



Budget & Strategic Planning Update

AFRH Advisory Council

April 18, 2024

Financial Snapshot

In millions; amounts may not sum due to rounding

Income	FY 2023
Fines and forfeitures	\$ 18
Resident fees	15
Military withholding	7
Interest	7
Leases and property sales	3
Gifts and donations	0
Total	51
Operating Expenses	
Healthcare	\$ 24
Resident services	17
Administration	12
Facilities	14
Total	67
Operating Loss	\$ (16)
General fund appropriation	25
Net Operating Income	\$ 9

Spending Authority			
FY	Operating	Capital	Total
2018	63	1	64
2019	63	1	64
2020	63	12	75
2021	66	9	75
2022	68	9	77
2023	68	84	152
2024	68	9	77
2025 request	69	1	70

Trust Fund Balance	
FY 2016 end	\$ 55
FY 2018 end	78
FY 2020 end	100
FY 2022 end	107
FY 2023 end	186 (109 net)

Revenue Trends

Resident Fees

- Slowly climbing from 2021 (anticipate \$1M increase in FY24)

Military Withholding/Fines & Forfeitures

- Maintaining 5-year average for military withholding at \$7M
- Fines & Forfeitures trending downward (anticipate a \$2M decrease in FY23)

Leases

- Maintaining \$3M/year lease revenue in FY23

Investment Income

- Investments are in U.S. Treasury's Government Account Series (GAS) securities - Overnight Securities.
 - Tied to market conditions (interest rates)
- From a low \$591.20 in May 2021 to a high of \$906,774.25 in May 2023, monthly investment significantly increased as a result of the recent interest rate hikes and larger trust fund balance.

Cost Trends

Market

- Utilities - 36% increase (\$0.5M)
- Materials and supplies - 19% increase (\$0.1M)
- Food - 33% increase (\$1.1M)

Intragovernmental

- Support Services - 47% increase (\$2.1M)

Statutory

- Federal pay increases - 14% increase (\$4M)
- Federal contractor minimum wages - 35% increase (\$1.4M)
- New medical providers - \$0.5M

Future Budgetary Concerns

- DC Water Sewer Litigation - \$0.6M annually
- Technology Modernization Fund Repayment - \$1.2M

2024-2025 Priorities

- Increase occupancy (focus on Gulfport), improve marketing/branding and onboarding
- Start Sheridan Building renovation first phase Apr 2024, secure funding and contract for second phase to begin Sep 2025
- Complete critical capital projects, assessment & reserve study for ongoing needs
- Adjust real property strategy
- Improve electronic health record system with TMF support
- Legislative changes:
 - Reimburse healthcare costs
 - Shift withhold from servicemembers, index to pay increases (increases and extends to Guard and Reserves without tax implications)
 - Title 38 pay authority



Armed Forces Retirement Home
Senior Medical Advisor
Dr. Malanoski



24 USC Chapter 10 – Medical Oversight

§413a. Oversight of health care provided to residents

(a) Designation of Senior Medical Advisor

(1) The Secretary of Defense shall designate the Deputy Director of the Defense Health Agency to serve as the Senior Medical Advisor for the Retirement Home.

(2) The Deputy Director of the Defense Health Agency shall serve as Senior Medical Advisor for the Retirement Home in addition to performing all other duties and responsibilities assigned to the Deputy Director of the Defense Health Agency at the time of the designation under paragraph (1) or afterward.

(b) Responsibilities

The Senior Medical Advisor shall provide advice to the Secretary of Defense, the Chief Operating Officer, and the Advisory Council regarding the direction and oversight of—

(1) medical administrative matters at each facility of the Retirement Home; and

(2) the provision of medical care, preventive mental health, and dental care services at each facility of the Retirement Home



24 USC Chapter 10 – Medical Oversight

c) Duties

In carrying out the responsibilities set forth in subsection (b), the Senior Medical Advisor shall perform the following duties:

- (1) Facilitate and monitor the timely availability to residents of the Retirement Home such medical, mental health, and dental care services as such residents may require at locations other than the Retirement Home.
- (2) Monitor compliance by the facilities of the Retirement Home with accreditation standards, applicable nationally recognized health care standards and requirements, or any other applicable health care standards and requirements.
- (3) Periodically visit each facility of the Retirement Home to review—
 - (A) the medical facilities, medical operations, medical records and reports, and the quality of care provided to residents; and
 - (B) inspections and audits to ensure that appropriate follow-up regarding issues and recommendations raised by such inspections and audits has occurred.
- (4) Report on the findings and recommendations developed as a result of each review conducted under paragraph (3) to the Chief Operating Officer, the Advisory Council, and the Secretary of Defense.



