

August 13, 2014

Dr. Marissa Levine  
State Health Commissioner  
Office of Licensure and Certification  
9960 Maryland Drive, Suite 401  
Henrico, Virginia 23233

RECEIVED  
AUG 14 2014  
VDH/OLC

Re: Blacksburg Health Center Variance Request

Dear Commissioner Levine:

Pursuant to 12 VAC 5-412-80, and in light of the “Guidance Document: Granting of a Temporary Variance to Regulations for the Licensure of Abortion Facilities” provided by Virginia Department of Health Office of Licensure and Certification (the “Department”), effective October 25, 2012, the undersigned submits this letter as a request for a temporary variance to certain provisions of the Virginia Administrative Code Regulations for the Licensure of Abortion Facilities (12 VAC 5-412), which incorporate by reference portions of the 2010 *Guidelines for Design and Construction of Health Care Facilities* of the Facilities Guidelines Institute (“2010 FGI Guidelines” or the “Guidelines”). These requests are all being made with regard to the Blacksburg Planned Parenthood Health Center (“Blacksburg Health Center”), located at 700-J N. Main Street, Blacksburg, VA 24060.<sup>1</sup>

As a preliminary matter, it is worth noting that the Blacksburg Health Center does not provide surgical abortion, only medication abortion. A medication abortion is a method of ending an early pregnancy by taking pills that cause the woman to miscarry within a short and predictable period of time. It is commonly provided out of doctors’ offices and clinics nationwide. Medication abortion is extremely safe and is associated with few complications or contraindications. In a medication abortion, the patient takes a mifepristone pill at the health center. That day, she is given misoprostol pills and instructed to take them herself twenty-four to forty-eight hours later. She then passes the products of conception at home, usually approximately four or five hours after she takes misoprostol. Medication abortion requires no anesthesia or sedation. There is nothing about the safety of mifepristone that requires it to be taken in a health center. Rather, it is taken in a health center or health professional’s office in order to enable the provider to confirm that the patient takes the mifepristone, and at what time, for purposes of monitoring the safety and efficacy of the process.

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<sup>1</sup> In an e-mail communication sent to PPHS on August 1, 2014, the Department requested additional information detailing what renovations, if any, the Blacksburg Health Center had made to come into compliance with the new requirements. To date, the Blacksburg Health Center has conducted expensive mechanical balance testing, installed MERV 7 filters, replaced vinyl flooring in one of the health center’s examination rooms, and has ordered and is in the process of installing two new sinks, including the requisite accompanying paddles, in the two examination rooms.

abortion, whether surgical or medication abortion, many of the underlying 2010 FGI Guideline requirements, including those at the heart of these variance requests, are clearly intended to address issues that are only present in the context of surgical procedures.<sup>2</sup> Moreover, the 2010 FGI Guidelines themselves specifically contemplate circumstances where its requirements might not be necessary or appropriate, noting that its recommendations describe “elements that are common to *most* types of outpatient facilities” and that “[c]onsideration shall be given to the special needs of anticipated patient groups/demographics as determined by the functional program.” 2010 FGI GUIDELINES § 3.1-1.1.1 (emphasis added). Additionally, Chapter 3.7 of the Guidelines specifically states that it “applies to outpatient facilities *where surgery is performed.*” 2010 FGI GUIDELINES § 3.7-1.1.1 (emphasis added).

It is within this context that the following specific requests are made in detail below.

### (1) Corridor Width Requirement

**a. Specific Regulation:** The Blacksburg Health Center requests a temporary variance from 12 VAC 5-412-370 in relation to the public corridor width requirements as stated in the 2010 FGI Guidelines. Both Chapters 3.1 and 3.7 of the FGI Guidelines require public corridors in outpatient facilities to be a minimum width of five feet. *See* 2010 FGI GUIDELINES § 3.1-7.2.2.1(1) (“Public corridors shall have a minimum width of 5 feet (1.52 meters).”); § 3.7-7.2.2.1(1) (“Public corridors shall have a minimum width of 5 feet (1.52 meters)...”).

