

**TABLE C. CONSTRUCTION CHARACTERISTICS**

*INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.*

	NEW CONSTRUCTION	RENOVATION
<b>BASE BUILDING CHARACTERISTICS</b>	Check if applicable	
<b>Class of Construction</b> (for renovations the class of the building being renovated)*		
Class A	<input type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Class D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Type of Construction/Renovation*</b>		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number of Stories</b>		

\*As defined by Marshall Valuation Service

<b>PROJECT SPACE</b>	List Number of Feet, if applicable	
<b>Total Square Footage</b>	Total Square Feet	
Basement	0	0
First Floor	11,222	1065 of 3500sf
Second Floor	0	0
Third Floor	0	0
Fourth Floor	0	0
<b>Average Square Feet</b>	<b>11,222</b>	<b>1,065</b>
<b>Perimeter in Linear Feet</b>	Linear Feet	
Basement	0	0
First Floor	443'-6"	753'-3"
Second Floor	0	0
Third Floor	0	0
Fourth Floor	0	0
<b>Total Linear Feet</b>	<b>443'-6"</b>	<b>753'-3"</b>
<b>Average Linear Feet</b>	<b>443'-6"</b>	<b>753'-3"</b>
<b>Wall Height (floor to eaves)</b>	Feet	
Basement	0	0
First Floor	10'-0"	10'-0"
Second Floor		
Third Floor		
Fourth Floor		
<b>Average Wall Height</b>	<b>10'-0"</b>	<b>10'-0"</b>
<b>OTHER COMPONENTS</b>		
<b>Elevators</b> *See attached note	List Number	
Passenger	0	0
Freight	0	0
<b>Sprinklers</b> * See attached note	Square Feet Covered	
Wet System	0	0
Dry System	0	0
<b>Other</b> *See attached note	Describe Type	
<b>Type of HVAC System for proposed project</b>	* See attached notes	
<b>Type of Exterior Walls for proposed project</b>	* See attached notes	

**TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS**

**INSTRUCTION:** If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table D for each structure.

	<b>NEW CONSTRUCTION COSTS</b>	<b>RENOVATION COSTS</b>
<b>SITE PREPARATION COSTS</b>		
Normal Site Preparation	\$40,000	
Utilities from Structure to Lot Line	\$20,000	
<b>Subtotal included in Marshall Valuation Costs</b>	<b>\$60,000</b>	
Site Demolition Costs	\$5,000	
Storm Drains	\$20,000	
Rough Grading	\$30,000	
Hillside Foundation	\$0	
Paving	\$40,000	
Exterior Signs	\$7,500	
Landscaping	\$22,000	
Walls	\$3,000	
Yard Lighting	\$10,000	
Other: Storm Water Management	\$22,500	
<b>Subtotal On-Site excluded from Marshall Valuation Costs</b>		
<b>OFFSITE COSTS</b>		
Roads	\$0	
Utilities	\$0	
Jurisdictional Hook-up Fees	\$0	
Other (Specify/add rows if needed)	\$0	
<b>Subtotal Off-Site excluded from Marshall Valuation Costs</b>		
<b>TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*</b>	<b>\$220,000</b>	

