

**New York State Department of Health
 Certificate of Need Application
 Schedule 10 - Space & Construction Cost Distribution with Subprojects**

For Article 28, 36, and 40 Construction Projects Requiring Full, Administrative or Limited Review *
 Codes for completing this table are found in Schedule 10 lookups sheet.(see tab below)

Indicate if this project is: New Construction: Renovation:

A		B	C	D	E	F	G	H	I
Location					Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Constructio n cost per SF	Total construction cost	Alteratio ns, Scope of work
Sub project	Building	Floor	section	Functional Code					
1	New Hospital Campus	5	---	101	Acute Renal Dialysis	3,900 sf	\$356.10/sf	\$1,388,778	---
1	New Hospital Campus	1	---	106	Emergency Department	39,079 sf	\$509.97/sf	\$19,928,963	---
1	New Hospital Campus	3	---	107	Critical Care	34,475 sf	\$492.38/sf	\$16,974,836	---
1	New Hospital Campus	4	---	110	Neonatal Intermediate Care	6,098 sf	\$507.77/sf	\$3,096,369	---
1	New Hospital Campus	2	---	203	Cardiac Catheterization - Adult	17,946 sf	\$637.46/sf	\$11,439,813	---
1	New Hospital Campus	1	---	210	Diagnostic Radiology	22,762 sf	\$580.31/sf	\$13,208,930	---
1	New Hospital Campus	4	---	214	Maternity	39,552 sf	\$430.83/sf	\$17,040,322	---
1	New Hospital Campus	6	---	218	Pediatric	402 sf	\$461.61/sf	\$185,566	---
1	New Hospital Campus	9	---	221	Psychiatric	30,151 sf	\$417.64/sf	\$12,592,403	---
1	New Hospital Campus	3	---	226	Respiratory Care	1,981 sf	\$487.98/sf	\$966,698	---
1	New Hospital Campus	6,7	---	302	Medical Rehabilitation	2,838 sf	\$360.49/sf	\$1,023,080	---
1	New Hospital Campus	1	---	733	Baseline Clinical Laboratory Service	15,520 sf	\$593.49/sf	\$9,211,042	---

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Sub project	Building	Floor	section	Functional Code					
1	New Hospital Campus	1	---	734	Baseline Dietetic	15,192 sf	\$655.04/sf	\$9,951,407	---
1	New Hospital Campus	5-8	---	736	Baseline Medical/Surgical	166,524 sf	\$439.63/sf	\$73,208,265	---
1	New Hospital Campus	2	---	741	Baseline Operating Room	40,970 sf	\$637.46/sf	\$26,116,636	---
1	New Hospital Campus	2	---	742	Baseline Pharmaceutical Service	8,041 sf	\$448.42/sf	\$3,605,733	---
1	New Hospital Campus	2	---	744	Baseline Recovery Room	34,323 sf	\$479.19/sf	\$16,447,315	---
1	New Hospital Campus	2	---	901	Administration (Routine)	20,269 sf	\$316.53/sf	\$6,415,760	---
1	New Hospital Campus	1	---	903	Admitting	1,212 sf	\$329.72/sf	\$399,620	---
1	New Hospital Campus	1	---	920	Public Areas	16,675 sf	\$373.68/sf	\$6,231,148	---
1	New Hospital Campus	1	---	922	Chapel/Meditation	1,091 sf	\$329.72/sf	\$359,724	---
1	New Hospital Campus	1	---	930	Education/Research	6,593 sf	\$290.15/sf	\$1,912,979	---
1	New Hospital Campus	1-10	---	940	Industrial/Service Functions	41,729 sf	\$312.13/sf	\$13,025,056	---
1	New Hospital Campus	2	---	941	Central Sterile and Supply	9,425 sf	\$633.06/sf	\$5,966,603	---
1	New Hospital Campus	1-2	---	943	Maintenance/Housekeeping	5,765 sf	\$329.72/sf	\$1,900,833	---
1	New Hospital Campus	1-9	---	943	Maintenance/Housekeeping	12,457 sf	\$307.74/sf	\$3,833,494	---