Improving Health and Building Readiness. Anytime, Anywhere — Always



Senior Medical Advisor Oversight Calendar FY2024

October	November	December
Implement FY 23 SMA Oversight Plan-1 OCT 23 SMA Site visit to AFRH-W 13 OCT 23 SMA Team Qtly call with AFRH COO/Leadership-13 Oct 23 SMA Qtly call with AFRH CMO/PIO Team IPR Meeting	Reports SMA Semi-Annual Update (Oct-March) SMA Semi-Annual Update (April-Sept) SMA Annual Report on AFRH Quality of Care SMA Team IPR Meeting	<input type="checkbox"/> SMA Team IPR Meeting
January	February	March
AFRH CMO/PIO Qtly Review with SMA clinical team 23 JAN 24 SMA Team IPR Meeting 25 JAN 24	SMA Qtly call with AFRH CEO/COO SMA Team IPR Meeting	SMA Team IPR Meeting
April	May	June
<input type="checkbox"/> SMA Team Qtly call with AFRH CMO/PIO <input type="checkbox"/> SMA Team IPR Meeting	<input type="checkbox"/> SMA Semi-Annual Update (October-April) <input type="checkbox"/> SMA Qtly call with AFRH CEO/COO <input type="checkbox"/> SMA Team IPR Meeting	<input type="checkbox"/> SMA Team IPR Meeting
July	August	September
<input type="checkbox"/> AFRH CMO/PIO Quarterly Review with SMA clinical team <input type="checkbox"/> SMA Team IPR Meeting	<input type="checkbox"/> Review SMA Oversight Plan for FY 2022 <input type="checkbox"/> SMA Qtly call with AFRH CEO/COO <input type="checkbox"/> SMA Oversight Visit to AFRH-Washington <input type="checkbox"/> SMA Annual Assessment of AFRH-W <input type="checkbox"/> SMA Team IPR Meeting	<input type="checkbox"/> Approve SMA Oversight Plan with Recommended Edits <input type="checkbox"/> SMA Oversight Visit to AFRH Gulfport Campus <input type="checkbox"/> SMA Annual Assessment of AFRH-G

SMA Recommendations/Action Items

- Maintain continuous readiness for accreditation; promote continuous performance improvement
- Increase data capture and analysis to support leadership decisions
- Provide an Electronic Health Record (EHR) to meet the needs of AFRH clinical staff to include Care Planning and documentation requirements
- Promote transparency and a just culture to enhance quality and safety of care-send representative(s) to the DHA Patient Safety Professionals Course in October





Organizational Accreditations

AFRH Advisory Council

April 18, 2024

The Joint Commission (TJC)

The Joint Commission (TJC or JCAHO) is an international nonprofit accrediting agency that focuses on quality and safety in healthcare and mental health settings.

Generally a 36 month survey cycle with authority to survey “for cause” between surveys

Non-deemed facility status-TJC does not provide accreditation decisions and reports to CMS or state agencies for validation

AFRH is accredited under four program manuals

- Ambulatory Care
- Nursing Care
- Home Care
- Assisted Living

Each manual has specific standards requirements

Accreditation Participation Requirements (APR)	Medication Management (MM)
Environment of Care (EC)	National Patient Safety Goals (NPSG)
Emergency Management (EM)	Provision of Care (PC)
Human Resources (HR)	Performance Improvement (PI)
Infection Prevention & Control (IC)	Record of Care, TX, and Svcs (RC)
Information Management (IM)	Rights & Responsibilities (RI)
Leadership (LD)	Waived Testing (WT)
Life Safety (LS)	

The Joint Commission (TJC)

Safety Priorities

- Infection Prevention
- Workplace violence
- Suicide Prevention
- Emergency Management

Each facility surveyed separately and carries independent accreditation certification

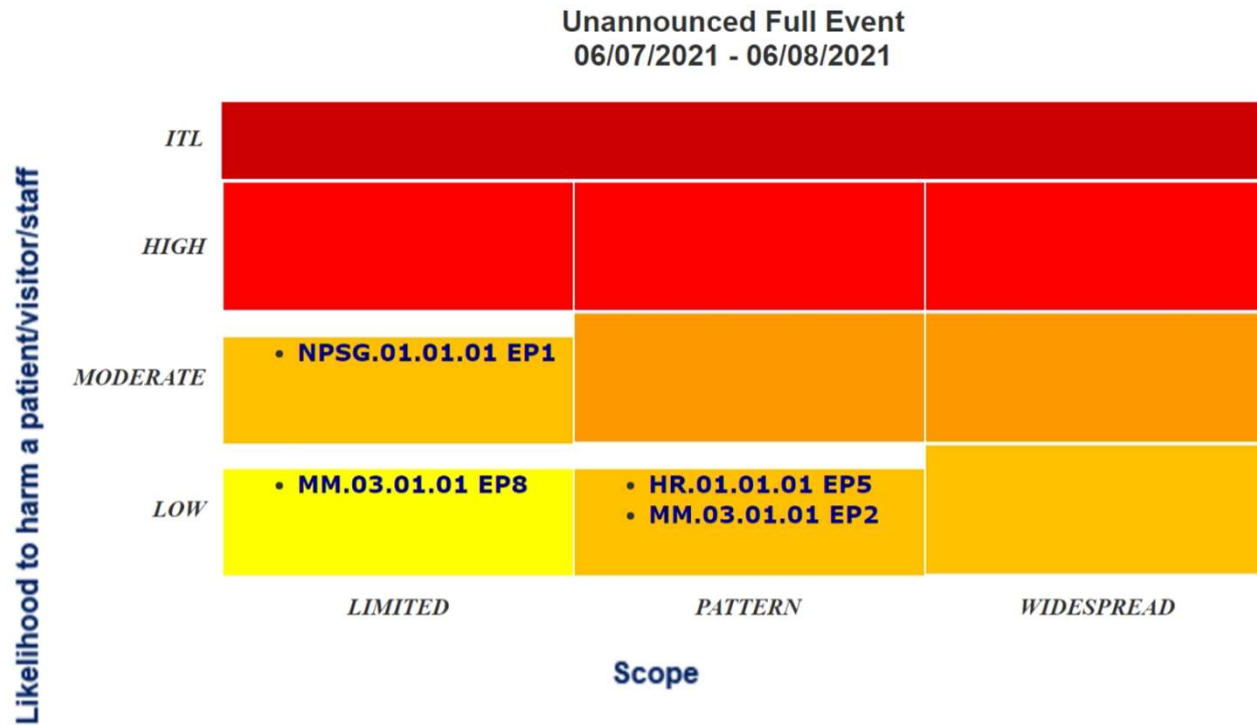
- Washington DC survey: June 7-8, 2021
 - Survey anniversary date: June 9, 2024
 - Assisted Living Extension Survey Oct. 17-18, 2022
- Gulfport MS. survey: June 10-11, 2021
 - Survey anniversary date: June 12, 2024
 - Assisted Living Extension Survey Oct. 20-21, 2022

