

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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Nursing	\$3,850,819		23,748	23,040			
Living/Dining/Activity	\$575,499		3,549	4,043			
Kitchen/Food Service	\$754,495		4,653	339		2,842	
PT/TO	\$0		0	1,441			
Laundry	\$0		0	0			
Janitor Closets	\$3,718		23	23			
Clean/Soiled Utility	\$97,731		603	610			
Beauty/Barber	\$76,485		472	-		288	
Total Clinical	\$5,358,747		33,048	29,496	0	3,130	
NON CLINICAL							
Office/Administration	\$411,606		2,537	947	653		
Employee Lounge/Locker/Training	\$72,808		449	446	0		
Mechanical/Electrical	\$56,333		347	653	0		
Lobby	\$140,833		868	723	90		
Storage/Maintenance	\$239,948		1,479	1,447	70		
Corridor/Public Toilets	\$1,406,474		8,669	7,836	781	297	
Stair/Elevator	\$31,090		191	954	40		
Total Non-clinical	\$2,359,092		14,540	13,006	1,634	297	
TOTAL	\$7,717,839		47,588	42,502	1,634	3,427	