a new ambulatory care center by 2009 that improves patient access and services.

- Consolidate clinical laboratories by 2009.
- Consolidate all Fairview-University Medical Center clinical operations on a "single site" on the University campus within 20 years while maintaining a viable Riverside clinical campus in the interim.
- Create consolidated facilities for the School of Public Health by 2009.
- Create the physical opportunity for the AHC to proceed toward the objectives of the AHC 2000 District Plan, including expanded research facilities (including the Lillihei Heart Institute / Cancer Center), improved educational facilities, effective reuse of vacated space with the Phillips Wagensteen Building (PWB), and expanded community space.
- Synchronize Clinical Sciences Campus planning priorities with University-wide planning needs to consider residence halls and student housing, transportation and parking, and stadium planning.

To place context around the complexity of Clinical Sciences Campus planning, the AHC and Fairview-University Medical Center currently have approximately 4.5 million BGSF of space, with an estimated need to grow to 5.4 million BGSF. Growth is not a matter of simply accommodating an additional 800,000 square feet. It is the multifaceted task of replacing aging facilities, creating programmatic linkages and physical operating efficiencies, and developing an open and inviting academic health campus with future flexibilities.

At least a dozen campus development plan solutions were evaluated, leading to four major scenarios for further consideration. Each scenario includes two planning time periods, generally described as facility implementation before 2009 (Phase I) and implementation beyond 2010 (Future Phases).

The four scenarios are summarized below:

Scenario 1 – Non-Residence Hall Sites.
This scenario seeks a physical solution that does not require potential use of student housing sites (specifically Pioneer and Centennial Halls) prior to 2009. Key elements include:

- Consolidated replacement children's facilities, situated to the west of the Fairview-University Medical Center on East River Road in razed Children's Rehab/Mayo SW/ and Variety Club site with a connection through the Dwan Cancer Center.
- The ambulatory care center, with consolidated clinical labs, is situated immediately south or south east of the Oak Street ramp, with a three to four block tunnel or skyway connector to Fairview-University Medical Center.
- School of Public Health and "swing space" (to accommodate displaced functions) in a remodeled and expanded or potentially replaced Minnesota Department of Health building.
- Reuse of released PWB space for "swing space."

Scenario1's most positive aspects include avoiding use of residence hall property before 2009, and "rapid" ability to construct the clinic building (assuming land is available). Several negative perspectives include needed acquisition of land for the clinic; distance between the clinic and Fairview-University Medical Center (for physicians, staff and patients); costs associated with a tunnel or skyway, (to connect the clinic with Fairview-University Medical Center) and potential operating inefficiencies between the current hospital and the expanded Children's facilities .

Scenario 2 – Riverfront Sites.
This scenario seeks a physical solution that requires use of Pioneer Hall and the East River Road parcel prior to 2009. Key elements include:

- Consolidated replacement children's facilities situated immediately to the east of Fairview-University Medical Center (on razed Pioneer Hall site). The new facility can then be integrated with the current hospital.
- The clinic (with labs) is situated on the East River Road parcel and connected by skyway or tunnel to the replacement children's facilities.
- School of Public Health and "swing space" solutions same as Scenario 1.

This scenario's most positive attributes include immediate adjacency between the children's facilities and Fairview-University Medical Center's existing facilities (for optimal operating efficiencies and sharing of space), and the ability to construct the linked clinic on a timely basis. Key negative aspects include the requirement to replace Pioneer Hall and the reduction of river views by situating the clinic building on the East River Road parcel.

Scenario 3 – Integrated Linkage – Pioneer Site.
This scenario suggests a physical solution that requires use of Pioneer Hall prior to 2009 for these key elements:

- Consolidated replacement children's facilities situated immediately to the east of Fairview-University Medical Center's existing facilities (on razed Pioneer Hall site). The new facility can then be integrated with the current hospital.
- The clinic (with labs) is also situated on this site and physically connected/integrated with children's facilities.
- School of Public Health and "swing space" solutions same as Scenario 1.

This scenario's most positive attributes include immediate adjacency between the clinic and children's facilities, as well as the children's facility and the current hospital (for optimal operating efficiencies and sharing of space). Similar to Scenario 2, the key negative aspect is replacement of Pioneer Hall prior to 2009.

Scenario 4 – Diagonal Linkage – Centennial Site.
This scenario suggests a physical solution that requires use of Centennial Hall prior to 2009 for these key elements:

- Consolidated replacement children's facilities situated on the Centennial Hall site and is linked through Masonic to Fairview-University Medical Center.
- The clinic (with labs) is situated on part of the State Department of Health site (and integrated with the Fairview Ramp site) and within portions of the PWB. Both locations are physically connected (via skyway or tunnel) with Children's Hospital and Masonic.
- School of Public Health same as Scenario 1.

This scenario offers an alternative approach to maintaining river views by developing the clinic and children's facilities further North within the AHC District. However, this scenario splits the clinic functions, does not achieve the operational and physical integration efficiencies in either Scenarios 2 or 3, and creates circuitous routes for patients, physicians, staff and logistical support through Masonic.

In implementation phases beyond 2010, each scenario does accommodate the potential for Fairview-University Medical Center consolidation on a single site (University campus). Further study will need to be conducted regarding optimal capital allocations and parking impacts by consolidating all Fairview-University Medical Center functions on one site.

The cost estimate models for the four scenarios has cumulative capital commitments in excess of $650,000,000. Each organization will need to refine program commitments, capital needs, and sharing of common costs, to best match their capital capacity.

The cost estimates consider replacement of displaced facilities, anticipated infrastructure upgrades, construction costs, and related project costs.

Any scenario that requires the development of swing space or replacement facilities to accommodate displaced functions, will add 18 – 24 months to dates of occupancy. However, during this additional up-front time period, planning and design for specific facilities can occur. Prioritized functions, such as the clinic, children's facility, and the School of Public Health, could be occupied by 2009.

Based on the scenarios presented, partners believe that Scenario 3 offers the best balance of capital allocation and on-going operational cost efficiencies for the clinical campus. While the University of Minnesota understands this perspective, the need to potentially relocate student housing has prompted an in-depth review of the University's short and long term residence hall needs and locations.

During the next four to six months, additional study and discussion will be needed related to financial assessments and commitments between the partner organizations, refinement of programmatic planning for the children's and clinic facilities, site acquisition / relocation negotiations (development of "Terms Sheet"), timing and architectural issues.

Recommendations will be presented to the CEOs and governing Boards in Fall, 2004.

01 INTRODUCTION

BACKGROUND AND PLANNING CONTEXT

The power of partnerships is truly reflected in the relationship among Fairview, University of Minnesota Physicians, the University of Minnesota, and its Academic Health Center. As with other successful models, the value of the whole is greater than the sum of the individual parts.

The partnership is committed to excellence in clinical care, education, research, and scholarship. The partners recognize that quality patient care is greatly enhanced through integration and association with education and research across the health professions and that quality clinical education and research depend on quality patient care.

The partners bring great strengths: the University with its top ranked research and education programs, the University's comprehensive Academic Health Center with six disciplines that provide most of the state's health professionals; the faculty practice plan – University of Minnesota Physicians – that specializes in breakthroughs; and Fairview Health Services linking its nationally renowned academic medical center to community health care servoces. Each of these institutions is connected to each other's successes and leverages its partners' strengths to promote the health of the communities they serve.

Over the past seven years, the partners have invested heavily in the basis of that success: the integration of organizations, people, and programs. It is now time to develop a strategic plan for the clinical facilities, revitalized campus, and capital needed to sustain and promote the partnership vision to improve the health of families and communities in Minnesota and beyond.

The goal of this master planning exercise is to merge the individual planning aspirations for this University of Minnesota based site into a single, supportive, collective vision in support of the clinical sciences.

The four main constituents that have come together to create this Clinical Science Campus planning vision are:

Fairview Health Services

University of Minnesota Physicians (UMP)

University of Minnesota, and its Academic Health Center

Each constituent had in the recent past pursued independent planning initiatives for its programs within the vicinity of its current University of Minnesota based program locations. The Academic Health Center's District Plan for the year 2020 identified considerable remodeling and rebuilding at the heart of the current Health Sciences district. University of Minnesota Physicians (UMP) also identified program expansion and the need to relocate and

expand outpatient facilities. Similarly, Fairview-University Medical Center has pursued master planning scenarios that have identified consolidation of its Riverside and University Campus facilities, preferably on the East Bank near the existing Fairview-University Medical Center hospital and clinics. However, until this Clinical Sciences Campus planning effort, a collective and coordinated vision had not been pursued.

To create the Clinical Sciences Campus vision, a Steering Committee for the parties selected a Process Manager to develop and manage Phase I planning activities, the first step in creating this collective vision. The Process Manager Team is led by Hines Interests Limited Partnership (Hines), with the support of Hammel, Green & Abrahamson (HGA) and LarsonAllen (LA). The goals of Phase I of this Clinical Sciences Campus planning effort were to:

1. Develop a coordinated vision of the collaborative partnership that
   a. defines the inter-relationships of programmatic activities, and
   b. defines the corresponding degree of joint vs. separate business practices.
2. Develop a measurable set of mutually supported strategic goals and objectives.
3. Create a defined set of programmatic activities (i.e. clinic facility size and location, inpatient program consolidation, ancillary services location) that can be:
   a. tested for market appropriateness,
   b. analyzed from a financial (expense and revenue) perspective, and
   c. translated into space requirements by type of activity.
4. Develop preliminary fit plans including location options for the agreed upon programmatic activities (list of projects).
5. Provide order of magnitude cost estimates for planning, programming and further development of the revised plan, including individual elements of the plan and a phased implementation strategy in five year increments.

The Steering Committee desired to have the Phase I activities completed in the Summer of 2004 and committed to monthly meeting dates prior to the selection of the Process Manager. To augment the communication that would take place at the monthly Steering Committee meetings, a Steering Committee Working Group met bi-weekly. The Steering Committee Working Group consisted of the partner organizations and the Process Manager Team. The Steering Committee Working Group previewed as well as refined many of the Steering Committee presentations.

In addition to the Steering Committee and the Steering Committee Working Group, the Process Manager Team conducted select individual interviews and attended internal coordinating team meetings with each partner in the Clinical Sciences Campus. Discussions with Fairview-University Medical Center also included work sessions and coordination with McKinsey & Company, planning consultants for the children's programs and facilities.

The outcome of the Clinical Sciences Campus Phase I planning is a heightened understanding of the issues shaping the Clinical Sciences Campus. More importantly, the Phase I activities helped craft a shared vision statement, outlined core objectives, refined overall and individual program needs, and developed four different land use scenarios and their associated cost estimates.

PARTICIPANTS

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02 VISION

CLINICAL SCIENCES CAMPUS MASTER PLANNING VISION

The Clinical Sciences Campus for the partnership will create the campus environment and health sciences facilities necessary to attain the partnership's goal of local, regional, and international renown in patient care, research, and health professional education. The Clinical Sciences Campus plan will, over the next 20 years, enable the partnership to lead the continuing evolution in health care, health professional education, and breakthroughs in clinical research and service. The architecture will recognize the importance of a setting that encourages leading edge experiential education and service to the community and that leverages the potential of all the health professions. The easily accessible campus and state-of-the-art facilities will be built to serve patients actively pursuing health, students seeking high-quality education, and physicians and health professionals pursuing excellence in clinical care, teaching, and research.

MASTER CLINICAL CAMPUS PLANNING PRINCIPLES

The Clinical Campus Plan will . . . . .

1. Be guided by a long range vision of being a top-tier patient care, education, and research partnership; and shaped by the core programmatic priorities of the partners.
2. Be driven by an external customer focus. The Clinical Sciences Campus will create a welcoming, accessible environment for patients and their families, visitors, students, faculty, and staff.
3. Support integrated inpatient and outpatient care delivery, including the move to a "single site" Fairview-University Medical Center.
4. Emphasize responsible use of resources – both capital and operations. Duplication is to be avoided with facility adjacencies supporting capital and operating efficiency.
5. Zoning of the Academic Health Center will reflect the connection of the missions of education, research, and clinical care and will strategically link to each other.
6. Take advantage of the large, urban University while creating "community space" for interaction and reflection. Site efficiency will be maximized.
7. Be an asset to investment in recruitment and retention of students, faculty, and staff. Quality of facilities will be a key component of competitive positioning in the national academic market.

Sources: Frank Cerra, M.D., David Page, Steering Committee, and Larson Allen

8. Support continued involvement of community-based physicians in clinical care programs. Ease of access and operational orientation will encourage the transfer of new knowledge in clinical sciences to the practice community.

9. Be driven by life cycle facility planning. Sequencing of individual facility decisions based upon responsible continued use of facilities with outstanding debt and operational effectiveness will be emphasized by Fairview, the University, and UMP.

10. Link closely with University-wide planning, recognizing that it both reflects and impacts that planning for transportation, parking, student housing, stadiums, energy, and other initiatives.

11. Be respectful of the University and the Fairview campus as part of a larger urban community. The plan will engage the support of key external stakeholders.

CORE OBJECTIVES

The articulation of a vision and clear planning principles establishes a foundation for core objectives within the context of a master plan, a construction sequencing plan and project cost model. The Clinical Sciences Campus plan will provide guidance for major facility and capital investment decisions by Fairview, UM Physicians, the AHC, and the University of Minnesota, as it relates to delivery of clinical services.

1. The Clinical Sciences Campus plan will provide a framework for development and guidelines for major facility and capital investment decisions by Fairview, UM Physicians, the AHC, and the University of Minnesota. The plan enhances Fairview-University Medical Center and supports the AHC District at the University of Minnesota.

2. Replace and consolidate children's facilities by 2009, which:
   - Creates a distinct physical identity for pediatric clinical sciences programs
   - Enhances the academic attractiveness of pediatric programs and the institution as a whole
   - Integrates with adult facilities to maximize operational and capital efficiency.

3. Enhance and consolidate clinical sciences with ambulatory care by 2009, to:
   - Create an attractive setting for physician-scientists and adjunct faculty to practice and learn on the University campus
   - Improve patient and family access to an academic clinical setting
   - Create increased opportunity and access for expanded ambulatory clinical research, moving new knowledge more efficiently into improved care
   - Enhance faculty productivity through location adjacent to the AHC and its research labs and classrooms.

4. Consolidate clinical laboratories from the current multiple locations to maximize operational efficiencies by 2009.

5. Consolidate all Fairview-University Medical Center clinical operations on a "single site" on the University campus within 20 years, while maintaining a viable Riverside clinical campus in the interim. The eventual single site will be tightly integrated and feature efficient operations, and be supportive to the practice of community based physicians.

6. Create consolidated facilities for the School of Public Health by 2009, moving from current multiple locations in order to improve faculty productivity and program synergy.

7. Create the physical opportunity for the AHC to proceed toward the objectives of the 2000 District Plan, including:
   - Expand research facilities beginning with the Lillihei Heart Institute and cancer research facilities
   - Improve educational facilities for health sciences students
   - Effective reuse of vacated space in the Phillips-Wangensteen Building
   - A "front door" for the AHC district
   - Expand community space within the AHC district
   - Architectural image, identity and appropriate building size for the AHC

8. Synchronize Clinical Sciences Campus planning priorities with University-wide planning needs which impact, or are impacted by the Clinical Sciences Campus, especially related to:
   - Residence halls and student housing
   - Campus communities
   - Transportation and parking
   - Stadium planning
   - University Related Research Park
   - Basic and Translational Research Corridor

The four planning scenarios when combined with their respective schedules and sequencing plans all adhere to the following general sequencing themes.

EARLY SEQUENCING THEMES:

- First-swing space (1-4 years)
  -Department of Health Building
  -Other available facilities
- Early (4-7 years)
  -Children's facilities
  -Ambulatory Care Facility
  -Consolidated Clinical Labs
  -School of Public Health
- Intermediate (6-10 years)
  -Lillihei Heart Institute and Cancer Center
  -Research Labs (PWB)
  -Use of "Release" Space
  -AHC Front Door/District Plan
- Long Term (11+ years)
  -Fairview-University Medical Center single site consolidation
  -Continue implementation of the AHC Master Plan

03 PROGRAM STATEMENT

This section summarizes the key functions and spaces for inclusion in the Clinical Sciences Campus plan. During the past three years, the partners conducted separate studies which identified their individual program and space requirements. The current study evaluates integration of individual needs, focuses on physical solutions for the initial phase of priorities and developments (i.e., an Ambulatory Care Center for University of Minnesota Physicians, expanded consolidated replacement children's facilities for Fairview-University Medical Center, and School of Public Health for the Academic Health Center). The study also provides a context for Clinical Sciences Campus longer term development.

Key data was extracted from the following studies:

- **University of Minnesota and its Academic Health Center (AHC)** – The AHC developed a Minneapolis District Plan with RSP Architects in 2001. AHC space requirements for 2005 were generated using the Minnesota Facilities Model.
- **University of Minnesota Physicians (UMP)** – Physician faculty practice plan of the University of Minnesota closely associated with Fairview-University Medical Center. HGA Architects and KSA Consultants developed an Ambulatory Care Center (ACC) programmatic and space needs document in 2003. ACC space requirements were estimated through 2012.
- **School of Public Health** – a Statement of Need, Consolidation for the School of Public Health, in December 2003. The School's space requirements for 2013 were developed using the Minnesota Facilities Model.
- **Fairview-University Medical Center** – In 2002, Perkins & Will Architects developed a conceptual Master Plan for the consolidation of Fairview-University Medical Center and its integration with AHC and UMP planning concepts. LarsonAllen has updated macro space requirements for the proposed children's facilities, as well as other Fairview-University Medical Center major clinical bed functions as part of this study. Fairview-University Medical Center space requirements were based on Fairview's estimated bed need of approximately 939 by 2008.

These space requirements for the Clinical Sciences Campus partners are summarized on the next several pages.

Due to the different methods of calculating square footage based on factors such as ownership (owned space vs. leased space); type of space (office vs. education vs. clinic vs. research), we have converted all space requirements for summation and analysis to Building Gross Square Footage (BGSF). By way of general definition, Useable Square Footage (USF) is approximately the same as Assignable Square Footage (ASF) and represents the physically occupied space used by the employees, clients, guests and faculty for the particular

program to perform their functions. Rentable Square Footage (RSF) is somewhat similar to Departmental Gross Square Footage (DGSF) as it includes corridors, common areas, and circulation space in and about the useable/assignable square footage. It is derived by multiplying the usable/assignable square footage by an appropriate factor representing the department/tenants pro-rata share of these support spaces. Building Gross Square Footage (BGSF) represents the total square footage to be built which includes but is not limited to mechanical areas, building lobbies, major circulation corridors, all support areas, elevator shaftways, exit stairways and enclosing exterior curtainwalls. BGSF is the total amount of space necessary to be built in order to support the usable/assignable footage for the programmatic requirements.

It is necessary to keep in mind that space needs and square footage requirements will need to be refined and recalculated during each major phase of Based on the previous and updated space need studies, the four organizations currently have approximately 4.5 million Building Gross Square Feet (BGSF), with an estimated need for 5.4 million BGSF. The AHC is in greatest need for overall space, including replacement of aging facilities. Likewise, Fairview-University Medical Center will require significant reinvestment in facilities as they begin to replace existing facilities and move towards a single campus.

SUMMARY OF CLINICAL SCIENCES CAMPUS CURRENT AND ESTIMATED BGSF NEEDS (FROM TABLES 1-4)

Entity	Current BGSF	Forecast BGSF	Potential Difference BGSF
AHC (w/o SPH)[1]	2,184,000	2,720,000	(536,000)
ACC (UMP)	281,000[2]	448,000[3]	(167,000)
School Of Public Health[4]	277,000	399,000	(122,000)
F-UMC	1,803,000[5]	2,012,000[6]	(209,000)
TOTAL	**4,545,000**	**5,579,000**	**(1,034,000)**

Tables on the next several pages provide more specificity regarding current and future space needs.

Footnotes

[1] Building Gross Square Feet (BGSF) is estimated at 1.45 times useable square feet.
Useable square feet is derived from the Minnesota Facilities Model. Hence, AHC existing useable space, without the School of Public Health, is 1,506,000. Estimated useable space by 2005 is 1,876,000 useable square feet. Source: Minneapolis District Plan, prepared by RSP in 2001.

[2] See Table 2 – Existing F-UMC/UMP BGSF.

[3] Estimated need by 2012; includes 65,000 SF clinical laboratory. Does not consider 10 percent possible space reduction if co-located with the proposed children's facilites. Source: KSA/HGA ACC Report, 2003.

[4] Estimated need by 2013; BGSF estimated at 1.45 times useable square feet. Current useable SF is approximately 192,000; estimated need is 275,000. Source: SPH Statement of Need, 2003.

[5] See Table 2 – Existing F-UMC/UMP BGSF.

[6] See Table 4 – F-UMC estimated BGSF; Estimated long term need; Hines/HGA/LA and McKinsey.

AHC space forecasts show a potential need for an additional 658,000 BGSF. The Medical School, School of Public Health and the College of Pharmacy have the greatest needs for additional square footage.

TABLE 1 – AHC SPACE REQUIREMENTS (ASSIGNABLE SQUARE FEET; IN 000'S)

	Off. & Support		Research		Study & Special		Classroom [1]		Instructional Lab		**TOTALS**	
AHC (assignable SF)	Exist ASF	2005 ASF	Exist ASF	2005 ASF	Exist ASF	2005 ASF	Exist ASF	2005 ASF[2]	Exist ASF	2005 ASF	Exist ASF	2005 ASF
Public Health[3]	160.1	133.9	9.2	107.2	19.6	31.3			2.0	2.0	190.9	274.4
Sr. VP	91.2	73.1	50.5	54.7	137.6	138.4			0	0	279.3	266.2
Dentistry	55.3	56.6	28.3	39.5	85.7	79.8			11.1	11.1	180.4	187.0
Medical School	390.0	535.8	423.7	624.6	56.0	52.5			33.4	33.4	903.1	1,246.3
Nursing	23.6	27.6	1.7	2.2	1.0	.4			4.9	4.9	31.2	35.1
Pharmacy	23.9	43.0	29.6	32.2	7.6	5.5			.8	.8	61.9	81.5
"Class-rooms"							50.0	60.0			50.0	60.0
Subtotal[4]	744.1	870.0	543.0	860.4	307.5	307.9	50.0	60.0	52.2	52.2	1,696.9	2,150.5
BGSF at 1.45 times Assignable Square Feet											2,460.5	3,118.2
AHC Potential BGSF Shortfall												657.7

Source: Minneapolis District Plan, 2001

Footnotes

[1] Source: Pre-Design Study for the AHC Education Facilities, September 2003. In the AHC Minneapolis District Plan, it is anticipated that a new major structure will consolidate the vast majority of classrooms within the AHC.

