

From: [Gregory Bratcher](#)
To: [Fick, Mackinze](#)
Subject: RE: CON 6188
Date: Wednesday, March 19, 2025 3:58:50 PM
Attachments: [image001.png](#)
[6188 new budget without trade flat.pdf](#)

Here are answers to the questions you posed:

- Provide a service area for the staff analysis.
 - Here is the primary service area:
Gasconade County, Missouri
Lincoln County, Missouri
Montgomery County, Missouri
St. Charles County, Missouri
Warren County, Missouri
- It appears the trade in discount was deducted. Provide a new proposed project budget and the additional fee (\$19.99).
 - Sorry about that. See attached. The extra fee was sent via credit card today.
- The Siemens quote is dated 9/28/24. Is this quote still valid?
 - Yes, that contract price will be honored. BJC uses a two-year capital planning horizon and companies lock in the prices they give us.

Greg Bratcher
BJC HealthCare
gbratcher@bjc.org
Cell & office: 314-323-1231

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Tuesday, March 18, 2025 12:06 PM
To: Gregory Bratcher <Gregory.Bratcher@bjc.org>
Subject: CON 6188

[EXTERNAL]: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Greg,

After review of your application some additional information is needed.

- Provide a service area for the staff analysis.

It appears the trade in discount was deducted. Provide a new proposed project budget and the additional fee (\$19.99).

- The Siemens quote is dated 9/28/24. Is this quote still valid?

This information is needed by Wednesday, March 26th, 2025.



Mackinzezy Fick

Assistant Program Coordinator

Certificate of Need Agency :

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

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinzezy.fick@health.mo.gov | ☎: 573-751-6403

This email is from the Missouri Department of Health and Senior Services. It contains confidential or privileged information that may be protected from disclosure by law. Unauthorized disclosure, review, copying, distribution, or use of this message or its contents by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please immediately destroy this message and notify the sender at the following email address: mackinzezy.fick@health.mo.gov or by calling (573) 751-6403.

This message (including any attachments) is intended only for the use of the individual or entity to which it is addressed and may contain information that is non-public, proprietary, privileged, confidential, and exempt from disclosure under applicable law or may constitute as attorney work product. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, notify us immediately by telephone and (i) destroy this message if a facsimile or (ii) delete this message immediately if this is an electronic communication.



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)	\$0
4. Architectural/Engineering Fees	_____
5. Other Equipment (not in construction contract)	_____
6. Major Medical Equipment	\$2,323,426
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)	\$2,323,426
12. Total Project Development Costs (#3 plus #11)	\$2,323,426

FINANCING:

13. Unrestricted Funds	\$2,323,426
14. Bonds	_____
15. Loans	_____
16. Other Methods (specify)	_____
17. Total Project Financing (sum of #13 through #16)	\$0 **

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.