Current Accreditation Status

Both campus locations fully accredited without conditions

The Joint Commission (TJC)

Survey Analysis for Evaluating Risk (SAFER) Matrix-Washington DC Full Survey



The Joint Commission (TJC)

SAFER Matrix-Washington DC Assisted Living Extension Survey

Unannounced Extension New Program
10/17/2022 - 10/18/2022



Likelihood to harm a patient/visitor/staff

<i>ITL</i>	[Red]		
<i>HIGH</i>	[Red]		
<i>MODERATE</i>	MM.04.01.01 EP2 PC.01.02.03 EP3	PC.02.01.03 EP7	[Orange]
<i>LOW</i>	EC.02.03.01 EP9 EC.02.03.03 EP3	[Yellow]	[Yellow]
	<i>LIMITED</i>	<i>PATTERN</i>	<i>WIDESPREAD</i>

Scope

The Joint Commission (TJC)

SAFER Matrix-Gulfport MS Full Survey

Unannounced Full Event
06/10/2021 - 06/11/2021

<i>ITL</i>			
<i>HIGH</i>		RI.01.03.01 EP1	
<i>MODERATE</i>	HR.01.06.01 EP5 IC.02.01.01 EP2 IC.02.02.01 EP2 UP.01.03.01 EP2		
<i>LOW</i>		NPSG.01.01.01 EP1	
	<i>LIMITED</i>	<i>PATTERN</i>	<i>WIDESPREAD</i>

Scope

Likelihood to harm a patient/visitor/staff

The Joint Commission (TJC)

SAFER Matrix-Gulfport MS. Assisted Living Extension Survey

**Unannounced Extension New Program
10/20/2022 - 10/21/2022**

<i>ITL</i>			
<i>HIGH</i>			
<i>MODERATE</i>	MM.03.01.01 EP7 MM.04.01.01 EP2 PC.01.02.01 EP1 PC.02.01.03 EP17 WT.04.01.01 EP4		EC.02.04.03 EP3 MM.03.01.01 EP2 PC.02.01.03 EP7
<i>LOW</i>			
	<i>LIMITED</i>	<i>PATTERN</i>	<i>WIDESPREAD</i>
	Scope		

Commission on Accreditation of Rehabilitation Facilities (CARF)

CARF is an international nonprofit that focuses on service providers of health and human services to promote quality and value to enhance the lives of persons served.

Generally a 5 year accreditation cycle with focus on assessment of sustainability and impact of:

- Strategic Direction
- Services Offered (transportation, recreation, home-like environment)
- Accessibility
- Cultural Competency, Diversity & Inclusion
- Financial Management
- Performance Measurement and Management
- Risk Management
- Legal Requirements

Commission on Accreditation of Rehabilitation Facilities (CARF)

Survey Anniversary Dates

Each facility surveyed separately and carries independent accreditation certification

- Washington DC: Sep. 27-29, 2021
 - Survey anniversary date: Aug. 2026
- Gulfport: Oct. 18-20, 2021
 - Survey anniversary date: Oct. 2026

Current Accreditation Status

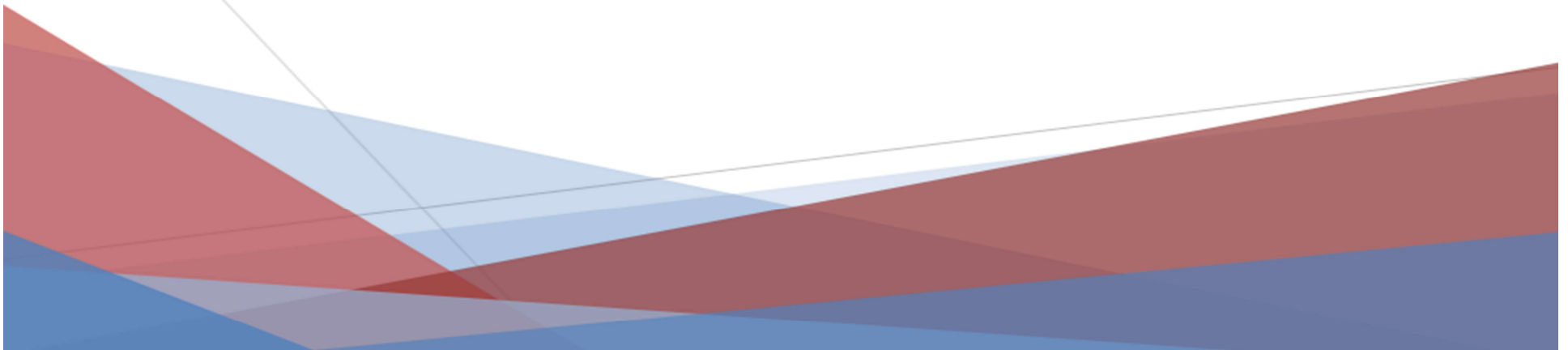
Both campus locations are fully accredited without conditions



Public Affairs Office

AFRH Advisory Council

April 18, 2024



Areas of Responsibility

- **Public Affairs**
- **Eligibility Office**
- **Marketing**
- **Advertising**
- **Event Planning and Coordination**

Team

- **Karen Nowowieski, *Public Affairs Officer***
- **Mark Bittner, *Eligibility***
- **Becki Zschiedrich, *Eligibility/Advertising***
- **Marine Robbins, *Advertising/Marketing***
- **Kathryn Burkle, *Eligibility/Contractor***