[3] Consistent with School of Public Health Statement of Need report from December 2003.

[4] Assumes Lillehei Cancer Research Center is included in AHC estimated needs (180,000 BGSF).

Fairview-University Medical Center inpatient hospital and outpatient clinic functions are currently housed on both sides of the river in six different buildings. The condition and age of these buildings vary; however, all of them are older and present functional problems. Community physician medical office buildings on the Riverside campus account for an additional 168,000 BGSF.

TABLE 2 – FAIRVIEW-UNIVERSITY MEDICAL CENTER INPATIENT HOSPTIAL AND OUTPATIENT CLINIC FUNCTIONS EXISTING BGSF

Location/Type	ASF	ASF to BGSF Multiplier[1]	**BGSF**
Riverside- Inpatient Hospital			1,050,464[2]
Unit J- Inpatient Hospital			565,526
Masonic- Hospital/Clinic	16,957	1.43	24,248
Mayo- Hospital Support	116,102	1.39	161,382
Unit KE- Hospital Support	1,017	1.47	1,493
Subtotal			1,803,113
Riverside-Clinic			47,302
Masonic-Clinic	10,122	1.48	14,981
Mayo-Clinic	39,615	1.45	57,425
PWB-Clinic	107,124	1.51	161,757
Subtotal			281,465
Community Physicians in two Riverside MOBs			168,000
GRAND TOTAL			**2,293,621**

Source: Fairview-University Medical Center Department of Facilities; University AHC Facilities Department

Footnotes

[1] Calculated Actual ASF to BGSF multiplier

[2] Includes acute and non-acute beds, as well as FHS corporate spaces.

The 2003 Ambulatory Care Center Study identified clinical and support space requirements for a consolidated clinic facility. An estimated 250,000 BGSF and 197,500 BGSF for clinical and support functions, respectively, were identified in the consolidated facility. This suggests an additional 167,000 BGSF would be needed beyond current Fairview-University Medical Center and UMP ambulatory space allocations.

TABLE 3 – ACC SPACE REQUIREMENTS (2012)

	TOTALS	
	Exist BGSF	2012 BGSF
ACC (BGSF)		
Neuro-Sciences		60,000
Children's		50,000
CV/Prim. Care/ Med./ Psych		50,000
Surgery Center/ Muscul/ Skeletal		50,000
Cancer Center		40,000
Subtotal Practice Space		**250,000**

	TOTALS	
	Exist BGSF	2012 BGSF
Support Space		112,500
Academic Offices		20,000
Consolidate Labs		65,000
Subtotal		**197,500**
Grand Total	**280,500**	**447,500**

Source: HGA/KSA Ambulatory Care Center Study, 2003

Footnotes

[1] If ACC and expanded and enhanced Children's facility physically adjacent to one another, it may be possible to reduce ACC program by ten percent.

Fairview-University Medical Center estimated BGSF is relatively the same as current space assignments. However, current space includes Fairview Health Services corporate offices, of which the majority will relocate off-site. In addition, it is anticipated that more efficient and less redundant spaces will be provided when Fairview-University Medical Center consolidates onto one site and optimizes the sharing of functions and spaces.

TABLE 4 – FAIRVIEW-UNIVERSITY MEDICAL CENTER ESTIMATED BGSF (SINGLE SITE CONSOLIDATION)

Function/Location	Estimated BGSF	Comments
Fairview-University Medical Center	565,500	Reduced to 327 beds @ 80 percent private rooms
Children's **Facilities**	390,000	250 total beds; 40 OB; 33 NICU; 76 Behavioral (including Day and Partial Programs): 101 med/surg/PICU beds
New Construction for relocated Riverside porgrams (location to be determined on University Campus)	856,600	159 new and relocated adult med/ surg beds @ 2,400 BGSF/bed; 217 adult behavioral services beds; Relocated non-acute beds (from Rehab Building). Estimated at 1.25 existing BGSF.
Subtotal University Campus	1,812,100	Assumes all F-UMC clinical programs are consolidated and relocated to University Campus.
FHS Corporate Facilities	200,000[1]	Location to be determined.
GRAND TOTAL	**2,012,100**	**Total FHS clinical and Corporate needs.**

Sources: Hines/LA/HGA; McKinsey and Company

Footnotes

[1] Cost to relocate FHS corporate space has not been included in this report. Cost for corporate services will be determined upon definition of scope, location and timing of those space needs.

An inventory of existing parking stalls in and about the AHC District suggests that approximately 1,000 stalls may be available to help satisfy the demand for parking generated by the proposed development projects. Due to anticipated increases in clinic, research and educational programs contemplated by Phase 1 projects, an additional 1,650 parking spaces have been included in this study. More detailed analysis of parking inventories, needs and location requirements will need to be performed as programmatic definition becomes more refined in Phase II and beyond.

TABLE 5 – SUMMARY OF AHC, ACC AND CHILDREN'S FACILITIES ESTIMATED PHASE 1 INCREMENTAL PARKING NEEDS

Entity	Parking Ratio	Incremental Unit of Measurement	Estimated Incremental Parking Spaces
AHC **School of Public Health**			200
Clinic			700
Children's facilities	3.0 spaces/bed	250 beds	750
TOTAL			**1,650**

NOTES:

1. Assumes existing parking needs are being met in terms of available spaces needed, not by adequate location.
2. AHC space needs based on useable square feet and parking ratios appropriate for education and research facilities.
3. ACC space needs based on HGA/KSA estimates (from 2003 study). 700 parking spaces should be situated near the ACC.
4. F-UMC incremental beds consist of OB, NICU, and Med/Surg beds moving from the Riverside Campus to the Clinical Sciences Campus, plus estimated additional Med/Surg beds. Excludes Behavioral services moving to the Clinical Sciences Campus in initial phase.

Sources: Minneapolis District Plan, 2001; HGA/KSA ACC Plan, 2003; Perkins & Will Conceptual Master Plan, 2002; Hines/LarsonAllen/HGA Clinical Sciences Campus Plan, 2004.

04 SCENARIOS

ASSUMPTIONS AND DECRIPTIONS

Introduction

During the physical planning process for the University of Minnesota's Clinical Sciences Campus, numerous options were tested to determine the highest and best use of land and facilities. Concepts with the most merit were combined and refined to create four final scenarios that each accommodate the programs and facilities required by the Partnership. All of the scenarios seek to maximize integration between programs and to minimize duplication of facilities and resources. In particular, each focuses on various strategies for providing as direct as possible adjacency to current inpatient facilities for the consolidated children's hospital facilities as possible. Equally important, each seeks to balance the impacts of this adjacency with disruption to the existing residence halls.

Assumptions

Physical planning for the Clinical Sciences Campus must take place within the broader context of the University of Minnesota East Bank Campus. It must also include recognition of the dispersed Fairview-University Medical Center facilities on the Riverside Campus (See Appendix 2.a).

Property acquisition is required to successfully accommodate the current space deficiencies and the projected space needs of the Partnership. In order to retain critical adjacencies between teaching, research and clinical programs, it is desirable that the Clinical Sciences Campus be able to expand onto sites next to current facilities. In most cases, this can be accommodated on existing University property. However, the Minnesota Department of Health building site, the retail parcels along Washington Avenue and the housing blocks adjacent to the Oak Street ramp are all key potential additions to the campus (See Appendix 2.b).

All scenarios reinforce the land use zones established for the Academic Health Center and the University of Minnesota East Bank Campus in previous planning studies (See Appendix 2.c).

- Research sites are maintained west of Mayo Tower
- Health Sciences education and School of Public Health sites are clustered east of the Mayo Tower and along Washington Avenue.
- Clinical services sites are oriented toward the Mississippi River and in proximity to current hospital facilities.
- The residence halls are assumed to be an important center of quality for the University and must be maintained until they are relocated according to University priorities in the future. Residential land uses will continue to frame the eastern edge of the Clinical Sciences Campus, transitioning from student housing to independent apartments and homes.

- New development will support and maintain access to Riverfront Park and the River Road Parkway for both residents and the larger University community.

Development opportunities have been identified by previous planning for the Academic Health Center. They include the phased replacement of the Southeast Mayo, Southwest Mayo, Children's Rehab, Variety Club, and Masonic buildings as well as the renovation of PWB and Mayo Tower (See Appendix 2.d). Fairview-University Medical Center Riverside Campus programs are relocated to new facilities in the Clinical Sciences Campus plan over time. The phased relocation of student housing on the Pioneer and Centennial Hall blocks will be coordinated with future master planning by the University.

All of the scenarios maintain and strengthen the open space and circulation framework of the existing urban fabric (see Appendix 2.e and 2.f).

- Delineation of neighborhood blocks, building setbacks, outdoor rooms and a distinctive university streetscape are the key elements that shape the extent of development zones within the Clinical Sciences Campus.
- Future phases assume the creation of a central square, similar to Northrup Mall, between Mayo and Moos Towers that would serve as the signature open space for the Clinical Sciences Campus. An additional arrival plaza and courtyard along Harvard Street for clinical facilities is created by the future removal of Masonic.
- Highest public use facilities (such as the consolidated children's facilities and the clinic) are oriented toward Harvard, Fulton and River Road to strengthen program identity, enhance wayfinding, link a series of related front doors, and maintain the largest volume of traffic on the highest capacity streets.

A preliminary assessment of parking capacity for each scenario is included in Appendix 2.f. Detailed traffic, transportation and parking studies have not been conducted for each scenario. All of the scenarios assume that structured parking and multi-modal options such as light rail, bus, bicycles and carpooling will be part of the parking solution. The scenarios also assume that parking policies will be developed to reserve close-in spaces for patients and visitors, while faculty, staff and students make use of perimeter parking within the campus. Excess capacity in the River Road, Oak Street and Washington Avenue ramps will be an important initial source of spaces. One level of structured parking beneath each new facility has also been shown. The opportunity to create parking below open space – similar to the South Mall – should also be explored at East River Road Parcel and Gateway Center. This approach can satisfy most of the additional parking requirement for the district while avoiding water table issues, dispersing parking evenly throughout the campus, providing accessible parking adjacent to key program destinations, and connecting the existing tunnels and service network developed for the Clinical Sciences buildings.

In all of the following site plan diagrams concept-level facility footprints indicate key building setbacks, outdoor rooms, skyway or tunnel connections, and other program requirements. Facility massing assumes that one floor will be constructed below grade to follow the pattern established by adjacent buildings.

Scenario 1

- The clinic is located on the campus perimeter between Fulton Street and the Oak Street ramp. This location assumes the successful acquisition of the property as well as a tunnel or skyway connection to current inpatient facilities.
- The consolidated children's facilities are located along River Road and connected to current inpatient facilities via renovated floors within the Dwan Cancer Center. The building footprint and massing assumes that Church Street would be extended to River Road via an open pedestrian connection within the first three floors of the building.
- The hospital site requires the relocation of Variety Club, Southwest Mayo and Children's Rehab Building programs to vacated/renovated space within the Minnesota Department of Health Building and PWB.
- The School of Public Health is located along Washington Avenue on a prominent location opposite the Gateway Center. This site requires the successful acquisition of private retail property.
- Future development phases include a new Health Sciences Building adjacent to Weaver Densford along Washington Avenue. This site requires the successful acquisition of private retail property
- For both the School of Public Health and Health Sciences development, student-oriented retail could be included in the street level space program.
- In the future, Lillihei Heart Institute/Cancer Center could be sited along the South Mall on the current Children's Rehab building site. Additional research sites would be developed adjacent to Mayo Tower.
- The remainder of Fairview Riverside programs would be located on the Pioneer Hall site, adjacent to the existing hospital and connected via skyway. This would only be accomplished after new student housing was provided elsewhere on campus.

Scenario 2

- The clinic is located closer to the existing hospital by utilizing the developed portion of the East River Road Parcel block. This site assumes a tunnel connection back to the children's facilities and Fairview-University Medical Center. It also requires the relocation of the Center for Victims of Torture, the International Center and parking.
- The consolidated replacement children's facilities are sited directly adjacent to Fairview-University Medical Center current inpatient facility with a broad connection that houses shared resources for diagnostics and treatment services over Harvard Street. Half of the site could be developed as open space for patients, visitors and staff. However, this development requires the relocation of the Pioneer Hall housing program.

- The School of Public Health is developed on the site currently occupied by the Minnesota Department of Health.
- Health Sciences programs are located in vacated and renovated space within PWB, as well as in a future development along Washington Avenue adjacent to Weaver Densford. This future development could include student-oriented retail on the street level.
- Additional program components of future phases include the construction of the Lillihei Heart Institute/Cancer Center facility on the Children's Rehab Building site. Future research sites would be available adjacent to Mayo Tower as the existing programs were relocated along Washington Avenue or in the Basic and Transitional Research Corridor.
- Over time, all Fairview Riverside programs would be relocated to the Centennial Hall block. This would only be accomplished after new student housing is provided elsewhere on campus.

Scenario 3

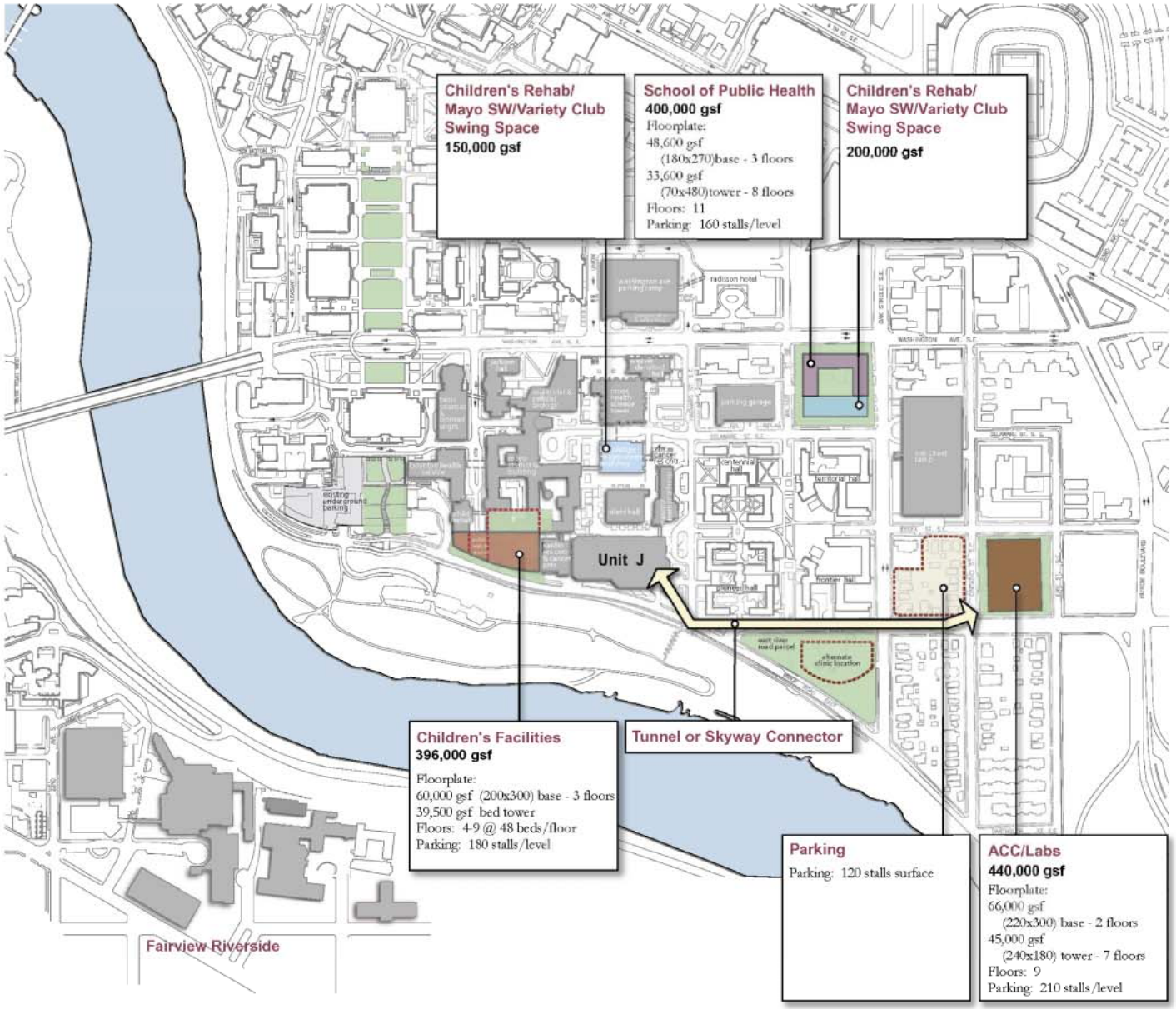
- The clinic and consolidated children's facilities are integrated into a facility that efficiently shares resources on the same block. This concept is modeled after Northwestern Memorial Hospital in Chicago which reflects current best practices in integrated facilities and program planning. (refer to Chapter 7, Appendix, Section 5.) The new building would occupy the entire Pioneer Hall block and might require the redesign of the intersection of Fulton Street and East River Road.
- Similar to Scenario 2, the children's facilities would be directly adjacent to current inpatient facilities and connected by a broad floor plate over Harvard Street.
- The scenario assumes that open spaces on East River Road Parcel would be enhanced and expanded to fill the entire triangular block. The open space would serve patients and visitors as well as maintain accessibility and views for resident students. It would also provide an opportunity to create below-grade parking. Consequently, the existing programs on the block would need to be relocated.
- The School of Public Health and the future Health Sciences Buildings are sited similarly to Scenario 2.
- Future research facilities, such as Lillihei Heart Institute/Cancer Center, are also similar to Scenario 2.

Scenario 4

- The consolidated children's facilities are located adjacent to Masonic and would occupy the Centennial Hall block. Although the student housing would have to be relocated, lower massing for the children's facilities is achieved. The remaining residence halls have preserved views and access to open space, however, this is at the expense of a strong connection with existing hospital facilities.
- In order to retain a direct connection to the hospital, the clinic is located on the Minnesota Department of Health building site. Its site also includes the Fairview ramp. The scenario assumes that new below-grade structured parking and servicing would extend under both building sites and the street. During construction alternate parking strategies might include valet parking for current parking patrons. The shared half-blocks would also be linked by skyway connections.
- The School of Public Health is located adjacent to the ACC, along Washington Avenue. This site requires the successful acquisition of retail property, but these uses could be incorporated into the street level of the new structure.
- Similar to Scenarios 2 and 3, Health Sciences is accommodated in renovated PWB space and in future development along Washington Avenue.
- Future research facilities such as Lillihei Heart Institute/Cancer Center are also sited in their Scenario 2 and 3 locations.
- Fairview-University Medical Center programs relocated from the Riverside Campus would be sited on the Pioneer Hall block after the student housing had been replaced elsewhere on campus.
- East River Road Parcel would be expanded to include the entire triangular block to meet two goals: preserve and strengthen open space for the University community as well as provide a healing environment for patients and visitors.

Scenario 1 Phase I

Non-Residence Hall Sites



Existing AHC Facilities
(Patient Care/Research/Education/Parking)

Campus Open Space

Phase I Land Use:

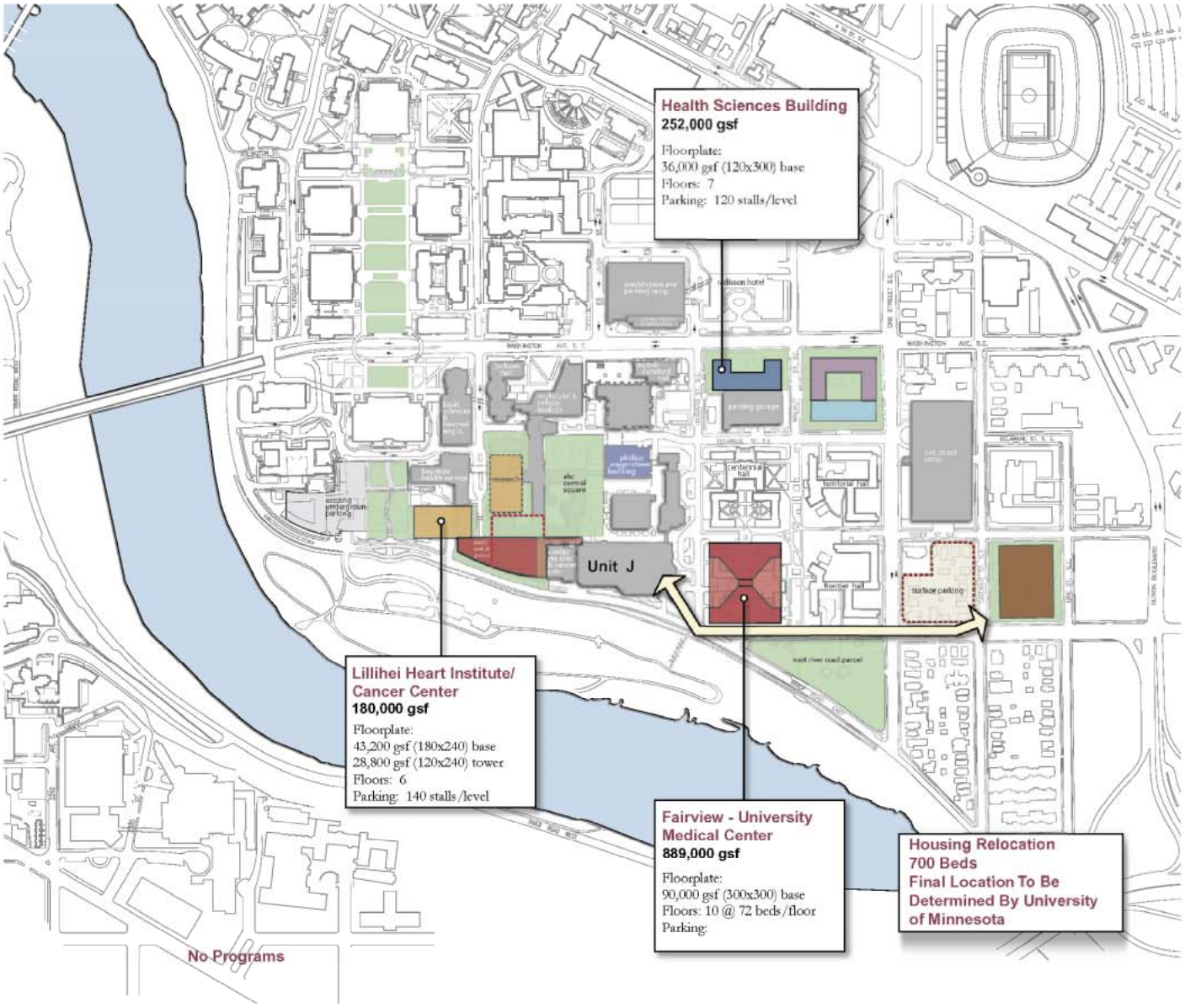
- Children's Facilities
- ACC/Clinical Labs
- School of Public Health
- Housing
- Swing Space
- Parking

