

COMMONWEALTH OF VIRGINIA

REQUEST FOR EXTENSION OF A CERTIFICATE OF PUBLIC NEED
BEYOND ONE YEAR, BUT LESS THAN TWO YEARS FROM DATE OF ISSUANCE

(CHAPTER 4, ARTICLE 1:1 OF TITLE 32.1,
SECTIONS 32.1-102.1 THROUGH 32.1-102.11 OF
THE CODE OF VIRGINIA OF 1950, AS AMENDED)

The Office of Resources Development and the Regional Health Planning Agencies may be contacted at the following addresses and telephone numbers:

Virginia Department of Health (804) 786-7463
Office of Resources Development
1500 East Main Street, Suite 105
Richmond, Virginia 23219

Northwestern Virginia Health Systems Agency (804) 977-6010
Blue Ridge Hospital
Charlottesville, Virginia 22901

Health Systems Agency of Northern Virginia (703) 573-3100
7245 Arlington Boulevard, Suite 300
Falls Church, Virginia 22042

Southwest Virginia Health Systems Agency (703) 362-9528
3100A Peters Creek Road, N. W.
Roanoke, Virginia 24019

Central Virginia Health Planning Agency (804) 233-6206
Post Office Box 24287
Richmond, Virginia 23224

Eastern Virginia Health Systems Agency (804) 461-4834
18 Koger Executive Center, Suite 232
Norfolk, Virginia 23502

REQUEST FOR EXTENSION OF A CERTIFICATE OF PUBLIC NEED
BEYOND ONE YEAR BUT LESS THAN TWO YEARS FROM
DATE OF ISSUANCE

Basis for Extension - An extension of a Certificate of Public Need beyond the first year following the date of issuance may be obtained from the Commissioner. In making this extension, the Commissioner shall consider whether satisfactory progress has been made.

CONTENT OF REQUEST

I. Certificate of Public Need Number: VA - _____
Date Certificate of Public Need Issued: _____
Date Certificate of Public Need Expires: _____

II. Applicant: (The name and address of the legal "person" to whom Certificate of Public Need was issued.)

III. Length of Extension Request: _____ month(s) from date of certificate issuance.

IV. Project Description

A. Provide a concise narrative description of the scope of the project.

B. Display the original project costs as presented in the Certificate of Public Need application and the current estimated costs using the following format. (If there has been a "Significant Change" in the project, as defined by Section 1.1 of the Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations, please discuss and justify the change.)

FINANCIAL DATA SUMMARY SHEET		<u>Original Estimate</u>	<u>Current Estimate</u>
Subtotal Part I	Direct Construction Costs	\$ _____	\$ _____
Subtotal Part II	Equipment Not Included in Construction Contract	\$ _____	\$ _____
Subtotal Part III	Site Acquisition Costs	\$ _____	\$ _____
Subtotal Part IV	Site Preparation Costs	\$ _____	\$ _____
Subtotal Part V	Off-Site Costs	\$ _____	\$ _____
Subtotal Part VI	Architectural and Engineering Fees	\$ _____	\$ _____
Subtotal Part VII	Other Consultant Fees	\$ _____	\$ _____
Subtotal Part VIII	Taxes During Construction	\$ _____	\$ _____
Subtotal Part IX-A	HUD-232 Financing	\$ _____	\$ _____
Subtotal Part IX-B	Industrial Development Authority Revenue and General Revenue Bond Financing	\$ _____	\$ _____
Subtotal Part IX-C	Conventional Loan Financing	\$ _____	\$ _____
TOTAL CAPITAL COSTS		\$ _____	\$ _____

Percent of total capital costs to be financed _____ %

Dollar amount of long term mortgage \$ _____

Total Interest Cost on Long Term Financing

	<u>Original Estimate</u>	<u>Current Estimate</u>
a. HUD-232 Financing	\$ _____	\$ _____
b. Industrial Development Authority Revenue and General Revenue Bond Financing	\$ _____	\$ _____
c. Conventional Loan Financing	\$ _____	\$ _____
Anticipated Bond Discount		
a. HUD-232 Financing	\$ _____	\$ _____
b. Industrial Development Authority Revenue and General Revenue Bond Financing	\$ _____	\$ _____
c. Conventional Loan Financing	\$ _____	\$ _____
TOTAL CAPITAL AND FINANCING COSTS	\$ _____	\$ _____

V. Required Progress: (Required by Section 7.3 of the Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations.)

(1) Applicant owns or controls site

date site was purchased _____

date site was leased _____

(2) Site meets all zoning and land use requirements

date site was zoned for proposed use _____

date building permit was issued _____

(3) Architectural planning has been initiated

date contract with architect signed _____

date preliminary drawings submitted to:

State Health Department _____
(Office of Health Facilities Regulation)

State Fire Marshall _____

Other State Agency _____

(specify)

date preliminary drawings approved by:

State Health Department _____
(Office of Health Facilities Regulation)

State Fire Marshall _____

Other State Agency _____

(specify)

date working drawings submitted to:

State Health Department _____
(Office of Health Facilities Regulation)

State Fire Marshall _____

Other State Agency _____

(specify)

date working drawings approved by:

State Health Department _____
(Office of Health Facilities Regulation)

State Fire Marshall _____

Other State Agency _____

(specify)

(4) Date construction financing completed: _____

(5) Date permanent mortgage financing completed: _____

(6) Date pre-construction site work completed: _____

(7) Date construction bids advertised: _____

(8) Date construction contract signed: _____

(9) For equipment and new services projects:
Attach copies of purchase orders or lease agreements.

VI. Please provide justification for extending the Certificate of Public Need and a time-table for completion of all items of required progress.

VII. The request should be signed by the applicant or the applicant's authorized agent.

_____ Signature of Authorizing Officer	_____ Address - Line 1
_____ Type/Print Name of Authorizing Officer	_____ Address - Line 2
_____ Title of Authorizing Officer	_____ City, State and Zip
_____ Date	_____ Telephone Number

VIII. Copies of the request should be sent to:

A. Virginia Department of Health
Office of Resources Development
1500 East Main Street, Suite 105
Richmond, Virginia 23219
(Send two copies)

B. The Regional Health Planning Agency which serves the area where the project will be located.
(Send one copy)