

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#); [Jonathan F. Dalton](#)
Subject: RE: CON 6136 [IWOV-IDOCS.FID3764003]
Date: Wednesday, September 25, 2024 3:00:20 PM
Attachments: [McArthur PM Contractor Letter \(signed\).pdf](#)
[II-2 Project Timeline.pdf](#)
[Revenues and Expenses \(form1865\) Projection.pdf](#)
[Revenues and Expenses \(form1865\) Prior.pdf](#)
[Bank Letter \(Southern Bank\).pdf](#)
[New Hope ALF - Labeled Floor Plan .pdf](#)
[New Hope ALF- Worksheet.xlsx](#)

Mackinzey,

Follow up responses below on this.

1. Provide 3rd party documentation or methods and assumptions for the budget.
[Please see attached McArthur PM Contractor Letter.](#)
2. For square footage costs, I calculate \$158.30. Please advise.
[It depends on which numbers are used. I used total project budget \(1.3 million\) divided by 6,000 \(proposed square footage\) and came up with the \\$217 per sq. ft. If you take the construction costs only \(950k\) and divide by the 6,000 square feet, I show \\$158.33 per square foot.](#)
3. Provide a more detailed timeline.
[See attached II-2, Project Timeline PDF.](#)
4. The schematics provided appear to show thirteen beds. Please advise.
[There are 15 beds, however, two aren't easy to discern. Please see the labeled version of Floor Plans showing same.](#)
5. Provide a completed population worksheet.
[Please see attached New Hope ALF Worksheet.](#)
6. Provide revenues and expenses for all three previous years (2021-2023) and three full years after project completions. (2026-2028).
[Please see attached Revenues and Expenses for prior years and prospective years.](#)
7. The letter from Jacob Hogg does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project.
[Please see letter from Southern Bank.](#)

Upon your review, please let us know if you have any further questions, concerns, or if there is anything else we can do or provide to be helpful.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group

7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
MAIN PHONE: 314.621.5070 | MAIN FAX: 314.621.5065
DIRECT: 314.342.8092 | Extension: 7492 | CELL: 518.727.8805
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www.armstrongteasdale.com

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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, September 10, 2024 9:40 AM
To: Jonathan F. Dalton <jdalton@atllp.com>
Cc: Brandon M. Hall <BHall@atllp.com>
Subject: CON 6136
Importance: High

CAUTION: EXTERNAL EMAIL

Jon,

After review of the application, some additional information is needed.

1. Provide 3rd party documentation or methods and assumptions for the budget.
2. For square footage costs, I calculate \$158.30. Please advise.
3. Provide a more detailed timeline.
4. The schematics provided appear to show thirteen beds. Please advise.
5. Provide a completed population worksheet.
6. Provide revenues and expenses for all three previous years (2021-2023) and three full years after project completions. (2026-2028).
7. The letter from Jacob Hogg does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project.

**The population, number of beds and need calculation have not been verified by staff. If there is a discrepancy, we will notify you.*

This information is needed by Wednesday, September 25, 2024.

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need
Department of Health and Senior Services
920 Wildwood Drive, P.O. Box 570
Jefferson City, MO 65102

McArthur Project Management, LLC

1901 Sunset, Poplar Bluff, MO 63901

To Whom It May Concern,

RE: New Hope Assisted Living Project

I have reviewed the proposed construction budget for New Hope Assisted Living. I believe it to be the market range for the size and scope.

If you have any further questions, please use my contact below.