Future Phases Land Use:

- Fairview-University Medical Center
- Lillihei Heart Institute/Cancer Center
- Health Sciences Education
- Housing
- Parking

Scenario 1
Future Phases

Non-Residence Hall Sites



Existing AHC Facilities
(Patient Care/Research/Education/Parking)

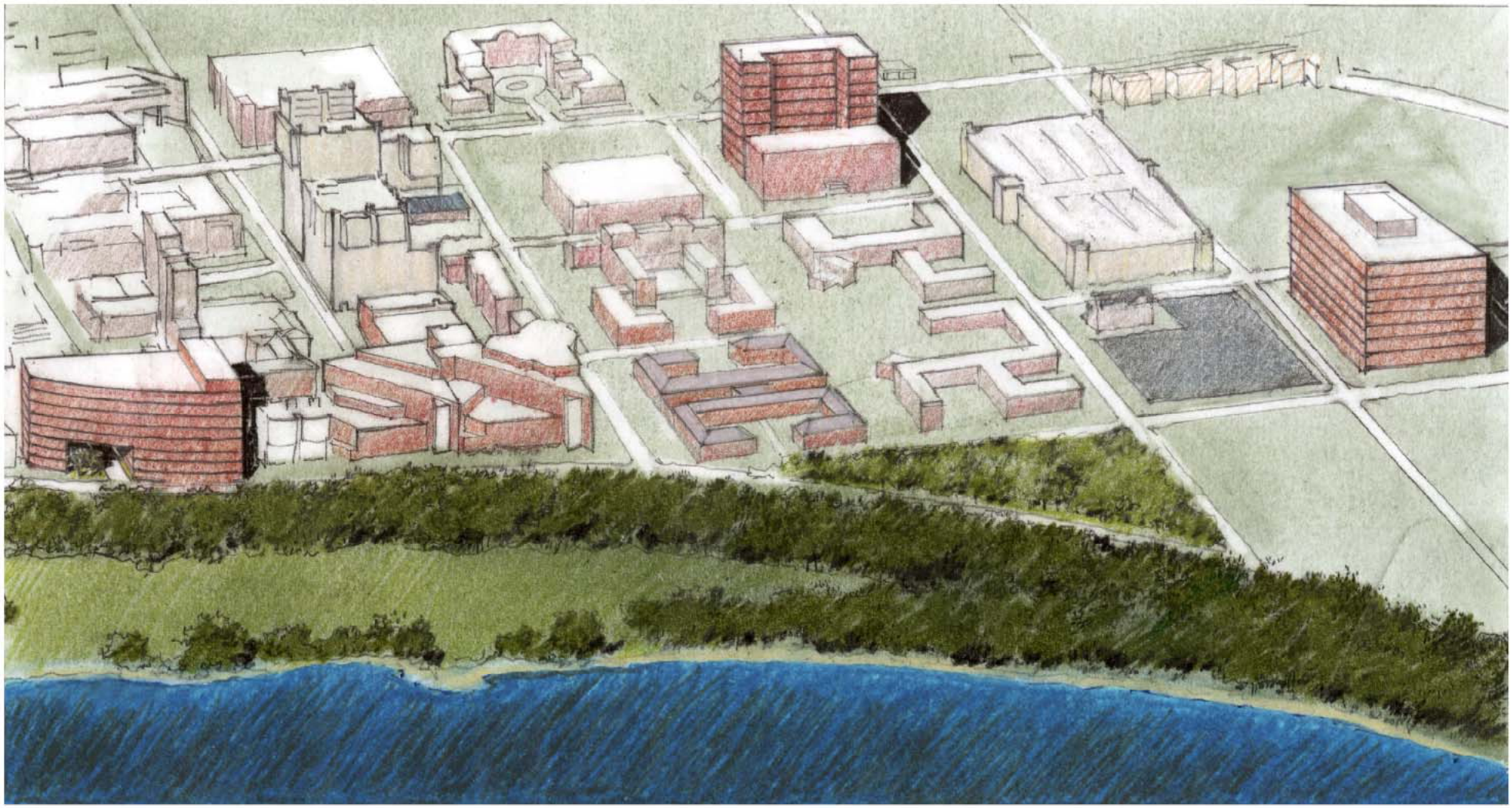
Campus Open Space

Phase I Land Use:

- Children's Facilities
- ACC/Clinical Labs
- School of Public Health
- Housing
- Swing Space
- Parking

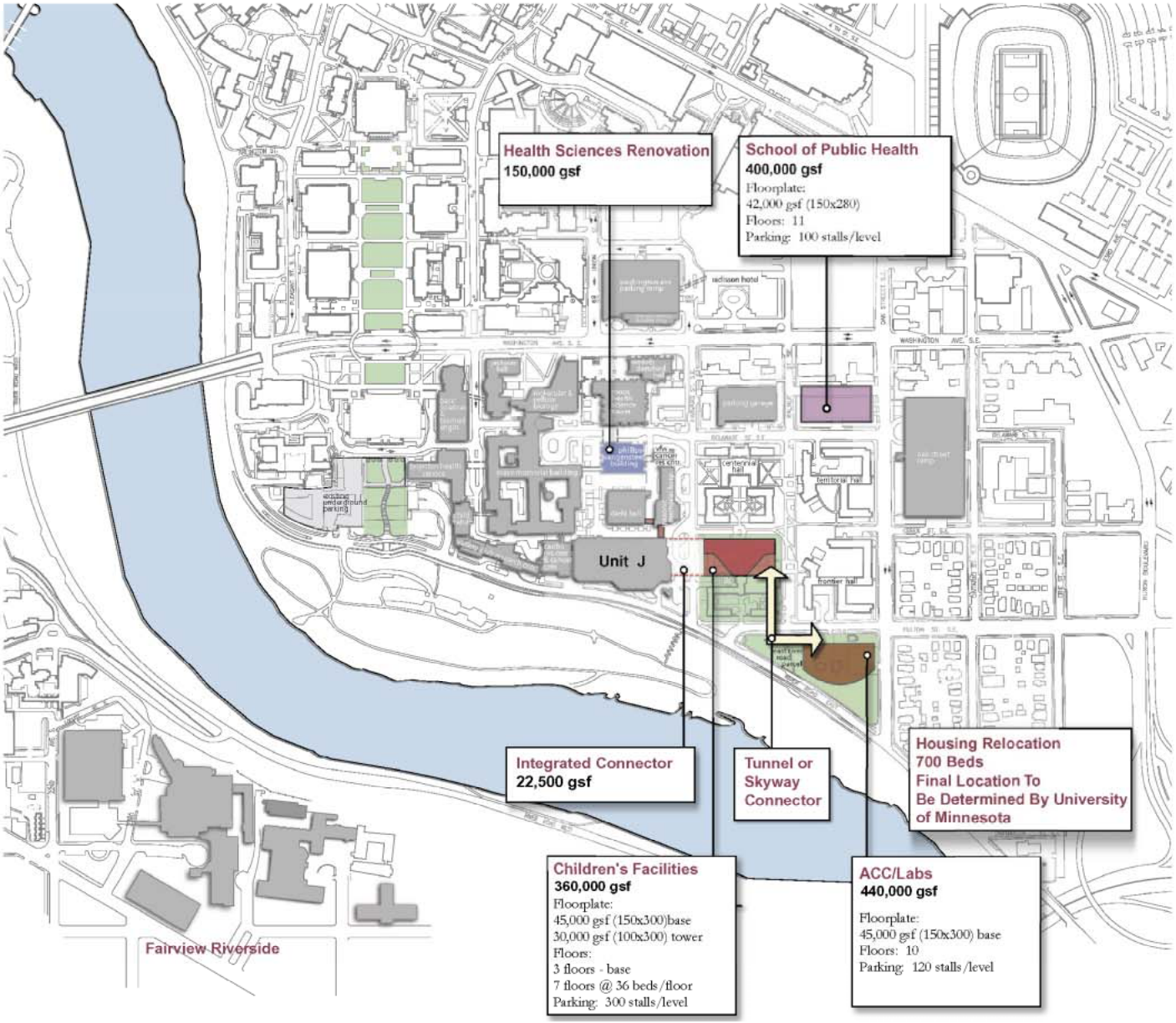
Future Phases Land Use:

- Fairview-University Medical Center
- Lillihei Heart Institute/Cancer Research
- Health Sciences Education
- Housing
- Parking



Scenario 2 Phase I

Riverfront Sites



Existing AHC Facilities
(Patient Care/Research/Education/Parking)

Campus Open Space

Phase I Land Use:

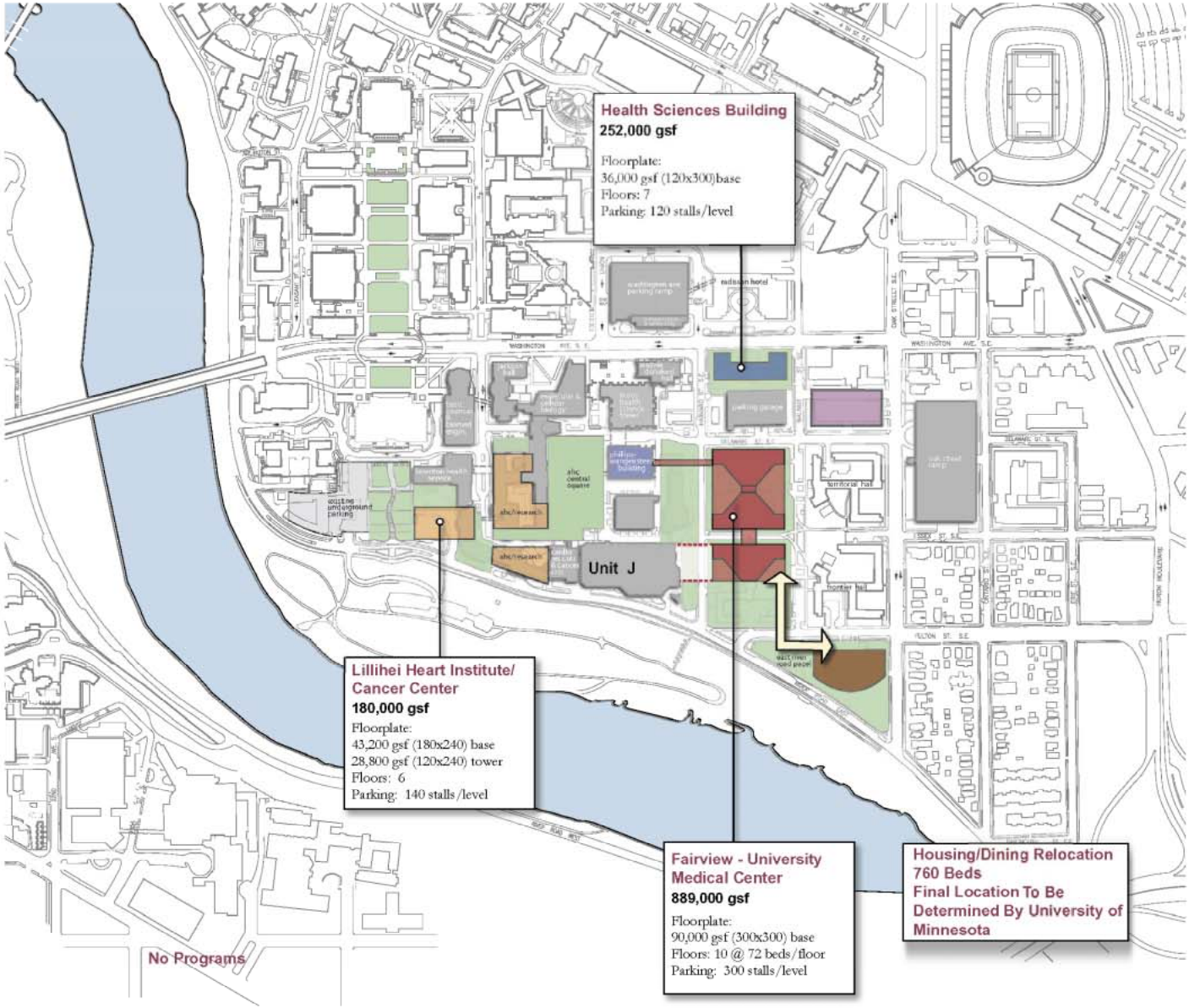
- Children's Facilities
- ACC/Clinical Labs
- School of Public Health
- Housing
- Swing Space
- Parking

Future Phases Land Use:

- Fairview-University Medical Center
- Lillihei Heart Institute/Cancer Center
- Health Sciences Education
- Housing
- Parking

Scenario 2
Future Phases

Riverfront Sites



Existing AHC Facilities
(Patient Care/Research/Education/Parking)

Campus Open Space

Phase I Land Use:

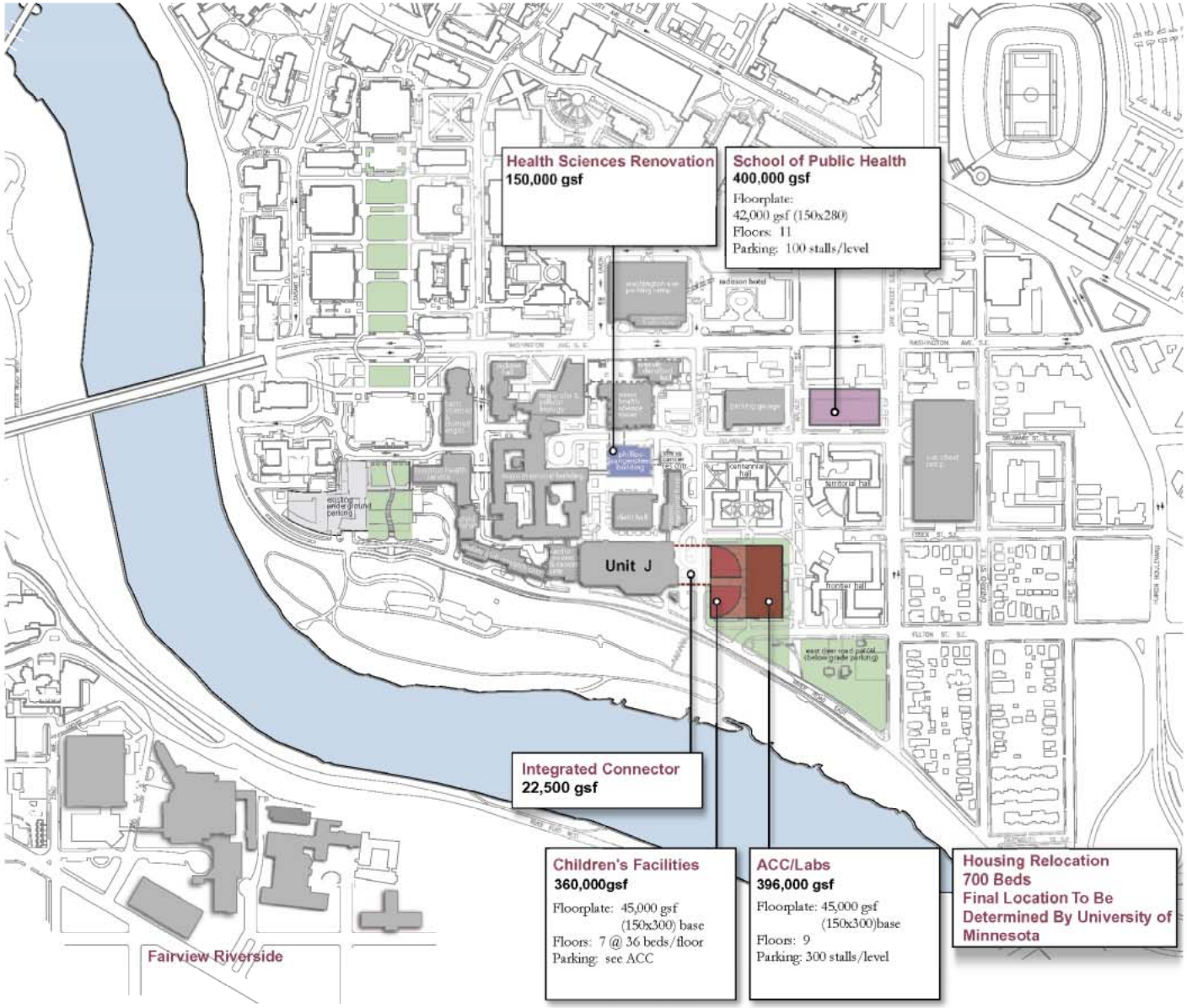
- Children's Facilities
- ACC/Clinical Labs
- School of Public Health
- Housing
- Swing Space
- Parking

Future Phases Land Use:

- Fairview-University Medical Center
- Lillihei Heart Institute/Cancer Center
- Health Sciences Education
- Housing
- Parking

Scenario 3
Phase I

Integrated Linkage - Pioneer Site



Existing AHC Facilities
(Patient Care/Research/Education/Parking)

Campus Open Space

Phase I Land Use:

- Children's Facilities
- ACC/Clinical Labs
- School of Public Health
- Housing
- Swing Space
- Parking

Future Phases Land Use:

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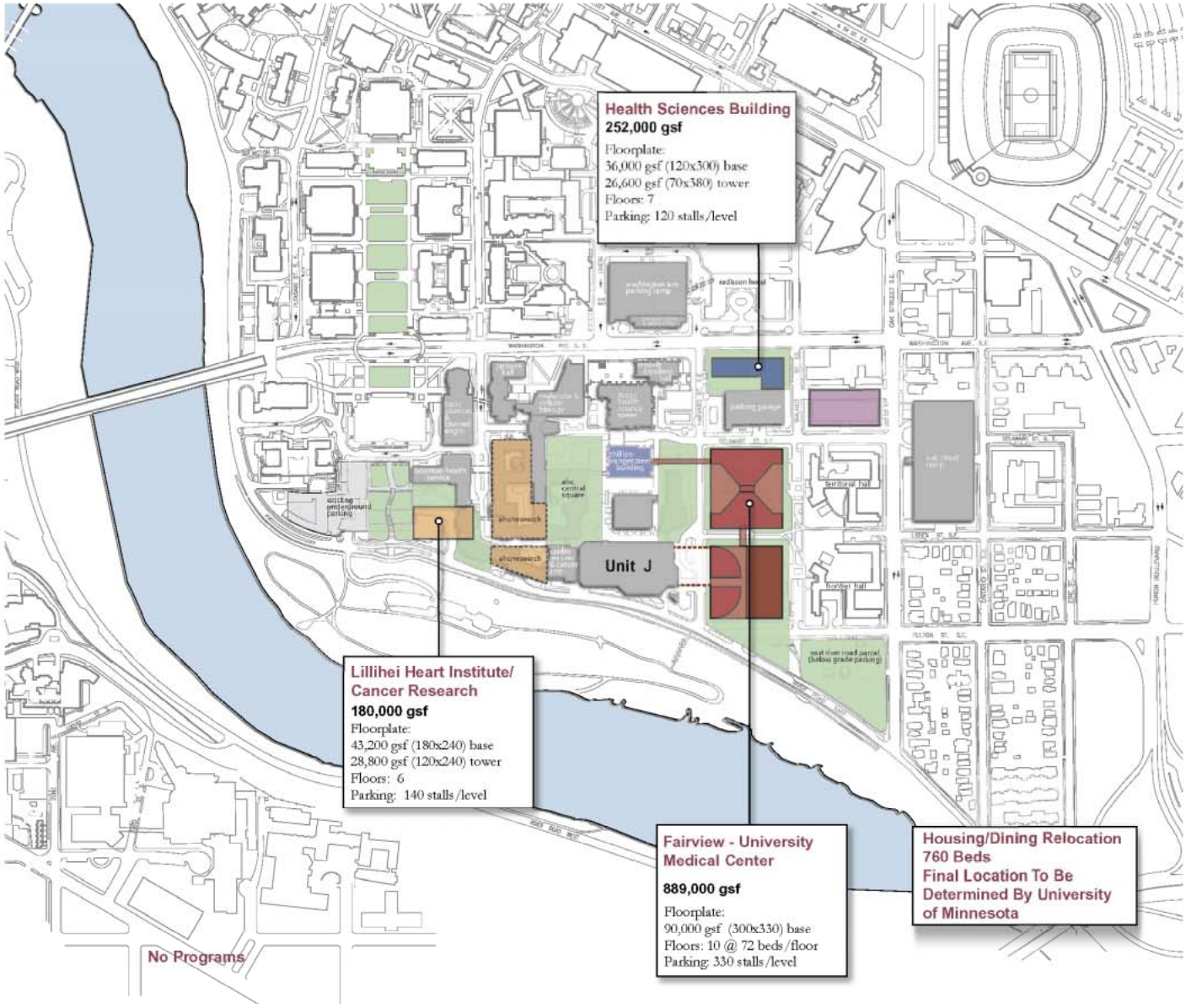
- Lillihei Heart Institute/Cancer Center
- Health Sciences Education
- Housing
- Parking

Scenario 3
Future Phases

Integrated Linkage - Pioneer Site



Existing AHC Facilities
(Patient Care/Research/Education/Parking)

Campus Open Space

Phase I Land Use:

- Children's Facilities
- ACC/Clinical Labs
- School of Public Health
- Housing
- Swing Space
- Parking

Future Phases Land Use:

