

1. What is the cost of constructing the shell space for the physician offices and for the space identified as likely to accommodate future nursing units?

Applicant Response:

The cost to construct these shell spaces can be approximated using the entire shell costs of the new construction and applying that unit value to the respective gross areas being questioned:

Physician offices: $\$176/\text{gsf} \times 35,212 \text{ gsf} = \$6,197,312$
Future nursing units: $\$176/\text{gsf} \times 51,716 \text{ gsf} = \$9,102,016$.

2. Is the shell space on the third floor that is identified as likely to accommodate nursing units in the future intended as space to move existing nursing units to, or as space for additional beds?

Applicant Response:

The intended plan is to move existing nursing units in the future.

3. If the response to #2 is to move existing units, which we believe the application suggests, why is that move not part of this project – i.e., why deferred into the future?

Applicant Response:

Suburban recognizes that it has limited capital to support the campus enhancement project. Accordingly, priorities were established within the project budget. The proposed plan, with the shelled 3rd floor, allows Suburban to provide 100% private rooms for med/surgical patients between the proposed addition and the utilization of semi-private rooms in the existing facility as private rooms. As capital becomes available in the future, rather than renovating nursing units in the existing facility, Suburban will fit out the shell space. The footprint of the shell space provides for more efficiently sized nursing units than the footprint of existing nursing units.

4. The application alluded to ongoing space planning for the facility; in the time that has transpired since the application was filed, are there any more answers to be had regarding use of vacated and shelled space?

Applicant Response:

Suburban has begun master planning for selected areas such as imaging and the emergency/ trauma center to explore how space vacated on the first floor can be used to support these undersized services. We have also begun identifying priorities for vacant space such as pharmacy and behavioral health services. What we have not done is begun to allocate space for such priorities. The FY17 budget anticipates engaging our architect in a master planning process for the facility beyond the completion of the proposed project. Based on the project timeline, vacated space will not be available until late 2019. The master planning process will ensure developing a plan for the appropriate use of the vacant space balancing organizational priorities, available space and financial resources. For example the plan may outline that while the largest amount of space will be on the 5th floor, it may be the smallest pieces of vacant space on the first floor that allow the organization to address our highest priorities, so we may choose to leave the 5th floor vacant or utilize it as is.

Affirmations attached.