

**TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT**

**INSTRUCTION:** Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. See additional instruction in the column to the right of the table.

**NOTE:** Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/Wing)*	Licensed Beds: June 23, 2014	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity				
			Room Count			Physical Capacity			Room Count			Physical Capacity	
			Private	Semi-Private	Total Rooms				Private	Semi-Private	Total Rooms		
<b>ACUTE CARE</b>							<b>ACUTE CARE</b>						
General Medical/Surgical*	TCU LL 1		8	0	8	8	General Medical/Surgical*						
	2200 2nd		20	9	29	38							
	2500 2nd		3	14	17	31		Level 3	32	0	32	32	
	3200 3rd		15	7	22	29		Level 4	4	0	4	4	
	4100 4th		3	15	18	34		Level 5	32	0	32	32	
	4200 4th		20	7	27	35		Level 6	32	0	32	32	
	5100 6th		1	14	15	30		Level 7	24	0	24	24	
<b>SUBTOTAL Gen. Med/Surg*</b>		<b>137</b>	<b>70</b>	<b>66</b>	<b>136</b>	<b>205</b>	<b>SUBTOTAL Gen. Med/Surg*</b>		<b>124</b>	<b>0</b>	<b>124</b>	<b>124</b>	
ICU/CCU	1st/4th/5th	34	32	1	33	34	ICU/CCU	Level 2 ICU	28	0	28	28	
Other (Specify/add rows as needed)													
<b>TOTAL MSGA</b>		<b>171</b>	<b>102</b>	<b>67</b>	<b>169</b>	<b>239</b>	<b>TOTAL MSGA</b>		<b>152</b>	<b>0</b>	<b>152</b>	<b>152</b>	
Obstetrics	3rd	21	10	10	20	30	Obstetrics	Level 4	18	0	18	18	
Pediatrics							Pediatrics		0	0	0	0	
Psychiatric	2nd	40	11	14	25	40	Psychiatric		0	0	0	0	
<b>TOTAL ACUTE</b>		<b>232</b>	<b>123</b>	<b>91</b>	<b>214</b>	<b>309</b>	<b>TOTAL ACUTE</b>		<b>170</b>	<b>0</b>	<b>170</b>	<b>170</b>	
<b>NON-ACUTE CARE</b>							<b>NON-ACUTE CARE</b>						
Dedicated Observation**							Dedicated Observation**	Level 7	8	0	8	8	
Rehabilitation							Rehabilitation				0	0	
Comprehensive Care							Comprehensive Care				0	0	
Other (Specify/add rows as needed)							Other						
<b>TOTAL NON-ACUTE</b>							<b>TOTAL NON-ACUTE</b>		<b>8</b>		<b>8</b>	<b>8</b>	
<b>HOSPITAL TOTAL</b>		<b>232</b>	<b>123</b>	<b>91</b>	<b>214</b>	<b>309</b>	<b>HOSPITAL TOTAL</b>		<b>178</b>	<b>0</b>	<b>178</b>	<b>178</b>	

Additional Instruction

Calculate the sum of all General Medical/Surgical rows

Calculate the sum of Med/Surg Subtotal, ICU/CCU, and other physical capacity

Ensure that Total includes Total MSGA and Obstetrics, Pediatrics, and Psych rows

Calculate the sum of all Non-Acute Care rows

Ensure that Hospital Total includes Total Acute and Total Non-acute rows

\* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

\*\* Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.

**TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT**

*INSTRUCTION: Add or delete rows if necessary. See additional instruction in the column to the right of the table.*

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET					
	Current	To Be Demolished/ Eliminated	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
Floor 2- ICU/CCU			13,680			13680
Floor 3- Cardiac			11,580			11580
Floor 4- Post-Partum/Ante-Partum/Med Surg			9,418			9418
Floor 5- Med Surg			14,191			14191
Floor 6- Med Surg			14,191			14191
Floor 7- Med Surg			11,013			11013
<b>Total</b>			<b>74,073</b>			<b>74073</b>

**TABLE C. CONSTRUCTION CHARACTERISTICS**

<b>BASE BUILDING CHARACTERISTICS</b>	<b>NEW CONSTRUCTION</b>	<b>RENOVATION</b>
<b>Class of Construction</b> (for renovations the class of the building being renovated)*	<b>Check if applicable</b>	
Class A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of Construction/Renovation*</b>		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number of Stories</b>	7	

\*As defined by Marshall Valuation Service

<b>PROJECT SPACE</b>	<b>List Number of Feet, if applicable</b>	
<b>Total Square Footage</b>	<b>427,662 Total Square Feet</b>	
Basement	70,931	
First Floor	81,784	
Second Floor	67,232	
Third Floor	66,795	
Fourth Floor	45,094	
Fifth Floor	30,907	
Sixth Floor	30,907	
Seventh Floor	30,907	
Penthouse Floor	3,105	
<b>Perimeter in Linear Feet</b>	<b>Linear Feet</b>	
Basement	1876	
First Floor	1742	
Second Floor	1627	
Third Floor	1532	
Fourth Floor	1364	
Fifth Floor	983	
Sixth Floor	983	
Seventh Floor	983	
Penthouse Floor	494	
<b>Wall Height (floor to eaves)</b>	<b>Feet</b>	
Basement	21	
First Floor	18	
Second Floor	18	
Third Floor	15	
Fourth Floor	15	
Fifth Floor	15	
Sixth Floor	15	
Seventh Floor	15	
Penthouse Floor		
<b>OTHER COMPONENTS</b>	<b>Check if applicable</b>	<b>List number</b>
<b>Elevators</b>		
Passenger	<input checked="" type="checkbox"/>	
Freight	<input checked="" type="checkbox"/>	
<b>Sprinklers</b>		
Wet System	<input checked="" type="checkbox"/>	
Dry System	<input type="checkbox"/>	
	<b>Describe type in renovation</b>	
<b>Type of HVAC System</b>	Mechanically ventilated	
<b>Type of Exterior Walls</b>	Precast Concrete Panel, CMU, Curtainwall, Unitized metal panels	

**TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS**

	<b>NEW CONSTRUCTION COSTS</b>	<b>RENOVATION COSTS</b>
<b>SITE PREPARATION COSTS</b>		
Normal Site Preparation	\$ 1,350,000.00	
Utilities from Structure to lot line		
<b>Subtotal included in Marshall Valuation Costs</b>	<b>\$ 1,350,000.00</b>	
Site Demolition Costs	\$ 100,000.00	
Storm Drains	\$ 1,500,000.00	
Rough Grading	\$ -	
Hillside Foundation	\$ -	
Paving	\$ 3,800,000.00	
Exterior Signs	\$ 150,000.00	
Landscaping	\$ 1,000,000.00	
Walls	\$ 800,000.00	
Yard Lighting	\$ 250,000.00	
Helipad	\$ 200,000.00	
Site Utility Relocation	\$ 150,000.00	
Deforestation - Tree Clearing	\$ 150,000.00	
Sediment and Erosion Control	\$ 100,000.00	
Forest Conservation	\$ 250,000.00	
Redundant Electrical Service	\$ 250,000.00	
Redundant Water Service	\$ 350,000.00	
<b>Subtotal On-Site excluded from Marshall Valuation Costs</b>	<b>\$ 9,050,000.00</b>	
<b>OFFSITE COSTS</b>		
Roads	\$ -	
Utilities	\$ -	
Jurisdictional Hook-up Fees	\$ -	
Other ( <i>Specify/add rows if needed</i> )	\$ -	
<b>Subtotal Off-Site excluded from Marshall Valuation Costs</b>	<b>\$ -</b>	
<b>TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs</b>	<b>\$ 9,050,000.00</b>	
<b>TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*</b>	<b>\$ 10,400,000.00</b>	

\*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

**TABLE E. PROJECT BUDGET**

**INSTRUCTION:** Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. See additional instruction in the column to the right of the table.

