

IMPLEMENTATION REPORT

Subsequent to

CERTIFICATE OF NEED APPROVAL

Pursuant to RSA 151-C:12

and

He-Hea 305

CON #

Name of Applicant

Check:

Semi Annual Report _____

Initial Report upon Project Commencement _____

Annual Report _____

Final Report Upon Project Completion _____

Date Filed: _____

INSTRUCTIONS

All responses shall be **typewritten**.

- (1) On the cover page, please indicate which report is being filed, as explained below:

Semi-Annual Report -

A semi-annual report is required to be filed with the Office of Health Services Planning and Review (HSPR) until the project is commenced.

Initial Report upon Project Commencement -

An Initial Report is required to be filed with HSPR 30 days after project commencement.

Annual Report -

An annual report is required to be filed with HSPR once the project has commenced until the project is completed and becomes operational.

Final Report upon Project Completion -

A final report is required to be filed with HSPR once the project is completed.

- (2) Please provide a response to all applicable remaining items in the report. Report actual costs expended, no projections. Any item not applicable to the project for which this implementation report is filed shall be responded to as "Not Applicable".

Requests for information and/or assistance may be referred to:

Office of Health Services Planning and Review
29 Hazen Drive
Concord, NH 03301-6504

Telephone (603) 271-4606
1-800-852-3345 ext. 4606

General Information

CON Number: _____ Total Approved Project Cost: \$ _____

Owner's Legal Name: _____

Address: _____
Street City State/Zip Code

Contact person: _____
Name Telephone#

Employer Identification Number: _____

Construction Information:

Date construction contract was signed with general contractor: _____

****NOTE**** Please provide a certified copy of the written agreement between the 2 parties with the first implementation report submitted upon project commencement.

The date the actual construction work commenced on the project: _____

The estimated date the project will be completed: _____

The percentage of project completion as of this filing date: _____

Project Information:

(A) Please provide a brief description of the project for which an implementation report is filed:

(B) Please list any conditions attached to the CON and indicate whether such conditions have been met. Documentation may be attached to this report to satisfy any such conditions. Use additional pages as necessary.

CON Conditions:

(1) _____

(2) _____

(C) Has this project been subjected to a Change of Scope? _____ Yes _____ No

Change of Scope Amount: \$ _____

If yes, please indicate the nature of the change, including any changes of premises or geographical area:

PROJECT COSTS
Actual expenditures to date

CATEGORY	Cost	
I. Fees		
1) Legal		
2) Consulting		
3) Financial Feasibility		
4) Other		
Total Fees		
II. Real Estate/Moving Costs		
1) Real Estate Acquisition		
2) Temporary Relocation Costs		
3) Moving Costs		
Total Real Estate/Moving Costs		
III. Construction Costs	New	Renovation
1) Architect and Engineering Fees		
2) Site Preparation		
3) Utilities		
4) Soil Survey/Evaluation		
5) Labor/Materials/Fixed Equipment		
6) Insurance Costs during Construction		
7) Interest Cost during Construction		
Total Construction Costs		
IV. Other Construction Costs		
1) Demolition Costs		
2) Contingency Costs		
Total Other Construction Costs		
V. Major Movable Equipment		
1) Major Movable Equipment Costs		
VI. Financing Costs		
1) Bond Discount		
2) Debt Service Reserve		
Total Financing Costs		

PROJECT COST AS OF: _____ \$ _____
 (date of report)

If you do not consider any of the foregoing costs to be capital expenditures pursuant to RSA 151-C:2, VI, please provide an appropriate citation of generally accepted accounting principles and demonstration of consistent application thereof in your financial accounting practices to support your claim.