

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

ITEM NUMBER: D-02	BOARD MEETING: September 26, 2017	PROJECT NUMBER: 14-022						
PERMIT HOLDERS(S): Des Rehabilitation, LLC	Plaines Property, LLC	and Asbury Court Nursing &						
FACILITY NAME and LOCATION	FACILITY NAME and LOCATION: Asbury Court Nursing and Rehabilitation, Des Plaines							

DESCRIPTION: The permit holders (Des Plaines Property, LLC and Asbury Court Nursing & Rehabilitation, LLC) are requesting to increase the cost of the project from the approved permit amount of \$7,212,934 to \$7,717,839 or \$504,905 an increase of 7.00%.

<u>77 IAC 1130.750 – Alteration of Post Permit Projects</u> specifies that a permit is valid only for the project as defined in the application and any change to the project subsequent to permit issuance constitutes an Alteration to the Project. <u>All alterations</u> are required to be reported to the State Board before any alteration is executed. Project alterations shall not increase the total approved permit amount by more than the limit (7%) set forth under the Board's rules.

STATE BOARD STAFF REPORT ALTERATION TO PERMIT Asbury Court Nursing and Rehabilitation PERMIT #14-022

I. <u>Project Description:</u>

On August 27, 2014 the permit holders (Des Plaines Property, LLC and Asbury Court Nursing & rehabilitation, LLC) were approved to construct and operate a seventy-one (71) bed long term care unit on the campus of an existing retirement community. The approved cost of the project is \$7,212,934. The original completion date was July 31, 2016.

Asbury Court Retirement Community is a senior living/assisted living community located in Des Plaines. The community currently has 225 independent living units, and 150 supportive living units. The new LTC facility will utilize existing space (3,427 GSF), modernized space (1,634 GSF), and newly constructed space (42,505 GSF). Once completed the LTC unit will serve both residents of the retirement community, and the service area.

II. Project Chronology

Permit #08-064

- On <u>January 27, 2009</u>, the permit holders received a Certificate of Need (CON) permit for Project #08-064, Asbury Health Services. Under this CON permit, the permit holders were authorized to establish a sevent75-bed skilled nursing unit on the campus of the existing retirement community, located at 1750 Elmhurst Road, Des Plaines at a cost of \$4,223,760. This permit was awarded under the Continuum of Care Retirement Community (CCRC), variance. At the time of approval Permit # 08-064 was to be completed by January 31, 2011.
- On <u>June 8, 2010</u> the permit holders were granted a one (1) year extension to obligate Permit #08-064 until July 27, 2011. The State Board was notified of financial commitment on May 17, 2013.
- On <u>December 14, 2010</u> the permit holders were granted a permit renewal with a new completion date of December 30, 2013.
- On <u>December 17, 2013</u> the permit holders were approved for a second permit renewal with a new completion date of June 30, 2015.

Permit #14-022

- On May 30, 2014 the permit holders <u>reapplied</u> for a new Certificate of Need as **Permit** # **14-022** to remove the CCRC (Continuum Care Retirement Community) variance and increase the cost of the project to \$7,212,934.
- On <u>August 27, 2014</u> the permit holders (Des Plaines Property, LLC and Asbury Court Nursing & rehabilitation, LLC) were approved to construct and operate a seventy-one (71) bed long term care unit on the campus of an existing retirement community as Permit #14-022.
- On <u>August 27, 2014 Permit #08-064 was relinquished</u> with the approval of Permit #14-022.
- On <u>June 16, 2016</u> the State Board approved a permit renewal to change the completion date to July 31, 2017. (First Permit Renewal)
- On <u>February 2, 2017</u> the State Board issued a consent agreement (HFSRB 16-14) to allow the permit holders to increase the size of the project to <u>47,588 GSF from 29,056 GSF or 18,532 GSF a 64% increase.</u>
- On <u>June 16, 2017</u> the permit holders submitted a second permit renewal request to change the completion date to July 31, 2018. The current project costs <u>paid</u> is \$6,963,025.48. The permit renewal is before the State Board today.
- On <u>August 7, 2017</u> the permit holders submitted an alteration request to increase the cost of the project from \$7,212,934 to \$7,717,839 or \$504,905 an increase of 7.00%.

