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| **Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs** | | | | | | | | | | | - | | |
| Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project  without negative impacts or consequences to the Applicant's existing Patient Panel. | | | | | | | | | | | | | |
| F4.a.i **Capital Costs Chart:**  For each Functional **Area** document the square footage and costs for New Construction and/or Renovations. | | | | | | | | | | | | | |
|  | | Present Square  Footage | | Square Footage Involved in Project | | | | Resulting Square  Footage | | Total Cost | | Cost/Square Footage | |
|  | | New Construction | | Renovation | |  | |  | |  | |
| Add/Del  **Rows** | Functional Areas | Net | Gross | Net | Gross | Net | Gross | Net | Gross | **New**  Construction | Renovation | **New**  Construction | Renovation |
| [±] [:] | Basement |  |  | 500 | 845 |  |  |  |  | $700,000.00 |  | **$828.00** |  |
| [B[(i1 | Ground Floor Surgical Suite & Lobby |  |  | 24,557 | 28,195 |  |  |  |  | $32,260,521.00 |  | $1,161.00 |  |
| IHI | First Floor Clinic (shell space) |  |  | 10,393 | 11,075 |  |  |  |  | $4,500,000.00 |  | $406.00 |  |
| [±] [:] |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ffiG | on Form Heywood Healthcare, Inc | 07/16/20, | l 5:16pm | HH-2 10713 1 | 5-HE |  |  |  |  |  |  | Page | 18of24 |