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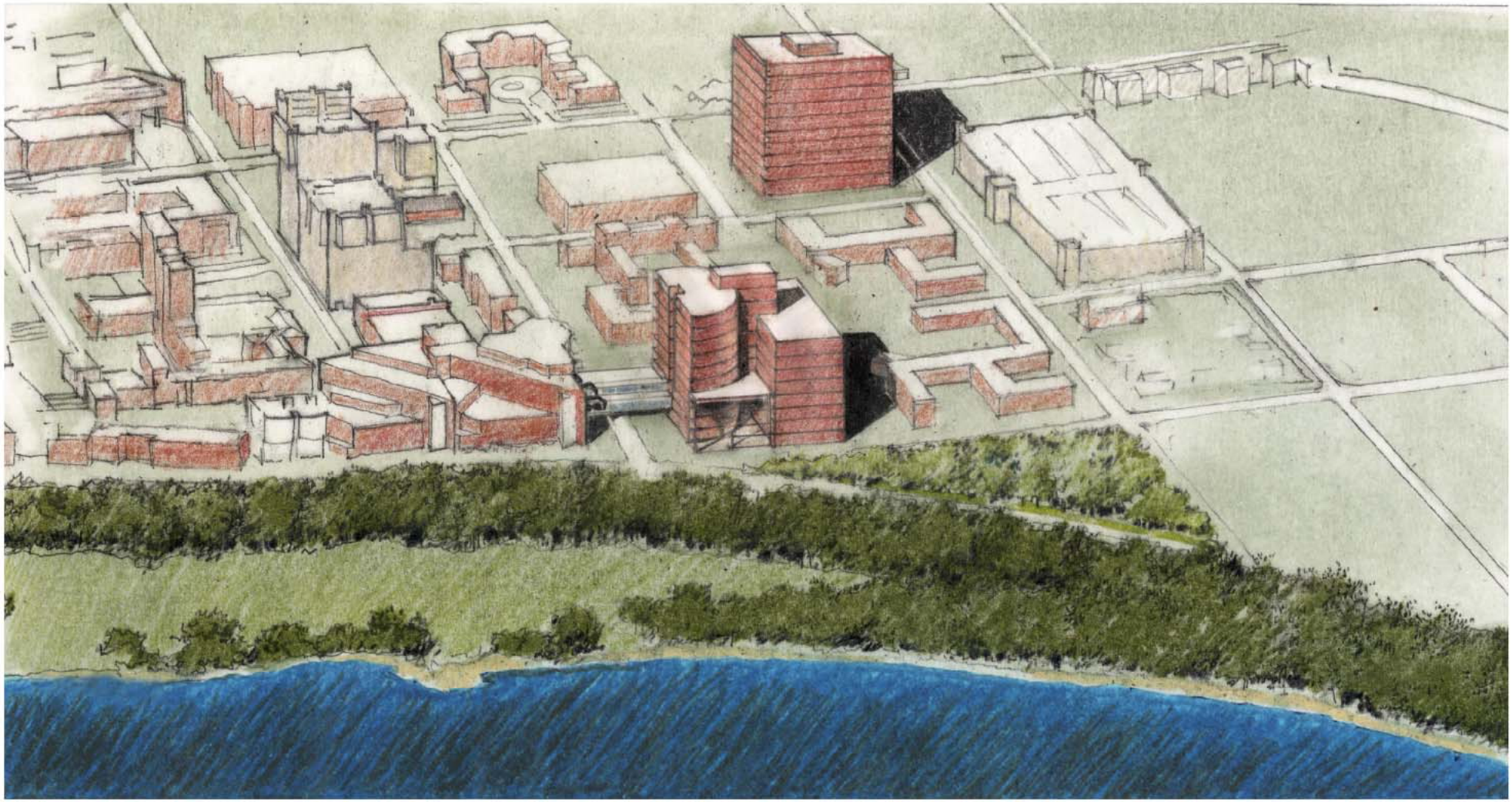
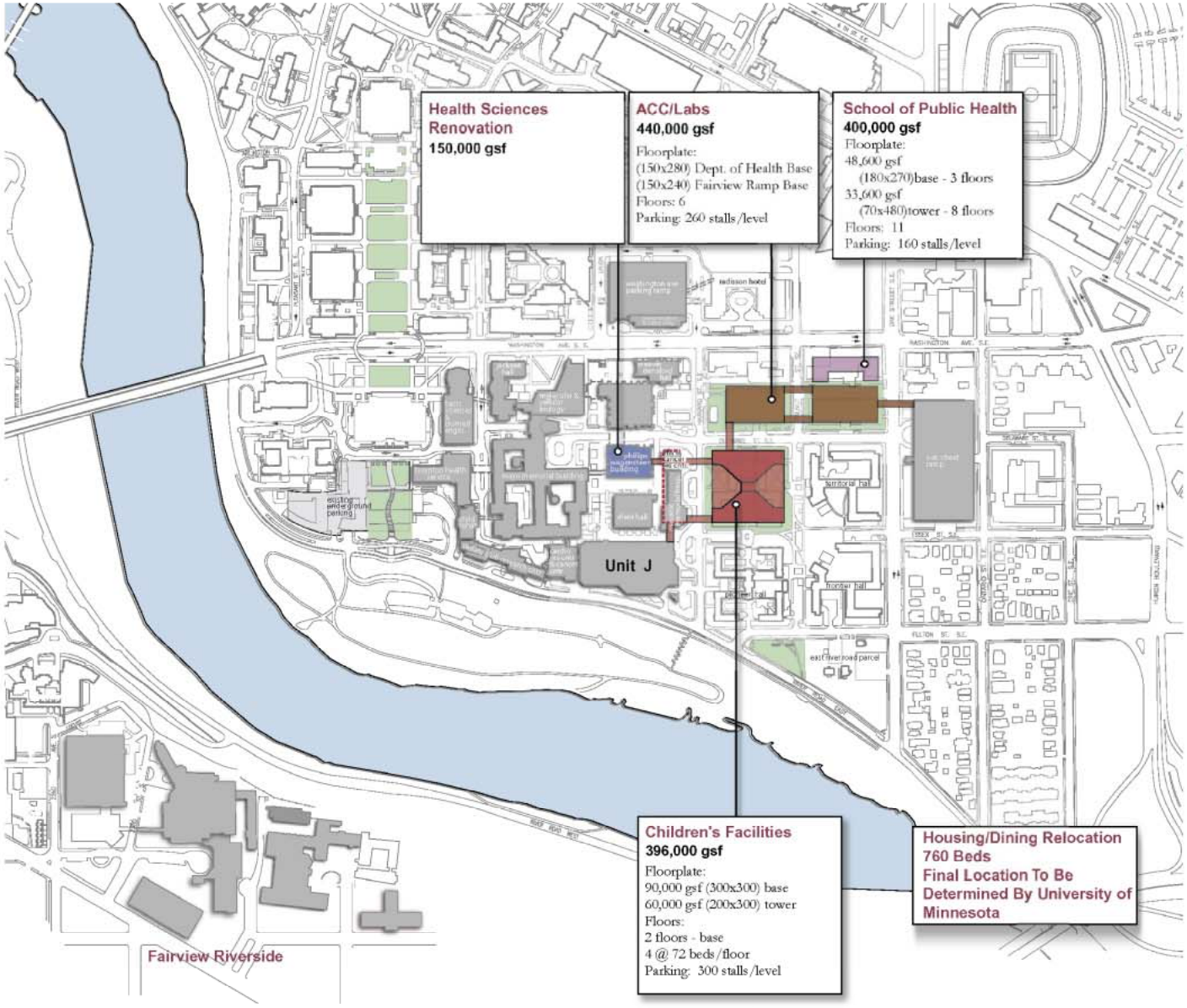
- Housing
- Parking



Scenario 4
Phase I

Diagonal Linkage - Centennial Site



Existing AHC Facilities
(Patient Care/Research/Education/Parking)

Campus Open Space

Phase I Land Use:

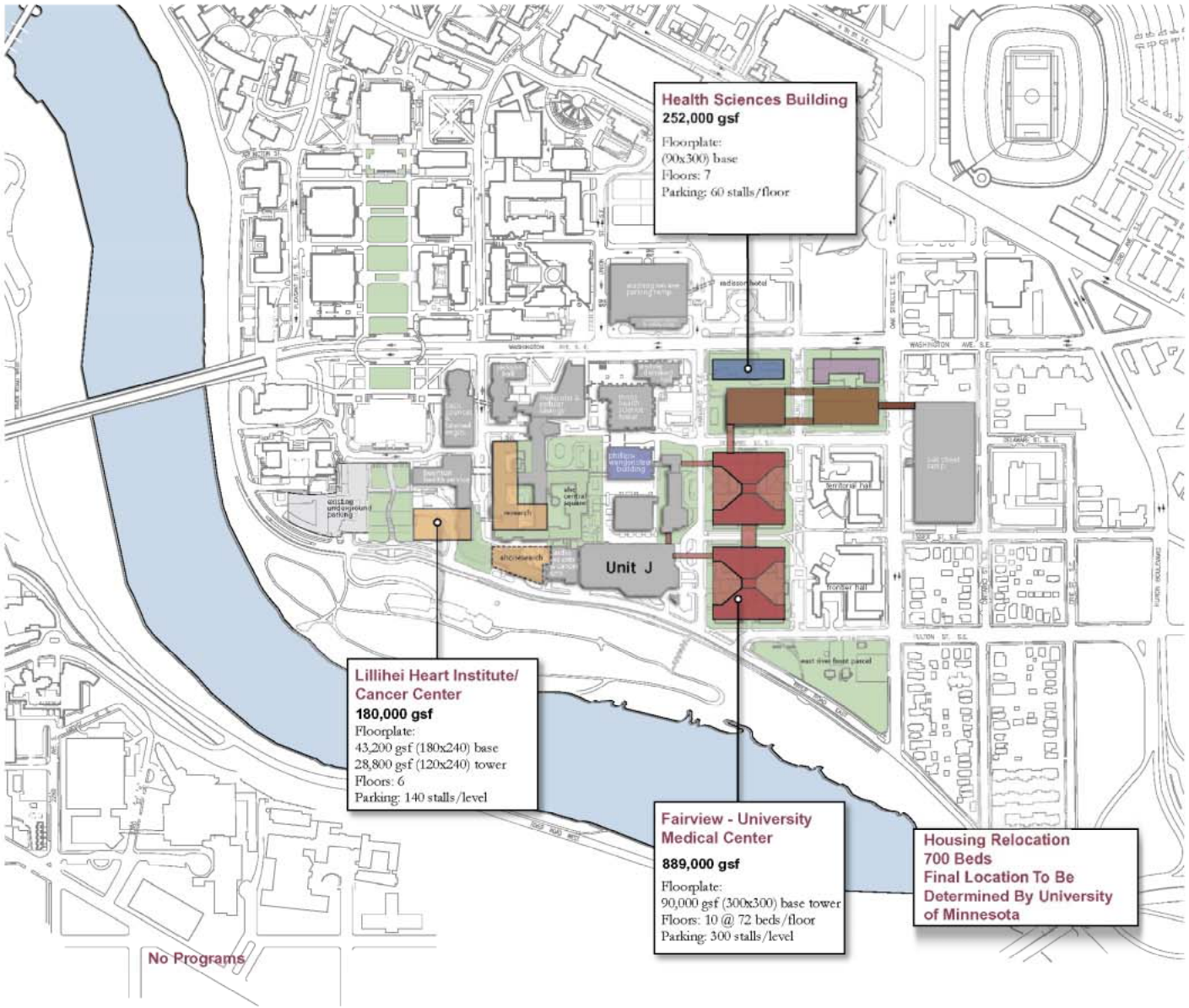
- Children's Facilities
- ACC/Clinical Labs
- School of Public Health
- Housing
- Swing Space
- Parking

Future Phases Land Use:

- Fairview-University Medical Center
- Lillihei Heart Institute/Cancer Center
- Health Sciences Education
- Housing
- Parking

Scenario 4
Future Phases

Diagonal Linkage - Centennial Site



Existing AHC Facilities
(Patient Care/Research/Education/Parking)

Campus Open Space

Phase I Land Use:

- Children's Facilities
- ACC/Clinical Labs
- School of Public Health
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Future Phases Land Use:

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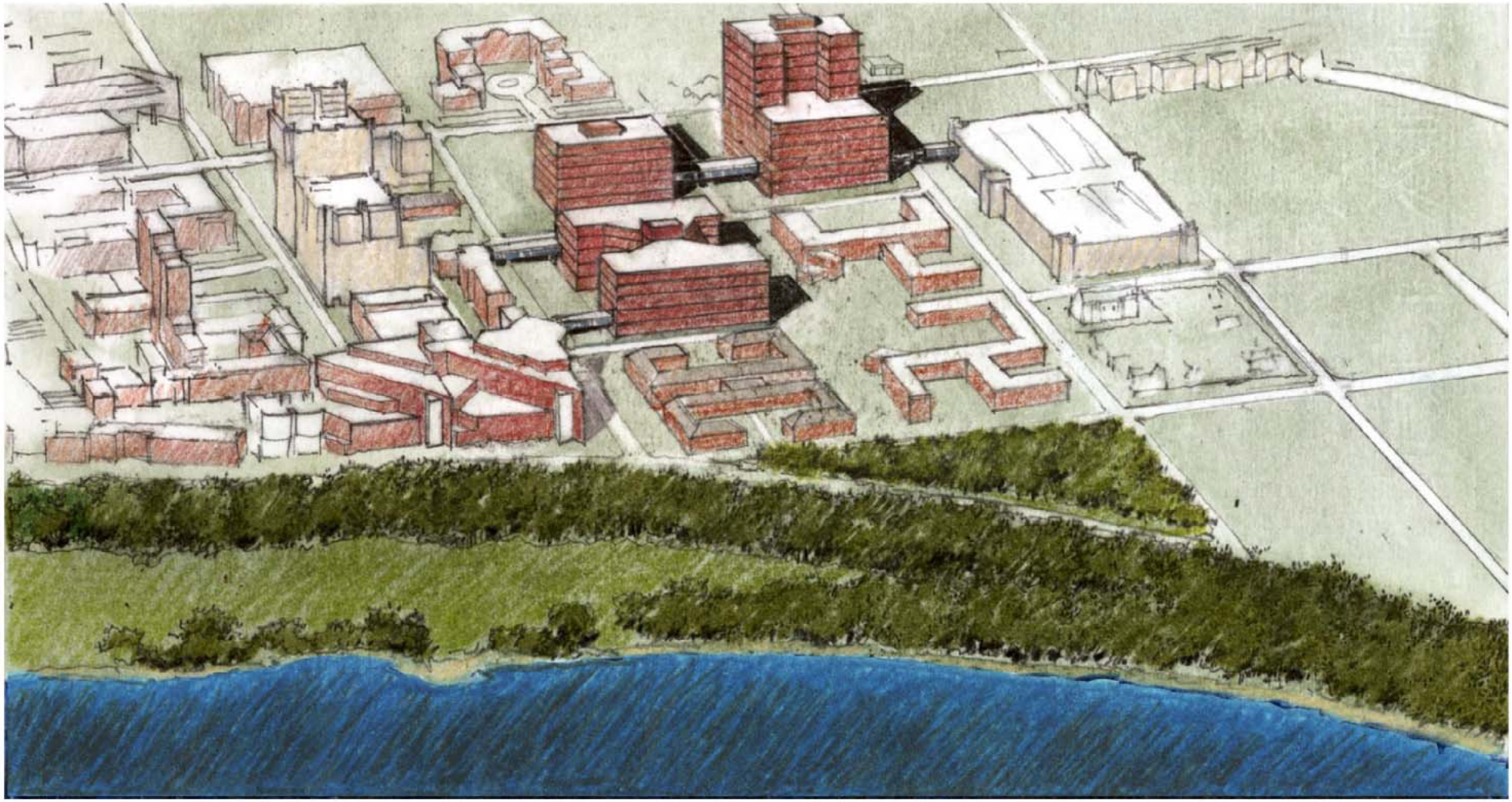
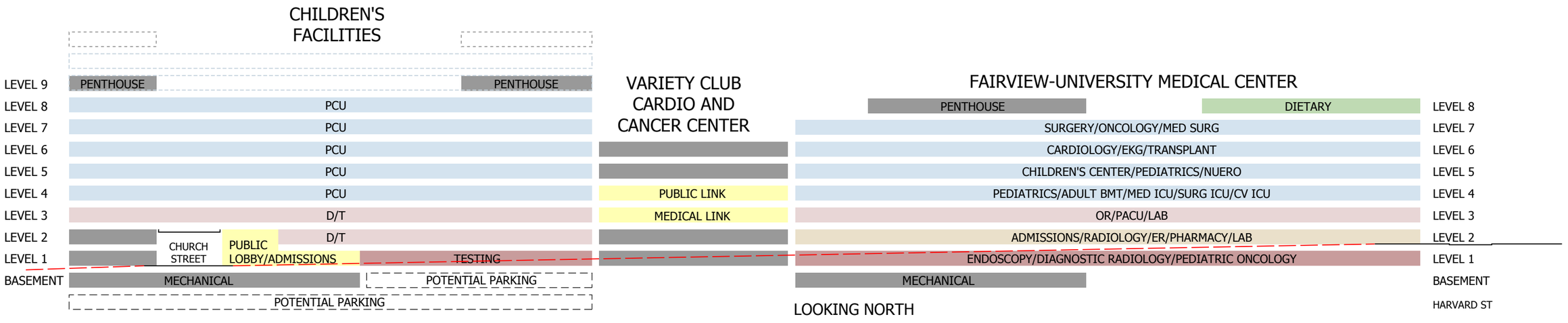
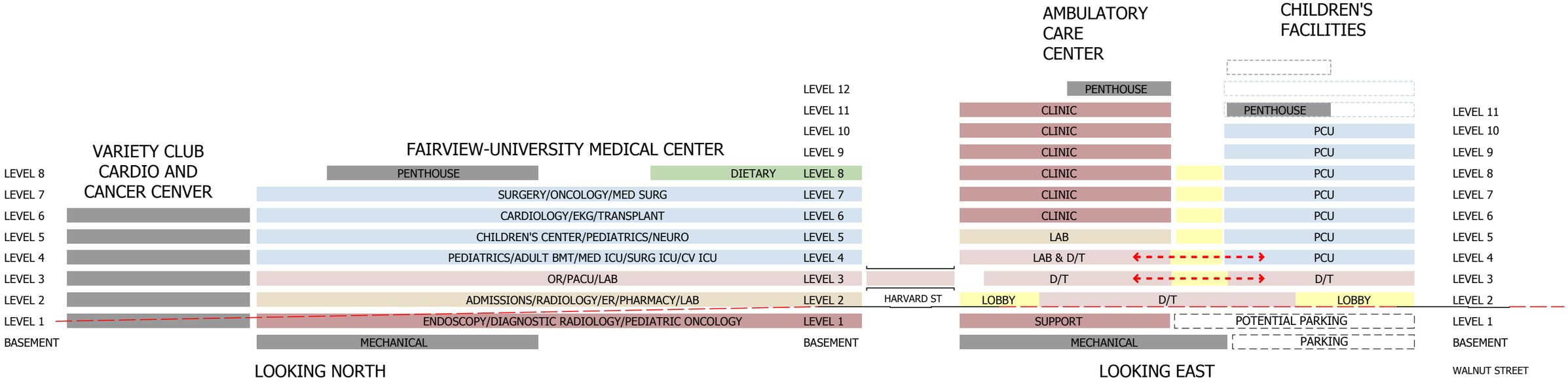


COMPARISON STACKING DIAGRAMs



Scenario 1



Scenario 3

COST MODEL SUMMARY

The following are "order of magnitude" cost model projections by scenario. As proposed future projects are programmed and proceed through predesign, a more definitive, iterative cost modeling process will be initiated that will wed an approved definition of the project with an accurate cost estimate for the chosen delivery model and time of completion.

The order of magnitude cost model projection for the expanded and enhanced children's facility consists of the sum of the children's facilities estimate and a yet to be negotiated portion of Children's/ACC shared cost (land acquisition and relocation of existing use). Likewise, the total projected estimate for the proposed ambulatory care center consists of the sum of the clinic projections and a yet to be negotiated portion of the Children's/ACC shared cost estimate. The projected order of magnitude cost estimate for the School of Public Health currently stands on its own and, therefore, does not participate in the Children's/ACC shared cost estimate.

Cost Model Assumptions:

Underlying assumptions for the elements of the Cost Model include, but are not limited, to the following:

Land Acquisition:
- Costs to acquire land from non-partner owners
- Costs to entitle site for development (ie environmental and zoning studies, etc.)
- Upgrade of district utility system capacities as needed
- Demolition of existing structures

Program Relocation:
- Costs to acquire and prepare "swing space" for displaced programs owned by the partners
- Where applicable, includes cost to acquire land and construct new buildings for permanently displaced partner owned programs

Construction Costs:
- Cost of construction of the physical building to house the specified program

Design Costs:
- Costs for schematic, development and construction documents
- Architectural Costs
- Engineering Costs (structural, mechanical, electrical, etc)
- Specialty Consultants (physical facility requirements)
- Consultant Reimbursement Costs
- Specialty Consultants (specific to program/ operations requirements are not included)

Parking Costs:
- Cost to design and construct parking structures to house parking spaces needed by each particular project program

Other Project Costs:
- Allowances for costs outside of construction costs
- Furniture fixtures and equipment allowances
- Programmatic equipment allowances
- Data/communication wiring allowances
- Permit allowances

Phase One Cost Model Summary				
	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Children's/ACC Shared Costs				
Land Acquisition	37,141,164	13,721,644	10,721,644	31,680,314
Relocation of Programs**	33,192,880	60,609,937	60,562,990	92,732,990
Contingency	3,516,702	3,716,579	3,564,232	6,220,665
Escalation (2004 to Bid)*	15,915,297	12,302,341	11,798,052	20,591,179
Subtotal Cost Model	**89,800,000**	**90,400,000**	**86,600,000**	**151,200,000**
Children's Facilities				
Construction Costs	123,100,000	108,000,000	108,000,000	116,100,000
Design Costs	12,310,000	10,800,000	10,800,000	11,610,000
Parking Costs	18,750,000	18,750,000	18,750,000	18,750,000
Other Project Costs	70,243,976	61,708,331	61,620,354	66,386,902
Contingency	11,220,199	9,962,917	9,958,518	10,642,345
Escalation (2004 to Bid)*	50,778,482	32,978,499	32,963,938	35,227,493
Subtotal Cost Model	**286,400,000**	**242,200,000**	**242,100,000**	**258,700,000**
Ambulatory Care Clinic				
Construction Costs	101,200,000	101,200,000	91,080,000	101,200,000
Design Costs	9,108,000	9,108,000	8,197,200	9,108,000
Parking Costs	17,500,000	17,500,000	17,500,000	17,500,000
Other Project Costs	53,636,000	53,636,000	48,272,400	53,636,000
Contingency	9,072,200	9,072,200	8,252,480	9,072,200
Escalation (2004 to Bid)*	14,526,860	14,526,860	13,214,284	30,030,116
Subtotal Cost Model	**205,000,000**	**205,000,000**	**186,500,000**	**220,500,000**
Subtotal Children's/ACC	**581,200,000**	**537,600,000**	**515,200,000**	**630,400,000**
School of Public Health				
Land Acquisition	29,100,750	11,394,935	11,394,935	29,100,750
Relocation of Programs	-	-	-	-
Construction Costs	90,000,000	90,000,000	90,000,000	90,000,000
Design Costs	9,000,000	9,000,000	9,000,000	9,000,000
Parking Costs	5,000,000	5,000,000	5,000,000	5,000,000
Other Project Costs	23,300,000	23,300,000	23,300,000	23,300,000
Contingency	-	-	-	-
Escalation (2004 to Bid)*	11,925,557	10,575,489	14,216,231	11,925,557
Subtotal Cost Model	**168,300,000**	**149,300,000**	**152,900,000**	**168,300,000**
Total Cost Model	**749,500,000**	**686,900,000**	**668,100,000**	**798,700,000**

* Escalations calculated from midyear 2004 to bid and award date of construction contracts
**Relocation of Programs is included at full replacement cost without regard to final funding responsibility.

