

**From:** [Hinz, Katey](#)  
**To:** [Fick, Mackinzey](#)  
**Cc:** [Solum, Emily](#)  
**Subject:** RE: CON 6169 Review  
**Date:** Wednesday, November 27, 2024 12:16:18 PM  
**Attachments:** [image001.png](#)  
[4929-8521-7537.1 NRMCI - Additional Application Fee Receipt.pdf](#)  
[4911-3598-8481.2 NRMCI - Revised Proposed Project Budget Form.pdf](#)

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Hi Mackinzey,

We've included your requests with our responses below:

- **Provide a service area for the staff analysis.** The service area will include Adair, Knox, Macon, Putnam, Schuyler, Scotland, and Sullivan counties.
- **The Phillips quote states valid until 12/26/2024. Will this be valid at the time of CON approval?** Yes, it will still be valid.
- **It appears the trade in cost was deducted from the proposed project budget. Submit a revised project budget sheet and additional fee.** We've attached the revised proposed project budget form and receipt for the additional application fee.

Thank you!

**Katey Hinz** 📧  
**Attorney**  
Direct: 573-761-1146  
[Katey.Hinz@huschblackwell.com](mailto:Katey.Hinz@huschblackwell.com)

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**From:** Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>  
**Sent:** Thursday, November 21, 2024 3:52 PM  
**To:** Solum, Emily <Emily.Solum@huschblackwell.com>  
**Cc:** Hinz, Katey <Katey.Hinz@huschblackwell.com>  
**Subject:** CON 6169 Review

[EXTERNAL EMAIL]

Emily,

After review of application #6166 HT, some additional information is needed.

- Provide a service area for the staff analysis.
- The Phillips quote states valid until 12/26/2024. Will this be valid at the time of CON approval?
- It appears the trade in cost was deducted from the proposed project budget. Submit a revised project budget sheet and additional fee.

**This information is needed by Friday, November 29<sup>th</sup>, 2024.**



Certificate of Need Program

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

**COSTS:\***

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

1. New Construction Costs ***	\$0
2. Renovation Costs ***	\$532,314
<b>3. Subtotal Construction Costs</b> (#1 plus #2)	<b>\$532,314</b>
4. Architectural/Engineering Fees	\$0
5. Other Equipment (not in construction contract)	\$0
6. Major Medical Equipment	\$1,379,423
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$0
<b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10)	<b>\$1,379,423</b>
<b>12. Total Project Development Costs</b> (#3 plus #11)	<b>\$1,911,737 **</b>

**FINANCING:**

13. Unrestricted Funds	\$1,911,737
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$0
<b>17. Total Project Financing</b> (sum of #13 through #16)	<b>\$1,911,737 **</b>

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	960
21. Renovated Space Costs Per Square Foot *****	\$554

\* 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.



Patrick Avila <patrick\_avila@chs.net>

**[EXTERNAL] Payment Receipt**

1 message

noreply@ncr.com <noreply@ncr.com>  
To: patrick\_avila@chs.net

Tue, Nov 26, 2024 at 9:38 AM

**Missouri: Health and Senior Services**

**Payment Receipt**

**Thank You for Your Payment**

Please save this Confirmation Number for your personal records.

**Customer Name**

Patrick Avila

**Effective Date**

11/26/2024 9:38 AM Central Standard Time

**Confirmation Number**

21533082

**Payment Method Amount**

Visa \*\*\*\*\* 0576 \$51.25

Item	Payment
CON Application Fee	\$50.00

**Transaction Fee:** \$1.25

**Total Amount Paid:** \$51.25

**Payment Details**

CON Application Fee

Project Number: #6169 HT - Project Name: Northeast Regional Medical Center - Project Description: Replacement MRI - Patrick Avila - \$50.00

A Transaction Fee has been included in the total amount paid for this transaction.