



Certificate of Need Program

PROPOSED EXPENDITURES

(Completed for non-applicability letter requests.)

CAPITAL COSTS:

Dollars

(Round cost up to the nearest dollar and fill every line even if the amount is "\$0".)

Description

- 1. New Construction Costs _____
- 2. Renovation Costs _____
- 3. Architectural/Engineering Fees _____
- 4. Equipment (not in construction contract) _____
- 5. Land Acquisition Costs _____
- 6. Consultants' Fees/Legal Fees _____
- 7. Interest During Construction (net of interest earned) _____
- 8. Other Costs (describe what this includes) _____
- 9. **Total Capital Costs** (sum of #1 thru #8) _____

MEDICAL EQUIPMENT COSTS:

Dollars

(Fill in every line even if the amount is "\$0".)

Description

- 10. Equipment (fixed and movable) _____
- 11. Shielding (if not included in equipment bid quote) _____
- 12. Installation (if not included in equipment bid quote) _____
- 13. Software (if not included in equipment bid quote) _____
- 14. Other (describe what this includes) _____
- 15. **Total Medical Equipment Costs** (sum of #10 thru #14) _____

MO 580-2375 (09/12)

Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

Provide documentation in the form of construction bids, quotes, price list, appraisal, option to purchase, etc.