

From: [Knox,Kate](#)
To: [Fick, Mackinze](#)y; [Chastain,John](#)
Subject: RE: #6226 HT
Date: Thursday, August 21, 2025 2:17:23 PM
Attachments: [image001.png](#)
[ATT00001.png](#)
[Reno Budget.xls](#)
[Additional App Fee.pdf](#)
[Adjusted Proposed Project Budget.pdf](#)

Mackinze

Please see attached documentation.

Kate Knox CIA

Finance Director, System Administration

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From: Fick, Mackinze

y <Mackinze.Fick@health.mo.gov>
Sent: Wednesday, August 13, 2025 3:25 PM
To: Chastain,John <John.Chastain@coxhealth.com>
Cc: Knox,Kate <Kate.Knox@coxhealth.com>
Subject: #6226 HT
Importance: High

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John,

After review of the application, some additional items are needed.

- Provide the service area for the staff analysis.
[Greene County](#)
- Provide methods/assumptions or 3rd party documentation of renovation costs.
[Please see attached.](#)
- It appears the trade in value may have been deducted from the total cost. If so, a revised proposed project budget sheet and an additional fee is needed.

I updated the proposed budget form and paid the additional fee.

This information is needed by August 22, 2025.

If you have any questions, please let me know. Thank you!



Mackinze Fick

Missouri Department of Health and Senior Services
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✉: mackinze.fick@health.mo.gov | ☎: 573-751-6403

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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.

Reno budget for CoxHealth Replacement Radiotherapy system

Dynamic Construction bid- see following tab	200,429
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Contingency	82,571
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Total Reno	283,000
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