

GRANT APPLICATION PACKAGE
FOR CONSTRUCTION GRANTS

**Cost Estimate Outline (FS-26) – must be completed for construction applications only.
This form is to be submitted with the general grant application.**

New Jersey Department of Health
APPLICATION FOR CONSTRUCTION GRANT
COST ESTIMATE OUTLINE

| | |
|-----------------|-------------------------|
| Name of Grantee | Title of Proposed Grant |
|-----------------|-------------------------|

Estimate the costs in which the Department of Health is requested to participate (costs shall include both grant funds and program income).

- 1. Demolition and Removal\$ _____
- 2. General Alteration and Renovation (e.g., carpentry, masonry, painting).....\$ _____
- 3. Plumbing\$ _____
- 4. Heating, Ventilation and Air Conditioning.....\$ _____
- 5. Electrical\$ _____
- 6. Architect's and Engineer's Fee.....\$ _____
- 7. Land\$ _____
- 8. Structural Costs.....\$ _____
- 9. Relocation\$ _____
- 10. Other Costs (Specify):\$ _____
- 11. Equipment.....\$ _____

List Source and Amount of Funds for Total Project:

Grant Funds and Amounts:

Other Sources and Amounts:

Total Net Square Feet of Floor Area in Proposal _____

Estimated Cost Per Net Square Foot Including Fixed Equipment \$ _____