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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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**	