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Sub project	Building	Floor	section	Functional Code					
1	New Hospital Campus	1,2	---	948	Equipment Maintenance (includes Biomedical Engineering Service)	3,287 sf	\$316.53/sf	\$1,040,436	---
1	New Hospital Campus	1-10	---	960	Building System	51,258 sf	\$312.13/sf	\$15,999,385	---
1	New Hospital Campus	3,10	---	967	Electrical System	12,000 sf	\$351.70/sf	\$4,220,409	---
1	New Hospital Campus	1-10	---	968	Vertical & Horizontal Mechanized Movement (elevators, cart system)	1,659 sf	\$312.13/sf	\$517,831	---
1	New Hospital Campus	9	---	980	Other Functions	5,612 sf	\$312.13/sf	\$1,751,698	---
1	New Hospital Campus	3	---	982	Housing on Call (Interns, residents, physicians)	806 sf	\$364.89/sf	\$294,101	---
1	New Hospital Campus	2	---	902	General Administration	2,020 sf	\$312.13/sf	\$630,511	---
SUB-TOTAL (Sub-Project #1)						671,612 sf	\$448.01/sf	\$300,885,743	
2	Masonic Medical Research Laboratory	1/3	---	930	Education/Research	2,100 sf	\$477.09/sf	\$1,001,887	---
SUB-TOTAL (Sub-Project #2)						2,100 sf	\$477.09/sf	\$1,001,887	
Raw totals for whole project:						673,712 sf	\$448.10/sf	\$301,887,630	

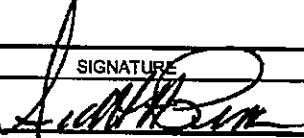
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Subtotals for Sub Project 1	671,612 sf	\$448.01/sf	\$300,885,743
Subtotals for Sub Project 2	2,100 sf	\$477.09/sf	\$1,001,887
Subtotals for Sub Project 3			
Subtotals for Sub Project 4			
Subtotals for Sub Project 5			
Subtotals for Sub Project 6			
Subtotals for Sub Project 7			
Subtotals for Sub Project 8			
Totals for Whole Project:	673,712 sf	\$448.10/sf	\$301,887,630

1. If New Construction is Involved, is it "freestanding?"	YES	NO
Sub Project 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sub Project 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sub Project 3	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 4	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 5	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 6	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 7	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 8	<input type="checkbox"/>	<input type="checkbox"/>
Totals for Whole Project:		

2. Check the box that best describes the location of the facilities affected by this project:	Dense Urban	Other metropolitan or suburban	Rural
Sub Project 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sub Project 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sub Project 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Project 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals for Whole Project:			

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator/engineer,

SIGNATURE 		DATE 11/16/17	
PRINT NAME Scott Perra		TITLE President and CEO	
NAME OF FIRM Mohawk Valley Health System			
STREET & NUMBER 1656 Champlin Avenue			
CITY Utica	STATE New York	ZIP 13502	PHONE NUMBER (315) 624-6001

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Indicate if this project is: New Construction: Renovation:

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Location					Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Constructio n cost per SF	Total construction cost	Alteratio ns, Scope of work
Sub project	Building	Floor	section	Functional Code					
1	---	---	---	---	Demolition of existing structures on new hospital campus	N/A	N/A	\$1,603,774	N/A
					SUB-TOTAL (Sub-Project #1)	N/A	N/A	\$1,603,774	N/A
Raw totals for whole project: (NOTE: EXCLUDES DEMOLITION)						N/A	N/A	\$1,603,774	N/A

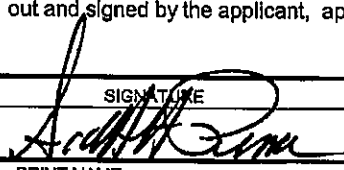
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Subtotals for Sub Project 1	N/A	N/A	\$1,603,774
Subtotals for Sub Project 2	N/A	N/A	N/A
Subtotals for Sub Project 3			
Subtotals for Sub Project 4			
Subtotals for Sub Project 5			
Subtotals for Sub Project 6			
Subtotals for Sub Project 7			
Subtotals for Sub Project 8			
Totals for Whole Project: (NOTE: EXCLUDES DEMOLITION)	N/A	N/A	\$1,603,774

1. If New Construction is Involved, is it "freestanding?"	YES	NO	N/A
Sub Project 1			
Sub Project 2			
Sub Project 3			
Sub Project 4			
Sub Project 5			
Sub Project 6			
Sub Project 7			
Sub Project 8			
Totals for Whole Project:			

2. Check the box that best describes the location of the facilities affected by this project:	Dense Urban	Other metropolitan or suburban	Rural
Sub Project 1		X	
Sub Project 2		X	
Sub Project 3			
Sub Project 4			
Sub Project 5			
Sub Project 6			
Sub Project 7			
Sub Project 8			
Totals for Whole Project:			

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator/engineer,

SIGNATURE 		DATE 11/6/17	
PRINT NAME Scott Perra		TITLE President and CEO	
NAME OF FIRM Mohawk Valley Health System			
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