III. Alteration Request:

The permit holders are requesting to increase the cost of the project from the approved permit amount of \$7,212,934 to \$7,717,839 or \$504,905 an increase of 7.00%. Per the applicants "the reason for the increase in the project costs is an increase in construction costs since the project was approved." The reason for the increase in square footage as stated by the applicants:

"The initial architect did not include the second floor square footage in the initial calculation as it was only going to house a mechanical room. It was not until that architect was replaced and the new architect determined the square footage for the second floor should be included regardless of the use. Subsequently, Asbury decided to build out the second floor, which is why the additional square footage has been allocated to clinical and non-clinical areas."

IV. <u>Summary of Findings</u>

- **A**. The State Board Staff finds the proposed alteration appears to be in conformance with the provisions of Part 1110.
- **B.** The State Board Staff finds the proposed alteration appears to be in conformance with the provisions of Part 1120.

V. Project Costs and Sources of Funds

As shown in Table One below the applicants have increased the cost of the project by \$504,905 an increase of 7.00%. A seven percent (7%) increase is the most allowed by State Board rule. [77 IAC 1130.750 (b) (5) – Alteration to Permit]

		r	TABLE ONE							
	Project Costs and Sources of Funds									
Use of Funds	Clinical	Nonclinical	Total	Clinical	Nonclinical	Total	% Difference			
		Approved			Proposed A	Alteration				
Pre planning Costs	\$27,482	\$12,118	\$39,600	\$27,482	\$12,118	\$39,600	0.00%			
Site Survey and Soil Investigation	\$10,688	\$4,712	\$15,400	\$10,688	\$4,712	\$15,400	0.00%			
Site Preparation	\$21,375	\$9,425	\$30,800	\$21,375	\$9,425	\$30,800	0.00%			
Off Site Work	\$68,706	\$30,294	\$99,000	\$68,706	\$30,294	\$99,000	0.00%			
New Construction Contracts	\$3,589,791	\$1,582,818	\$5,172,609	\$3,942,761	\$1,734,738	\$5,677,514	7.00%			
Modernization Contracts	\$171,381	\$75,566	\$246,947	\$171,381	\$75,566	\$246,947	0.00%			
Contingencies	\$188,059	\$82,919	\$270,978	\$188,059	\$82,919	\$270,978	0.00%			
Architectural/Engineering Fees	\$359,631	\$158,569	\$518,200	\$359,631	\$158,569	\$518,200	0.00%			
Consulting and Other Fees	\$179,399	\$79,101	\$258,500	\$179,399	\$79,101	\$258,500	0.00%			
Movable or Other Equipment	\$389,265	\$171,635	\$560,900	\$389,265	\$171,635	\$560,900	0.00%			
Total Uses of Funds	\$5,005,777	\$2,207,157	\$7,212,934	\$5,510,682.	\$2,207,157	\$7,717,839	7.00%			
Source of Funds	Clinical	Nonclinical	Total	Clinical	Nonclinical		Total			
Cash and Securities			\$1,442,587			\$1,947,492	7.00%			
Mortgages			\$5,770,347			\$5,770,347	0.00%			
Total Sources Of Funds			\$7,212,934			\$7,717,839	7.00%			

VI. Size of the Project

A) Criterion 1125.620 - Project Size

To demonstrate compliance with this criterion the applicants must document that amount of physical space proposed for the project is necessary and not excessive.

The State Board Standard for skilled care beds is 350-570 DGSF/Bed. The applicants are proposing seventy-one (71) beds in 33,048 GSF of clinical space or 466 DGSF/Bed. This is an increase of 188 DGSF per bed from the approved permit amount of 278 DGSF per bed or a total of 13,270 DGSF. The additional gross square footage was approved as part of the consent agreement (HFSRB 16-14)

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN COMFORMANCE WITH THE REQUIREMENTS OF CRITERION PROJECT SIZE (1125.620)

