

CAPITAL EXPENDITURE ESTIMATE

a.	<u>Planning:</u>		
	(A) Consultant Fees	_____	
	(B) Surveys and Studies ...	_____	
	(C) Other	_____	
	(D) TOTAL PLANNING	_____	
b.	<u>Administrative:</u>		
	(A) Legal.....	_____	
	(B) Other.....	_____	
	(C) TOTAL ADMINISTRATIVE.....	_____	
c.	<u>Site:</u>		
	(A) Purchase Price of Property (if within previous year or yet to be purchased)	_____	
	(B) Appraisals.....	_____	
	(C) Site Surveys.....	_____	
	(D) Soil Investigations.....	_____	
	(E) Site Preparation (not paid for under construction contract).....	_____	
	(F) Other.....	_____	
	(G) TOTAL SITE.....	_____	
d.	<u>Equipment:</u>		
	(A) Diagnostic or Therapeutic Purchase.....	_____	
	(B) Diagnostic or Therapeutic Equipment Lease Value ¹	_____	
	(C) Other Equipment Purchase.....	_____	
	(D) Other Equipment Value or Lease ¹	_____	
	(E) Contingency Fund for Equipment.....	_____	
	(F) TOTAL EQUIPMENT.....	_____	
e.	<u>Architectural/Engineering Services and Related Costs:</u>		
	(A) Architectural Master Planning Prior to Project.....	_____	
	(B) Project Architectural/Engineering Fees	_____	
	(C) Plan Check Fees (not paid for under construction).....	_____	
	(D) Project Inspection Fees (owner's Clerk of the Works and inspections not included in (B)).....	_____	
	(E) Other Costs.....	_____	
	(F) TOTAL ARCHITECTURAL/ENGINEERING SERVICES.....	_____	

¹ Use this space to describe the basis for estimate of value of leased equipment and space. Explain other items as may be necessary. Use additional sheets if more space is needed.

f. Construction:	
(A) General Construction - New.....	_____
(B) General Construction - Remodel	_____
(C) Demolition (not included under f(A) and f(B) or c(E).....	_____
(D) Other.....	_____
(E) TOTAL CONSTRUCTION.....	_____
g. Landscaping:	
(A) Owner's Costs (not paid for under construction contract)	_____
(B) TOTAL LANDSCAPING.....	_____
h. Miscellaneous:	
(A) Owner's Fire and Liability Insurance During Construction.....	_____
(B) Performance Bonds or Other Bonds (not paid for under construction contract).....	_____
(C) Other (list).....	_____

(D) TOTAL MISCELLANEOUS.....	_____
i. TOTAL PROJECT COST (items a through h)	

j. CONSTRUCTION COST PER BED (if applicable)	
$\frac{f(E)}{\# \text{ beds added}}$	_____
k. PROJECT COST PER BED (if applicable)	
$\frac{\text{total project cost}}{\# \text{ beds added}}$	_____
l. CONSTRUCTION INFLATION ASSUMPTION	
% per year	

**VERIFICATION BY LICENSED ARCHITECT OR ENGINEER
OF PROBABLE CONSTRUCTION COSTS**

I hereby submit and declare that the amounts listed Sections e., f., g., and h., above, are true and correct to the best of my knowledge and belief.

Name: _____ Phone: _____
 Title: _____ License: _____
 Firm Name: _____
 Address: _____

Signature: _____ Date: _____

PROJECT DEVELOPMENT SCHEDULE

- a. Estimated completion date of final drawing and specifications: _____
- b. Estimated construction start date: _____
- c. Estimated project completion date: _____

SUPPORTING INFORMATION

Provide the following as attachments, referenced by subsection and number.

- a. Architectural master plan indicating long-range concept and expansion potential.
- b. A short statement regarding accessibility of the proposed facility to each of the following:
 - (A) Patients;
 - (B) Medical staff;
 - (C) Facility personnel;
 - (D) Supplies delivery;
 - (E) Visitors;
 - (F) Public transportation;
 - (G) Highway systems; and
 - (H) Emergency vehicles (including air)
- c. Schematic architectural plans, prepared by a licensed architect or engineer as follows:¹
 - (A) Scale site plan, indicating property dimensions, location of existing and new structures, parking, access roads, and location of planned additions.
 - (B) Floor plans for all proposed construction and remodel areas, indicating the intended use of each room, location and number of beds, plumbing fixtures and major built-in equipment. Plans must be drawn at 1/16" = 1'0" minimum scale. A single line drawing is acceptable.
 - (C) Small scale floor plan of existing building if the project involves remodel, addition to an existing building, or replacement of existing departmental areas.

¹ Only one copy of larger scale plans is required with submission to the Health Division. All other application copies may include small reductions only.