



**State of Tennessee
Health Services and Development Agency**

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

FINAL PROJECT REPORT

Please TYPE or PRINT legibly.

Certificate of Need No. _____

Project Name: _____

Owner: _____ Contact: _____

Description: _____

Total Bed Complement Before Addition _____
Total Bed Complement _____

What was the Final Completion Date (opened for public use)? _____

Was the project completed as certified? YES NO
(If not, describe any changes, deletions, and/or additions on additional sheets.)

COST FACTORS	Original Cost Projection	Final Project Cost
A. Construction and equipment acquired by purchase:		
1. Architectural and Engineering Fees	_____	_____
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	_____	_____
3. Acquisition of Site	_____	_____
4. Preparation of Site	_____	_____
5. Construction Costs	_____	_____
6. Contingency Fund	_____	_____
7. Fixed Equipment (Not included in Construction Contract)	_____	_____
8. Moveable Equipment (List all equipment over \$50,000)	_____	_____
9. Other (Specify) _____	_____	_____
Subtotal	_____	_____
B. Acquisition by gift, donation, or lease:		
1. Facility (inclusive of building and land)	_____	_____
2. Building only	_____	_____
3. Land only	_____	_____
4. Equipment (Specify) _____	_____	_____
5. Other (Specify) _____	_____	_____
Subtotal	_____	_____
C. Financing Costs and Fees:		
1. Interim Financing	_____	_____
2. Underwriting Costs	_____	_____
3. Reserve for One Year's Debt Service	_____	_____
4. Other (Specify) _____	_____	_____
Subtotal	_____	_____

- D. Estimated Project Cost (A+B+C) _____
- E. CON Filing Fee _____
- F. Total Estimated Project Cost (D&E) _____

FINAL COST[†] \$ _____

FINAL FILING FEE[‡] \$ _____

If the final project cost is an overrun of the estimated project cost, describe in detail all increases in final costs from those originally projected.

The Final Filing Fee to be assessed on any cost overrun is to be computed at the rate current at the time the project was certified. Below is the outline of the rates from January 1994 through the present.

<i>PERIOD</i>	<i>FEE PER \$1,000</i>	<i>MAXIMUM--MINIMUM</i>	<i>FINAL FILING FEE</i>
January 30, 1994 through Present	\$2.25/\$1,000	\$3,000--\$45,000	\$2.25/\$1,000 Total filing fee (initial plus final) not to exceed \$45,000.

I hereby certify that this information is true to the best of my knowledge, information, and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

Chief Operating Officer

Date