## SCHEDULE 9

# All Applicants Proposing Construction or Renovation

### **ARCHITECTURAL CRITERIA**

Page 1 of 3

1. Please complete the table below. This summary information must be consistent with the financial schedules and the schematic plans you have completed for this project.

### **TABLE A**

		<u>Amounts</u>	Source of Information
A. B. C.	Total GSF of New Construction Total GSF of Renovation Total GSF of Project		Schematic Plans Schematic Plans Schematic Plans
D. E. F. G.	NSF Per Bed in Patient Rooms 1-Bed Rooms 2-Bed Rooms 3-Bed Rooms 4-Bed Rooms		Schematic Plans Schematic Plans Schematic Plans Schematic Plans
H. I. J. K. L.	New Construction Cost New Construction Cost per GSF Renovation Cost Renovation Cost per GSF Total Construction Cost	\$ \$ \$ \$	Schedule 1, Line 12a H. divided by A. Schedule 1, Line 12b J. divided by B. H. plus J.
M. N. O. P. Q. R. S.	Rate of Contingency Total Building Cost Total Building Cost per GSF Total Building Cost per Bed Movable Equipment Cost Total Project Cost Total Project Cost per Bed	\$ \$ \$ \$ \$	% of Line L Schedule 1 (Line 21) N. divided by C. N. divided by # of beds Schedule 1 (Line 23) Schedule 1 (Line 50) R. divided by # of beds
T. U.	Percent of Inflation Amount of Inflation	\$	Included in N. Included in N.

NOTE: If the project involves a structure that is existing, or one that is under construction and not yet licensed as a health care facility, costs must be allocated since capitalization will occur.

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**ARCHITECTURAL CRITERIA** 

Page 2 of 3

- 2. Describe the proposed project in detail. Discuss the major features of the design such as the number of stories, the number of bedrooms by category of private and semi-private, and the number of baths and other spaces for basic services. Include, if applicable, a description of the areas for specialized services and ancillary support spaces along with any special architectural features for special programs. If demolition is planned, provide information regarding the scope of demolition and show the existing configuration of the spaces if applicable. Address the features of the project which will enhance the quality of care and the quality of life of the residents. Discuss the costs and methods of the proposed construction, including costs and methods of energy provision and the availability of alternative, less costly, or more effective methods of construction. The applicant must include but is not limited to the following:
  - Patient room size and configuration
  - Resident choices of furnishings and decorations
  - Resident/staff communications
  - Nurse call system
  - Wandering control
  - Design for privacy and patient confidentiality
  - Facility aspects fostering resident independence when appropriate
  - Special features for dementia units where applicable
- Describe the significant building materials involved in this project; address the anticipated types of 3. structural, finish, and mechanical/electrical systems and methods. Explain how the materials and design apply to this specific project and how they will satisfy the code requirements for construction and life safety. Indicate how many pages follow this page Will your proposed project be affected by any statutes other than Chapter 400 and Section 408.031-4. 408.045, F.S., or rules other than Rules 59A-4, 59A-35 and 59C-1, F.A.C? YES NO If yes, please list all statutes and rules which will affect your project, whether due to licensure, funding or location. Include federal rules or statutes. Give the citation and the effect upon the proposed project. Note that intermediate care facilities for the developmentally disabled are licensed under Chapters 59A-26 and 59A-35 F.A.C. Freestanding inpatient hospice facilities are licensed under Chapters 59A-38 and 59A-35 F.A.C. Indicate how many pages follow this page

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### **ARCHITECTURAL CRITERIA**

Page 3 of 3

5.

	YES NO
	If yes, please list all the citations to be corrected whether or not the correction is due to existing citation or updating of the structure.
	Citations by code to be corrected as part of this project:
	1.
	2.
	3.
	4.
	5.
6.	Provide a schematic drawing of the facility or project you propose. Large drawing sheets may be folded and inserted into an envelope. The drawings must be to scale, preferably no smaller than 1/16"=1', and must include a ¼" =1'-0" plan of specialty spaces such as typical patient rooms, private and semi-private, with the net room sizes indicated.* The drawings must be legible and consistent with standard architectural drafting practice for schematic phase drawings. All spaces on the drawings must be clearly and correctly labeled: give particular attention to any items pertaining to special programs, architectural features and other amenities. Smoke compartments must be clearly indicated and noted is applicable. Additional notes on the plans or in the narrative must include type and methods of construction, total number of beds, the applicable rules and building codes proposed to be used for design and construction of the project and the total gross square footage**. Include the applicable editions of each rule or code: for example, The Florida Building Code 7th Edition (2020), Chapter 59A-4 Florida Administrative Code, (latest edition), etc.
7.	If the site has been secured, or if the project is attached to an existing building, or if the facility is on a site with existing buildings, a plot plan at a small, legible and standard scale must be included. Show property lines, existing structures and all data affecting the facility under consideration.
	If the site is not secured, indicate the proposed number of acres in the parcel on which the project will be built and the criteria that will be used in selecting the site such as Disaster Preparedness issues.
	Plans and written material must agree.
	quare Footage (NSF) - The measurement of the inside floor area, from inside finish to inside finish, ing areas consumed by baths, door swing areas, lavatories and other fixed equipment.
**Gros	s Square Footage (GSF) - The area within the outside face of the exterior walls, exclusive of area open obstructed to the sky.
	Indicate how many pages follow this page

If the project includes renovation of an existing facility, will correction of life safety code deficiencies