**NOTE:** Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included in line B.8.

<b>A. USE OF FUNDS</b>	
<b>1. CAPITAL COSTS</b>	
a. Land Purchase	\$ 11,000,000
<b>b. New Construction</b>	
(1) Building	\$ 135,200,000
(2) Fixed Equipment	\$ -
(3) Site and Infrastructure	\$ 10,400,000
(4) Architect/Engineering Fees	\$ 13,200,000
(5) Permits (Building, Utilities, Etc.)	\$ 700,000
<b>SUBTOTAL</b>	<b>\$ 159,500,000</b>
<b>c. Renovations</b>	
(1) Building	\$ -
(2) Fixed Equipment (not included in construction)	\$ -
(3) Architect/Engineering Fees	\$ -
(4) Permits (Building, Utilities, Etc.)	\$ -
<b>SUBTOTAL</b>	<b>\$ -</b>
<b>d. Other Capital Costs</b>	
(1) Movable Equipment	\$ 33,800,000
(2) Contingency Allowance	\$ 11,200,000
(3) Gross interest during construction period	\$ 45,156,375
(4) Other (Specify/add rows if needed)	
a. Furniture	\$ 10,100,000
b. Interior and Exterior Signage	\$ 1,400,000
c. IS / Comm	\$ 13,500,000
d. Security System	\$ 2,000,000
e. Relocation Expense	\$ 2,700,000
f. Certifications, Inspections, etc.	\$ 1,000,000
<b>SUBTOTAL</b>	<b>\$ 120,856,375</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$ 291,356,375</b>
e. Inflation Allowance	\$ 10,100,000
<b>TOTAL CAPITAL COSTS</b>	<b>\$ 301,456,375</b>
<b>2. Financing Cost and Other Cash Requirements</b>	
a. Loan Placement Fees	\$ -
b. Bond Discount	\$ -
c. Legal Fees	\$ -
d. Non-Legal Consultant Fees	\$ -
e. Liquidation of Existing Debt	\$ -
f. Debt Service Reserve Fund	\$ 24,475,000
g. Other (Specify/add rows if needed)	\$ 4,898,149
<b>SUBTOTAL</b>	<b>\$ 29,373,149</b>
<b>3. Working Capital Startup Costs</b>	
<b>TOTAL USES OF FUNDS</b>	<b>\$ 330,829,524</b>
<b>B. Sources of Funds</b>	
1. Cash	\$ 50,575,175
<b>2. Pledges</b>	
In-hand to date	\$ -
Pledged to date	\$ -
<b>3. Authorized Bonds</b>	<b>\$ 244,750,000</b>
4. Interest Income from bond proceeds listed in #3	\$ 4,504,349
5. Mortgage	\$ -
6. Working Capital Loans	\$ -
<b>7. Grants or Appropriations</b>	
a. Federal	\$ -
b. State	\$ -
c. Local	\$ -
<b>8. Other (Specify/add rows if needed)</b>	
a. Land Purchase	\$ 11,000,000
b. Gifts, Bequests	\$ 20,000,000
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$ 330,829,524</b>
<b>Annual Lease Costs (if applicable)</b>	
1. Land	
2. Building	
3. Major Movable Equipment	
4. Minor Movable Equipment	
5. Other (Specify/add rows if needed)	
Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.	

Additional instruction for cost categories

These costs should be consistent with the Marshall Valuation Service definition of Group 1 equipment: Permanent equipment, installed on or attached to the building, part of a general contract, and included in calculator costs.

Ensure that SUBTOTAL includes all categories under 1.b.

Ensure that SUBTOTAL includes all categories under 1.c.

Calculate sum of all categories under 1.d.