**b. Impractical Hardship Unique to the Facility:** The Blacksburg Health Center requests a variance to the public corridor width requirement as its public corridors, at widths of approximately 53 to 54 inches, come close to satisfying the 60 inch requirement and would pose no risk to public health or safety. Indeed, the Blacksburg Health Center’s public corridors already meet the applicable requirement for egress set out in the 2009 edition of the Virginia Uniform Statewide Building Code, which requires a minimum corridor width of 44 inches. *See* 13 VA. ADMIN. CODE § 5-63-10 (incorporating the 2009 International Building Code; INT’L BLDG. CODE § 1018.2 (2009 ed.)). The corridors also meet the stringent standards set in the NFPA 101 Life Safety Code, which, in its standards for new ambulatory health care occupancies, states that “[t]he clear width of any corridor or passageway required for exit access shall be not less than 44 in.” NFPA 101 LIFE SAFETY CODE, Ch. 20.2.3.2.

Moreover, it would impose an impractical hardship unique to the facility to require the Blacksburg Health Center to comply with the minimum corridor requirements of Chapters 3.1 and 3.7 of the 2010 FGI Guidelines as renovations would be extremely onerous and likely result in an inability to continue to provide abortion services at the facility. According to an analysis conducted by Rife + Wood Architects, renovations to expand the corridor width would cost the health center an estimated \$128,722.<sup>3</sup> This figure represents approximately 38% of the Blacksburg Health Center’s annual revenue,<sup>4</sup>

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<sup>2</sup> PPHS maintains that these requirements are also inappropriate in the context of surgical abortion, a procedure that does not share many of the characteristics commonly identified with surgical procedures, such as the need for a sterile environment. Given that the Blacksburg Health Center only provides medication abortion, PPHS will limit its arguments to the applicability of these specific regulations in the context of medication abortion.

<sup>3</sup> For a detailed breakdown of these costs, *see* Cost Estimate, Jeffrey R. Wood, AIA, Rife + Wood Architects (Aug. 6, 2014) (attached). This analysis examined what costs would be necessary should the facility be unable to secure any

as measured from its Fiscal Year 2014. Given the fixed footprint of the facility, such renovations would require the Blacksburg Health Center to remove a counseling room and chart room or to eliminate one of its two exam rooms. This would also be a hardship particularly unique to the Blacksburg Health Center in that it is housed in a leased facility, which would mean that any modifications to the structure would require landlord approval and be of extremely limited investment value for the facility. Moreover, as detailed above, the Blacksburg Health Center does not provide any surgical services in the facility; it provides medication abortion, which consists of giving the patient an oral medication. In light of these circumstances, a variance from this requirement would be appropriate under the 2010 FGI Guidelines, which recognizes that “[c]onsideration shall be given to the special needs of anticipated patient groups/demographics as determined by the functional program.” 2010 FGI GUIDELINES § 3.1-1.1.1.

**How patient safety, patient care, and services offered will not be adversely affected if variance granted:** The Blacksburg Health Center’s existing corridors adequately protect patient safety, patient care, and services as the center does not currently provide surgical abortion but rather only provides medication abortion.<sup>5</sup> The Blacksburg Health Center has been providing medication abortion with an excellent safety record since it started providing the service in 2008.

Moreover, to the extent that the corridor width requirements are rooted in concerns for fire safety and emergency evacuation, the Blacksburg Health Center already meets the NFPA 101 Life Safety Code public corridor width standards and has taken many affirmative steps to ensure patient and staff safety in this specific regard. The Blacksburg Health Center’s staff has had trainings on fire safety and the use of fire extinguishers, the most recent of which was in the Fall of 2012. Finally, there have been no emergency transfers for any reason in the six years this site has been offering medication abortion services. As such, the Blacksburg Health Center is confident that its existing corridors would adequately protect patients, none of whom receive surgical services at the facility, from any of the concerns at the heart of these corridor width requirements.

**c. Proposed alternatives to meet regulation’s purpose that will ensure the protection and well-being of patients:** As discussed above, the Blacksburg Health Center has an excellent safety record, and will continue to take steps to ensure that patients are adequately protected. The staff, already trained in fire safety, will continue to receive refresher training on this subject. The Blacksburg Health Center additionally has emergency policies and procedures in place that will remain in effect and continue to be reviewed regularly. Staff will continue to have trainings on these topics.

