

CAPITAL COST ESTIMATE *Massachusetts Department of Public Health - Division of Health Care Facility Licensure & Certification* **FORM 4**
250 Washington Street, 3rd Floor, Boston, MA 02108

Facility Name: _____ DoN Project No.: _____ Location: _____ Zip Code: _____

Gr. Sq. Ft.¹ _____ #Beds¹ _____ \$/Bed¹ _____ Sq.Ft./Bed¹ _____ (¹excluding DoN exempt beds and outpatient services)

<u>Category of Expenditure</u>	New Construction Approved Costs*	Renovation Approved Costs*	New Construction Present Estimates**	Renovation Present Estimates**
	(/)	(/)	(/)	(/)
<u>Land Costs:</u> (month & year dollars)				
1. Land Acquisition	\$ _____	\$ _____	\$ _____	\$ _____
2. Site Survey and Soil Investigation	\$ _____	\$ _____	\$ _____	\$ _____
3. Other Non-Depreciable Land Development ^a	\$ _____	\$ _____	\$ _____	\$ _____
4. Total Land Costs (Lines 1 through 3)	\$ _____	\$ _____	\$ _____	\$ _____
<u>Construction Costs:</u>				
5. Depreciable Land Development Cost ^b	\$ _____	\$ _____	\$ _____	\$ _____
6. Building Acquisition Cost	\$ _____	\$ _____	\$ _____	\$ _____
7. Construction Contract (including bonding cost) ^c	\$ _____	\$ _____	\$ _____	\$ _____
8. Fixed Equipment Not in Contract	\$ _____	\$ _____	\$ _____	\$ _____
9. Architectural Cost (includes fees, printing, supervision, etc.) and Engineering Cost	\$ _____	\$ _____	\$ _____	\$ _____
10. Pre-filing Planning & Development Costs	\$ _____	\$ _____	\$ _____	\$ _____
11. Post-filing Planning & Development Costs	\$ _____	\$ _____	\$ _____	\$ _____
12. Other (specify):	\$ _____	\$ _____	\$ _____	\$ _____
13. Other (specify):	\$ _____	\$ _____	\$ _____	\$ _____
14. Net Interest Expense During Construction ^d	\$ _____	\$ _____	\$ _____	\$ _____
15. Major Movable Equipment	\$ _____	\$ _____	\$ _____	\$ _____
16. Total Construction Costs (Lines 5 through 15)	\$ _____	\$ _____	\$ _____	\$ _____
<u>Financing Costs:</u>				
17. Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc.)	\$ _____	\$ _____	\$ _____	\$ _____
18. Bond Discount	\$ _____	\$ _____	\$ _____	\$ _____
19. Other (specify):	\$ _____	\$ _____	\$ _____	\$ _____
20. Total Financing Costs (Lines 17 through 19)	\$ _____	\$ _____	\$ _____	\$ _____
21. Estimates Total Capital Expenditure (Line 4 + Line 16 + Line 20)	\$ _____	\$ _____	\$ _____	\$ _____

^a Examples Other Non-Depreciable Land Development Costs: commissions to agents for purchase of land, attorney fees related to land, demolition of old buildings, clearing and grading, streets, removal of ledge, off-site sewer and water lines, public utility charges necessary to service the land, zoning requirements, and toxic waste removal.

^b Examples of Depreciable Land Development Costs: construction of parking lots, walkways and walls; on-site septic systems; on-site water and sewer lines; and reasonable and necessary landscaping.

^c The **plan review fee** is calculated based on the construction cost.

^d Describe assumptions used in calculating interest rates and costs.

*Amount Approved by the Public Health Council

**Check as appropriate: Preliminary Updated Final Post-Final

Inflation Factor Used: _____ If Final-Date DPH Final Plan Approval: _____

Contact Person: _____

Date: _____ Telephone #: _____