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.**

		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							
Total							
NON-REVIEWABLE							
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			
TOTAL	**$29,870,249.16**			**36,561**			

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