					Т	ABLE TWO							
					Cost S ₁	pace Requirer	nents						
	Approved Permit						Proposed			D	ifferences		
Clinical	Total Cost	Approved	New Const.	Mod.	As Is	Total Cost	Proposed	New Const.	Mod.	As Is	Total Cost	Proposed	New Const.
						Clinical							
Nursing	\$3,292,935	13,010	13,010	0	0	\$3,850,819	23,748	23,040			\$557,884	10,738	10,030
Living/Dining/Activity	\$576,710	2,279	2,279	0	0	\$575,499	3,549	4,043			(\$1,211)	1,270	1,764
Kitchen/Food Service	\$767,394	3,032	190	0	2,842	\$754,495	4,653	339		2,842	(\$12,899)	1,621	149
PT/OT	\$0	0	812	0	0	\$0	0	1,441			\$0	0	629
Laundry	\$0	0	0	0	0	\$0	0	0			\$0	0	0
Janitor Closets	\$3,214	13	13	0	0	\$3,718	23	23			\$504	10	10
Clean/Soiled Utility	\$87,142	344	344	0	0	\$97,731	603	610			\$10,589	259	266
Beauty/Barber	\$72,892	288	0	0	288	\$76,485	472	0		288	\$3,593	184	0
Sub Total	\$5,005,777	19,778	16,626	0	3,130	\$5,358,747	33,048	29,496	0	3,130	\$352,970	13,270	12,870
						Non Clinical							
Office/Administration	\$282,615	1,188	535	653	0	\$411,606	2,537	947	653		\$128,991	1,349	412
Employee Lounge/Locker	\$59,949	252	252	0	0	\$72,808	449	446	0		\$12,859	197	194
Mechanical/Electrical	\$87,782	369	369	0	0	\$56,333	347	653	0		(\$31,449)	-22	284
Lobby	\$118,470	498	408	90	0	\$140,833	868	723	90		\$22,363	370	315
Storage/Maintenance	\$211,248	888	818	70	0	\$239,948	1,479	1,447	70		\$28,700	591	629
Corridor/Public Toilet	\$1,309,355	5,504	4,426	782	297	\$1,406,474	8,669	7,839	781	297	\$97,119	3,165	3,413
Stairs/Elevator	\$137,739	579	539	40	0	\$31,090	191	954	40		(\$106,649)	-388	415
Sub Total	\$2,207,157	9,278	7,347	1,634	297	\$2,359,092	14,540	13,009	1,634	297	\$151,935	5,262	5,662
Total	\$7,212,934	29,056	23,995	1,634	3,427	\$7,717,839	47,588	42,505	1,634	3,427	\$504,905	18,532	18,510

VII. FINANCIAL VIABILITY

A) Criterion 1120.120 - Availability of Funds

To demonstrate compliance with this criterion the applicants must document that the additional cash is available to fund the additional cost of the project.

According to the permit holders the additional cost will be funded from cash and securities. The State Board Staff finds the applicants in compliance with this criterion because the applicants have demonstrated the ability to fund the project as evidence of costs paid to date of \$6,963,025.48.

THE STATE BOARD STAFF FINDS THE PROPOSED ALTERATION IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 IAC 1120,120)

VIII. ECONOMIC FEASIBILITY

A) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs

All clinical costs remain unchanged from the Original State Board Staff Report except new construction costs and a proportionate share of contingencies.

New Construction Costs and a proportionate share of contingencies total of \$4,112,357 or \$139.42.GSF. The approved State Board Standard is \$228.68 GSF.

THE STATE BOARD STAFF FINDS THE PROPOSED ALTERATION IS IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 IAC 1120.140 (c)).



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HEALTH FACILITIES & SERVICES REVIEW BOARD

August 7, 2017

Anne M. Cooper (312) 873-3606 (312) 276-4317 Direct Fax acooper@polsinelli.com

Via Federal Express

Ms. Kathryn J. Olson Chair Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2nd Floor Springfield, Illinois 62761

Re: Asbury Court Nursing and Rehabilitation (Proj. No. 14-022)

Dear Ms. Olson:

Pursuant to Section 1130.750 of the Illinois Health Facilities and Services Review Board ("State Board") rules, I am writing on behalf of Asbury Court Nursing and Rehabilitation, LLC and Des Plaines Property, LLC (the "Permit Holders") to request an alteration of Project Permit No. 14-022 to increase the approve project costs.