\*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

**TABLE E. PROJECT BUDGET**

*INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application.*

	Hospital Building: Landlord liability	See Attached Explanation of Budget for PSCF liability for internal build and renovation: 12287sf	Total
<b>A. USE OF FUNDS</b>			
<b>1. CAPITAL COSTS</b>			
<b>a. New Construction</b>			
(1) Building	\$1,684,401	\$1,907,000	\$3,591,401
(2) Fixed Equipment	\$0	\$50,000	\$50,000
(3) Site and Infrastructure	\$220,000	\$0	\$220,000
(4) Architect/Engineering Fees	\$154,000	\$130,500	\$284,500
(5) Permits (Building, Utilities, Etc.)	\$21,000	\$24,000	\$45,000
<b>SUBTOTAL</b>	<b>\$2,079,401</b>	<b>\$2,111,500</b>	<b>\$4,190,901</b>
<b>b. Renovations</b>			
(1) Building	\$0	\$127,800	\$127,800
(2) Fixed Equipment (not included in construction)	\$0	\$0	\$0
(3) Architect/Engineering Fees	\$0	\$35,000	\$35,000
(4) Permits (Building, Utilities, Etc.)	\$0	\$5,000	\$5,000
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$167,800</b>	<b>\$167,800</b>
<b>c. Other Capital Costs</b>			
(1) Movable Equipment	\$0	\$300,000	\$300,000
(2) Contingency Allowance	\$95,000	\$105,000	\$200,000
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
<b>SUBTOTAL</b>	<b>\$95,000</b>	<b>\$405,000</b>	<b>\$500,000</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$2,174,401</b>	<b>\$2,684,300</b>	<b>\$4,858,701</b>
<b>d. Land Purchase</b>	<b>\$375,000</b>		<b>\$375,000</b>
<b>e. Inflation Allowance</b>			<b>\$0</b>
<b>TOTAL CAPITAL COSTS</b>	<b>\$2,549,401</b>	<b>\$2,684,300</b>	<b>\$5,233,701</b>
<b>2. Financing Cost and Other Cash Requirements</b>			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance			
c1. Legal Fees			\$0
c2. Other (Specify/add rows if needed)			
d. Non-CON Consulting Fees			
d1. Legal Fees			\$0
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
f. Other (Specify/add rows if needed)			\$0
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>3. Working Capital Startup Costs</b>			
<b>TOTAL USES OF FUNDS</b>	<b>\$2,549,401</b>	<b>\$2,684,300</b>	<b>\$5,233,701</b>
<b>B. Sources of Funds</b>			
1. Cash ( PSCF-500,000/SEA 500,000)	\$500,000	\$500,000	\$1,000,000
2. Philanthropy (to date and expected)			\$0
3. Authorized Bonds			\$0
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage			\$0
6. Working Capital Loans (two notes up to 2.2M each over 20years at 4%)	\$2,200,000	\$2,200,000	\$4,400,000
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other (Specify/add rows if needed)			\$0
Owner Contribution of Land \$375,000	\$375,000		
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$3,075,000</b>	<b>\$2,700,000</b>	<b>\$5,775,000</b>
	<i>Hospital Building</i>	<i>Other Structure</i>	<i>Total</i>
<b>Annual Lease Costs (if applicable)</b>			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed) Recommended Contingency			\$0