Ensure that TOTAL CURRENT CAPITAL COSTS includes all SUBTOTALS above

Inflation should only be included in this category

Ensure that TOTAL CAPITAL COSTS includes TOTAL CURRENT CAPITAL COSTS and Inflation Allowance

Calculate sum of all categories under 2.

Under generally accepted accounting principles, include expenses not chargeable as operating expense or maintenance, or which is made to obtain by lease a comparable arrangement any physical plant for a facility.

Ensure that TOTAL USES OF FUNDS includes TOTAL CAPITAL COSTS, SUBTOTAL under A.2., and Working Capital Startup Costs

Include the value of any donated land for the project in this category

Calculate sum of all categories under B; Note that TOTAL SOURCES OF FUNDS should match TOTAL USES OF FUNDS



**TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE**

*INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.*

Indicate <b>CY</b> or FY	Projected Years (ending five years after completion) Add columns i						
	2014	2015	2016	2017	2018	2019	2020
c. Pediatric							
d. Obstetric	2.42	2.42	2.42	2.42	2.42	2.42	2.42
e. Acute Psychiatric	5.70	5.60	5.60	5.60	5.60		
<b>Average Acute</b>	5.28	5.13	5.12	5.12	5.11	5.02	5.02
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL AVERAGE</b>	5.28	5.13	5.12	5.12	5.11	5.02	5.02

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Indicate <b>CY</b> or <b>FY</b>	Projected Years (ending five years after completion) Add columns i						
	2014	2015	2016	2017	2018	2019	2020
<b>4. NUMBER OF LICENSED BEDS</b>							
a. General Medical/Surgical*	137	137	137	137	137	124	124
b. ICU/CCU	34	34	34	34	34	28	28
<b>Total MSGA</b>	<b>171</b>	<b>171</b>	<b>171</b>	<b>171</b>	<b>171</b>	<b>152</b>	<b>152</b>
c. Pediatric							
d. Obstetric	21	21	21	21	21	18	18
e. Acute Psychiatric	40	40	40	40	40	0	0
<b>Total Acute</b>	<b>232</b>	<b>232</b>	<b>232</b>	<b>232</b>	<b>232</b>	<b>170</b>	<b>170</b>
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL LICENSED BEDS</b>	<b>232</b>	<b>232</b>	<b>232</b>	<b>232</b>	<b>232</b>	<b>170</b>	<b>170</b>
<b>5. OCCUPANCY PERCENTAGE</b>							
a. General Medical/Surgical*	80.7%	76.9%	75.7%	74.3%	72.9%	81.4%	82.2%
b. ICU/CCU	56.6%	54.0%	53.1%	52.2%	51.2%	62.8%	63.4%
<b>Total MSGA</b>	<b>75.9%</b>	<b>72.3%</b>	<b>71.2%</b>	<b>69.9%</b>	<b>68.6%</b>	<b>78.0%</b>	<b>78.7%</b>
c. Pediatric							
d. Obstetric	52.2%	52.5%	52.7%	53.0%	53.3%	62.8%	63.4%
e. Acute Psychiatric	60.9%	60.7%	61.0%	61.3%	61.7%		
<b>Total Acute</b>	<b>71.2%</b>	<b>68.5%</b>	<b>67.8%</b>	<b>66.9%</b>	<b>66.0%</b>	<b>76.3%</b>	<b>77.1%</b>
f. Rehabilitation							