As you are aware, on August 27, 2014, the State Board approved the Permit Holders' application to establish a 71 bed general long term care facility to be located at 1750 Elmhurst Road, Des Plaines, Illinois. Since approval of the project, construction costs have increased, and the Permit Holders request the State Board approve a \$504,905 increase in project costs for a total approved permit amount of \$7,717,839. As noted in the table on the following page, the increase in project costs is attributable to the increase in the cost of new construction. The Permit Holders are a small nursing care provider operating only one skilled nursing facility in North Aurora. The project costs for Asbury Court were based primarily on the Permit Holders' experience in constructing its Asbury Gardens facility in North Aurora, which was their first nursing home project in 30 years. Construction on Asbury Gardens commenced during the recession when the construction industry was depressed and costs significantly lower. As the economy and the construction industry recovered, costs have steadily increased. As a result, construction costs for Asbury Court are much higher than anticipated and necessitated the filing of this alteration. The increased project costs will be funded with additional cash and securities.

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Ms. Kathryn J. Olson August 7, 2017 Page 2

Project	Costs and Sources of Fu	ınds	
USE OF FUNDS	Approved Permit Amount	Alteration Request	Difference
Preplanning Costs	\$39,600	\$39,600	\$0
Site Survey and Soil Investigation	\$15,400	\$15,400	\$0
Site Preparation	\$30,800	\$30,800	\$0
Off Site Work	\$99,000	\$99,000	\$0
New Construction Contracts	\$5,172,609	\$5,677,514	\$504,905
Modernization Contracts	\$246,947	\$246,947	\$0
Contingencies	\$270,978	\$270,978	\$0
Architectural/Engineering Fees	\$518,200	\$518,200	\$0
Consulting and Other Fees	\$258,500	\$258,500	\$0
Movable or Other Equipment (not in construction contracts)	\$560,900	\$560,900	\$0
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$7,212,934	\$7,717,839	\$504,905
SOURCE OF FUNDS	Approved Permit Amount	Alteration Request	Difference
Cash and Securities	\$1,442,587	\$1,947,492	\$504,905
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$5,770,347	\$5,770,347	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$7,212,934	\$7,717,839	\$504,905



Ms. Kathryn J. Olson August 7, 2017 Page 3

For your review, I have attached the following:

- Revised Availability of Funds table;
- Revised Reasonableness of Project and Related Costs table;
- Revised Project Costs and Sources of Funds table (Appendix A); and
- Revised Cost Space Requirements table (Appendix D).

We believe this request is in compliance with the State Board's standards and request the State Board Chair approve the alteration of Project Permit No. 14-022 as a desk review.

If you have any questions or need any additional information regarding the project or this alteration request, please feel free to contact me

Sincerely,

Anne M. Cooper

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Attachments

SECTION V - FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

The following Sections <u>DO NOT</u> need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Availability of Funds Review Criteria
- Financial Viability Review Criteria
- Economic Feasibility Review Criteria, subsection (a)

Availability of Funds

59926478.1

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

<u>\$1.947,492</u>	a.	Cash and Secur inst	ities – statements (e.g., audited financial statements, letters from financial itutions, board resolutions) as to:
		1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b.	anticipated recei	nticipated pledges, a summary of the anticipated pledges showing ipts and discounted value, estimated time table of gross receipts and ng expenses, and a discussion of past fundraising experience.
	C.	Gifts and Beque use, and the est	sts – verification of the dollar amount, identification of any conditions of imated time table of receipts;
\$5.770,347	d.	variable or perm	ent of the estimated terms and conditions (including the debt time period, panent interest rates over the debt time period, and the anticipated dule) for any interim and for the permanent financing proposed to fund the g:
		1.	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2.	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3.	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4.	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5.	For any option to lease, a copy of the option, including all terms and conditions.
	e.	Governmental A	ppropriations - a copy of the appropriation Act or ordinance accompanied
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LTC APPLICATION FOR PERMIT July 2012 Edition

	by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f. Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g. All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$7,717,839</u>	TOTAL FUNDS AVAILABLE

APPENDIDOCUMENTATION AS ATTACHMENT 27, IN NUMERIOS EQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 1.5 times for LTC facilities; or
 - B. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1. That the selected form of debt financing for the project will be at the lowest net cost available;
- That the selected form of debt financing will not be at the lowest net cost available, but is
 more advantageous due to such terms as prepayment privileges, no required mortgage,
 access to additional indebtedness, term (years), financing costs and other factors;
- 3. That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