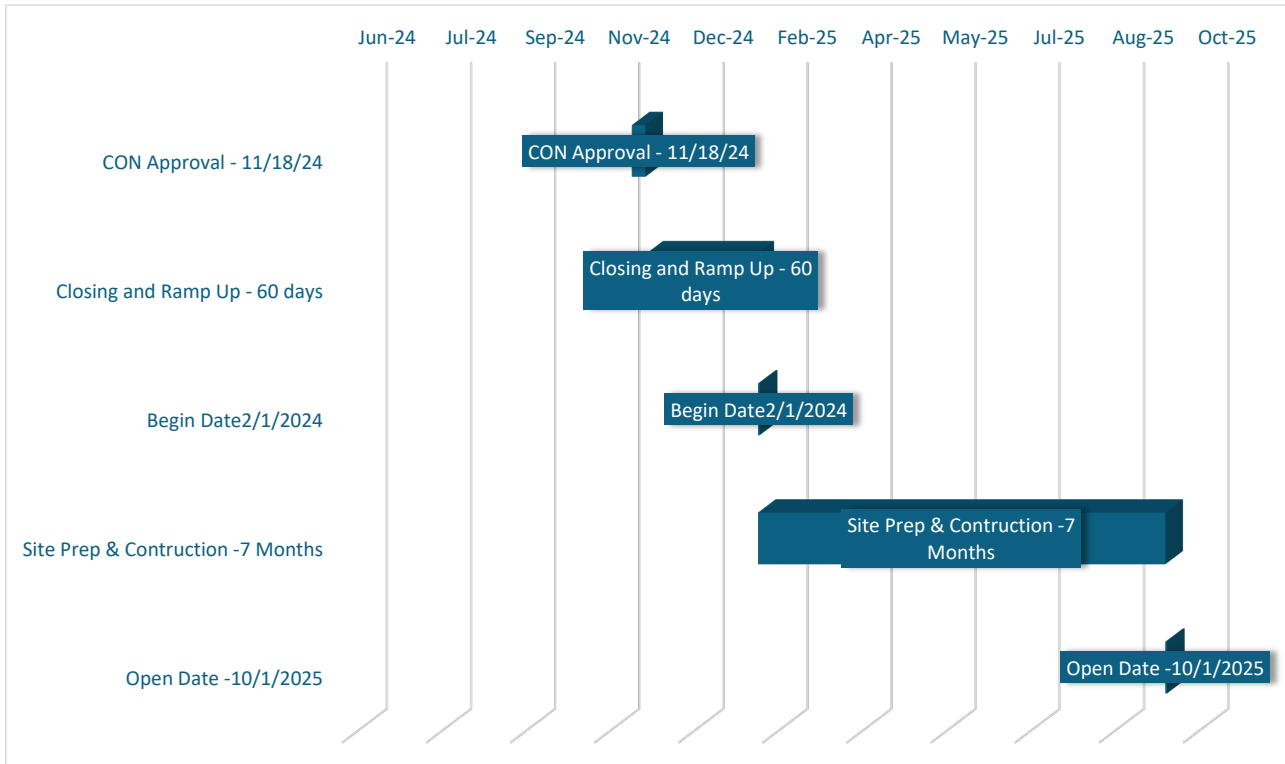
Thank You,



Chris McArthur

573-450-7620

t_improve@hotmail.com





	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	POPULATION 65+			Project Number:			Project Address: 1340 County Road 467, Poplar Bluff, MO 63901								
2		Zip In Radius	Pop in Zip	City in Zip	City Pop	% of City in ZIP	City Pop in ZIP	Total Cities' Pop in Zip	Zip Pop W/O Cities' Pop	% of Zip Area in Radius	Zip Pop in Radius W/O Cities' Pop	% City in Zip & Radius	City Pop in Zip & Radius	Total Cities' Pop in Zip & Radius	Zip Pop w City Pop in Zip & Radius
3	1	63901	7,218	Harviell	0		0	0	7,218		0		0	0	0
4				Poplar Bluff	4,236		0						0		
5							0						0		
6	2	63932	253				0	0	253		0		0	0	0
7							0						0		
8							0						0		
9	3	63935	2,103	Doniphan	586		0	0	2,103		0		0	0	0
10							0						0		
11							0						0		
12	4	63936	103	Dudley	38		0	0	103		0		0	0	0
13							0						0		
14							0						0		
15	5	63937	533	Ellsinore	126		0	0	533		0		0	0	0
16				Hunter	28		0						0		
17							0						0		
18	6	63939	262	Fairdealing	152		0	0	262		0		0	0	0
19							0						0		
20							0						0		
21	7	63940	319	Fisk	84		0	0	319		0		0	0	0
22							0						0		
23							0						0		
24	8	63943	171	Grandin	47		0	0	171		0		0	0	0
25				Hunter	28		0						0		
26							0						0		
27	9	63944	466	Greenville	150		0	0	466		0		0	0	0
28							0						0		
29							0						0		
30	10	63945	276	Fairdealing	152		0	0	276		0		0	0	0
31				Harviell	0		0						0		
32							0						0		
33	11	63953	336	Fairdealing	152		0	0	336		0		0	0	0
34				Naylor	163		0						0		
35							0						0		
36	12	63954	216	Neelyville	84		0	0	216		0		0	0	0
37							0						0		
38							0						0		
39	13	63955	55	Oxly	34		0	0	55		0		0	0	0
40							0						0		
41							0						0		
42	14	63960	666	Puxico	250		0	0	666		0		0	0	0
43							0						0		
44							0						0		
45	15	63961	336	Qulin	107		0	0	336		0		0	0	0
46							0						0		
47							0						0		
48	16	63962	4				0	0	4		0		0	0	0