TABLE L. WORKFORCE INFORMATION

*INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.*

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
<b>1. Regular Employees</b>											
<i>Administration (List general categories, add rows if needed)</i>											
BOS/BOM	1.0	\$57,581	\$57,581	0.0					\$0	1.0	\$57,581
Billing	1.0	\$52,563	\$52,563	1.0	\$53,165	\$53,165			\$0	2.0	\$105,728
BOS	2.0	\$69,220	\$69,220	1.5	\$103,830	\$103,830			\$0	3.5	\$173,050
Administrator	1.0	\$117,653	\$117,653	0.0					\$0	1.0	\$117,653
Clinical Coordinator	1.0	\$77,987	\$77,987	1.0	\$90,000	\$90,000				2.0	\$167,987
<b>Total Administration</b>	<b>6.0</b>		<b>\$375,004</b>	<b>3.5</b>		<b>\$246,995</b>			<b>\$0</b>	<b>9.5</b>	<b>\$621,999</b>
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
RN	0.6	\$68,171	\$68,171	1.0	\$68,952	\$68,952				1.6	\$137,123
RN	0.8	\$78,145	\$78,145						\$0	0.8	\$78,145
RN	1.0	\$71,318	\$71,318	1.0	\$72,134	\$72,134				2.0	\$143,452
RN	0.6	\$47,080	\$47,080	1.0	\$47,599	\$47,599				1.6	\$94,659
RN	0.6	\$29,366	\$29,366							0.6	\$29,366
Pre-Operative Screening RN	0.8	\$58,453	\$58,453	1.0	\$59,122	\$59,122			\$0	1.8	\$117,575
RN	0.6	\$42,692	\$42,692	1.0	\$70,720	\$70,720				1.6	\$113,412
RN	1.0	\$63,750	\$63,750	1.0	\$64,480	\$64,480				2.0	\$128,230
RN	1.0	\$86,371	\$86,371	1.0	\$87,360	\$87,360				2.0	\$173,731
PRN staff total	1.0	\$82,258	\$82,258	1.0	\$83,200	\$83,200				2.0	\$165,458
RN	1.0	\$86,371	\$86,371	1.0	\$87,360	\$87,360				2.0	\$173,731
Technician	0.8	\$42,569	\$42,569	1.0	\$53,820	\$53,820				1.8	\$96,389
Technician	1.0	\$63,750	\$63,750	1.0	\$64,480	\$64,480				2.0	\$128,230
Technician	0.6	\$33,561	\$33,561	1.0	\$40,000	\$40,000				1.6	\$73,561
Technician	0.4	\$21,880	\$21,880							0.4	\$21,880
Technician	0.8	\$46,986	\$46,986	1.0	\$58,733	\$58,733				1.8	\$105,719
Tecj	0.8	\$36,917	\$36,917	1.0	\$46,146	\$46,146				1.8	\$83,063
RN	0.5	\$39,547	\$39,547							0.5	\$39,547
RN	1.0	\$74,032	\$74,032	1.0	\$74,032	\$74,032			\$0	2.0	\$148,064
<b>Total Direct Care</b>	<b>14.9</b>		<b>\$1,073,197</b>	<b>15.0</b>		<b>\$978,187</b>			<b>\$0</b>	<b>29.9</b>	<b>\$2,051,384</b>
<i>Support Staff (List general categories, add rows if needed)</i>											
SPD Technician	1.0	\$44,049	\$44,049	1.0	\$44,554	\$44,554			\$0	2.0	\$88,603
Medical Assistant	0.2	\$5,758	\$5,758	2.0	\$58,240	\$58,240				2.2	\$63,998
Medical Assistant	1.0	\$35,782	\$35,782	1.0	\$36,192	\$36,192				2.0	\$71,974
Medical Assistant	1.0	\$28,790	\$28,790	1.0	\$29,120	\$29,120				2.0	\$57,910
COVID 19 Screening	1.0	\$27,680	\$27,680							1.0	\$27,680
Medical Assistant				1.0	\$37,500	\$37,500				1.0	\$37,500
<b>Total Support</b>	<b>4.2</b>		<b>\$142,059</b>	<b>6.0</b>		<b>\$205,606</b>			<b>\$0</b>	<b>10.2</b>	<b>\$347,665</b>
<b>REGULAR EMPLOYEES TOTAL</b>	<b>25.1</b>		<b>\$1,590,260</b>	<b>24.5</b>		<b>\$1,430,738</b>			<b>\$0</b>	<b>49.6</b>	<b>\$3,020,999</b>
<b>2. Contractual Employees</b>											
<i>Administration (List general categories, add rows if needed)</i>											
Clinical Coordinator			\$87,360	1.0		\$87,360			\$0	1.0	\$174,720
Clinical Coordinator OR			\$0	1.0		\$87,360			\$0	1.0	\$87,360
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Administration</b>			<b>\$0</b>			<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Direct Care Staff</b>			<b>\$0</b>			<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Support Staff</b>			<b>\$0</b>			<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<b>CONTRACTUAL EMPLOYEES TOTAL</b>			<b>\$0</b>			<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<i>Benefits (State method of calculating benefits below):</i>											
			\$0			\$0			\$0	0.0	\$0
<b>TOTAL COST</b>	<b>25.1</b>		<b>\$1,049,383</b>	<b>24.5</b>		<b>\$1,430,738</b>	<b>0.0</b>		<b>\$0</b>		<b>\$3,020,999</b>