Clarifications:

Children's Facilites:

- Site assumed to be environmentally "clean". No extraordinary hazardous materials to be removed
- No interstitial spaces included. Assumed gross measured areas include mech/elec spaces
- No major/special purpose medical equipment included (equipment over $200,000 each)
- Based on HGA master planning scenario plans enclosed
- Based on LarsonAllen Hospital assumptions of 6/1/04
- No parking land cost included
- No financing cost included

Ambulatory Care Clinic:

- Site assumed to be environmentally "clean". No extraordinary hazardous materials to be removed
- No interstitial spaces included. Assumed gross measured areas include mech/elec spaces
- No major/special purpose medical equipment included (equipment over $200,000 each)
- Based on HGA master planning scenario plans enclosed
- Based on UMP program of January 2003
- No financing costs
- No parking land cost included

School of Public Health:

- Site assumed to be environmentally "clean". No extraordinary hazardous materials to be removed
- No contingency included
- Based on HGA master planning scenario plans enclosed
- Based on SPH Statement of Need (Dec 2003)
- No voice/data cabling or systems
- No financing cost included

Phase One Cost Model - Scenario 1						
Non-Residence Hall Sites						
	Children's/ACC					
	Shared			Ambulatory		School of
	Costs	Children's		Care Center		Public Health
Land Acquisition	37,141,164					29,100,750
Relocation of Programs**	33,192,880					
Construction Costs		123,100,000		101,200,000		90,000,000
Design Costs		12,310,000		9,108,000		9,000,000
Parking Costs		18,750,000		17,500,000		5,000,000
Other Project Costs		70,243,976		53,636,000		23,300,000
Subtotal	70,334,044	224,403,976		181,444,000		156,400,750
Project Contingency (5%)	3,516,702	11,220,199		9,072,200		
Subtotal	73,850,746	235,624,175		190,516,200		156,400,750
Escalation (5%/Y)	15,915,297	50,778,482		14,526,860		11,925,557
2004 to Bid/Award						
Cost Model - Scenario 1	**$89,800,000**	**$286,400,000**		**$205,000,000**		**$168,300,000**

*Escalations calculated from midyear 2004 to bid and award of Construction Contract as per sequencing plan.

**Relocation of Programs (University Dorm) is included at full replacement cost without regard to final funding responsibility.

Clarifications: See Attached

Phase One Cost Model - Scenario 2						
Riverfront Sites						
	Children's/ACC					
	Shared			Ambulatory		School of
	Costs	Children's		Care Center		Public Health
Land Acquisition	13,721,644					11,394,935
Relocation of Programs**	60,609,937					
Construction Costs		108,000,000		101,200,000		90,000,000
Design Costs		10,800,000		9,108,000		9,000,000
Parking Costs		18,750,000		17,500,000		5,000,000
Other Project Costs		61,708,331		53,636,000		23,300,000
Subtotal	74,331,581	199,258,331		181,444,000		138,694,935
Project Contingency (5%)	3,716,579	9,962,917		9,072,200		
Subtotal	78,048,160	209,221,248		190,516,200		138,694,935
Escalation (5%/Yr)	12,302,341	32,978,499		14,526,860		10,575,489
2004 to Bid/Award						
Cost Model - Scenario 2	**$90,400,000**	**$242,200,000**		**$205,000,000**		**$149,300,000**

*Escalations calculated from midyear 2004 to bid and award of Construction Contract as per sequencing plan.

**Relocation of Programs is included at full replacement cost without regard to final funding responsibility.

Clarifications: See Attached

Phase One Cost Model - Scenario 3						
Integrated Linkage - Pioneer Site						
	Children's/ACC					
	Shared			Ambulatory		School of
	Costs	Children's		Care Center		Public Health
Land Acquisition	10,721,644	-		-		11,394,935
Relocation of Programs**	60,562,990	-		-		-
Construction Costs	-	108,000,000		91,080,000		90,000,000
Design Costs	-	10,800,000		8,197,200		9,000,000
Parking Costs	-	18,750,000		17,500,000		5,000,000
Other Project Costs	-	61,620,354		48,272,400		23,300,000
Subtotal	71,284,633	199,170,354		165,049,600		138,694,935
Project Contingency (5%)	3,564,232	9,958,518		8,252,480		
Subtotal	74,848,865	209,128,871		173,302,080		138,694,935
Escalation (5%/Yr)	11,798,052	32,963,938		13,214,284		14,216,231
2004 to Bid/Award						
Cost Model - Scenario 3	**$86,600,000**	**$242,100,000**		**$186,500,000**		**$152,900,000**

*Escalations calculated from midyear 2004 to bid and award of Construction Contract as per sequencing plan.

**Relocation of Programs (University Dorm) is included at full replacement cost without regard to final funding responsibility.

Clarifications: See Attached

Phase One Cost Model - Scenario 4						
Diagonal Linkage - Centennial Site						
	Children's/ACC					
	Shared			Ambulatory		School of
	Costs	Children's		Care Center		Public Health
Land Acquisition	31,680,314					29,100,750
Relocation of Programs**	92,732,990					
Construction Costs		116,100,000		101,200,000		90,000,000
Design Costs		11,610,000		9,108,000		9,000,000
Parking Costs		18,750,000		17,500,000		5,000,000
Other Project Costs		66,386,902		53,636,000		23,300,000
Subtotal	124,413,304	212,846,902		181,444,000		156,400,750
Project Contingency (5%)	6,220,665	10,642,345		9,072,200		
Subtotal	130,633,969	223,489,247		190,516,200		156,400,750
Escalation (5%/Yr)	20,591,179	35,227,493		30,030,116		11,925,557
2004 to Bid/Award						
Cost Model - Scenario 4	**$151,200,000**	**$258,700,000**		**$220,500,000**		**$168,300,000**

*Escalations calculated from midyear 2004 to bid and award of Construction Contract as per sequencing plan.

**Relocation of Programs is included at full replacement cost without regard to final funding responsibility.

Clarifications: See Attached

Phase One Cost Model Assumptions:

Children's Facilities:

- Site assumed to be environmentally "clean". No extraordinary hazardous materials to be removed
- No interstitial spaces included. Assumed gross measured areas include mech/elec spaces
- No major/special purpose medical equipment included (equipment over $200,000 each)
- Based on HGA master planning option scenarios attached
- Based on LarsonAllen assumptions of 6/1/04
- No parking land cost included
- No financing cost included

Ambulatory Care Clinic:

- Site assumed to be environmentally "clean". No extraordinary hazardous materials to be removed
- No interstitial spaces included. Assumed gross measured areas include mech/elec spaces
- No major/special purpose medical equipment included (equipment over $200,000 each)
- Based on HGA master planning scenarios attached
- Based on UMP program of January 2003
- No financing costs
- No parking land cost included

School of Public Health:

- Site assumed to be environmentally "clean". No extraordinary hazardous materials to be removed
- No contingency included
- Based on HGA master planning option scenarios attached
- Based on SPH Statement of Need (Dec 2003)
- No voice/data cabling or systems
- No financing cost included

MASTER PLANNING PRINCIPLES — Scenarios Comparison (Initial Development Phase)

	Planning Principle: The Clinical Campus Plan will…..	**Scenario 1** Non Residence Hall Sites	**Scenario 2** Riverfront Sites	**Scenario 3** Integrated-Pioneer Site	**Scenario 4** Diagonal Linkage-Centennial Site
1	Be guided by a long range vision of local, national and international competitiveness in patient care, education, and research; and shaped by the core programmatic priorities of the partners.	see other plans			
2	Support integrated inpatient and outpatient care delivery……..	-	o	+	o
	…….. including the move to a "single site" Fairview-University Medical Center.	o	+	+	o
3	Emphasize responsible use of resources – both capital and operations. Duplication is to be tenaciously avoided; facility adjacencies supporting capital and operating efficiency will be pursued.				
	Capital Costs	-	+	+	-
	Operational Efficiency	-	o	+	o
4	Be driven by an external customer focus. The Clinical Campus will create a welcoming identity for visitors, patients, family, students, faculty, and staff. For clinical facilities, patient and family access and service will be the primary priority.				
	Access/ Identity for Patients & Visitors	o	+	+	o
	Access/ Identity for Students	-	o	+	o
	Access/ Identity for Faculty & Staff	-	o	+	o
5	Have mission focal points – for education, research, and patient care – which will deliberately link to each other. Zoning of the Academic Health Center will reflect these missions.	-	+/o	+	o
6	Take advantage of the character of a large, urban, University while creating "community space" for interaction and reflection. Site efficiency will be maximized.	+	-	o	o
7	Be an asset to investment in recruitment and retention of students, faculty, and staff. Quality of facilities will be a key component of competitive positioning.	-	o	+	-
8	Support continued involvement of community-based physicians in patient care programs. Ease of access and operational orientation will increase attractiveness to the private practice community.	o	o	o	o
9	Be driven by life cycle facility planning. Sequencing of individual facility decisions based upon responsible continued use of facilities with outstanding debt and operational effectiveness will be emphasized by Fairview, the University and UMP.	-	+	o	-
10	Both reflect and impact University-wide planning for transportation, parking, student housing, stadiums, energy, and other initiatives. The Clinical Sciences Campus planning process should link closely with University-wide planning.	Evaluation to be on-going throughout future plan development			
11	Be respectful of the University and the Fairview – University campus as part of a larger urban community. The plan will engender the support of key external stakeholders.	-	o	+	+

ADVANTAGES / DISADVANTAGES

Scenario Comparison Matrix

The following Scenario Comparison Matrix examines each of the planning scenarios in comparison to the Planning Principles guiding the collective vision. To that end, the evaluation criteria scored are literally the principles outlined on page 9 of this document. Each planning scenario is scored against the Planning Principles using the following grading:

"+" **Supports the Planning Principles**

"0" **Neutral to the Planning Principles**

"-" **Conflicts with the Planning Principles**

It should be noted that the scoring is subjective and has not been highly studied with the Working Group or Steering Committee. Also, the scores are not weighted to reflect priority, which would be the reality of any studied analysis. Instead, this comparison matrix is more of an "order of magnitude" response to the Planning Principles and a potential starting point of scenario discussion and evaluation.

KEY

+ = supports the Planning Principals

o = neutral to Planning Principals

– = conflicts with Planning Principals

SCENARIOS – Fact Sheet Summary

Phase One	Scenario 1	Scenario 2	Scenario 3	Scenario 4
COST MODEL				
Land Acquisition	$ 66,241,914	$ 25,116,579	$ 22,116,579	$ 60,781,064
Relocation of Existing Programs	33,192,880	60,609,937	60,562,990	92,732,990
Children's	237,777,395	212,648,229	210,953,800	227,675,398
Ambulatory Care Center	191,879,682	190,805,798	175,041,383	192,550,714
School of Public Health	127,300,000	127,300,000	127,300,000	127,300,000
Escalation ('04 to Bid/Award)	93,146,197	70,383,189	72,192,505	97,774,345
Phase I Cost Model	$ 749,500,000	$ 686,900,000	$ 668,200,000	$ 798,800,000
SCHEDULE	DURATION	DURATION	DURATION	DURATION
PROJECT (From NTP to Occupancy)				
Children's Hospital	6.25 years	5.25 years	5.75 years	5.25 years
Ambulatory Care Clinic	3.0 years	3.25 years	5.75 years	3.5 years
School of Public Health	3.0 years	3.0 years	3.0 years	4.5 years
PARKING				
PROJECT	POTENTIAL NEED	POTENTIAL NEED	POTENTIAL NEED	POTENTIAL NEED
Children's	750 Spaces	750 Spaces	750 Spaces	750 Spaces
Ambulatory Care Clinic	700 Spaces	700 Spaces	700 Spaces	700 Spaces
School of Public Health	200 Spaces	200 Spaces	200 Spaces	200 Spaces
BUILDING MASS				
PROJECT				
Children's	7-9 Floors	7-10 Floors	7-10 Floors	5-6 Floors
Ambulatory Care Clinic	9 Floors	9-10 Floors	9-10 Floors	6 Floors
School of Public Health	11 Floors	11 Floors	11 Floors	11 Floors
OPERATING EXPENSE IMPACT[1]				
PROJECT (compared to Scenario 3)	250 BED OPTION	250 BED OPTION	250 BED OPTION	250 BED OPTION
Children's	$ 12,000,000	$ 0	$ 0	$ 12,000,000
Ambulatory Care Clinic				
Support Service Duplication	$ 1,000,000	$ 1,000,000	$ 0	$ 1,000,000
Faculty Productivity Lost	$ 2,000,000	$ 2,000,000	$ 0	$ 2,000,000
School of Public Health	N/A	N/A	N/A	N/A

[1] Operating expense impact statement: to be completed

SCENARIO 1 NON-RESIDENCE HALL SITES		
Phase I		
COST MODEL		
Land Acquisition		$ 66,241,914
Relocation of Existing Programs		33,192,880
Children's		237,777,395
Ambulatory Care Center		191,879,682
School of Public Health		127,300,000
Escalation ('04 to Bid/Award)		93,146,197
Phase I Cost Model		$ 749,500,000
SCHEDULE		DURATION
PROJECT (To Occupancy from Client Notice-to-Proceed)		
Children's		6.25 years
Ambulatory Care Clinic		3.0 years
School of Public Health		3.0 years
PARKING		
PROJECT	POTENTIAL NEED	POTENTIAL SUPPLIED
Children's	750 Spaces	750 Spaces
Ambulatory Care Clinic	700 Spaces	700 Spaces
School of Public Health	200 Spaces	200 Spaces
BUILDING MASS		
PROJECT		
Children's	7-9 Floors	60,000 GSF Base
Ambulatory Care Clinic	9 Floors	66,000 GSF Base
School of Public Health	11 Floors	45,000 GSF Base
OPERATING EXPENSE IMPACT		
PROJECT (compared to Scenario 3)	150 BED OPTION	250 BED OPTION
Children's	$ 8,000,000	$ 12,000,000
Ambulatory Care Clinic		
Support Service Duplication	$ 1,000,000	$ 1,000,000
Faculty Productivity Lost	$ 2,000,000	$ 2,000,000
School of Public Health	N/A	N/A

SCENARIO 2 RIVERFRONT SITES		
Phase I		
COST MODEL		
Land Acquisition		$ 25,116,579
Relocation of Existing Programs		60,609,937
Children's		212,648,229
Ambulatory Care Center		190,805,798
School of Public Health		127,300,000
Escalation ('04 to Bid/Award)		70,383,189
Phase I Cost Model		$ 686,900,000
SCHEDULE		DURATION
PROJECT (To Occupancy from Client Notice-to-Proceed)		
Children's		5.25 years
Ambulatory Care Clinic		3.25 years
School of Public Health		3.0 years
PARKING		
PROJECT	POTENTIAL NEED	POTENTIAL SUPPLIED
Children's	750 Spaces	750 Spaces
Ambulatory Care Clinic	700 Spaces	700 Spaces
School of Public Health	200 Spaces	200 Spaces
BUILDING MASS		
PROJECT		
Children's	7-10 Floors	45,000 GSF Base
Ambulatory Care Clinic	9-10 Floors	45,000 GSF Base
School of Public Health	11 Floors	45,000 GSF Base
OPERATING EXPENSE IMPACT		
PROJECT (compared to Scenario 3)	150 BED OPTION	250 BED OPTION
Children's	$ 0	$ 0
Ambulatory Care Clinic		
Support Service Duplication	$ 1,000,000	$ 1,000,000
Faculty Productivity Lost	$ 2,000,000	$ 2,000,000
School of Public Health	N/A	N/A

SCENARIO 3 INTEGRATED LINKAGE, PIONEER SITE		
Phase I		
COST MODEL		
Land Acquisition		$ 22,116,579
Relocation of Existing Programs		60,562,990
Children's		210,953,800
Ambulatory Care Center		175,041,383
School of Public Health		127,300,000
Escalation ('04 to Bid/Award)		72,192,505
Phase I Cost Model		$ 668,200,000
SCHEDULE		DURATION
PROJECT (To Occupancy from Client Notice-to-Proceed)		
Children's		5.75 years
Ambulatory Care Clinic		5.75 years
School of Public Health		3.0 years
PARKING		
PROJECT	POTENTIAL NEED	POTENTIAL SUPPLIED
Children's	750 Spaces	750 Spaces
Ambulatory Care Clinic	700 Spaces	700 Spaces
School of Public Health	200 Spaces	200 Spaces
BUILDING MASS		
PROJECT		
Children's	7-10 Floors	45,000 GSF Base
Ambulatory Care Clinic	9-10 Floors	45,000 GSF Base
School of Public Health	11 Floors	45,000 GSF Base
OPERATING EXPENSE IMPACT		
PROJECT (compared to Scenario 3)	150 BED OPTION	250 BED OPTION
Children's	$ 0	$ 0
Ambulatory Care Clinic		
Support Service Duplication	$ 0	$ 0
Faculty Productivity Lost	$ 0	$ 0
School of Public Health	N/A	N/A

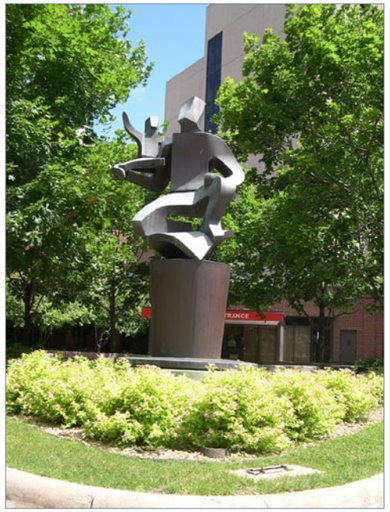
SCENARIO 4 DIAGONAL LINKAGE, CENTENNIAL SITE		
Phase I		
COST MODEL		
Land Acquisition		$ 60,781,064
Relocation of Existing Programs		92,732,990
Children's		227,675,398
Ambulatory Care Center		192,550,714
School of Public Health*		127,300,000
Escalation ('04 to Bid/Award)		97,774,345
Phase I Cost Model		$ 798,800,000
SCHEDULE		DURATION
PROJECT (To Occupancy from Client Notice-to-Proceed)		
Children's		5.25 years
Ambulatory Care Clinic		3.5 years
School of Public Health		4.5 years
PARKING		
PROJECT	POTENTIAL NEED	POTENTIAL SUPPLIED
Children's	750 Spaces	750 Spaces
Ambulatory Care Clinic	700 Spaces	700 Spaces
School of Public Health	200 Spaces	200 Spaces
BUILDING MASS		
PROJECT		
Children's	5-6 Floors	90,000 GSF Base
Ambulatory Care Clinic	6 Floors	78,000 GSF Base
School of Public Health	11 Floors	45,000 GSF Base
OPERATING EXPENSE IMPACT		
PROJECT (compared to Scenario 3)	150 BED OPTION	250 BED OPTION
Children's	$ 8,000,000	$ 12,000,000
Ambulatory Care Clinic		
Support Service Duplication	$ 1,000,000	$ 1,000,000
Faculty Productivity Lost	$ 2,000,000	$ 2,000,000
School of Public Health	N/A	N/A

SCHEDULES

The four schedule scenarios which follow serve primarily to illustrate the sequencing of construction of new facilities, demolition of existing facilities and the creation and relocation of programs. While time frames are provided for all of the general phases of each project, they are presented within the context of rough cost modeling estimates of the time required to execute each of the four scenarios. As the plans of the Steering Committee become resolved at a more detailed level during Phase II of this planning effort, the scheduling and sequencing of the work will be investigated at a more detailed level as well.

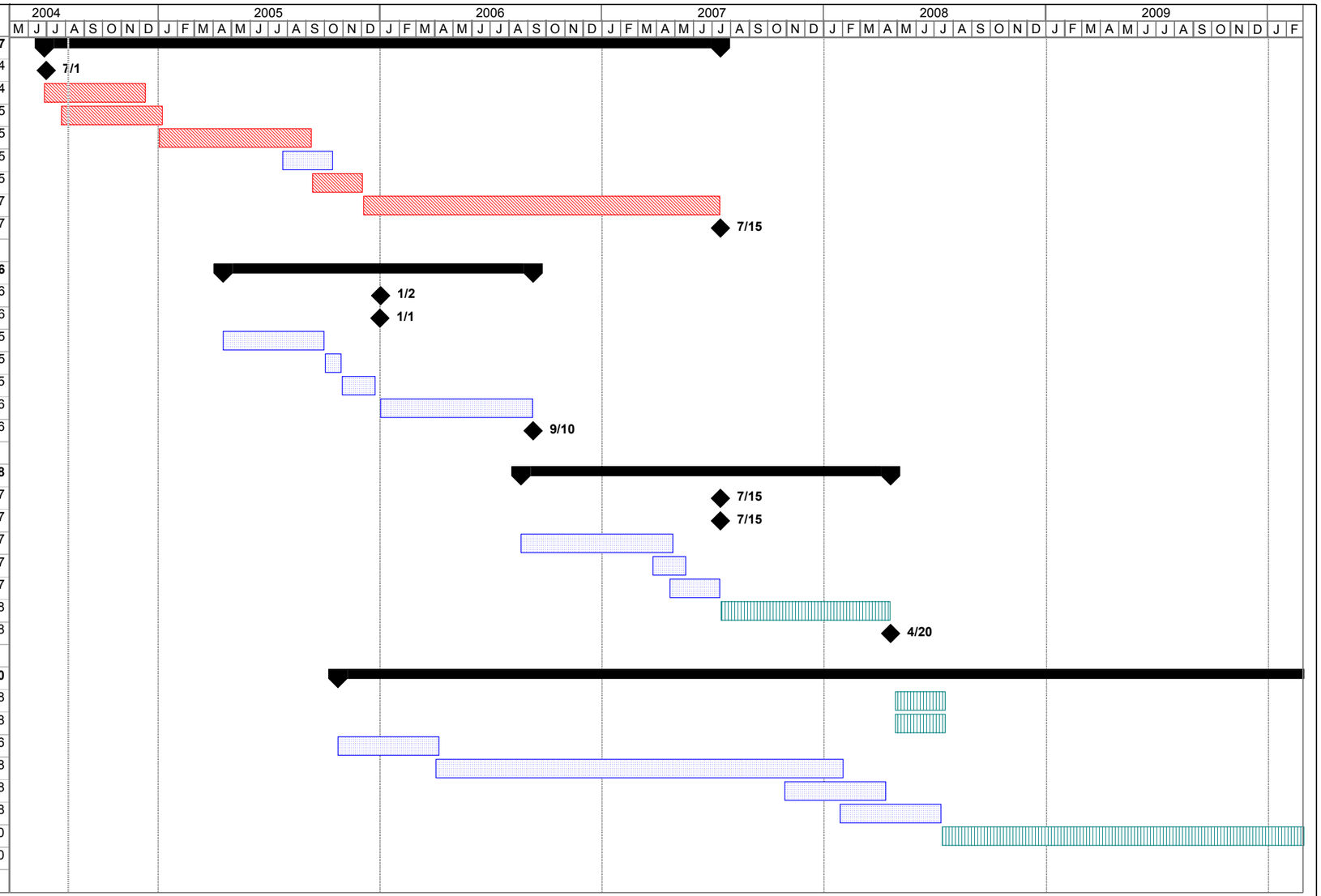
The critical path of the clinic project is designated by a diagonal striped bar which is red in color. The critical path of the children's facilities are designated by a vertically stripped bar in teal.