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** New Hope Assisted Living, LLC**Project #:** 5774**Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion**

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	Year		
	<u>2026</u>	<u>2027</u>	<u>2028</u>
Amount of Utilization:*	8,678	9,491	9,855
Revenue:			
Average Charge**	\$125	\$125	\$125
Gross Revenue	\$1,084,143	\$1,185,711	\$1,231,185
Revenue Deductions	0	0	0
Operating Revenue	1,084,143	1,185,711	1,231,185
Other Revenue	0	0	0
TOTAL REVENUE	\$1,084,143	\$1,185,711	\$1,231,185
Expenses:			
Direct Expenses			
Salaries	378,912	430,610	484,509
Fees	0	0	0
Supplies	192,851	221,663	237,190
Other	0	0	0
TOTAL DIRECT	\$571,763	\$652,273	\$721,699
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	240,000	240,000	240,000
Overhead****	0	0	0
TOTAL INDIRECT	\$240,000	\$240,000	\$240,000
TOTAL EXPENSES	\$811,763	\$892,273	\$961,699
NET INCOME (LOSS):	\$272,380	\$293,438	\$269,486

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.



Southern
BANK

Strong Roots. Strong Branches.

September 16, 2024

Re: New Hope Assisted Living, LLC

To Whom It May Concern:

New Hope Assisted Living LLC has a new \$1.3MM assisted living project they are working on and we are writing to express our interest in financing this project. New Hope Assisted Living LLC and Jacob Hogg are valued customers of Southern Bank, and we look forward to the opportunity to work on this project. If you have any further questions, please contact me at 573-778-1805 or by email at bbrumitt@bankwithsouthern.com.

Sincerely,

Ben Brumitt
Community Bank President

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Cc: [Jonathan F. Dalton](#)
Subject: RE: CON 6136 [IWOV-IDOCS.FID3764003]
Date: Friday, October 11, 2024 4:36:52 PM
Attachments: [Revenues and Expenses \(form1865\) Prior.pdf](#)
[CON 6136.msg](#)
[New Hope - 6136 - Revised Budget.pdf](#)

Mackinzey,

Further information, below, in red, and attached. Regarding your attached email with the population and beds in radius, we agree with your numbers.

Please let me know if you have any further questions or concerns.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
MAIN PHONE: 314.621.5070 | MAIN FAX: 314.621.5065
DIRECT: 314.342.8092 | Extension: 7492 | CELL: 518.727.8805
Bhall@atllp.com
www.armstrongteasdale.com

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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Friday, October 4, 2024 3:19 PM
To: Brandon M. Hall <BHall@atllp.com>
Cc: Jonathan F. Dalton <jdalton@atllp.com>
Subject: RE: CON 6136 [IWOV-IDOCS.FID3764003]
Importance: High

Brandon,

Thank you for this information. After review, I need some additional documentation.

- Provide more information about the construction happening. What will this consist of?
 - **New construction. Stand-alone building in the next lot from the existing home, Single story, Stick Frame with brick and Hardy Siding.**
- Revenues and expenses for year 2021 is needed.
 - **We had no income in 2021 first resident was in June of 2022.**
- Based on CON Survey submissions, utilization for year 2022 reflects 952. This does not match the # provided in the application. Provide updated revenues and expenses forms

if utilization is changed or provide an updated CON submission if it is incorrect.

- This is corrected and attached, we were missing the prior quarter on the previous spreadsheet. First admit was in June 2022 and I counted from July forward.
- The letter from Southern Bank states the project with a financing through then however the proposed project budget states the project is being financed with unrestricted funds. Please advise and correct the proposed project budget if needed.
It should be financing. Please see attached and revised budget sheet.

**The population has not been verified by staff. If there is a discrepancy, we will notify you.*

This information is needed by Friday, October 11, 2024

Mackinze Fick

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: mackinze.fick@health.mo.gov

<http://health.mo.gov/information/boards/certificateofneed/index.php>

From: Brandon M. Hall <BHall@atllp.com>

Sent: Wednesday, September 25, 2024 2:52 PM

To: Fick, Mackinze <Mackinze.Fick@health.mo.gov>; Jonathan F. Dalton <jdalton@atllp.com>

Subject: RE: CON 6136 [IWOV-IDOCS.FID3764003]

Mackinze,

Follow up responses below on this.