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variances from the Department. Given the difficulty of separating out cost estimates for one particular aspect of the renovations, the quoted figure also includes costs related to expanding the square footage of its exam rooms (for which PPHS is also requesting a variance), as well as other renovations necessary due to widening the corridors, e.g., replacing all finishes on both sides of the wall. This estimate does *not* include Rife + Wood’s projected costs for HVAC modifications (\$16,200) or the Air Testing & Balancing costs (\$1,200). The total figure for all renovations, including HVAC modifications, is \$146,122, approximately 43% of the facility’s annual revenue

<sup>4</sup> The Blacksburg Health Center’s total annual revenue for Fiscal Year 2014 was \$339,082.

<sup>5</sup> It is PPHS’s position that Chapters 3.1 (“Common Elements for Outpatient Facilities”) and 3.7 (“Specific Requirements for Outpatient Facilities”) of the 2010 FGI Guidelines are medically inappropriate and unnecessary in the context of both surgical and medication abortion.

**d. Plan for long-term compliance:** Should the Blacksburg Health Center undergo substantial renovations, relocate to another leased facility, or otherwise procure or obtain a new health center, it would, at that time, make efforts to have the new facility comply with the five foot corridor width requirement. In the meantime, it will continue to only provide medication abortion and seek variances as necessary. Should its request for a variance be unsuccessful, the Blacksburg Health Center would evaluate options for undergoing extensive renovations, relocating to a new facility, or suspending medication abortion services.

## **(2) Exam/Treatment Room Square Footage Requirements**

**a. Specific Regulation:** The Blacksburg Health Center requests a temporary variance from 12 VAC 5-412-370 as it relates to room size requirements as stated in 2010 FGI Guidelines § 3.1-3.2.4.2. In its *Frequently Asked Questions About Abortion Facility Licensure* document, the Department of Health states its position that abortion procedures must be performed in rooms that meet the space requirements for treatment rooms under the 2010 FGI Guidelines.<sup>6</sup> Additionally, in a previous state inspection report of the Blacksburg Health Center, the State asserted that the 2010 FGI Guidelines require all exam rooms and treatment rooms to meet square footage requirements of a minimum of 120 square feet.<sup>7</sup> To our knowledge, however, nothing in 12 VAC 5-412-370 or the 2010 FGI Guidelines mandates such a requirement for a facility that is not providing surgical services. Indeed, while Chapter 3.1 of the 2010 FGI Guidelines requires that treatment rooms be a minimum of 120 square feet, it only requires that exam rooms be a minimum of 80 square feet. *See* 2010 FGI GUIDELINES §§ 3.1-3.2.2.2 (exam room size), 3.1-3.2.4.2 (treatment room size).<sup>8</sup> As medication abortions are performed through administering an oral medication to the patient, it is both medically appropriate and sufficient to provide these services in an exam room, not in a treatment room. To the extent that the State takes the position that the regulations require health centers providing solely medication abortion to have exam rooms greater than 80 square feet or to have treatment rooms of any size, the Blacksburg Health Center respectfully requests a variance from these requirements.

**b. Impractical Hardship Unique to the Facility:** In its provision of medication abortion, the Blacksburg Health Center exclusively uses exam rooms for ultrasounds, medical examinations, and for the physician to provide an oral medication to the patient. These exam rooms

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<sup>6</sup> *See* OFFICE OF LICENSURE AND CERTIFICATION, VA. DEPT OF HEALTH, FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT ABORTION FACILITY LICENSURE 5 (2012), <http://www.vdh.virginia.gov/OLC/AcuteCare/documents/2012/pdf/Abortion%20facility%20FAQs.pdf> (stating that “[a]bortion procedure room space requirements must meet the provisions of the Guidelines pertaining to either a treatment room or class A operating room depending upon the level of anesthesia provided. . . .” and that in facilities providing no or minimal sedation, “[a]bortion procedure rooms must meet the space requirements of treatment rooms as per Guidelines section 3.1-3.2.4.”).