As a sequencing constraint assumption, construction of Future Phase development projects does not commence until all Phase 1 projects are complete.



SCHEDULE SCENARIO 01

ID	Task Name	Duration	Start	Finish
1	**Ambulatory Care Clinic(ACC)**	**795 days**	**Mon 6/28/04**	**Sun 7/15/07**
2	Start ACC Project	0 days	Thu 7/1/04	Thu 7/1/04
3	Clear Ontario/Erie Site	6 mons	Mon 6/28/04	Fri 12/10/04
4	Site Entitlements	6 mons	Mon 7/26/04	Fri 1/7/05
5	Design & Document	9 mons	Mon 1/3/05	Fri 9/9/05
6	Permit	3 mons	Mon 7/25/05	Fri 10/14/05
7	Bid & Award	3 mons	Mon 9/12/05	Fri 12/2/05
8	Construction	21 mons	Mon 12/5/05	Fri 7/13/07
9	Move UMP into ACC	0 mons	Sun 7/15/07	Sun 7/15/07
10				
11	**Dept of Health Building(DOH)**	**365 days**	**Mon 4/18/05**	**Sun 9/10/06**
12	DOH vacates DOH Bldg.	0 days	Mon 1/2/06	Mon 1/2/06
13	Remodel DOH Bldg.	0 mons	Sun 1/1/06	Sun 1/1/06
14	Design & Document	6 mons	Mon 4/18/05	Fri 9/30/05
15	Permit	1 mon	Mon 10/3/05	Fri 10/28/05
16	Bid & Award	2 mons	Mon 10/31/05	Fri 12/23/05
17	Construction	9 mons	Mon 1/2/06	Fri 9/8/06
18	Move SW Mayo to DOH	0 mons	Sun 9/10/06	Sun 9/10/06
19				
20	**Move VCRC to PWB**	**435 days**	**Mon 8/21/06**	**Sun 4/20/08**
21	UMP vacates PWB	0 days	Sun 7/15/07	Sun 7/15/07
22	Remodel PWB Space	0 days	Sun 7/15/07	Sun 7/15/07
23	Design & Document	9 mons	Mon 8/21/06	Fri 4/27/07
24	Permit	2 mons	Mon 3/26/07	Fri 5/18/07
25	Bid & Award	3 mons	Mon 4/23/07	Fri 7/13/07
26	Construction	10 mons	Mon 7/16/07	Fri 4/18/08
27	Move VCRC into PWB	0 mons	Sun 4/20/08	Sun 4/20/08
28				
29	**Childrens Facilities**	**1310 days**	**Mon 10/24/05**	**Sun 10/31/10**
30	Demo VCRC	3 mons	Mon 4/28/08	Fri 7/18/08
31	Demo SW Mayo	3 mons	Mon 4/28/08	Fri 7/18/08
32	Site Entitlement	6 mons	Mon 10/24/05	Fri 4/7/06
33	Design & Document	24 mons	Mon 4/3/06	Fri 2/1/08
34	Permit	6 mons	Mon 10/29/07	Fri 4/11/08
35	Bid & Award	6 mons	Mon 1/28/08	Fri 7/11/08
36	Constuction	30 mons	Mon 7/14/08	Fri 10/29/10
37	Move into Children's	0 mons	Sun 10/31/10	Sun 10/31/10
38				

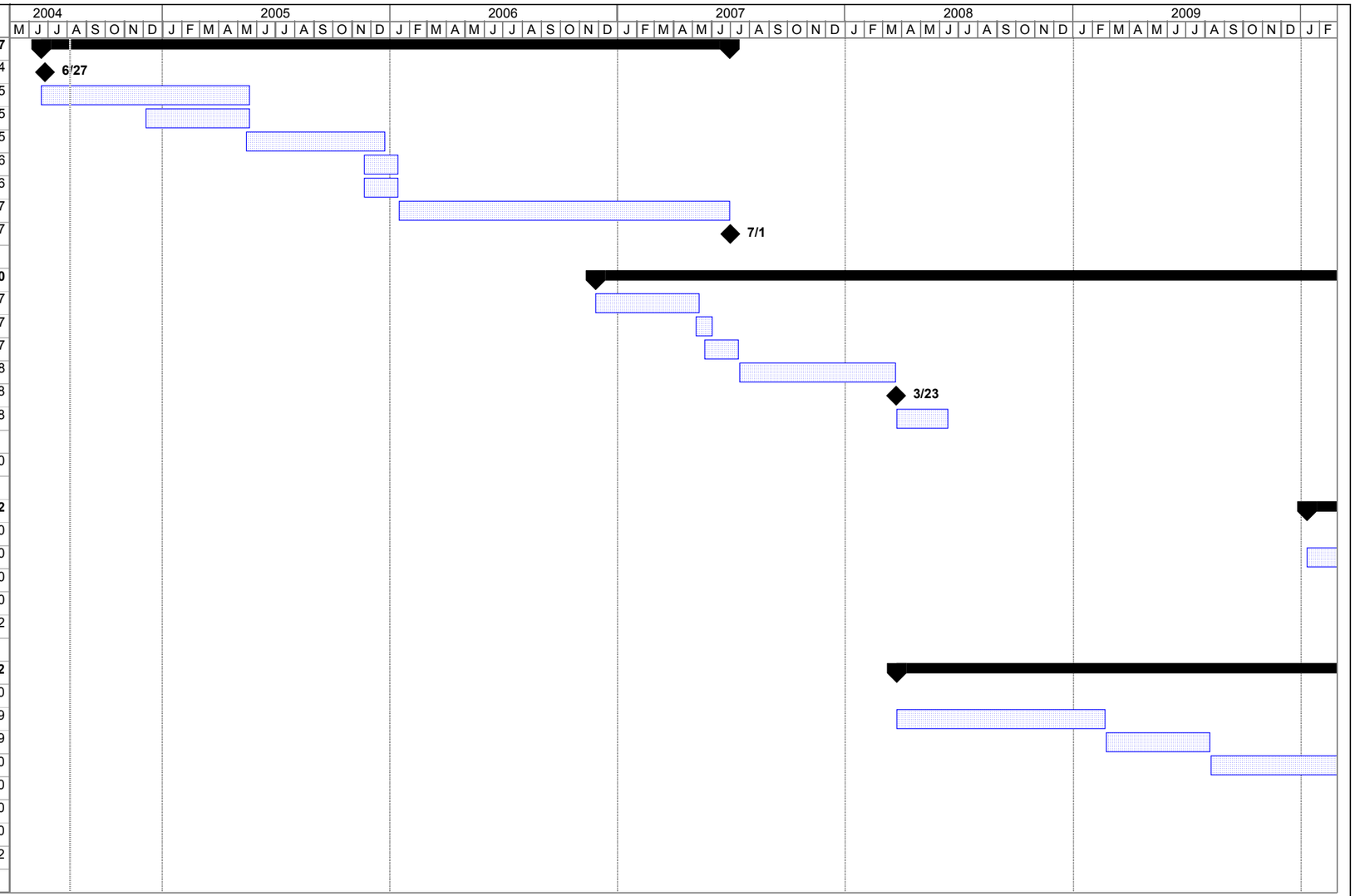


Project: University of Minnesota/Fairview Clinical Campus Dirstrict-Scenario 1
Date: June 9, 2004

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

SCHEDULE SCENARIO 01, CONTINUED

ID	Task Name	Duration	Start	Finish
39	**School of Public Health(SPH)**	**790 days**	**Mon 6/21/04**	**Fri 6/29/07**
40	Construct new SPH	0 days	Sun 6/27/04	Sun 6/27/04
41	Assemble Site	12 mons	Mon 6/21/04	Fri 5/20/05
42	Site Entitlement	6 mons	Mon 12/6/04	Fri 5/20/05
43	Design and Document	8 mons	Mon 5/16/05	Fri 12/23/05
44	Permit	2 mons	Mon 11/21/05	Fri 1/13/06
45	Bid & Award	2 mons	Mon 11/21/05	Fri 1/13/06
46	Construction	19 mons	Mon 1/16/06	Fri 6/29/07
47	Move SPH into new SPH Bldg	0 days	Sun 7/1/07	Sun 7/1/07
48				
49	**Decant Childrens Rehab into PWB**	**1025 days**	**Mon 11/27/06**	**Sun 10/31/10**
50	Design & Document	6 mons	Mon 11/27/06	Fri 5/11/07
51	Permit	1 mon	Mon 5/7/07	Fri 6/1/07
52	Bid & Award	2 mons	Mon 5/21/07	Fri 7/13/07
53	Construction	9 mons	Mon 7/16/07	Fri 3/21/08
54	Move Child Rehab to PWB	0 mons	Sun 3/23/08	Sun 3/23/08
55	Demo Childrens Rehab	3 mons	Mon 3/24/08	Fri 6/13/08
56				
57	**End of Phase 1**	0 days	Sun 10/31/10	Sun 10/31/10
58				
59	**Lillihei Heart Instit/Cancer Center**	**570 days**	**Mon 1/11/10**	**Fri 3/16/12**
60	Construct Lillihei C & C Research	0 days	Sun 10/31/10	Sun 10/31/10
61	Design & Document	9 mons	Mon 1/11/10	Fri 9/17/10
62	Permit	2 mons	Mon 8/16/10	Fri 10/8/10
63	Bid & Award	2 mons	Mon 9/13/10	Fri 11/5/10
64	Construction	18 mons	Mon 11/1/10	Fri 3/16/12
65				
66	**Health Sciences Building (HSB)**	**1040 days**	**Mon 3/24/08**	**Fri 3/16/12**
67	Construct Health Sciences Bldg	0 days	Sun 10/31/10	Sun 10/31/10
68	Site Acq. Harv/Wal-N 1/2	12 mons	Mon 3/24/08	Fri 2/20/09
69	Site Entitlement	6 mons	Mon 2/23/09	Fri 8/7/09
70	Design & Document	12 mons	Mon 8/10/09	Fri 7/9/10
71	Permit	2 mons	Mon 6/14/10	Fri 8/6/10
72	Bid & Award	2 mons	Mon 7/12/10	Fri 9/3/10
73	Demo Existing Bldgs	3 mons	Mon 8/9/10	Fri 10/29/10
74	Construction	18 mons	Mon 11/1/10	Fri 3/16/12
75				

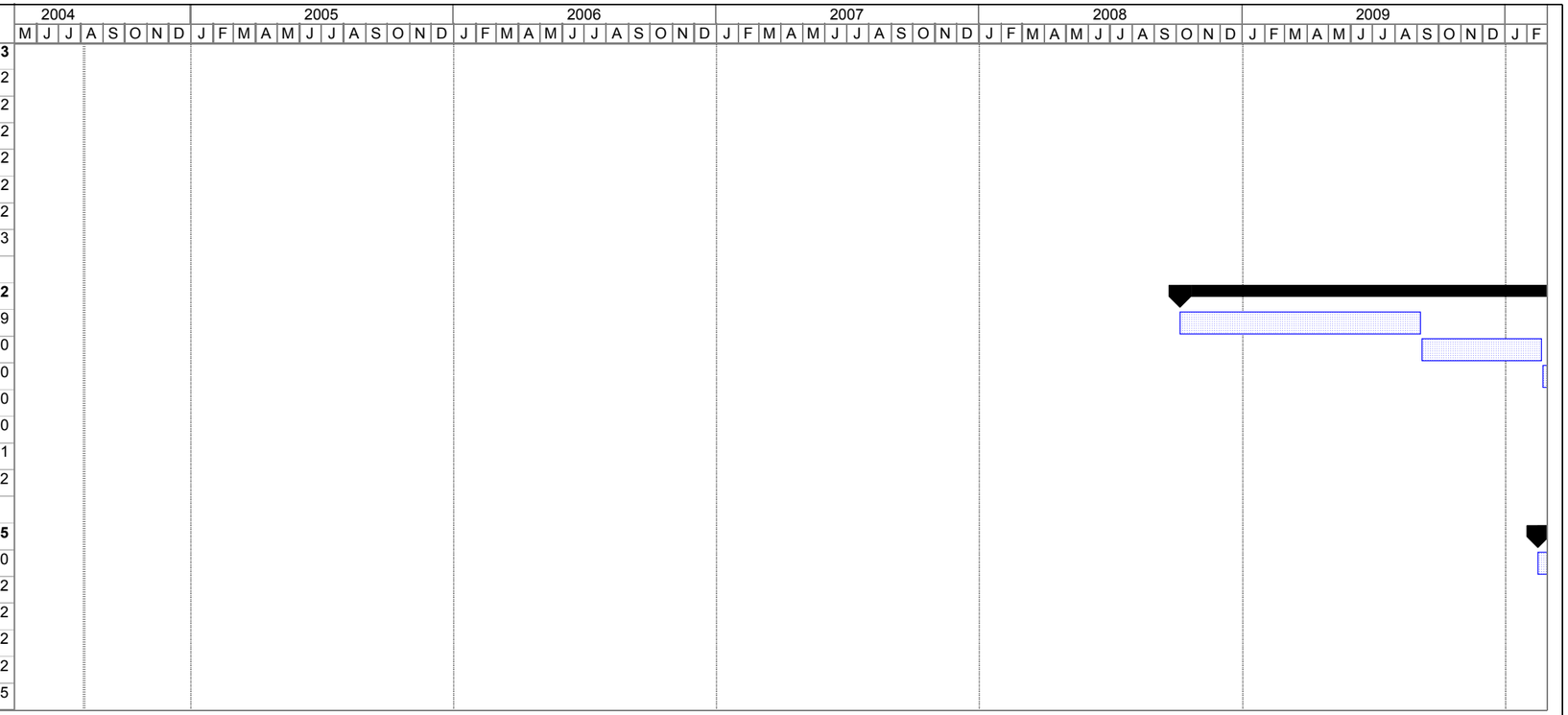


Project: University of Minnesota/Fairview Clinical Campus Dirstrict-Scenario 1
Date: June 9, 2004

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

SCHEDULE SCENARIO 01, CONTINUED

ID	Task Name	Duration	Start	Finish
76	**Decant NW/SW Mayo into HSB**	**460 days**	**Mon 5/16/11**	**Fri 2/15/13**
77	Buildout & Move NW/SW Mayo	0 days	Sun 3/18/12	Sun 3/18/12
78	Design & Document	9 mons	Mon 5/16/11	Fri 1/20/12
79	Permit	2 mons	Mon 12/19/11	Fri 2/10/12
80	Bid & Award	2 mons	Mon 1/23/12	Fri 3/16/12
81	Construction	9 mons	Mon 3/19/12	Fri 11/23/12
82	Move SE/NW Mayo to HSB	0 mons	Sun 11/25/12	Sun 11/25/12
83	Demo SE/NW Mayo	3 mons	Mon 11/26/12	Fri 2/15/13
84				
85	**Relocate Housing (Pioneer)**	**1005 days**	**Mon 10/6/08**	**Fri 8/10/12**
86	Acquire Site	12 mons	Mon 10/6/08	Fri 9/4/09
87	Site Entitlement	6 mons	Mon 9/7/09	Fri 2/19/10
88	Design & Document	6 mons	Mon 2/22/10	Fri 8/6/10
89	Permit	2 mons	Mon 8/2/10	Fri 9/24/10
90	Bid & Award	3 mons	Mon 8/9/10	Fri 10/29/10
91	Clear Site	3 mons	Mon 11/1/10	Fri 1/21/11
92	Construction	20 mons	Mon 1/31/11	Fri 8/10/12
93				
94	**F-UMC Hospital**	**1310 days**	**Mon 2/15/10**	**Fri 2/20/15**
95	Site Entitlement	6 mons	Mon 2/15/10	Fri 7/30/10
96	Design & Document	24 mons	Mon 7/26/10	Fri 5/25/12
97	Permit	6 mons	Mon 4/9/12	Fri 9/21/12
98	Bid & Award	6 mons	Mon 5/21/12	Fri 11/2/12
99	Clear Site	3 mons	Mon 8/13/12	Fri 11/2/12
100	Construction	30 mons	Mon 11/5/12	Fri 2/20/15

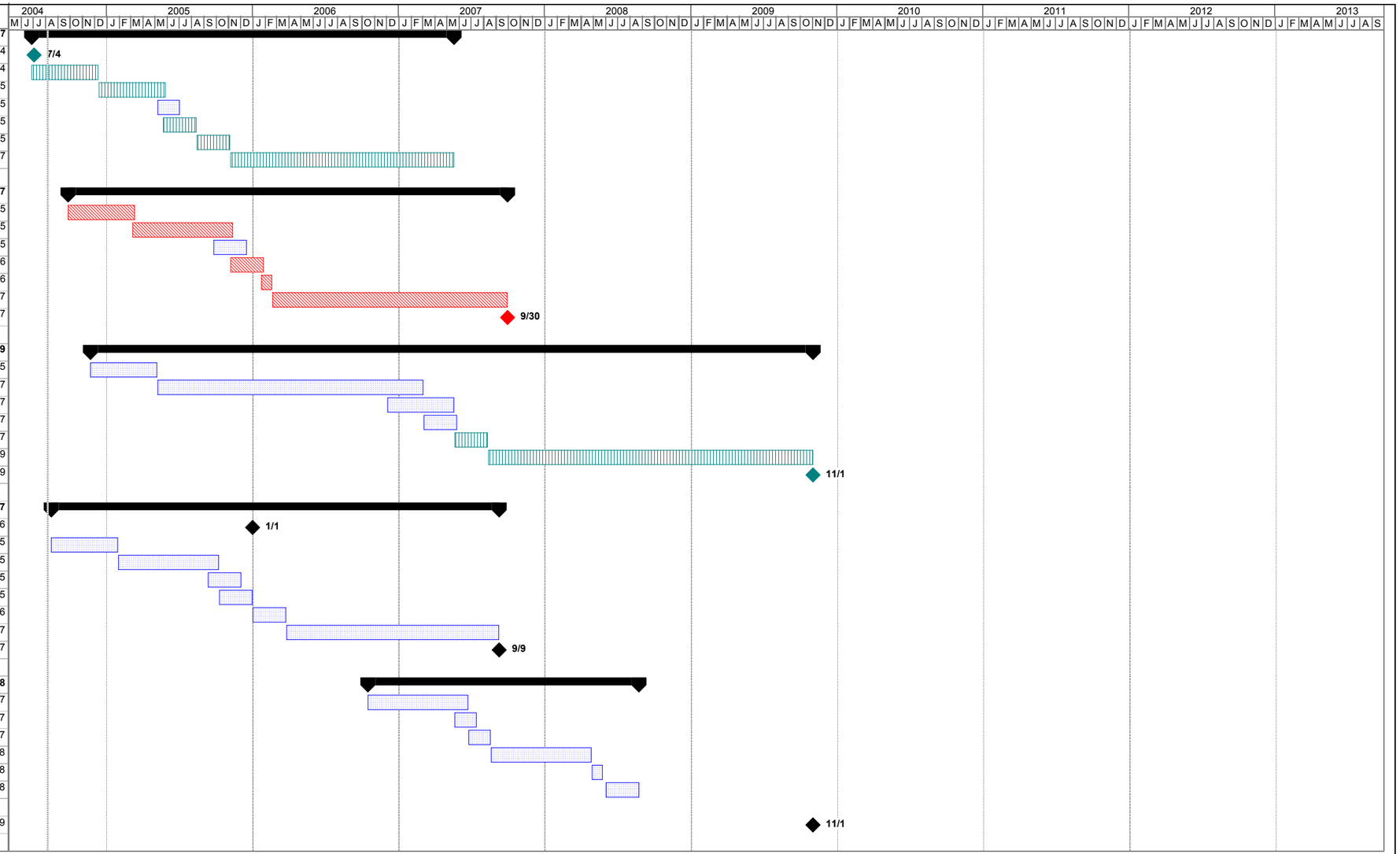


Project: University of Minnesota/Fairview Clinical Campus Dirstrict-Scenario 1
Date: June 9, 2004