1. Provide 3rd party documentation or methods and assumptions for the budget.
Please see attached McArthur PM Contractor Letter.
2. For square footage costs, I calculate \$158.30. Please advise.
It depends on which numbers are used. I used total project budget (1.3 million) divided by 6,000 (proposed square footage) and came up with the \$217 per sq. ft. If you take the construction costs only (950k) and divide by the 6,000 square feet, I show \$158.33 per square foot.
3. Provide a more detailed timeline.
See attached II-2, Project Timeline PDF.
4. The schematics provided appear to show thirteen beds. Please advise.
There are 15 beds, however, two aren't easy to discern. Please see the labeled version of Floor Plans showing same.
5. Provide a completed population worksheet.



SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: New Hope Assisted Living, LLC

Project #: 5774

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	Year		
	2022	2023	2024
Amount of Utilization:*	952	2,733	5,365
Revenue:			
Average Charge**	\$125	\$125	\$125
Gross Revenue	\$118,933	\$341,434	\$670,249
Revenue Deductions	25,555	56,365	0
Operating Revenue	89,256	285,069	670,249
Other Revenue	0	0	0
TOTAL REVENUE	\$89,256	\$285,069	\$670,249
Expenses:			
Direct Expenses			
Salaries	38,335	153,721	250,161
Fees	0	0	0
Supplies	50,444	70,415	98,684
Other	0	0	0
TOTAL DIRECT	\$88,779	\$224,136	\$348,845
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	46,499	166,856
Overhead****	0	0	0
TOTAL INDIRECT	\$0	\$46,499	\$166,856
TOTAL EXPENSES	\$88,779	\$270,635	\$515,701
NET INCOME (LOSS):	\$477	\$14,434	\$154,549

*Utilization will be measured in “patient days” for licensed beds, “procedures” for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

From: [Brandon M. Hall](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON 6136 [IWOV-IDOCS.FID2378801]
Date: Wednesday, October 30, 2024 3:30:45 PM
Attachments: [New Hope - 6136 - Revised Budget.pdf](#)
[Proposed Expenditures Detail - New Hope Assisted 2024.xls](#)

Hi Mackinzey,

Please see the attached proposed expenditures. These are based on the revised budget form (also attached) we submitted for this project.

Please let me know if you have any further questions or concerns.

Best regards,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
MAIN PHONE: 314.621.5070 | MAIN FAX: 314.621.5065
DIRECT: 314.342.8092 | Extension: 7492 | CELL: 518.727.8805
Bhall@atllp.com
www.armstrongteasdale.com

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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Tuesday, October 29, 2024 9:03 AM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6136

Brandon,

The excel attached needs to be completed or quotes for the other budget items like other equipment and other costs.

Thank you.

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need
Department of Health and Senior Services
920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102
OFFICE: 573-751-6403
FAX: 573-751-7894
EMAIL: mackinzey.fick@health.mo.gov
<http://health.mo.gov/information/boards/certificateofneed/index.php>

From: Brandon M. Hall <BHall@atllp.com>
Sent: Tuesday, October 29, 2024 8:54 AM
To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Subject: RE: CON 6136

Mackinzey,

I don't understand what you're asking for below. Can you please clarify so I can provide asap.

Thanks,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
MAIN PHONE: 314.621.5070 | MAIN FAX: 314.621.5065
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Bhall@atllp.com
www.armstrongteasdale.com

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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Monday, October 28, 2024 11:13 AM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6136

Brandon,

Just following up on this information needed. The compendium goes out tomorrow so it is needed by 8am. Thank you.

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services
920 Wildwood Drive, P.O. Box 570
Jefferson City, MO 65102
OFFICE: 573-751-6403
FAX: 573-751-7894
EMAIL: mackinzey.fick@health.mo.gov
<http://health.mo.gov/information/boards/certificateofneed/index.php>

From: Fick, Mackinzey
Sent: Wednesday, October 23, 2024 2:29 PM
To: Brandon M. Hall <BHall@atllp.com>
Subject: RE: CON 6136

Brandon,

Please complete a budget excel for the items 3rd party documentation or methods and assumptions are not categories outside of construction/renovation.

Thank you.

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need
Department of Health and Senior Services
920 Wildwood Drive, P.O. Box 570
Jefferson City, MO 65102
OFFICE: 573-751-6403
FAX: 573-751-7894
EMAIL: mackinzey.fick@health.mo.gov
<http://health.mo.gov/information/boards/certificateofneed/index.php>

From: Brandon M. Hall <BHall@atllp.com>
Sent: Wednesday, October 23, 2024 2:02 PM
To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Subject: RE: CON 6136

Hi Mackinzey,

On the below, what do you mean by outline what is included in each line item?

