

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) 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 be equal.

| Project Costs and Sources of Funds | | | |
|---|----------------------|---------------------|----------------------|
| USE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Preplanning Costs | | | |
| Site Survey and Soil Investigation | | | |
| Site Preparation | \$ 790,524 | \$ 263,508 | \$ 1,054,032 |
| Off Site Work | | | |
| New Construction Contracts | \$ 13,381,403 | \$ 5,901,343 | \$ 19,282,746 |
| Modernization Contracts | | | |
| Contingencies | \$ 1,338,140 | \$ 590,135 | \$ 1,928,275 |
| Architectural/Engineering Fees | \$ 1,100,291 | \$ 366,764 | \$ 1,467,055 |
| Consulting and Other Fees | \$ 933,708 | \$ 311,236 | \$ 1,244,944 |
| Movable or Other Equipment (not in construction contracts) | \$ 3,648,489 | \$ 1,216,163 | \$ 4,864,652 |
| Bond Issuance Expense (project related) | | | |
| Net Interest Expense During Construction (project related) | | | |
| Fair Market Value of Leased Space or Equipment | | | |
| Other Costs To Be Capitalized | \$ 808,409 | \$ 348,137 | \$ 1,156,546 |
| Acquisition of Building or Other Property (excluding land) | | | |
| TOTAL USES OF FUNDS | \$ 22,000,964 | \$ 8,997,286 | \$ 30,998,250 |
| SOURCE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Cash and Securities | \$ 22,000,964 | \$ 8,997,286 | \$ 30,998,250 |
| Pledges | | | |
| Gifts and Bequests | | | |
| Bond Issues (project related) | | | |
| Mortgages | | | |
| Leases (fair market value) | | | |
| Governmental Appropriations | | | |
| Grants | | | |
| Other Funds and Sources | | | |
| TOTAL SOURCES OF FUNDS | \$ 22,000,964 | \$ 8,997,286 | \$ 30,998,250 |
| NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. | | | |

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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 |
| REVIEWABLE | | | | | | | |
| Medical Surgical | | | | | | | |
| Intensive Care | | | | | | | |
| Diagnostic Radiology | | | | | | | |
| MRI | | | | | | | |
| Total Clinical | \$ 22,000,964 | | 35,812 BGSF | 35,812 BGSF | | | |
| NON REVIEWABLE | | | | | | | |
| Administrative | | | | | | | |
| Parking | | | | | | | |
| Gift Shop | | | | | | | |
| Total Non-clinical | \$ 8,997,286 | | 11,937 BGSF | 11,937 BGSF | | | |
| TOTAL | \$ 30,998,250 | | 47,749 BGSF | 47,749 BGSF | | | |

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Project and Sources of Funds Itemization
The Rehabilitation Institute of Southern Illinois, LLC

Summary of Project and Related Cost Data Assumptions

| Project Costs and Sources of Funds | | | |
|--|----------------------|---------------------|----------------------|
| Component | Clinical | Non-Clinical | Total |
| Site Preparation | \$ 790,524 | \$ 263,508 | \$ 1,054,032 |
| New Construction Contracts | \$ 13,381,403 | \$ 5,901,343 | \$ 19,282,746 |
| Contingencies | \$ 1,338,140 | \$ 590,135 | \$ 1,928,275 |
| Architectural/Engineering Fees | \$ 1,100,291 | \$ 366,764 | \$ 1,467,055 |
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| Movable/Other Equipment (not in contracts) | \$ 3,648,489 | \$ 1,216,163 | \$ 4,864,652 |
| Other Costs To Be Capitalized | \$ 808,409 | \$ 348,137 | \$ 1,156,546 |
| Total Project Cost | \$ 22,000,964 | \$ 8,997,286 | \$ 30,998,250 |

Site Preparation

Project site preparation costs are based upon the proposed site location in Shiloh, IL and Encompass Health and BJC experience.

New Construction

The new construction will be a single-story 47,749 square foot building. Project building costs are comprised of all costs and expenses covered under the construction contract, including major medical and other fixed equipment and contractor’s overhead and profit. Costs are estimated based on national architectural/construction standards adjusted for St. Clair County building code compliance and Encompass and BJC experience. These costs are projected to be \$19,282,746, or \$403.84 per square foot overall and \$373.66 per square foot for clinical space.

Contingencies

Project contingencies costs are an allowance for unforeseeable events related to construction and are estimated to be \$1,928,275, which is 10% of estimated new construction costs.

Architectural/Engineering fees

Project architectural/engineering fees are projected to be \$1,467,055, or approximately 7% of new construction and contingencies costs. These costs are consistent with Encompass Health and BJC experience.

Project and Sources of Funds Itemization

The Rehabilitation Institute of Southern Illinois, LLC

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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.**

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|-----------------------|----------------------|-------------------|------------------------|---|------------|-------|---------------|
| | | Existing | Proposed | New Const. | Modernized | As Is | Vacated Space |
| REVIEWABLE | | | | | | | |
| Medical Surgical | | | | | | | |
| Intensive Care | | | | | | | |
| Diagnostic Radiology | | | | | | | |
| MRI | | | | | | | |
| Total Clinical | \$ 22,000,964 | | 35,812 BGSF | 35,812 BGSF | | | |
| NON REVIEWABLE | | | | | | | |
| Administrative | | | | | | | |
| Parking | | | | | | | |
| Gift Shop | | | | | | | |
| Total Non-clinical | \$ 8,997,286 | | 11,937 BGSF | 11,937 BGSF | | | |
| TOTAL | \$ 30,998,250 | | 47,749 BGSF | 47,749 BGSF | | | |

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