Public Affairs

General Responsibilities

- **Federal Communications**
 - Internal - newsletters, staff meetings, information reach
 - External - news media queries, interview requests, social media
- **Community Relations**
 - Special event coordination/Protocol
 - Campus Tours
- **Media Relations**
- **Publicity and Political Visitors**

Eligibility

Redefining a Process (April 2023)

- **Evaluated and redefined office processes**
 - New tracking documents with increased detail
 - Identified redundancies & re-assigned tasks accordingly
 - Embraced technology
 - Assumed Campus responsibilities

Impact

- **Reduced application processing (90 → 30 days or less)**
- **Processed 150 full applications, 44 waitlist applications**
- **Currently 35 applicants in process**
 - 25 Gulfport, 10 Washington
- **Easier tracking methods, reduced postage and paper consumption**
- **Assumption of document collection cut move-in assignment delays**

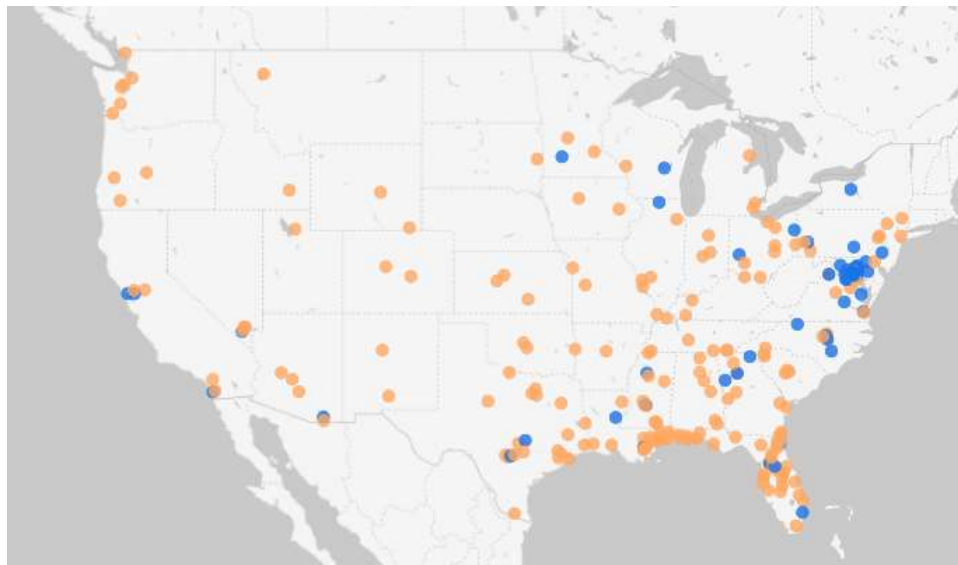
Marketing

Key Selling Points

- **Cost, Medical Care, Vitality, Military History**
 - Set new marketing strategy
 - Building brand recognition and satisfaction
 - Understanding demographics

Inquiries To Date

327



● Gulfport, MS ● Washington, DC

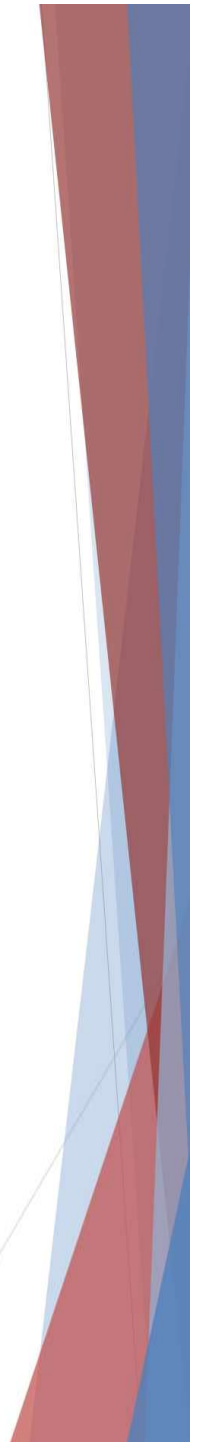
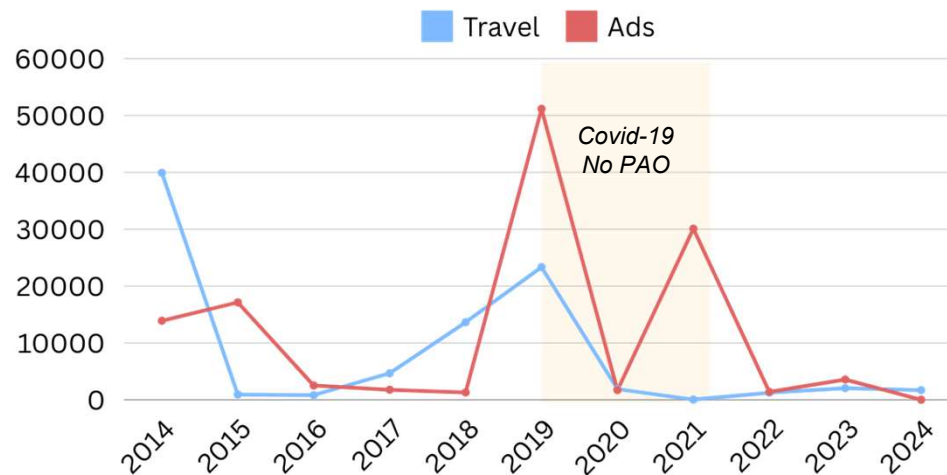
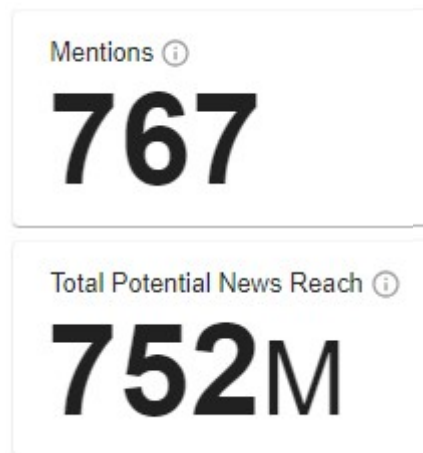
Campus:	Completed
Gulfport, MS	77%
Washington, DC	23%