In its July 31, 2012 Statement of Deficiencies, the State found that the Blacksburg Health Center failed to meet state regulations as it had an “[e]xam [r]oom. . . less than the required 120 square feet” and a “[t]reatment [r]oom. . . less than the require[d] . . . 120 square feet.” State of Virginia, Statement of Deficiencies 27 (July 31, 2012). While PPHS maintains that the 2010 FGI Guidelines do not require that any exam rooms be 120 square feet or that a facility must have a treatment room or operating room, given the State’s finding in the 2012 Statement of Deficiencies, PPHS is requesting a variance with regard to room size requirements in an abundance of caution.

<sup>8</sup> Chapter 3.7 does not specify room size requirements for exam or treatment rooms. *See* 2010 FGI GUIDELINES 259-270.

meet the 2010 FGI Guidelines requirement that they be a minimum of 80 square feet. *See* 2010 FGI GUIDELINES § 3.1-3.2.2.2. Given the fact that medication abortion is the only category of abortion provided at the Blacksburg Health Center, it has no need for and, as a result, does not have treatment rooms of any size.

To the extent that the State takes the position that medication abortions must be provided in a room meeting the 2010 FGI Guidelines' minimum requirements for treatment rooms, including a minimum square footage of 120 square feet, this requirement would impose a unique hardship on the facility as it would have to incur significant expenses to expand its leased facility's exam rooms to meet the requirement, which would result in either the elimination of a consulting room and chart room or one of its two exam rooms. With regard to the renovations, as previously mentioned, the Blacksburg Health Center is in a leased facility and would have to seek and obtain approval from its landlord in order to make these changes. Moreover, as stated above and in estimates provided by Rife + Wood Architects, these renovations, when paired with the corridor expansion renovations, would cost approximately \$128,722, a sum that constitutes approximately 38% of the Blacksburg Health Center's total FY 2014 revenue.<sup>9</sup> Even if the Blacksburg Health Center were able to make these renovations, should it eliminate one of its two exam rooms, the facility would effectively be incapable of functioning for either medication abortion or family planning purposes as doing so would make it impracticable to see patients in a way that would be conducive to health center flow or an effective use of provider resources. Moreover, the existing exam rooms are adequate in size to protect patient and staff health, safety, and comfort for the services provided at Blacksburg.

**c. How patient safety, patient care, and services offered will not be adversely affected if variance granted:** Because the Blacksburg Health Center does not provide surgical services, increasing room sizes would not increase patient safety, patient care, or patient services. As discussed, at 80 square feet, the exam rooms sufficiently meet the facility's needs for patient safety, patient care, and the health services offered. The Blacksburg Health Center's strong safety record confirms its exam room sizes are adequate to protect patient health and safety, especially given the non-surgical nature of the services provided.

**d. Proposed alternatives to meet regulation's purpose that will ensure the protection and well-being of patients:** The Blacksburg Health Center's current exam rooms ensure the protection and well-being of its patients. Because the exam rooms are used only for ultrasounds, medical examinations, and for the doctor to provide an oral medication and the distribution of the medication, the larger-sized treatment room is not necessary to ensure patients' protection. As discussed, Blacksburg has an excellent safety record, and will continue to take steps to ensure that patients are adequately protected.

**e. Plan for long-term compliance:** Should the Blacksburg Health Center undergo substantial renovations, relocate to another leased facility, or otherwise procure or obtain a new health center, it would, at that time, make efforts to have the new facility comply with the treatment room minimum square footage requirements. In the mean time, it will continue to only provide medication

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<sup>9</sup> *See* notes 3-4; Cost Estimate, Jeffrey R. Wood, AIA, Rife + Wood Architects (Aug. 6, 2014).

abortion and seek variances as necessary. Should its request for a variance be unsuccessful, the Blacksburg Health Center would evaluate options for undergoing extensive renovations, relocating to a new facility, or suspending medication abortion services.