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

SCHEDULE SCENARIO 02

ID	Task Name	Duration	Start	Finish
1	**Relocate Housing**	**755 days**	**Mon 6/28/04**	**Fri 5/18/07**
2	Construct Residence Hall	0 days	Sun 7/4/04	Sun 7/4/04
3	Site Entitlement	6 mons	Mon 6/28/04	Fri 12/10/04
4	Design & Document	6 mons	Mon 12/13/04	Fri 5/27/05
5	Permit	2 mons	Mon 5/9/05	Fri 7/1/05
6	Bid & Award	3 mons	Mon 5/23/05	Fri 8/12/05
7	Clear Site	3 mons	Mon 8/15/05	Fri 11/4/05
8	Construction	20 mons	Mon 11/7/05	Fri 5/18/07
9				
10	**Ambulatory Care Center(ACC)**	**785 days**	**Mon 9/27/04**	**Sun 9/30/07**
11	Site Entitlement	6 mons	Mon 9/27/04	Fri 3/11/05
12	Design & Document	9 mons	Mon 3/7/05	Fri 11/11/05
13	Permit	3 mons	Mon 9/26/05	Fri 12/16/05
14	Bid & Award	3 mons	Mon 11/7/05	Fri 1/27/06
15	Demo River Rd Site	1 mon	Mon 1/23/06	Fri 2/17/06
16	Construction of ACC	21 mons	Mon 2/20/06	Fri 9/28/07
17	Move UMP into ACC	0 mons	Sun 9/30/07	Sun 9/30/07
18				
19	**Children's Facilities**	**1290 days**	**Mon 11/22/04**	**Sun 11/1/09**
20	Site Entitlement	6 mons	Mon 11/22/04	Fri 5/6/05
21	Design & Document	23.75 mons	Mon 5/9/05	Fri 3/2/07
22	Permit	6 mons	Mon 12/4/06	Fri 5/18/07
23	Bid & Award	3 mons	Mon 3/5/07	Fri 5/25/07
24	Demolish Pioneer Hall	3 mons	Mon 5/21/07	Fri 8/10/07
25	Construction	29 mons	Mon 8/13/07	Fri 10/30/09
26	Move into Children's	0 mons	Sun 11/1/09	Sun 11/1/09
27				
28	**School of Public Health(SPH)**	**800 days**	**Mon 8/16/04**	**Sun 9/9/07**
29	Dept of Health Vacates DOH	0 days	Sun 1/1/06	Sun 1/1/06
30	Site Entitlement	6 mons	Mon 8/16/04	Fri 1/28/05
31	Design & Document	9 mons	Mon 1/31/05	Fri 10/7/05
32	Permit	3 mons	Mon 9/12/05	Fri 12/2/05
33	Bid & Award	3 mons	Mon 10/10/05	Fri 12/30/05
34	Demo DOH Building	3 mons	Mon 1/2/06	Fri 3/24/06
35	Construction	19 mons	Mon 3/27/06	Fri 9/7/07
36	Move SPH into New SPH Bldg	0 mons	Sun 9/9/07	Sun 9/9/07
37				
38	**Renovate PWB for Child Rehab**	**485 days**	**Mon 10/16/06**	**Fri 8/22/08**
39	Design & Document	9 mons	Mon 10/16/06	Fri 6/22/07
40	Permit	2 mons	Mon 5/21/07	Fri 7/13/07
41	Bid & Award	2 mons	Mon 6/25/07	Fri 8/17/07
42	Construction	9 mons	Mon 8/20/07	Fri 4/25/08
43	Move Child Rehad to PWB	1 mon	Mon 4/28/08	Fri 5/23/08
44	Demo Child Rehab	3 mons	Mon 6/2/08	Fri 8/22/08
45				
46	**END OF PHASE 1**	0 days	Sun 11/1/09	Sun 11/1/09
47				

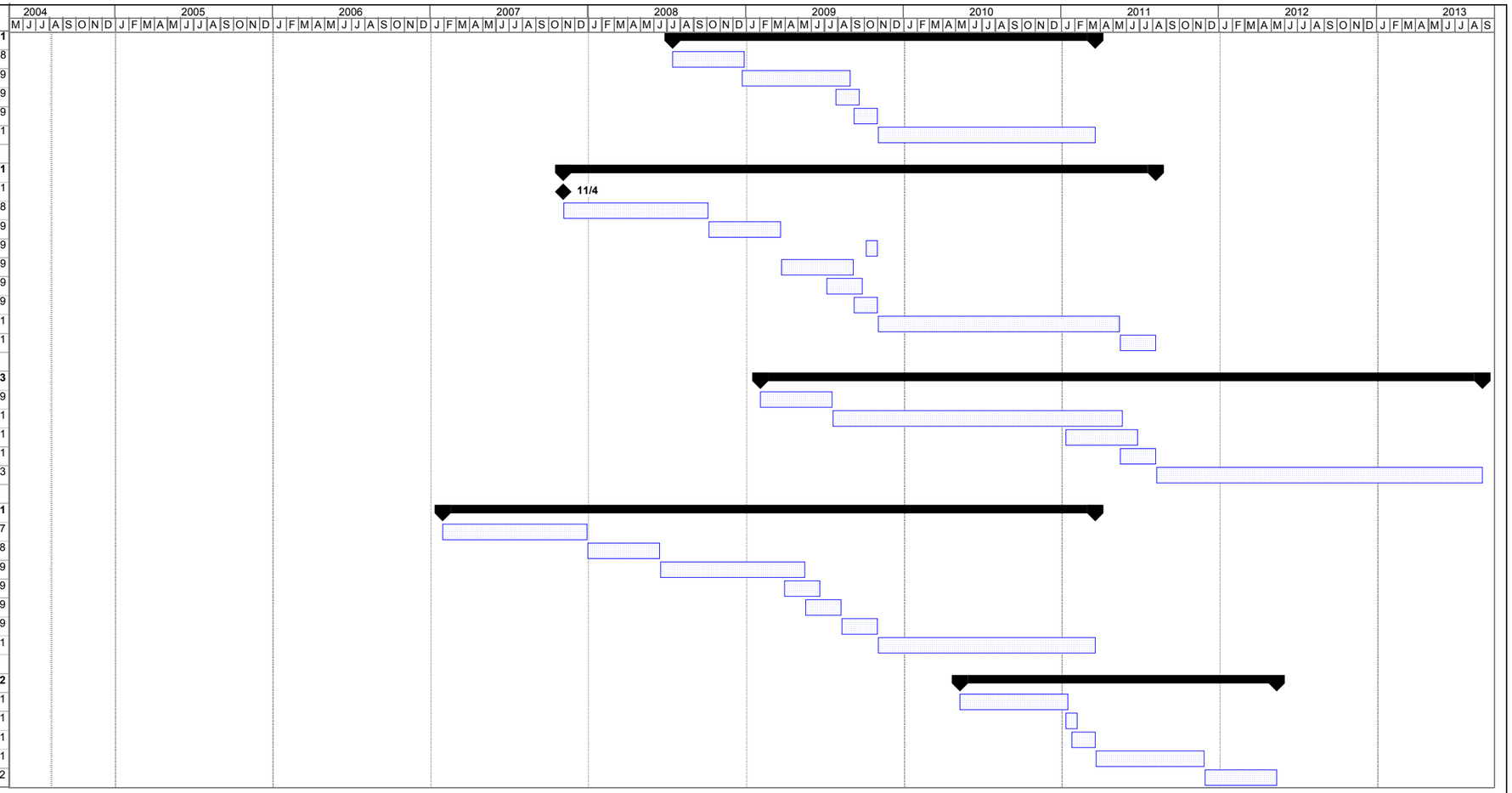


Project: University of Minnesota/Fairview Clinical Campus Dirstrict-Scenario 2
Date: June 9, 2004

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

SCHEDULE SCENARIO 02 CONTINUED

ID	Task Name	Duration	Start	Finish
48	**Lillihei Heart Instit/Cancer Center**	**700 days**	**Mon 7/14/08**	**Fri 3/18/11**
49	Stie Entitlement	6 mons	Mon 7/14/08	Fri 12/26/08
50	Design & Document	9 mons	Mon 12/22/08	Fri 8/28/09
51	Permit	2 mons	Mon 7/27/09	Fri 9/18/09
52	Bid & Award	2 mons	Mon 9/7/09	Fri 10/30/09
53	Construction	18 mons	Mon 11/2/09	Fri 3/18/11
54				
55	**Replace Housing/Dining**	**980 days**	**Sun 11/4/07**	**Fri 8/5/11**
56	Replace Resid Hall for FUMC	0 days	Sun 11/4/07	Fri 2/4/11
57	Acquire Site	12 mons	Mon 11/5/07	Fri 10/3/08
58	Site Entitlement	6 mons	Mon 10/6/08	Fri 3/20/09
59	Demo Site	1 mon	Mon 10/5/09	Fri 10/30/09
60	Design & Document	6 mons	Mon 3/23/09	Fri 9/4/09
61	Permit	3 mons	Mon 7/6/09	Fri 9/25/09
62	Bid & Award	2 mons	Mon 9/7/09	Fri 10/30/09
63	Construction	20 mons	Mon 11/2/09	Fri 5/13/11
64	Demo Centennital Hall	3 mons	Mon 5/16/11	Fri 8/5/11
65				
66	**F-UMC Hospital**	**1195 days**	**Mon 2/2/09**	**Fri 8/30/13**
67	Site Entitlement	6 mons	Mon 2/2/09	Fri 7/17/09
68	Design & Document	24 mons	Mon 7/20/09	Fri 5/20/11
69	Permit	6 mons	Mon 1/10/11	Fri 6/24/11
70	Bid & Award	3 mons	Mon 5/16/11	Fri 8/5/11
71	Construction	27 mons	Mon 8/8/11	Fri 8/30/13
72				
73	**Health Sciences Building(HSB)**	**1080 days**	**Mon 1/29/07**	**Fri 3/18/11**
74	Acquire Harv/Wal-N 1/2	12 mons	Mon 1/29/07	Fri 12/28/07
75	Site Entitlement	6 mons	Mon 12/31/07	Fri 6/13/08
76	Design & Document	12 mons	Mon 6/16/08	Fri 5/15/09
77	Permit	3 mons	Mon 3/30/09	Fri 6/19/09
78	Bid & Award	3 mons	Mon 5/18/09	Fri 8/7/09
79	Demo Exist Bldgs	3 mons	Mon 8/10/09	Fri 10/30/09
80	Construction	18 mons	Mon 11/2/09	Fri 3/18/11
81				
82	**Decant NW/SW/SE Mayo to HSB**	**525 days**	**Mon 5/10/10**	**Fri 5/11/12**
83	Design & Document	9 mons	Mon 5/10/10	Fri 1/14/11
84	Permit	1 mon	Mon 1/10/11	Fri 2/4/11
85	Bid & Award	2 mons	Mon 1/24/11	Fri 3/18/11
86	Construction	9 mons	Mon 3/21/11	Fri 11/25/11
87	Demo NW/SW/SE Mayo	6 mons	Mon 11/28/11	Fri 5/11/12



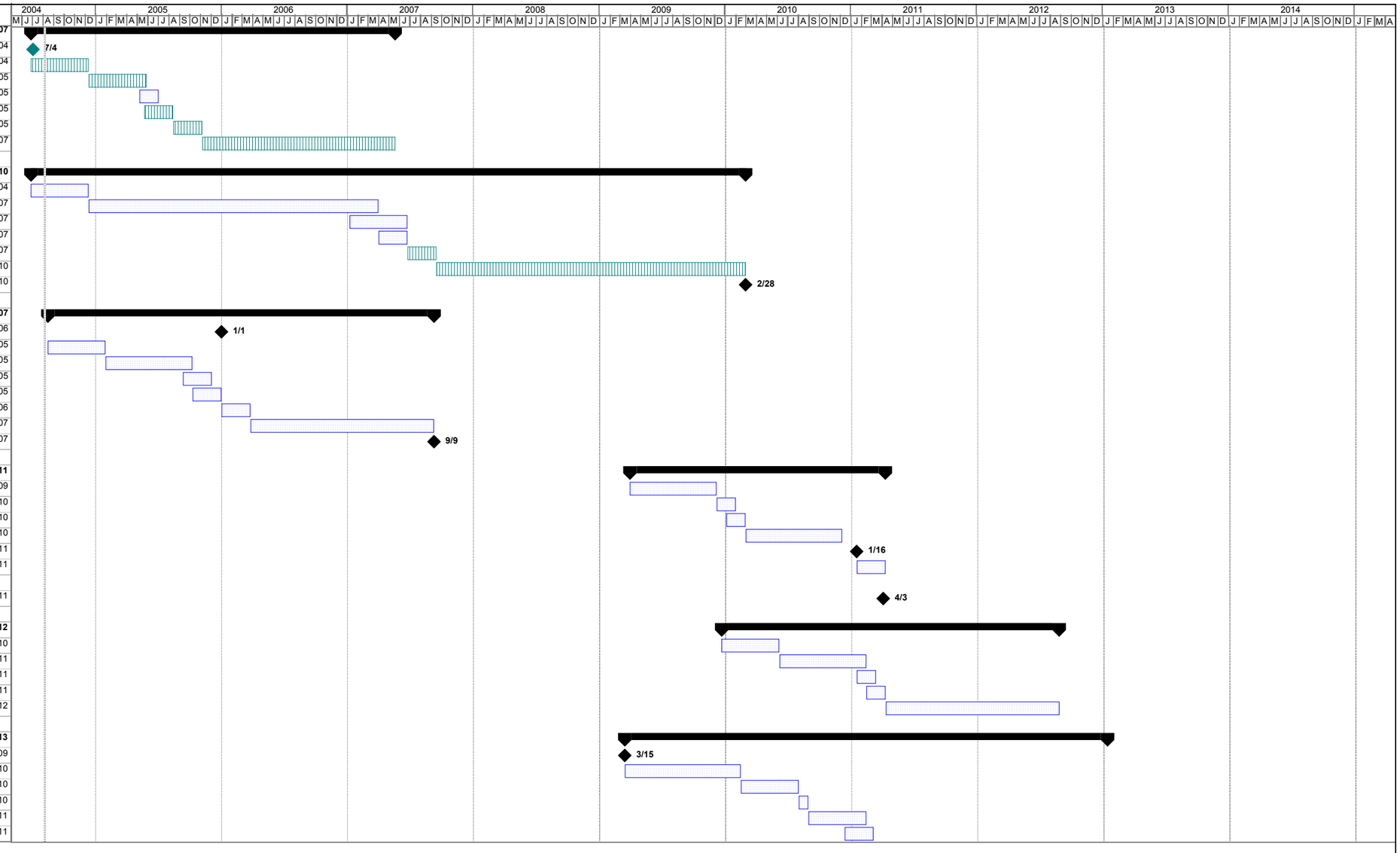
Project: University of Minnesota/Fairview Clinical Campus Dirstrict-Scenario 2
Date: June 9, 2004

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

Page 2

SCHEDULE SCENARIO 03

ID	Task Name	Duration	Start	Finish
1	**Relocate Housing**	**755 days**	**Mon 6/28/04**	**Fri 5/18/07**
2	Construct Residence Hall	0 days	Sun 7/4/04	Sun 7/4/04
3	Site Entitlement	6 mons	Mon 6/28/04	Fri 12/10/04
4	Design & Document	6 mons	Mon 12/13/04	Fri 5/27/05
5	Permit	2 mons	Mon 5/9/05	Fri 7/1/05
6	Bid & Award	3 mons	Mon 5/23/05	Fri 8/12/05
7	Clear Site	3 mons	Mon 8/15/05	Fri 11/4/05
8	Construction	20 mons	Mon 11/7/05	Fri 5/18/07
9				
10	**ACC & Childrens on Pioneer**	**1480 days**	**Mon 6/28/04**	**Sun 2/28/10**
11	Site Entitlement	6 mons	Mon 6/28/04	Fri 12/10/04
12	Design & Document	30 mons	Mon 12/13/04	Fri 3/30/07
13	Permit	6 mons	Mon 1/8/07	Fri 6/22/07
14	Bid & Award	3 mons	Mon 4/2/07	Fri 6/22/07
15	Demolish Pioneer Hall	3 mons	Mon 6/25/07	Fri 9/14/07
16	Construction	32 mons	Mon 9/17/07	Fri 2/26/10
17	Move to ACC/Childrens	0 mons	Sun 2/28/10	Sun 2/28/10
18				
19	**School of Public Health(SPH)**	**800 days**	**Mon 8/16/04**	**Sun 9/9/07**
20	Dept of Health Vacates DOH	0 days	Sun 1/1/06	Sun 1/1/06
21	Site Entitlement	6 mons	Mon 8/16/04	Fri 1/28/05
22	Design & Document	9 mons	Mon 1/31/05	Fri 10/7/05
23	Permit	3 mons	Mon 9/12/05	Fri 12/2/05
24	Bid & Award	3 mons	Mon 10/10/05	Fri 12/30/05
25	Demo DOH Building	3 mons	Mon 1/2/06	Fri 3/24/06
26	Construction	19 mons	Mon 3/27/06	Fri 9/7/07
27	Move SPH into New SPH Buildin	0 mons	Sun 9/9/07	Sun 9/9/07
28				
29	**Renovate PWB for Child Rehab**	**530 days**	**Mon 3/30/09**	**Fri 4/8/11**
30	Design & Document	9 mons	Mon 3/30/09	Fri 12/4/09
31	Permit	2 mons	Mon 12/7/09	Fri 1/29/10
32	Bid & Award	2 mons	Mon 1/4/10	Fri 2/26/10
33	Construction	10 mons	Mon 3/1/10	Fri 12/3/10
34	Move Child Rehad to PWB	0 mons	Sun 1/16/11	Sun 1/16/11
35	Demo Child Rehab	3 mons	Mon 1/17/11	Fri 4/8/11
36				
37	**End of Phase 1**	0 days	Sun 4/3/11	Sun 4/3/11
38				
39	**Lillihei Heart Instit/Cancer Center**	**700 days**	**Mon 12/21/09**	**Fri 8/24/12**
40	Stie Entitlement	6 mons	Mon 12/21/09	Fri 6/4/10
41	Design & Document	9 mons	Mon 6/7/10	Fri 2/11/11
42	Permit	2 mons	Mon 1/17/11	Fri 3/11/11
43	Bid & Award	2 mons	Mon 2/14/11	Fri 4/8/11
44	Construction	18 mons	Mon 4/11/11	Fri 8/24/12
45				
46	**Replace Housing/Dining**	**1000 days**	**Sun 3/15/09**	**Fri 1/11/13**
47	Replace Resid Hall for FUMC	0 days	Sun 3/15/09	Sun 3/15/09
48	Acquire Site	12 mons	Mon 3/16/09	Fri 2/12/10
49	Site Entitlement	6 mons	Mon 2/15/10	Fri 7/30/10
50	Demo Site	1 mon	Mon 8/2/10	Fri 8/27/10
51	Design & Document	6 mons	Mon 8/30/10	Fri 2/11/11
52	Permit	3 mons	Mon 12/13/10	Fri 3/4/11

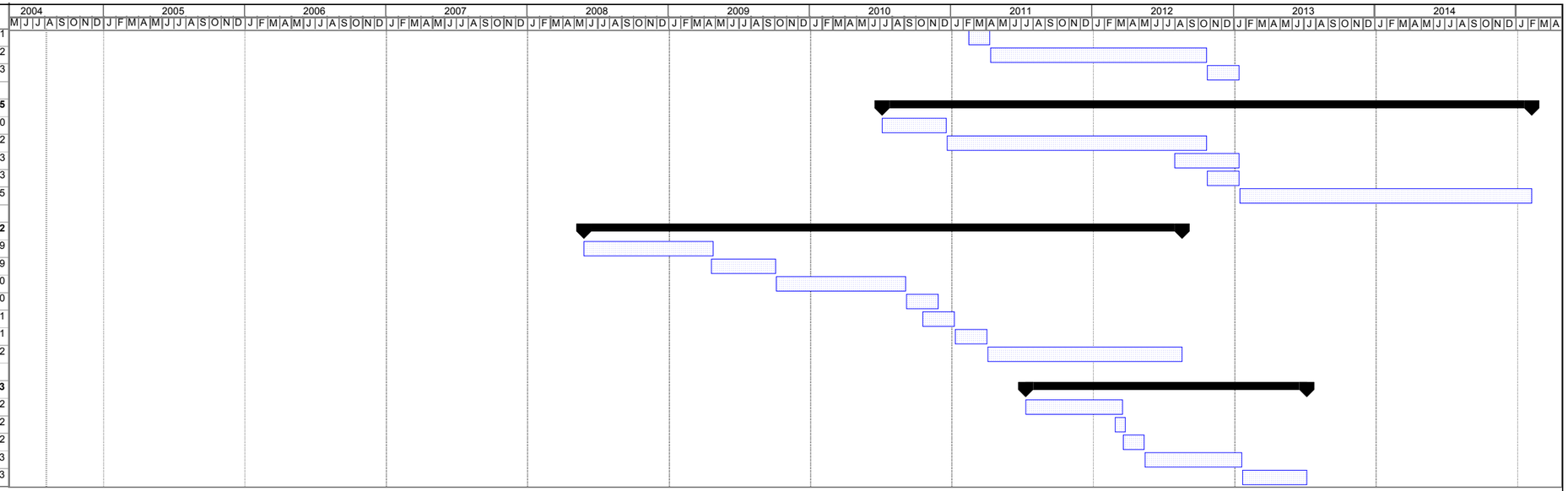


Project: University of Minnesota/Fairview Clinical Campus Dirstrict-Scenario 3
Date: June 9, 2004

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

SCHEDULE SCENARIO 03, CONTINUED

ID	Task Name	Duration	Start	Finish
53	Bid & Award	2 mons	Mon 2/14/11	Fri 4/8/11
54	Construction	20 mons	Mon 4/11/11	Fri 10/19/12
55	Demo Centennital Hall	3 mons	Mon 10/22/12	Fri 1/11/13
56				
57	**F-UMC Hospital**	**1200 days**	**Mon 7/5/10**	**Fri 2/6/15**
58	Site Entitlement	6 mons	Mon 7/5/10	Fri 12/17/10
59	Design & Document	24 mons	Mon 12/20/10	Fri 10/19/12
60	Permit	6 mons	Mon 7/30/12	Fri 1/11/13
61	Bid & Award	3 mons	Mon 10/22/12	Fri 1/11/13
62	Construction	27 mons	Mon 1/14/13	Fri 2/6/15
63				
64	**Health Sciences Building(HSB)**	**1105 days**	**Mon 5/26/08**	**Fri 8/17/12**
65	Acquire Harv/Wal-N 1/2	12 mons	Mon 5/26/08	Fri 4/24/09
66	Site Entitlement	6 mons	Mon 4/20/09	Fri 10/2/09
67	Design & Document	12 mons	Mon 10/5/09	Fri 9/3/10
68	Permit	3 mons	Mon 9/6/10	Fri 11/26/10
69	Bid & Award	3 mons	Mon 10/18/10	Fri 1/7/11
70	Demo Existing Bldgs	3 mons	Mon 1/10/11	Fri 4/1/11
71	Construction	18 mons	Mon 4/4/11	Fri 8/17/12
72				
73	**Decant NW/SW/SE Mayo to HSB**	**520 days**	**Mon 7/11/11**	**Fri 7/5/13**
74	Design & Document	9 mons	Mon 7/11/11	Fri 3/16/12
75	Permit	1 mon	Mon 2/27/12	Fri 3/23/12
76	Bid & Award	2 mons	Mon 3/19/12	Fri 5/11/12
77	Construction	9 mons	Mon 5/14/12	Fri 1/18/13
78	Demo NW/SW/SE Mayo	6 mons	Mon 1/21/13	Fri 7/5/13