Identify each area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

	COST AND GRDSS SQUARE FEET BY SERVICE										
	Α	В	С	D	E	F	G	Н	Total Coat		
Area (list below)	Cost/Squ New	ıare Foot Mod.	Gross S New	iq. Ft. Circ.*	Gross S Mod.	Sq. Ft. Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	Total Cost (G + H)		
Nursing	\$236.85	\$151.13	23,971	0	1,634	0	\$5,677,514	\$246,947	\$5,924,461		
Contingency	\$10.79	\$7.56	23,971	0	1,634	0	\$258,630	\$12,348	\$270,978		
TOTALS	\$247.64	\$158.69	23,971	0	1,634	0	\$5,936,144	\$259,295	\$6,195,439		
* Include the pe	ercentage (%	6) of space	for circulat	ion							

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D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS <u>ATTACHMENT - 30,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Project Costs and Sources of Funds



Complete the following table listing all costs associated with the project. When a project or any

component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds							
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL				
Preplanning Costs	\$27,482	\$12,118	\$39,600				
Site Survey and Soil Investigation	\$10,688	\$4,712	\$15,400				
Site Preparation	\$21,375	\$9,425	\$30,800				
Off Site Work	\$68,706	\$30,294	\$99,000				
New Construction Contracts	\$3,942,761	\$1,734,753	\$5,677,514				
Modernization Contracts	\$171,381	\$75,566	\$246,947				
Contingencies	\$188,059	\$82,919	\$270,978				
Architectural/Engineering Fees	\$359,631	\$158,569	\$518,200				
Consulting and Other Fees	\$179,399	\$79,101	\$258,500				
Movable or Other Equipment (not in construction contracts)	\$389,265	\$171,635	\$560,900				
Bond Issuance Expense (project related)	\$0	\$0	\$0				
Net Interest Expense During Construction (project related)	\$0	\$0	\$0				
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0				
Other Costs To Be Capitalized	\$0	\$0	\$0				
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0				
TOTAL USES OF FUNDS	\$5,358,747	\$2,359,092	\$7,717,839				
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL				
Cash and Securities	\$1,354,126	\$593,366	\$1,947,492				
Pledges	\$0	\$0	\$0				
Gifts and Bequests	\$0	\$0	\$0				
Bond Issues (project related)	\$0	\$0	\$0				
Mortgages	\$4,004,621	\$1,765,726	\$5,770,347				
Leases (fair market value)	\$0	\$0	\$0				
Governmental Appropriations	\$0	\$0	\$0				
Grants	\$0	\$0	\$0				
Other Funds and Sources	\$0	\$0	\$0				
TOTAL SOURCES OF FUNDS	\$5,358,747	\$2,359,092	\$7,717,839				

Cost/Space Requirements

APPENDIX D

Provide in the following format, the department/area DGSF or the building/area BGSF and cost. The type of gross square footage either DGSF or BGSF must be identified. The sum of the department costs MUST equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. Explain the use of any vacated space.

	., 4	Gross Sc	quare Feet	Amount of Proposed Total Gross Square Feet That Is:				
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space	
CLINICAL								
Nursing	\$3,850,819		14,500	12,987				
Living/Dining/Activity	\$575,499		2,167	2,279				
Kitchen/Food Service	\$754,495		2,841	191		2,842		
PT/TO	\$0		0	812			·	
Laundry	\$0		0	0				
Janitor Closets	\$3,718		14	13				
Clean/Soiled Utility	\$97,731	-	368	344				
Beauty/Barber	\$76,485		288	0		288		
Total Clinical	\$5,358,747		20,178	16,626	0_	3,130	 	
NON CLINICAL								
Office/Administration	\$411,606		1,549	535	653			
Employee Lounge/ Locker/Training	\$72,808		274	252	0			
Mechanical/Electrical	\$56,333	-	212	369	0			
Lobby	\$140,833		530	408	90			
Storage/Maintenance	\$239,948		903	817	70			
Corridor/Public Toilets	\$1,406,474		5,293	4425	781	297		
Stair/Elevator	\$31,090		117	539	40			
Total Non-clinical	\$2,359,092		8,878	7,345	1,634	297		
TOTAL	\$7,717,839		29,056	23,971	1,634	3,427		