



3200 Providence Drive  
P.O. Box 196604  
Anchorage, Alaska  
99519-6604

Tel 907.562.2211

May 22, 2007

MAY 25 2007

Karleen K. Jackson  
Commissioner  
Dept of Health and Social Services  
State of Alaska  
PO Box 110601  
Juneau, AK 99811-0601

RE: Certificate of Need Application  
Cardiac Catheterization Laboratory  
Providence Alaska Medical Center

Dear

Attached is a revised cost estimate for one cardiac catheterization laboratory as requested in your letter of May 15, 2007. The attachment is a revision of page 43, Section VIIB. Financial Data – Construction Only of the Certificate of Need Application which details the costs by type. Total project costs are estimated to be \$2,935,670.

Please contact me if additional information is required.

Sincerely,



Bruce Lamoureux  
Administrator  
Providence Alaska Medical Center

Attachment: Financial Data, page 43

cc: David Pierce

REVISED 5-21-2007

**Section VIIIB. Financial Data – Construction Only**

**1. Construction Method** (Please check)

- a. ☐ Conventional bid      ☐ Contract management      ☐ Design and build  
b. ☒ Phased      ☐ Single project      ☐ Fast Track

**2. Construction Cost (New Activity)**

	(Omit cents)
a. Site acquisition (Section VIIIA.2.f)	\$ 0
b. Estimated general construction**	\$1,341,278
c. Fixed equipment, not included in a**	\$1,037,287
<b>d. Total construction costs (sum of items a, b, and c)**</b>	<b>\$2,378,565</b>
e. Major movable equipment**	\$ 326,460
f. Other cost:**	
(1) Administration expense	\$ 73,000
(2) Site survey, soils investigation, and materials testing	\$ 0
(3) Architects and engineering fees	\$ 137,320
(4) Other consultation fees (preparation of application included)	\$ 20,325
(5) Legal fees	\$ 0
(6) Land development and landscaping	\$ 0
(7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.)	\$ included in b.
(8) Additional inspection fees (clerk of the works)	\$ included in b.
(9) Insurance (required during construction period)	\$ included in b.
<b>g. Total project cost (sum of items d, e, f)</b>	<b>\$2,935,670</b>
h. Amount to be financed	\$ 0
i. Difference between 2.g and 2.h (list, as Schedule 1, available resources to be used, e.g., available cash, investments, grants funds, community contributions, etc.)	<b>\$2,935,670</b>
j. Anticipated long-term interest rate	na%
k. Anticipated interim (construction) interest rate	na%
l. Anticipated long-term interest amount	\$ 0
m. Anticipated interim interest amount	\$ 0
<b>n. Total items g, l, and m</b>	<b>\$2,935,670</b>
o. Estimated annual debt service requirement	\$ 0
p. Construction cost per sq. ft. (4750 sf)	\$282
q. Construction cost per bed	\$ na
r. Project cost per sq. ft.	\$618
s. Project cost per bed (if applicable)	\$ na

\*Site acquisition should be stated as "book" value, i.e., actual purchase price (or estimate of value if donated) plus costs of development. If desired, the applicant may elect to state as "fair market value" (in which case, so indicate). See Section VIIIA for how to determine fair market value.

\*\* Items must be certified estimates from an architect or other professional. Major medical equipment may be documented by bid quotes from suppliers.