Veteran Only	73%
Couple Non-military	21%
Couple Dual-military	5%

Marketing

Strategies

- **Storytelling over Advertising**
 - Organization vs. Resident stories
- **Earned Media vs. Purchased Advertising**
 - Cut travel associated with advertising
 - Pulled advertising in-house
 - Tracking in place to identify low-infiltrated areas
- **Redistribution of office tasks**
 - Purchasing, background checks, newsletter transferred to DC office



Advertising

Execution of Marketing Strategy

- **Storytelling as a low-cost method**
 - AARP.com, CBS Sports
 - Military Retiree Magazines (Afterburner, Echoes, Submariner, etc.)
 - Military newsletters (DFAS, TRICARE, etc.)
- **Re-building an image**
 - Agency website
 - Communicator newsletter
 - Social Media
- **Connecting with other Agencies**
 - American Battle Monuments Commission, Armed Forces Network, Military bases
 - Transition Assistance Program (TAP)

AARP News | US | Nov 29, 2023 | 12:58 AM

The Armed Forces Retirement Home: A Sanctuary for Enlisted Soldiers

The **Armed Forces Retirement Home** is a well-kept secret, even among veterans. More than 200 former enlisted men and women reside on the

Armed Forces Retirement Home

16.8M Reach | 17 Social Echo | 680k Views | Positive

January 2024

»» QUARTERLY ISSUE ««

THE COMMUNICATOR

ARMED FORCES RETIREMENT HOME

OUR LEGACY
FRED SMITH
by Dan Ellis

EARLY YEARS ««
Frederick S. Smith was born to Frederick and Isabelle Smith in Worcester, Mass., on April 3, 1932. He attended Manning Street Elementary School, South High, and later Worcester S. College in the evenings evenings where he received an associate degree in engineering.

MILITARY CAREER ««
Fred was drafted in November 1951 and completed his Basic Training at Ft. Bliss, TX. He was then sent to Okinawa, where he was attached to the 738th Army (Gen. Safford). Before his departure in November 1953, he received his corporal rank.

MUSIC ««
Fred started playing piano at age six and even had his first professional gig at age 11 and continued playing weekends with various local bands. While in Korea, just after the 1952 Armistice, Fred formed his own Jazz and Standards band called the Six Saxes of Ocean that played nightly at NCO clubs and most Sunday afternoons at the officers club. When he returned to civilian life, Fred married his high school sweetheart, Lisa and had three children. He continued his engineering pursuit and received his BS degree from Clark University in 1965. He then worked as a defense and mechanical engineer at various industries including Raytheon and GE. During those years, Fred continued playing piano, sometimes nightly, weekends or Sunday afternoons, either with his own band or by playing with other groups. Upon retiring in 1990, Fred became a Piano Soloist providing background music at restaurants.

AGENCY NEWS

ADVISORY COUNCIL SWORN-IN
Our Agency leadership sworn in a new members for the Armed Forces Retirement Home Advisory Council. As required by Section 436 of Title 24 of the United States Code, the Advisory Council is comprised of experts in retirement home administration, gerontology, financial management, veterans affairs, military affairs, and other domains of expertise. They will provide industry insight and recommendations to our leaders.

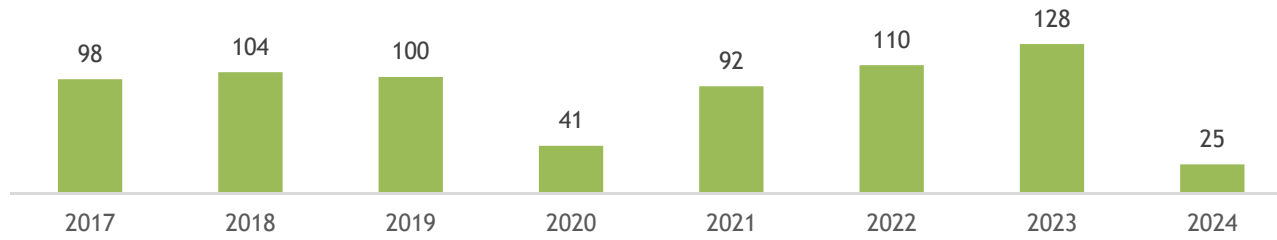
NEW GOALS FOR 2024 ««
With new metrics in place to track occupancy and savings, the Public Affairs office is committed to increasing occupancy to the full capacity of each campus. The Washington campus will continue to manage a waiting period for the completion of the Sheridan renovation project. The Gulfport campus is on a waiting for complete only, and we're encouraging our single applicants to set their move-in dates and join our communities before it's too late!

