APPENDIX D

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Patient Rooms/ Bathrooms/Corridors	$20,477,366.36		57,298	57,298			
Nurses Station/ Med Prep	$955,773		2,908	2,908			
Dining Room/ Activity Room/ Lounge	$2,243,174		6,825	6,825			
Physical Therapy	$1,314,681		4,000	4,000			
Laundry	$270,496		823	823			
Clean/Soiled Laundry	$465,726		1,417	1,417			
Total Clinical	**$25,727,216.36**		**73,271**	**73,271**			
NON REVIEWABLE							
Office/Administrative	$862,093		2,800	2,800			
Kitchen	$580,374		1,885	1,885			
Employee Lounge	$543,119		1,764	1,764			
Locker/Training	$307,891		1,000	1,000			
Mechanical	$166,876		542	542			
Lobby/Vestibule	$1,077,617		3,500	3,500			
Storage/Maintenance	$381,168		1,238	1,238			
Public Corridor/Public Space	$1,078,431.64		4,326	4,326			
Service Corridor	$307,891		1,670	1,670			
Loading Bays/Service Area	$246,312		800	800			
Total Non-clinical	**$5,551,772.64**		**19,525**	**19,525**			
TOTAL	**$31,278,989**		**92,796**	**92,796**			