### (3) HVAC Requirements

a. **Specific Regulation:** The Blacksburg Health Center requests a temporary variance from 12 VAC 5-412-370 in relation to the HVAC requirements as stated in the 2010 FGI Guidelines (2010 FGI GUIDELINES § 3.1-8.2, § 3.7-8.2, and Part 6 (ASHRAE Standard 170)). In requiring compliance with the 2010 FGI Guidelines, 12 VAC 5-412-370 requires abortion facilities to comply with detailed HVAC requirements set out in Chapters 3.1 and 3.7, and Part 6 of the 2010 FGI Guidelines.<sup>10</sup> Though the Blacksburg Health Center requests a temporary variance from the aforementioned HVAC requirements in their entirety, it would present an undue hardship for it to meet the ASHRAE Table 7-1 requirements for air changes.

b. **Impractical Hardship Unique to the Facility:** As detailed below, the Blacksburg Health Center would suffer an impractical hardship if it had to retrofit its facility to comply with the 2010 FGI Guidelines' HVAC requirements. The 2010 FGI Guidelines' HVAC requirements are designed to provide ventilation to prevent infection due to "air-transmitted pathogens [that] can be found everywhere in poorly ventilated health care facilities," as "some patients are susceptible to these pathogens or even to normal environmental air-borne organisms such as fungal spores[,] which "are found in higher concentrations in hospitals...." *Forward* to ASHRAE STANDARD 170, at 2. It is clear that these protections, designed to provide safeguards for surgical patients who may be susceptible to air-borne pathogens, would not provide measurable safety benefits for medication abortion patients who merely receive an oral medication in the facility.

The Blacksburg Health Center's existing HVAC system is regularly maintained, in good condition, and provides air circulation and temperature that has been and continues to be adequate in the exam rooms and other areas of the facility, without "stuffiness," ensuring patient and staff comfort. Additionally, the Blacksburg Health Center recently replaced its heat pump, added MERV 7 filters to its facility, and scheduled related quarterly filter servicing appointments. In order to demonstrate its inability to meet the 2010 FGI Guidelines' air change requirements, the Blacksburg Health Center retained an outside contractor to conduct costly mechanical balancing tests for approximately \$1,200. This testing showed that the Blacksburg Health Center meets the 2010 FGI Guidelines' minimum filter efficiency requirement and exceeds the minimum air change requirement in all areas of the facility. *See* ASHRAE STANDARD 170, tbl. 6-1 (requiring MERV 7 filters), tbl. 7-1 (requiring 6 air changes). The testing also revealed, however, that the Blacksburg Health Center does not have any outdoor air changes. As such, in order to comply with the relevant 2010 FGI Guidelines HVAC requirement requiring two

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<sup>10</sup> Chapter 3.1 contains standards specifically for outpatient facilities and additionally requires compliance with Part 6 of the 2010 FGI Guidelines, which incorporates ASHRAE Standard 170. *See* 2010 FGI GUIDELINES § 3.1-8.2; ASHRAE STANDING STANDARD PROJECT COMM., AM. SOC'Y OF HEATING, REFRIGERATING, & AIR-CONDITIONING ENG'RS, ANSI/ASHRAE/ASHE STANDARD 170-2008: VENTILATION OF HEALTH CARE FACILITIES (2008), *in* 2010 FGI GUIDELINES Pt. 6 [hereinafter "ASHRAE STANDARD 170"]. Chapter 3.7 requires compliance with the standards as stated in Chapter 3.1. *See* 2010 FGI GUIDELINES § 3.7-8.2.

outdoor air changes, Blacksburg Health Center would have to undergo significant expenditures (approximately \$16,200) and renovations, including the purchase and installation of a new mechanical system, renovated duct work, and expanded air intake.<sup>11</sup> These expenditures and renovations would cause an impractical hardship that is unique to the facility given that it does not provide surgical abortion services, but solely medication abortion, a service that consists of giving the patient an oral medication and does not require a sterile environment.