For divider 3, number 6, the answer is no.

Thanks again,



Armstrong Teasdale LLP

Brandon M. Hall | Associate Attorney | Corporate Services Group
7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847
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DIRECT: 314.342.8092 | Extension: 7492 | CELL: 518.727.8805
Bhall@atllp.com

www.armstrongteasdale.com

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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>

Sent: Tuesday, October 22, 2024 3:20 PM

To: Brandon M. Hall <BHall@atllp.com>

Subject: CON 6136

Importance: High

CAUTION: EXTERNAL EMAIL

Brandon,

Some additional information is needed for the New Hope project.

- Provide a budget detail sheet outlining what was included in each line item.
- Divider 3, question 6 has not been answered. Please provide this information.

This information is need by Thursday, October 24.

Mackinzey Fick

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102

OFFICE: 573-751-6403

FAX: 573-751-7894

EMAIL: mackinzey.fick@health.mo.gov

<http://health.mo.gov/information/boards/certificateofneed/index.php>

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Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

- 1. New Construction Costs *** _____
- 2. Renovation Costs *** _____
- 3. Subtotal Construction Costs (#1 plus #2)** _____
- 4. Architectural/Engineering Fees _____
- 5. Other Equipment (not in construction contract) _____
- 6. Major Medical Equipment _____
- 7. Land Acquisition Costs *** _____
- 8. Consultants' Fees/Legal Fees *** _____
- 9. Interest During Construction (net of interest earned) *** _____
- 10. Other Costs *** _____
- 11. Subtotal Non-Construction Costs** (sum of #4 through #10) _____
- 12. Total Project Development Costs** (#3 plus #11) _____ ******

FINANCING:

- 13. Unrestricted Funds _____
- 14. Bonds _____
- 15. Loans _____
- 16. Other Methods (specify) _____
- 17. Total Project Financing** (sum of #13 through #16) _____ ******

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

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

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

Proposed Expenditures Detail for Non-applicability Requests

For an LTC facility project, complete categories 1-9. For a major medical equipment project, complete categories 10-15. For a hospital project, complete all

Project Title:		Project Number:	Date:
Cost Category	Expenditure Include cost items that were identified by the DHSS engineer and/or licensure unit to meet licensure standards. Add all additional items that apply to the project.	Item Cost	How Cost was Determined (i.e. Current real estate appraisal, quote, invoice, etc.) Provide documentation of all major costs. Documentation of other costs may also be required.
1 New Construction Costs	General new construction	595,758	These are all estimates based on our previous building.
	Roof	34,286	estimates based on previous cost
	Sheetrock/Drywall	34,080	estimates based on previous cost
	Electric	31,000	estimates based on previous cost
	Plumbing	77,000	estimates based on previous cost
	HVAC	53,000	estimates based on previous cost
	Lighting		This is included in the general constructions estimates
	Flooring	56,785	estimates based on previous cost
	Painting	17,791	estimates based on previous cost
	Finishing		This is included in the general constructions estimates
	Driveway/Parking/Sidewalks	35,300	estimates based on previous cost
	Water/Sewer		this is included with the plumbing estimates
	Landscaping	15,000	estimates based on previous cost
	*TOTAL	950,000	
2 Renovation Costs	General renovation		
	Roof		
	Sheetrock/Drywall		
	Electric		
	Plumbing		
	HVAC		
	Lighting		
	Flooring		
	Painting		
	Finishing		
	Driveway/Parking/Sidewalks		
	Water/Sewer		
	Landscaping		
	*TOTAL	0	
3 Architectural/Engineering	Architectural Fees	50,000	Estimates based on previous work with the same architect
	Engineering Fees		
	*TOTAL	50,000	
4 Equipment (not in construction contract)	Sprinkler system	40,000	Estimate based on previous cost
	Call light system	10,000	Estimate based on previous cost
	Fire alarm	5,000	Estimate based on previous cost
	Security sytem		
	Computer system & Software		NA
	Telephone system		
	Elevator		NA
	*TOTAL	55,000	
5 Land Acquisition Costs	Land, or Building and Land (Current Appraised Value)		
	Land loan closing costs		
	*TOTAL	0	
6 Consultants' Fees/Legal	Consultants' Fees	15,000	
	Legal Fees		
	*TOTAL	15,000	
7 Interest During Construction (net of interest earned)	Interest During		
	*TOTAL	0	
8 Other Costs	Demolition		