ADMISSIONS UPDATES

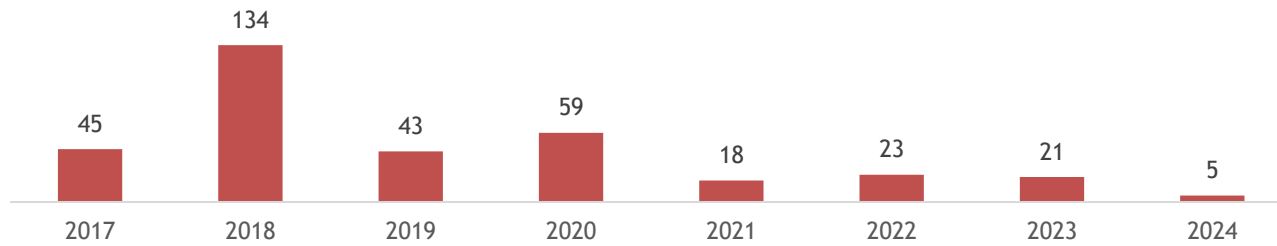
RETIREMENT
Since arriving at AFRRH in 2022, Fred has continued keeping his fingers plied to the keyboard in the Home's Recital Room in the company of all guests. Fred had originally become aware of the grand facilities that are available at the Home through his son, Stephen, who had been the Contract Executive for the new AFRRH building in Gulfport.

Key Trends

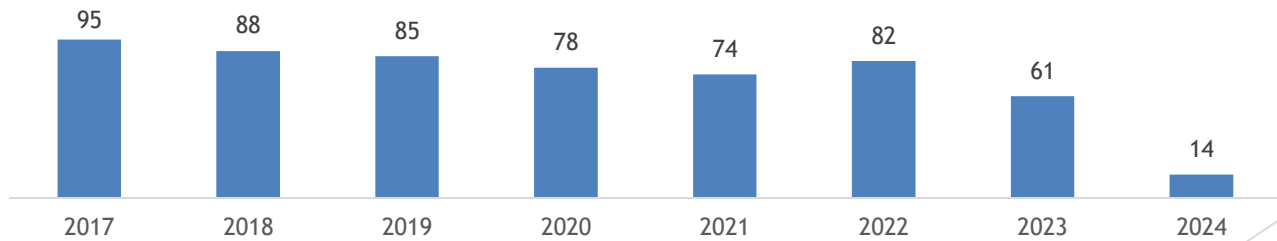
Admissions



Discharges



Deaths





AFRH-Washington Sheridan Building Renovation

AFRH Advisory Council

April 18, 2024

Sheridan Building Overview

- ▶ Completed November 1962 as part of the 1953 Master Plan
- ▶ Largest building on campus at 296,540 sqft, primary residential building with 491 rooms across seven residential floors
 - ▶ 431 independent living (all floors)
 - ▶ 60 assisted living (floors 2-3, egress concerns)
 - ▶ Amenities on basement level: bowling alley, ceramics and woodworking studios, AAFES-operated convenience store, thrift shop, laundry, salon/barbershop
 - ▶ Rooms are 40% smaller than the lowest quartile of retirement communities and 40% smaller than Gulfport's average 445 sqft; lack kitchenettes, cannot easily accommodate a double bed



Renovation Project Overview

- ▶ \$107.6 million project estimate
 - ▶ \$304,000 avg per unit (incl common and amenity), \$15 million per floor
 - ▶ Estimate includes \$6.7 million contingency (6+%)
 - ▶ Gulfport replacement was \$236 million (2006 \$)
- ▶ \$77 million initial funding secured, \$31 million remainder requested in FY25 budget
- ▶ GSA management agreement in place
- ▶ Approvals received from DC Historic Preservation Office, Commission on Fine Arts, and National Capital Planning Commission



	Year 1 2024	Year 2 2025	Year 3 2026	Year 4 2027
Activity summary	GSA Solicits Construction Management & General Contractor	Phase 1 Construction Begins	Phase 1 Construction Completes, Phase 2 Construction Begins	Phase 2 Construction completes
Spending authority	\$77 million	\$31 million (requested)		
Temporary room count	261	261	183	183

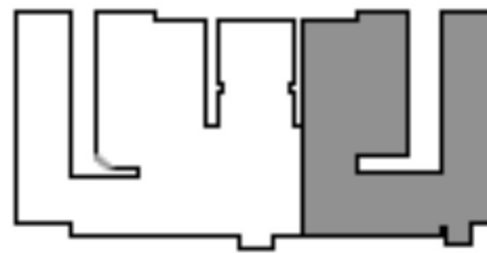
Safety

- ▶ The existing building systems (electrical, mechanical, and plumbing) are split into nearly equal halves (Area “A” and Area “B”). These halves are separated by rated fire doors and walls. In essence, each half is completely independent of the other.
- ▶ Phase 1 construction will only include Area A while residents reside in Area B. Phase 2 will be the reverse. This phasing reduces any crossover of any construction activities or events into the resident areas.
- ▶ To ensure air quality, air scrubbers will be placed on each floor where construction areas and resident areas are separated. Air monitors will be installed to test air quality
- ▶ A combined team of GSA and AFRH safety inspectors and officers will be onsite during all construction hours. No construction will be allowed without said inspector or officers

Area A
Phase 1



Area B
Phase 2



Background



Existing Resident Rooms

- ▶ Last interior renovation 1992-1994, added private bathrooms
- ▶ Rooms are 40% smaller than the lowest quartile of retirement communities:

Average Unit Size of Continuing Care Retirement Communities (in square feet)			
AFRH Sheridan Bldg 272	Lower Quartile	Median	Upper Quartile
	434	750	1,439

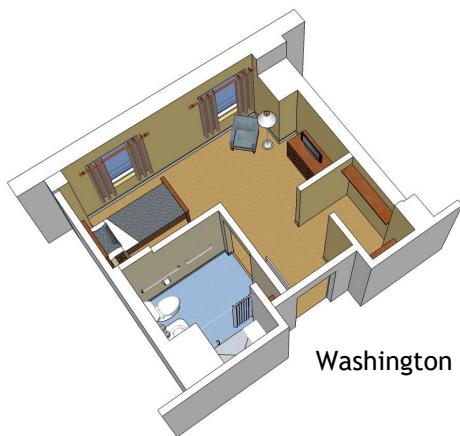
Source: *The State of Seniors Housing, 2019*; American Seniors Housing Association