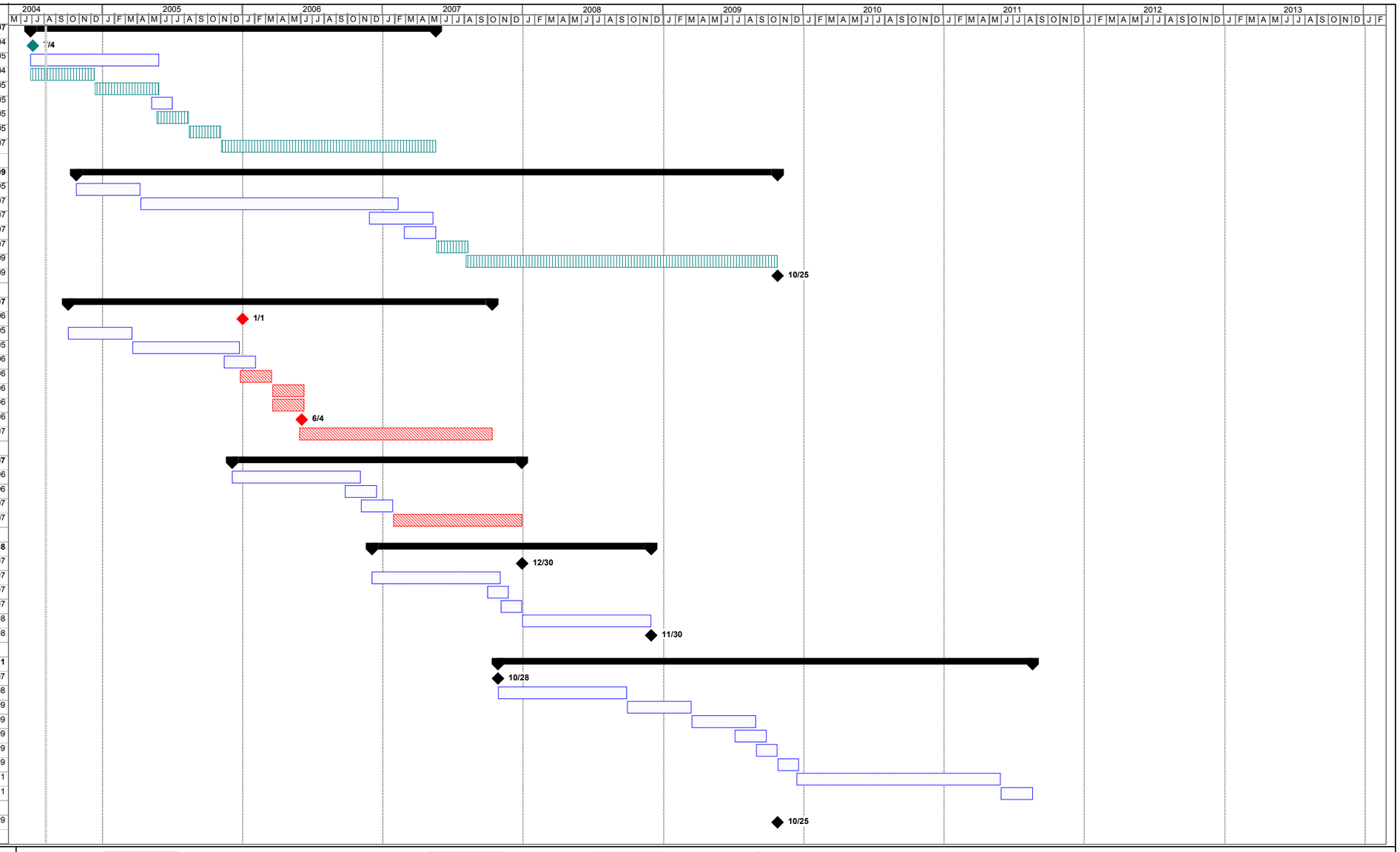


Project: University of Minnesota/Fairview Clinical Campus Dirstrict-Scenario 3
Date: June 9, 2004

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

SCHEDULE SCENARIO 04

ID	Task Name	Duration	Start	Finish
1	**Relocate Housing**	**755 days**	**Mon 6/28/04**	**Fri 5/18/07**
2	Replace Centenniel Hall	0 days	Sun 7/4/04	Sun 7/4/04
3	Acquire Site	12 mons	Mon 6/28/04	Fri 5/27/05
4	Site Entitlement	6 mons	Mon 6/28/04	Fri 12/10/04
5	Design & Document	6 mons	Mon 12/13/04	Fri 5/27/05
6	Permit	2 mons	Mon 5/9/05	Fri 7/1/05
7	Bid & Award	3 mons	Mon 5/23/05	Fri 8/12/05
8	Clear Site	3 mons	Mon 8/15/05	Fri 11/4/05
9	Construction	20 mons	Mon 11/7/05	Fri 5/18/07
10				
11	**Children's Facilities**	**1305 days**	**Mon 10/25/04**	**Sun 10/25/09**
12	Site Entitlement	6 mons	Mon 10/25/04	Fri 4/8/05
13	Design & Document	24 mons	Mon 4/11/05	Fri 2/9/07
14	Permit	6 mons	Mon 11/27/06	Fri 5/11/07
15	Bid & Award	3 mons	Mon 2/26/07	Fri 5/18/07
16	Demo Centenniel Hall	3 mons	Mon 5/21/07	Fri 8/10/07
17	Construction	29 mons	Mon 8/6/07	Fri 10/23/09
18	Move into Children's	0 mons	Sun 10/25/09	Sun 10/25/09
19				
20	**Ambulatory Care Clinic(ACC)**	**790 days**	**Mon 10/4/04**	**Fri 10/12/07**
21	Dept of Health Vacates DOH	0 days	Sun 1/1/06	Sun 1/1/06
22	Site Entitlement	6 mons	Mon 10/4/04	Fri 3/18/05
23	Design & Document	10 mons	Mon 3/21/05	Fri 12/23/05
24	Permit	3 mons	Mon 11/14/05	Fri 2/3/06
25	Bid & Award	3 mons	Mon 12/26/05	Fri 3/17/06
26	Demo DOH Bldg	3 mons	Mon 3/20/06	Fri 6/9/06
27	Demo Fairview Parking Ramp	3 mons	Mon 3/20/06	Fri 6/9/06
28	Construct ACC on DOH/Ramp	0 days	Sun 6/4/06	Sun 6/4/06
29	Construction	18 mons	Mon 5/29/06	Fri 10/12/07
30				
31	**Build-out UMP Clinic in ACC**	**540 days**	**Mon 12/5/05**	**Fri 12/28/07**
32	Design & Document	12 mons	Mon 12/5/05	Fri 11/3/06
33	Permit	3 mons	Mon 9/25/06	Fri 12/15/06
34	Bid & Award	3 mons	Mon 11/6/06	Fri 1/26/07
35	Construction	12 mons	Mon 1/29/07	Fri 12/28/07
36				
37	**School of Public Health(SPH)**	**520 days**	**Mon 12/4/06**	**Sun 11/30/08**
38	Renovate PWB for SPH	0 days	Sun 12/30/07	Sun 12/30/07
39	Design & Document	12 mons	Mon 12/4/06	Fri 11/2/07
40	Permit	2 mons	Mon 10/1/07	Fri 11/23/07
41	Bid & Award	2 mons	Mon 11/5/07	Fri 12/28/07
42	Construction	12 mons	Mon 12/31/07	Fri 11/28/08
43	Move part. SPH to PWB	0 mons	Sun 11/30/08	Sun 11/30/08
44				
45	**Replace Housing/Dining**	**995 days**	**Sun 10/28/07**	**Fri 8/19/11**
46	Replace Resid Hall for FUMC	0 days	Sun 10/28/07	Sun 10/28/07
47	Acquire Site	12 mons	Mon 10/29/07	Fri 9/26/08
48	Site Entitlement	6 mons	Mon 9/29/08	Fri 3/13/09
49	Design & Document	6 mons	Mon 3/16/09	Fri 8/28/09
50	Permit	3 mons	Mon 7/6/09	Fri 9/25/09
51	Bid & Award	2 mons	Mon 8/31/09	Fri 10/23/09
52	Demo Site	2 mons	Mon 10/26/09	Fri 12/18/09
53	Construction	19 mons	Mon 12/14/09	Fri 5/27/11
54	Demo Centennital Hall	3 mons	Mon 5/30/11	Fri 8/19/11
55				
56	**End of Phase 1**	0 days	Sun 10/25/09	Sun 10/25/09
57				

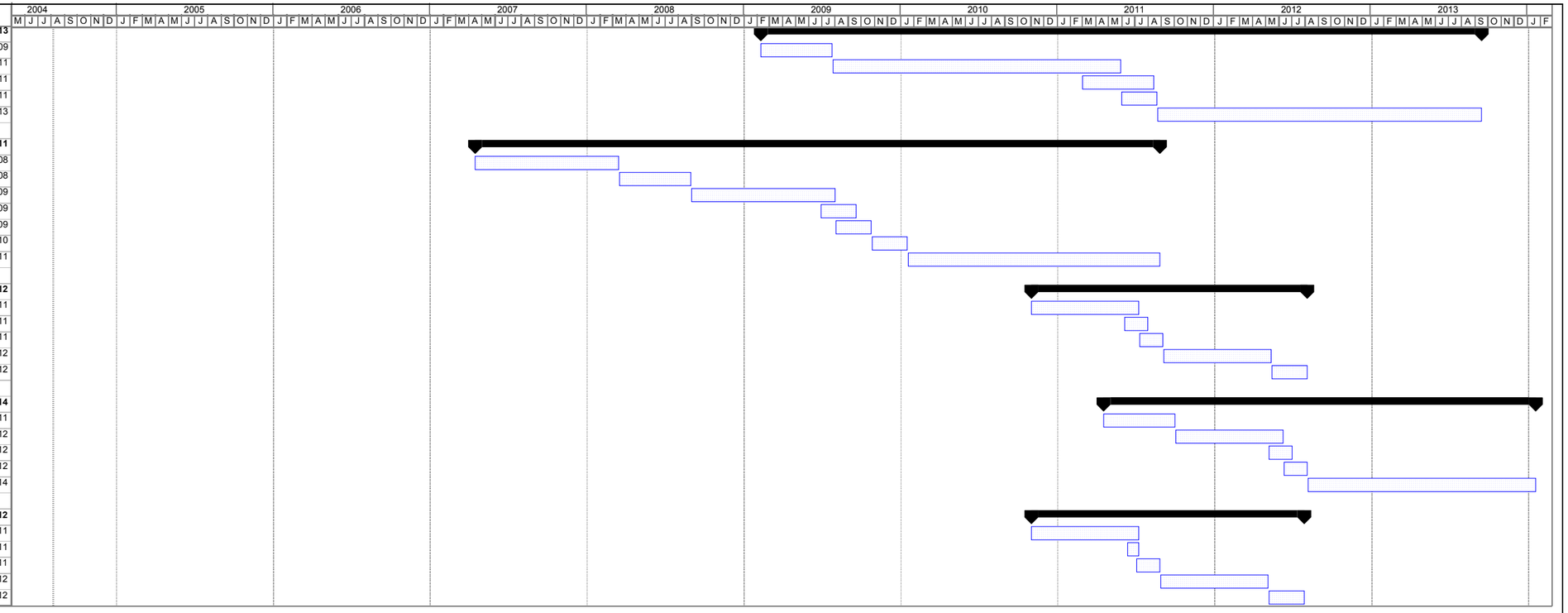


Project: University of Minnesota/Fairview Clinical Campus Dirstrict-Scenario 4
Date: June 9, 2004

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

SCHEDULE SCENARIO 04 CONTINUED

ID	Task Name	Duration	Start	Finish
58	**F-UMC Hospital**	**1200 days**	**Mon 2/9/09**	**Fri 9/13/13**
59	Site Entitlement	6 mons	Mon 2/9/09	Fri 7/24/09
60	Design & Document	24 mons	Mon 7/27/09	Fri 5/27/11
61	Permit	6 mons	Mon 2/28/11	Fri 8/12/11
62	Bid & Award	3 mons	Mon 5/30/11	Fri 8/19/11
63	Construction	27 mons	Mon 8/22/11	Fri 9/13/13
64				
65	**Health Sciences Building(HSB)**	**1140 days**	**Mon 4/16/07**	**Fri 8/26/11**
66	Acq N-1/2 Harv/Wal&Wal/Oak	12 mons	Mon 4/16/07	Fri 3/14/08
67	Site Entitlement	6 mons	Mon 3/17/08	Fri 8/29/08
68	Design & Document	12 mons	Mon 9/1/08	Fri 7/31/09
69	Permit	3 mons	Mon 6/29/09	Fri 9/18/09
70	Bid & Award	3 mons	Mon 8/3/09	Fri 10/23/09
71	Demo Exist Bldgs	3 mons	Mon 10/26/09	Fri 1/15/10
72	Construction	21 mons	Mon 1/18/10	Fri 8/26/11
73				
74	**Decant VCRC/CR/SE Mayo to HSB**	**460 days**	**Mon 11/1/10**	**Fri 8/3/12**
75	Design & Document	9 mons	Mon 11/1/10	Fri 7/8/11
76	Permit	2 mons	Mon 6/6/11	Fri 7/29/11
77	Bid & Award	2 mons	Mon 7/11/11	Fri 9/2/11
78	Construction	9 mons	Mon 9/5/11	Fri 5/11/12
79	Demo VCRC/CR	3 mons	Mon 5/14/12	Fri 8/3/12
80				
81	**Lillihei Heart Instit/Cancer Center**	**720 days**	**Mon 4/18/11**	**Fri 1/17/14**
82	Site Entitlement	6 mons	Mon 4/18/11	Fri 9/30/11
83	Design & Document	9 mons	Mon 10/3/11	Fri 6/8/12
84	Permit	2 mons	Mon 5/7/12	Fri 6/29/12
85	Bid & Award	2 mons	Mon 6/11/12	Fri 8/3/12
86	Construction	19 mons	Mon 8/6/12	Fri 1/17/14
87				
88	**Decant NW/SW Mayo to HSB**	**455 days**	**Mon 11/1/10**	**Fri 7/27/12**
89	Design & Document	9 mons	Mon 11/1/10	Fri 7/8/11
90	Permit	1 mon	Mon 6/13/11	Fri 7/8/11
91	Bid & Award	2 mons	Mon 7/4/11	Fri 8/26/11
92	Construction	9 mons	Mon 8/29/11	Fri 5/4/12
93	Demo NW/SW Mayo	3 mons	Mon 5/7/12	Fri 7/27/12



Project: University of Minnesota/Fairview Clinical Campus Dirstrict-Scenario 4
Date: June 9, 2004

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

05 CONCLUSIONS/DIRECTIONS

Through review of previous studies, interviewing key individuals from the partnership organizations, developing and assessing planning principles, objectives and priorities, four major facility solutions have been developed. These scenarios consider the needs of each partner and attempt to balance each organization's priority needs into an integrated solution.

For the first time, integrated solutions have been developed with an attempt to identify the scope of potential programmatic need, budget estimates, and implementation issues. Key preliminary conclusions are:

- Phase one cost model range from $600.0 to $800.0 million.
- Phase one implementation could take five to seven years depending on the scenario selected and when key decisions are made.
- Potentially, over 1.2 million square feet may be situated in new construction, with 300,000 - 400,000 square feet of renovation.
- Total estimated AHC, ACC/UMP and Fairview-University Medical Center space approximates 5.4 million square feet.

The significant investment in AHC and Fairview-University Medical Center facilities in the Minneapolis District suggests major expansion and renovation all need to continue within the district. This is consistent with the AHC Minneapolis District Plan. Future capital and operational considerations imply physical solutions in and around the existing hospital, PWB, and related buildings. Hence:

1. The phasing scenario which meets the operational and capital efficiency planning principles for enhanced children's facilities, and an eventual single site for Fairview-University Medical Center involve the relocation of at least one of the University dormitories, most likely Pioneer Hall.
2. Scenario 3 best meets the planning principles and should be the option to pursue if all of the following conditions can be met:
   a) The University's current planning effort for student housing results in a feasible plan to relocate a dormitory, most likely Pioneer Hall in the short term, and potentially a second residence hall in the long term.
   b) A feasible plan for financing, and phasing if necessary, of the children's facilities is developed with the requisite financial commitments by appropriate parties. Similarly, the requisite financial commitments for the other project components will need to be made by other partners of the clinical campus plan initiative.

c) A satisfactory financial arrangement for all partners can be made for acquisition of the resident hall site, and potentially a second residence hall site long term. Similarly, satisfactory financial arrangements for the relocation of the outpatient clinics will need to be achieved.

d) The critical importance of maintaining physical connections means the partners believe it's important to take the necessary time to ensure a smooth transition for a new dorm site. Although the approximately 24-30 month delay will cause serious space deficiencies for the AHC education and research programs, the benefits of the dormitory site are worth ensuring student housing needs are met.

3. If any of the above conditions cannot be met or are unacceptable to one of the partners, the Steering Committee will revisit the other scenarios that will accomplish the vision and objectives of the partnerships.

06 NEXT STEPS

This study represents the first major attempt at integrating and balancing the future needs of the four organizations. It is complex and requires significantly more discussion and negotiation among the parties to successfully implement the master planning and major facility enhancements suggested in this plan. These next steps are predicated on continued positive collaboration, and presenting recommendations to the CEOs and governing Boards in Fall, 2004.

PHASE I: FOLLOW-UP WORK PLAN

I. Finalize Report (July)

II. Consult / Share Report Findings with Key Stakeholders (August)

- Develop communication plan
- Consult with internal groups
- Consult with neighborhood/government groups

III. Student Housing Assessment / Planning

- University staff work (June – August)
- Policy formulation (September – October)

IV. Financial Assessments / Commitments

A. Childrens facilities (June – September)

- Refine program scope options and phasing options
- Refine operating expense impact
- Refine income statement impact
- Refine capital costs associated with phasing options
- Incorporate site acquisition negotiation results into financing plan
- Refine philanthropic campaign plan
- Develop / affirm capital commitments / financing plan

B. Ambulatory Care Center (June – September)

- Review programmatic assumptions; sharing options in Scenario 3
- Finalize business model for ancillary services
- Define preferred ownership and financing model (private development, University ownership, etc.)
- Define required financial commitments of parties under various financing scenarios (see V.B)
- Affirm financial commitments
- Develop Term Sheet for new lease arrangements (see V.B)

C. Consolidated Clinical Labs (June – September)

- Review affordability / benefit of inclusion in ACC facility
- Determine plan for location

D. Other University Phase I Components (June – September)

- School of Public Health – scope of consolidation plan
- Boynton Health Service – future location
- AHC research space requirements – schedule and scope

V. Site Acquisition / Relocation Negotiations – Term Sheet Level*

A. Dorm Site (Assuming Scenario 3) (June – August 2004)

- Gather University financial information
- Develop "market comparables"
- Conduct negotiations
- Incorporate into financial assumptions

B. Phillips–Wangensteen Building Space (June – August)

- Review current lease terms
- Conduct negotiations based on plans for ACC

C. (Release/Other) Exit Strategies (June – August)

- Other Fairview lease space in AHC
- Fairview-University Medical Center Riverside Campus

VI. Timing Issues

- All parties will need to concur with time implications of work plan or move to other alternatives (July)

VII. Architectural / Macro-Design Issues (June – August)

- Develop principles of design, engaging University architectural leaders
- Further explore building size and mass – impact on student housing and green space, environment
- Further explore access parking/circulation/services

VIII. Final Conclusions (September–October)

- Continue Steering Committee/Working Group structure (June – October)
- Recommendations to CEOs and Boards (August – September–October)
- Board Cycles: Information (August – September); Recommendations (September – October)

* More detailed and definitive negotiations will occur after these time frames.

Phase One Follow-up Work Plan

	TASK	Week Ending	11-Jun	18-Jun	25-Jun	2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov
I.	FINALIZE REPORT																								
II.	STAKEHOLDER CONSULTATION																								
	a. Communication Plan																								
	Common messages																								
	Partnership Plan																								
	Timing of messages																								
	b. Internal Groups																								
	Fairview Foundation																								
	Fairview Board																								
	Fairview Management																								
	Fairview Staff																								
	University Senior Management																								
	University Regents																								
	MMF																								
	AHC Deans, Directors, Staff																								
	UMP Board																								
	UMP Management & Staff																								
	c. External Groups																								
		Week Ending	11-Jun	18-Jun	25-Jun	2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov
III	STUDENT HOUSING																								
	a. University Staff Work																								
	b. Policy Formulation																								
IV.	FINANCIAL ASSESSMENTS	Week Ending	11-Jun	18-Jun	25-Jun	2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov
	a. Children's																								
	Program/Planning Options																								
	Operations Expense Impace																								
	Income Statement Impace																								
	Capital Costs*																								
	Site Acquisition Into Financing																								
	Philanthropic Campaign Study																								
	Financial Commitments																								
	b. ACC																								
	Program Assumptions																								
	Business Model																								
	Ownership/Financing*																								
	Financial Commitments																								
	Term Sheet																								
	c. Clinical Labs																								
	Included in ACC?																								
	Location Plan																								
	d. Other University.Phase I																								
	SPH Scope/Location																								
	Boynton-Location																								
	AHC Research																								
	AHC Educational Facility																								

Phase One Follow-up Work Plan, continued

	TASK	Week Ending	11-Jun	18-Jun	25-Jun	2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov
V.	RELOCATION NEGOTIATIONS																								
	a. Dorm Site																								
	University Information																								
	Market Comps																								
	Negoations*																								
	Include in Financing																								
	b. PWB Space																								
	Review Lease Terms																								
	Negotiations*																								
	c. Exit Strategies																								
	FV Leases in AHC																								
	Riverside																								
VI	MACRO DESIGN	Week Ending	11-Jun	18-Jun	25-Jun	2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov
	a. Design principles																								
	b. Massing																								
	c. Access/Parking																								
VII	CONCLUSIONS	Week Ending	11-Jun	18-Jun	25-Jun	2-Jul	9-Jul	16-Jul	23-Jul	30-Jul	6-Aug	13-Aug	20-Aug	27-Aug	3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov
	a. Group Meetings																								
	b. Recommendations to CEO's																								
	c. CEO Conclusions																								
	d. Board Info																								
	e. Board Decisions																								
	* Most critical process																								