**c. How patient safety, patient care, and services offered will not be adversely affected if variance granted:** As mentioned above, the 2010 FGI Guidelines specifically state that its recommendations may not be appropriate for all facilities, noting that its contents describe “elements that are common to *most* types of outpatient facilities,” that “[c]onsideration shall be given to the special needs of anticipated patient groups/demographics as determined by the functional program[,]” 2010 FGI GUIDELINES § 3.1-1.1.1 (emphasis added), and in the context of Chapter 3.7, that its recommendations “appl[y] to outpatient facilities *where surgery is performed.*” 2010 FGI GUIDELINES § 3.7-1.1.1 (emphasis added). It is also clear that the HVAC requirements detailed in Chapters 3.1, 3.7 and Part 6 of the 2010 FGI Guidelines contemplate facilities performing invasive surgical procedures. The Blacksburg Health Center does not provide invasive surgical procedures, but rather medication abortion. Its existing HVAC system adequately protects patient safety in this context.

As such, the Department would be well within its authority to grant the Blacksburg Health Center a variance with regard to the 2010 FGI Guidelines HVAC requirements in their entirety.

**d. Proposed alternatives to meet regulation’s purpose that will ensure the protection and well-being of patients:** As discussed, while the Blacksburg Health Center’s HVAC system does not likely comply in full with the 2010 FGI Guidelines’ requirements, it does adequately protect patient safety and care in light of the limited nature of medication abortion. The Blacksburg Health Center will continue to monitor the current HVAC system to ensure the protection and well-being of patients.

**e. Plan for long-term compliance:** Should the Blacksburg Health Center undergo substantial renovations, relocate to another leased facility, or otherwise procure or obtain a new health center, it would, at that time, make efforts to have the new facility comply with the aforementioned HVAC requirements. In the mean time, it will continue to only provide medication abortion and seek variances as necessary. Should its request for a variance be unsuccessful, the Blacksburg Health Center would evaluate options for undergoing extensive renovations, relocating to a new facility, or suspending medication abortion services.

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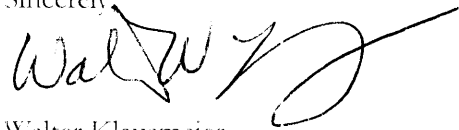
In total, the renovations discussed herein would cost the Blacksburg Health Center an estimated \$146,122, approximately 43% of its annual revenue. These renovations would impose a substantial and impractical hardship unique to a facility performing only non-invasive, non-surgical procedures.

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<sup>11</sup> See Cost Estimate, Jeffrey R. Wood, AIA, Rife + Wood Architects (Aug. 6, 2014).

We sincerely thank the Department for its consideration of these requests and reiterate our strong interest in providing high quality, safe care to all of our patients. Should you have any questions or require any additional information, please do not hesitate to contact me at (919) 833-7526 or [walter.klausmeier@pphs.org](mailto:walter.klausmeier@pphs.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Walter Klausmeier", with a long horizontal flourish extending to the right.

Walter Klausmeier

President/CEO, Planned Parenthood Health Systems





August 7, 2014

**ESTIMATE OF PROJECT COST - GENERAL CONSTRUCTION & PROJECT DELIVERY**

Planned Parenthood – Blacksburg Health Center  
700 J North Main Street  
Blacksburg VA

The following cost estimate is provided as a companion to proposed building modifications described in the attached plan sketch A-1. These building modifications represent the work deemed necessary to bring the existing out-patient facility into compliance with new Virginia Department of Health regulations for ambulatory facilities which provide “abortion services.”

Historically the small size (less than 3000 sq.ft) and the limited services provided (exams, counseling and prescriptions) at the Blacksburg clinic have allowed the safe and code compliant operation of this clinic under the VBC definition of a Medical Office / B- Business Use. New regulatory definitions now apply more stringent hospital / ambulatory care standards to the services provided at the Blacksburg clinic. This summary describes the work required to modify the clinic to meet these new standards.