- ▶ All rooms virtually identical single-occupancy size and layout, cannot accommodate couples or power mobility devices

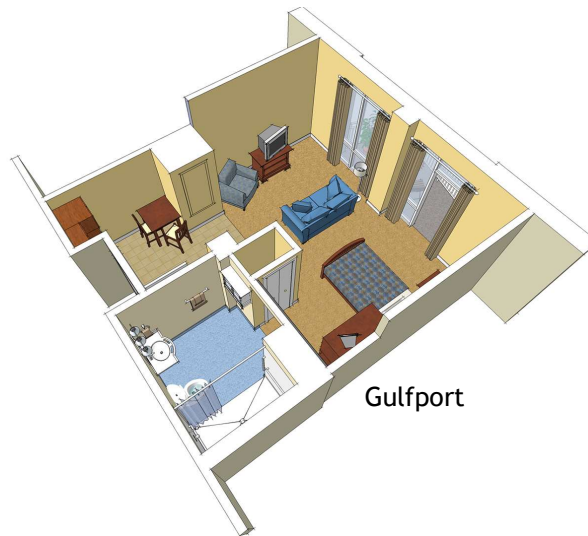


Resident Rooms—Gulfport Comparison

- ▶ Sheridan Building rooms are 40% smaller than Gulfport’s average 445 sqft rooms and lack kitchenettes, cannot easily accommodate a double bed
- ▶ By law rates must be the same at both campuses



Washington



Gulfport

Existing Exterior

- ▶ “Modern Movement” bomb-resistant structure
- ▶ Curtain wall façade, non-load-bearing
- ▶ E-shaped layout typical of early 20th century Washington area office buildings
- ▶ Austere appearance
- ▶ Balconies unusable since 2011 earthquake



Existing Common Areas



Renovation Design

Requirements

- ▶ Contemporary design, appeal to veteran retirees for the next 25-30 years
- ▶ Maximize number of units, but with minimum unit size 300 sqft
- ▶ Modern retirement living design elements, such as eliminating shower curbs
- ▶ Incorporate ADA-compliant units using universal design principles to conceal or minimize need for conversion
- ▶ Relocate Assisted Living to ground floor
- ▶ Add recharge “parking” areas for power motor devices
- ▶ Additional resident storage
- ▶ Capture exterior balconies for hallway relocation or room expansion
- ▶ Add new floor above ground level amenity space for Assisted Living
- ▶ Protect and conserve water
- ▶ Reinforce foundation for modern HVAC

Sustainability

- ▶ Optimize energy performance
- ▶ Protect and conserve water
- ▶ Enhance indoor environmental quality
- ▶ Reduce environmental impact of materials
- ▶ Address all deferred maintenance

Floor 1 Design

Assisted Living - 54 rooms, 82 capacity, 526 sqft average

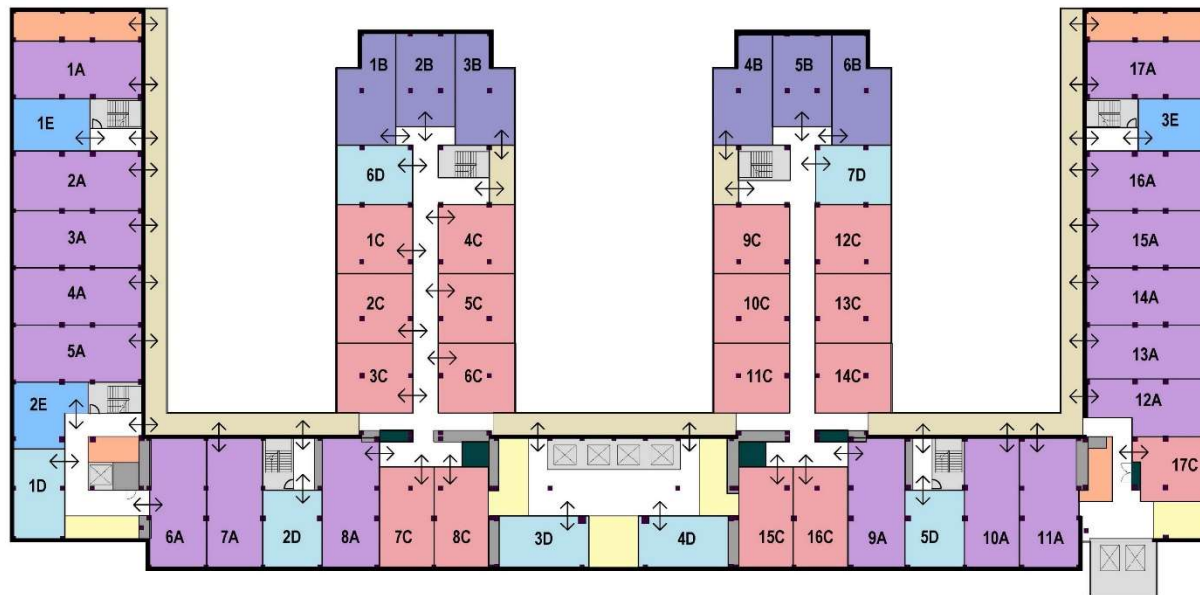
- ▶ Consolidates AL on single floor (currently two) on ground level
- ▶ Rooms 325 to 750 sqft, average 526 sqft (90% larger)
- ▶ Adds new floor to current ground level roof to create central common area space



