

## Cost Space Requirements

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.**

The following square footage represents BGSF, for the building of the Bloomington-Normal Birthing Center. Cost estimates are based on proportion of the specific BGSF out of a total of 6,000sf for the building. A total cost of \$474,642 (construction, plus contingencies and A/E expenses) is used to calculate the proportional cost, based on approx. \$79 sf.

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Birthing Rooms	\$73,800	0	933	0	933	0	0
Total Clinical	\$138,109	0	1746	0	1746	0	0
<b>NON REVIEWABLE</b>							
Administrative	\$65,503	0	828	0	828	0	0
Total Non-clinical	\$336,534	6,000	4,254	0	4,254	0	0
<b>TOTAL</b>	<b>\$474,642</b>	<b>6,000</b>	<b>6,000</b>	<b>0</b>	<b>6,000</b>	<b>0</b>	<b>0</b>
APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

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## Attachment 8: Cost Space Requirements

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
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<b>TOTAL</b>	<b>\$474,642</b>	<b>6,000</b>	<b>6,000</b>	<b>0</b>	<b>6,000</b>	<b>0</b>	<b>0</b>
- APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

See Proposed Drawing on following page