DEMOLITION \$ 3,200

Demolition of existing partitions and ceilings at areas identified  
Remove flooring, prep floor for new finishes  
Disposal of debris  
See Note 1: Hazardous Materials

ARCHITECTURAL MODIFICATIONS: \$ 28,600

Construction of new metal stud & gypsum board walls with sound insulation  
To widen hallways & enlarge spaces to minimum sizes standards.  
Modifications to electrical  
Relocate power outlets & switches  
New doors, hardware & frames (36” wide with lever hardware & closers)  
See note 2 – ADA compliance

NEW FINISHES \$ 18,200

Replacement of finishes in areas modified (Exam Rooms, Lab, Halls ,  
Procedure Room, Waiting Area, Check-in & Administration)  
New Vinyl Flooring & base  
New Carpet & base  
New Paint – all walls

CEILING MODIFICATIONS: \$ 14,600

New lay-in acoustical tile ceilings  
New light fixtures at rooms receiving new ceilings

CABINETS AND CASEWORK:		\$ 6,450
New base cabinets and wall cabinets to accommodate new room configurations shown in plans.		
Plastic Laminated cabinets, countertops & back splash		
New privacy screen at check-out (HEPPA regulations)		
PLUMBING MODIFICATIONS:		\$ 4,850
Modifications to plumbing (hand sinks) at Exam Rooms, Lab and Pharmacy to provide sinks and controls in compliance with dimensional standards.		
HVAC MODIFICATIONS:		\$ 16,200
Modifications to supply and return air ductwork as necessary to adjust for new room function and sizes shown.		
Return & supply ductwork		
Grills, dampers and balancing		
MERV 7 filtration		
New air intake for outdoor air		
New intake vent,		
Roof penetrations & repairs		
Ductwork, dampers and fan from outdoor to unit return duct.		
New digital controls for equipment		
New fire dampers at fire wall penetrations		
Smoke Detector modifications		
ELECTRICAL MODIFICATIONS		\$ 6,200
New lighting, cable and switches at modified spaces		
Relocate / modify power at affected areas.		
Subtotal – General Construction		\$ 98,300
Contractor Overhead & Profit (see note 3) factor + 28%		\$ 27,524
<b>TOTAL ESTIMATED CONSTRUCTION COST</b>		<b>\$ 125,824</b>
ADMINISTRATIVE COSTS (SOFT COSTS)		\$ 20,298
Architectural & engineering design fees	15,098	
(12% of construction)		
Air Testing & Balancing	1,200	
Local Building Permits - estimated	1,600	
Testing & reporting hazardous materials.(See note 1)	2,400	
<b>TOTAL ESTIMATED PROJECT COST</b>		<b>\$ 146,122</b>

Note 1: Hazardous Materials:

The facility has conducted testing and reporting for hazardous materials (ACM- Asbestos Containing Materials) on an incremental basis – where areas disturbed by renovations are tested and if containing ACMs’ removal has been accomplished. Given the historical context of previous work, it is assumed that there are no ACM’s in the work area. This estimate therefore includes costs for the required testing, but does not include any anticipated costs for ACM removal.

Note 2. ADA Compliance:

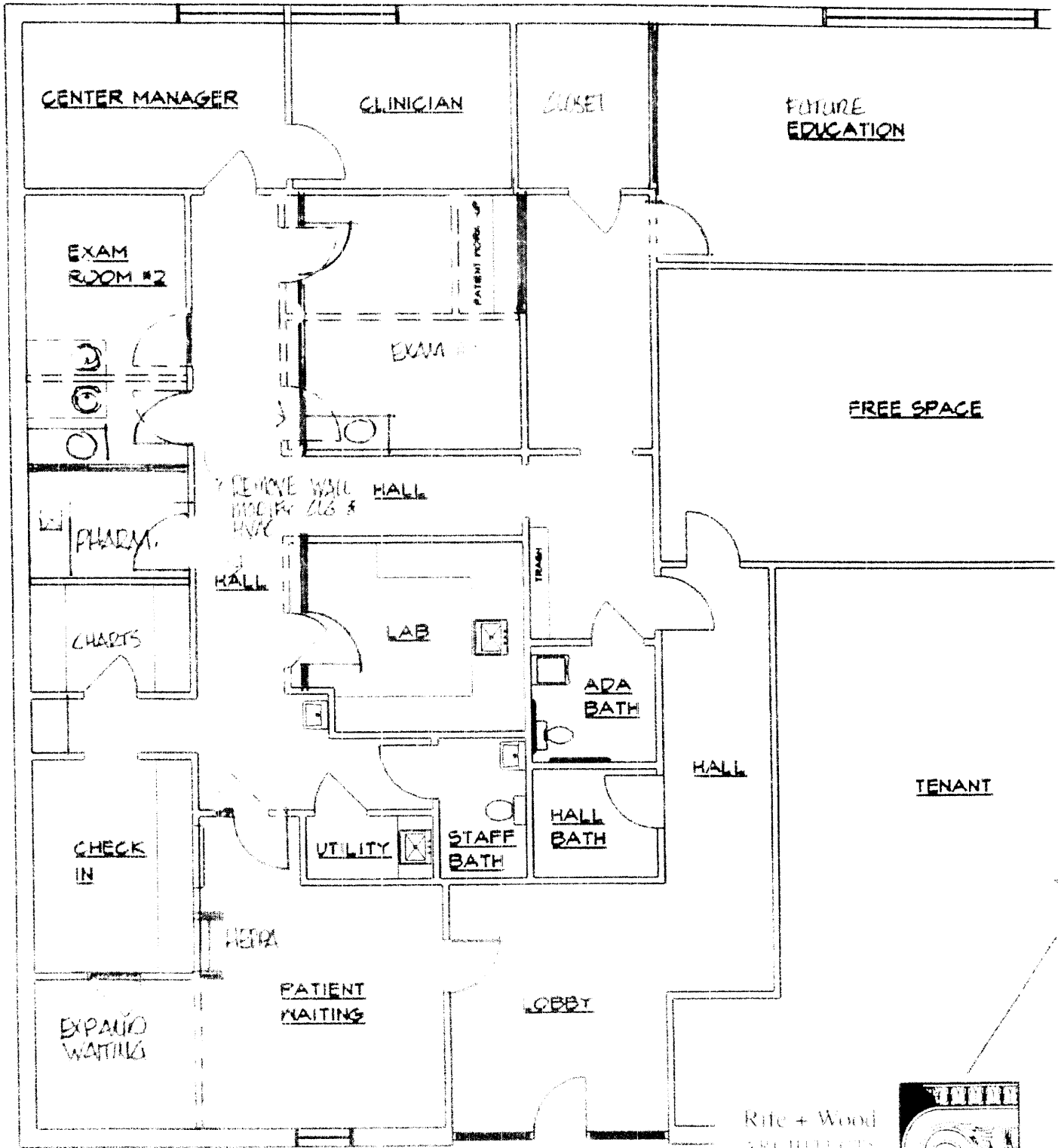
Under the Virginia State Building Code (VBC 2009) existing facilities undergoing renovation may be required to expend up to / no more than 20% of all construction costs toward ADA (Americans with Disabilities Act) compliance. Historically, the Blacksburg Center has provided incrementally compliant accommodations with all past renovations. Under the proposed renovations, it is my opinion that the cost of work associated with the corridor expansion and door / hardware upgrades represent a value in excess of 20% of the construction and may be “claimed” as such.

Note 3: General Contractor – Overhead & Profit (Costs)

The Construction Cost includes an assumed Overhead and Profit (Costs) for the Contractor at + 28% of general construction (material + labor + supervision). Industry standards define OH&P to include office administration expenses, project management, equipment rentals, temporary facilities (trailers & toilets), equipment, material & labor bonds, workman’s compensation & insurance etc .

Cost estimate by  
Jeffrey R. Wood AIA  
Rife+Wood Architects  
e-mail [jeff@rifewood.com](mailto:jeff@rifewood.com)

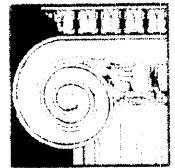
**Rife+Wood Architects**  
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tel: 540 / 344-6015 \* fax: 540 / 344-5982 \* e-mail [jeff@rifewood.com](mailto:jeff@rifewood.com)



BLAWIEBURG HEALTH CENTER  
 700 N. NORTH MAIN STREET

Rife + Wood  
 ARCHITECTS

215 W. 11TH ST.  
 DENVER, CO 80202



**EXISTING PLAN**

W/ MODIFICATIONS

SKETCH A-1

SCALE 1/8" = 1'-0"

#1208 3.6.14