Floors 2-7 Design

50 rooms, 90 capacity, 561 sqft average

- ▶ Uses balconies for interior circulation, resulting in much larger units and adds 6,390 sqft per floor
- ▶ Rooms 400 to 730 sqft, average 561 sqft (110% larger)
- ▶ Updated heating and cooling and electrical infrastructure
- ▶ Increases total capacity from 75 to 90, including spouses



CONCEPT KEY

RESIDENT ROOMS

700-730 SQ FT =	#A	17
550-575 SQ FT =	#B	6
500-520 SQ FT =	#C	17
450 SQ FT =	#D	7
400-430 SQ FT =	#E	3
SUPPORT =		
PUBLIC =		
NEW UTILITY =		
EXISTING UTILITY =		
CIRCULATION =		
VERTICAL CIRCULATION =		
ENCLOSED BALCONY =		

TOTAL # OF ROOMS = 50

Architectural Concept

Resident Rooms

- ▶ Durable, easy to clean, aesthetically pleasing finishes
- ▶ Accessible bathrooms, curbless showers with sloped floor for draining, slip-resistant porcelain tile flooring
- ▶ Accessible kitchenette and maximize closed storage
- ▶ Some room styles vary due to column placement and location of exterior windows. Most designed to include a full-size bed. Design goal is to offer full privacy between the sleeping area and the open living room and kitchenette.



Architectural Concept

Room Entrances and Corridors

Distinctive features help with wayfinding. Shadow boxes or signage areas create a level of personalization to each room for the resident to showcase photos, trinkets and art for self-expression. Cabinets can be lockable and recessed.



Architectural Concept

Public Spaces

- ▶ Reduce public spaces per floor to maximize resident room space
 - ▶ Space is still located across from the main elevator lobby to serve as a game area or open lounge
 - ▶ The single elevator lobby at the north end of the building has ample space for an open and quiet reading area and is an ideal location to park and charge power motorized devices
- ▶ Adds laundry room on each floor
 - ▶ Due to architectural constraints and limits of open areas, laundry rooms must be located at the end of a wing
 - ▶ A central laundry facility is currently located on the basement level

GSA milestone schedule

Phase 1

Task Name	Start	Finish
MOA Completion – Signed by both GSA/AFRH	7/20/23	11/2/23 (complete)
Reimbursable Work Authorization (RWA)	11/8/23	1/16/24 (complete)
Fair Opportunity Notice – Market Analysis*	2/22/24	3/4/24(complete)
PR Package Preparation	3/11/24	3/18/24
Evaluation Factor	3/18/24	3/25/24
Acquisition Plan	3/25/24	4/1/24
OOA and SBA Reviews	4/1/24	4/29/24
Solicitation	4/29/24	5/16/24
Site Visit (Proposed)*	5/10/24	5/10/24
Request for Information Period	5/16/24	5/30/24
Proposal Evaluation	5/30/24	6/5/24
Award Documentation	6/5/24	6/19/24
Final Award Package Reviews	6/19/24	6/27/24
CM Award*	6/28/24	6/28/24
Construction NTP*	1/17/25	1/17/25
Construction	1/20/25	7/22/26
Construction Substantial Completion*	8/5/26	8/5/26
Close out	8/6/26	9/9/26
Building Turnover to Operations*	10/14/26	10/14/26
Task Name	Start	Finish
Construction NTP*	10/1/25	10/1/25
Construction	11/26/26	3/29/28
Construction Substantial Completion*	4/12/28	4/12/28
Close out	4/13/28	5/17/28
Building Turnover to Operations*	5/18/28	5/18/28

Phase 2

Alternatives Considered

Economy option

- ▶ Interior facelift and larger rooms within existing footprint
- ▶ \$7.5 million per-floor estimate yielded only modestly larger rooms, decreased capacity
- ▶ No mechanical systems replacement or balcony repair and integration

New construction

- ▶ Master plan permits construction of three additional low-rise buildings
- ▶ Feasibility study estimated \$503 million for 479 units (\$1.05 million per)
 - ▶ Sheridan Bldg current has 491 units, 354 post-renovation
- ▶ Multi-year process for NCPC and CFA reviews and approvals, updated studies, and public comment
- ▶ Requires underground parking and Grant demolition (\$4 million), NCPC Master Plan amendment
- ▶ Sheridan Building would still require renovation or demolition (\$7 million)

Feasibility Study

Feasibility study commissioned Mar 2021

- ▶ Assess structural integrity of and provide renovation concepts for historic Grant and Security Buildings
- ▶ Conceptualize 3 new residential buildings (authorized in approved Master Plan) and provide renderings
- ▶ Estimate costs to abate HAZMATs and renovate Grant and Security, and to design/build 3 new buildings

AFRH conclusions

- ▶ Raze Grant Building (176,500 sf)
 - ▶ Renovation cost: NLT \$130M for 72 units (\$1.8M per unit)
 - ▶ Demolition cost: \$4.1M (at \$23/sf, excluding reclamation of materials)
- ▶ Renovate Security Building (7,885 sf)
 - ▶ Estimated cost: \$5.2M
- ▶ Design/build three new buildings (666,400 sf)
 - ▶ Estimated building cost: \$503M (479 units, \$1M per unit)
 - ▶ Cost to raze Sheridan: \$6.8M (at \$23/sf)

Costs based on concepts - not fully spec'd architectural designs - but provide benchmark

“The cost of a residential unit in the fully renovated Grant Building is approximately 50% more than a residential unit of equal size in one of the new buildings.”

GSA believes historic rehab cost is low; \$750-1000/sf at St. Elizabeth's

Rendering

