

## 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
<b>REVIEWABLE</b>							
Total							
<b>NON-REVIEWABLE</b>							
Imaging	\$6,182,769.62			4,459			
Laboratory	\$724,543.01			984			
Physical Therapy	\$3,722,785.12			4,988			
Medical Office	\$8,566,395.77			11,634			
Registration/Reception	\$2,049,190.25			2,783			
Walk in Clinic	\$1,062,515.82			1,443			
Behavioral Health	\$5,697,676.68			7,738			
Building Infrastructure	\$1,864,372.88			2,532			
Total	\$29,870,249.16			36,561			
<b>TOTAL</b>	<b>\$29,870,249.16</b>			<b>36,561</b>			
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>							