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	Projected Years (ending five years after completion) Add columns i						
Indicate <b>CY</b> or FY	2014	2015	2016	2017	2018	2019	2020
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL OCCUPANCY %</b>	<b>71.2%</b>	<b>68.5%</b>	<b>67.8%</b>	<b>66.9%</b>	<b>66.0%</b>	<b>76.3%</b>	<b>77.1%</b>
<b>6. OUTPATIENT VISITS</b>							
a. Emergency Department	34,960	35,500	36,000	36,000	36,000	36,720	37,454
b. Same-day Surgery	3,058	3,150	3,181	3,213	3,245	3,278	3,310
c. Laboratory	5,382	5,436	5,490	5,545	5,601	5,825	6,076
d. Imaging	6,012	6,072	6,133	6,194	6,256	6,506	6,767
e. CVIR	2,883	2,883	2,912	2,941	2,970	3,000	3,030
f. Radiation Therapy	428	433	437	441	446		
g. OP Psychiatric	827	1,120	1,150	1,180	1,220		
h. OP Clinics	4,770	4,818	4,866	4,915	4,964	5,162	5,369
e. Other (Specify/add rows of needed)	1,836	1,854	1,873	1,891	1,910	1,987	2,047
<b>TOTAL OUTPATIENT VISITS</b>	<b>58,320</b>	<b>59,411</b>	<b>60,169</b>	<b>60,429</b>	<b>60,702</b>	<b>60,491</b>	<b>62,006</b>
<b>7. OBSERVATIONS**</b>							
a. Number of Patients	1,090	1,138	1,187	1,250	1,312	1,325	1,338
b. Hours	26,443	27,608	28,797	30,325	31,829	32,145	32,460

\*Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

\*\* Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

**TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE**

*INSTRUCTION* : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

Indicate <b>CY</b> or <b>FY</b>	Projected Years (ending five years after completion) Add columns of need						
	2014	2015	2016	2017	2018	2019	2020
<b>1. REVENUE</b>							
a. Inpatient Services	174,577	175,354	176,280	176,081	176,410	176,154	177,330
b. Outpatient Services	98,378	101,719	104,900	107,324	108,420	113,287	114,861
<b>Gross Patient Service Revenues</b>	<b>\$ 272,955</b>	<b>\$ 277,073</b>	<b>\$ 281,180</b>	<b>\$ 283,405</b>	<b>\$ 284,830</b>	<b>\$ 289,441</b>	<b>\$ 292,191</b>
c. Allowance For Bad Debt	19,911	19,866	20,163	20,314	20,443	20,818	20,942
d. Contractual Allowance	28,722	28,658	29,086	29,304	29,490	30,032	30,210
e. Charity Care	15,534	15,499	15,730	15,848	15,949	16,242	16,338
<b>Net Patient Services Revenue</b>	<b>\$ 208,788</b>	<b>\$ 213,049</b>	<b>\$ 216,201</b>	<b>\$ 217,938</b>	<b>\$ 218,947</b>	<b>\$ 222,349</b>	<b>\$ 224,701</b>
f. Other Operating Revenues (Specify)	6,244	5,927	5,038	5,038	5,038	4,576	4,564
<b>NET OPERATING REVENUE</b>	<b>\$ 215,032</b>	<b>\$ 218,976</b>	<b>\$ 221,238</b>	<b>\$ 222,976</b>	<b>\$ 223,985</b>	<b>\$ 226,924</b>	<b>\$ 229,265</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	99,245	100,983	103,063	105,087	107,050	93,224	93,872
b. Contractual Services	28,667	27,724	27,335	26,953	26,580	24,898	24,840
c. Interest on Current Debt	2,684	2,617	2,559	2,533	2,466	663	650
d. Interest on Project Debt	-	-	-	-	-	14,685	14,685
e. Current Depreciation	9,467	8,963	8,699	8,418	8,359	5,189	5,439
f. Project Depreciation	-	-	-	-	-	9,769	9,769
g. Current Amortization							
h. Project Amortization				163	163	175	175
i. Supplies	37,175	36,748	36,793	36,781	36,557	36,410	36,851
j. Other Expenses (Specify)	39,228	39,066	38,906	38,748	38,591	35,232	35,085
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 216,466</b>	<b>\$ 216,101</b>	<b>\$ 217,355</b>	<b>\$ 218,684</b>	<b>\$ 219,767</b>	<b>\$ 220,246</b>	<b>\$ 221,366</b>

**TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE**

***INSTRUCTION** : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.*

Indicate <b>CY</b> or <b>FY</b>	Projected Years (ending five years after completion) Add columns of need						
	2014	2015	2016	2017	2018	2019	2020
<b>3. INCOME</b>							
a. Income From Operation	\$ (1,434)	\$ 2,875	\$ 3,884	\$ 4,292	\$ 4,218	\$ 6,679	\$ 7,900
b. Non-Operating Income	(1,272)	-	-	-	-	-	-
<b>SUBTOTAL</b>	<b>\$ (2,706)</b>	<b>\$ 2,875</b>	<b>\$ 3,884</b>	<b>\$ 4,292</b>	<b>\$ 4,218</b>	<b>\$ 6,679</b>	<b>\$ 7,900</b>
c. Income Taxes							
<b>NET INCOME (LOSS)</b>	<b>\$ (2,706)</b>	<b>\$ 2,875</b>	<b>\$ 3,884</b>	<b>\$ 4,292</b>	<b>\$ 4,218</b>	<b>\$ 6,679</b>	<b>\$ 7,900</b>



**TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE**

*INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.*

Indicate <b>CY</b> or <b>FY</b>	Projected Years (ending five years after completion) Add columns of need						
	2014	2015	2016	2017	2018	2019	2020
<b>1. REVENUE</b>							
a. Inpatient Services	174,577	177,237	182,085	186,028	190,644	194,717	200,486
b. Outpatient Services	98,378	102,811	108,355	113,387	117,147	125,224	129,860
<b>Gross Patient Service Revenues</b>	<b>\$ 272,955</b>	<b>\$ 280,048</b>	<b>\$ 290,440</b>	<b>\$ 299,415</b>	<b>\$ 307,791</b>	<b>\$ 319,941</b>	<b>\$ 330,346</b>
c. Allowance For Bad Debt	19,911	20,092	20,853	21,489	22,119	23,039	23,706
d. Contractual Allowance	28,722	28,984	30,081	30,999	31,907	33,236	34,198
e. Charity Care	15,534	15,675	16,268	16,765	17,256	17,975	18,495
<b>Net Patient Services Revenue</b>	<b>\$ 208,788</b>	<b>\$ 215,296</b>	<b>\$ 223,238</b>	<b>\$ 230,163</b>	<b>\$ 236,509</b>	<b>\$ 245,691</b>	<b>\$ 253,947</b>
f. Other Operating Revenues (Specify/add rows of needed)	6,244	5,927	5,162	5,314	5,474	5,170	5,326
<b>NET OPERATING REVENUE</b>	<b>\$ 215,032</b>	<b>\$ 221,223</b>	<b>\$ 228,400</b>	<b>\$ 235,478</b>	<b>\$ 241,983</b>	<b>\$ 250,861</b>	<b>\$ 259,272</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	99,245	100,983	103,063	105,087	107,050	103,994	107,280
b. Contractual Services	28,667	28,165	28,394	28,627	28,864	27,788	28,340
c. Interest on Current Debt	2,684	2,617	2,559	2,533	2,466	663	650
d. Interest on Project Debt	-	-	-	-	-	14,685	14,685
e. Current Depreciation	9,467	8,966	8,713	8,450	8,417	5,246	5,538
f. Project Depreciation	-	-	-	-	-	9,769	9,769
g. Current Amortization							
h. Project Amortization				163	163	175	175
i. Supplies	37,175	38,054	39,434	40,801	41,969	43,277	45,335
j. Other Expenses (Specify/add rows of needed)	39,228	40,024	40,836	41,667	42,515	39,799	40,604
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 216,466</b>	<b>\$ 218,809</b>	<b>\$ 222,999</b>	<b>\$ 227,328</b>	<b>\$ 231,444</b>	<b>\$ 245,396</b>	<b>\$ 252,375</b>

**TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE**

*INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.*

	Projected Years (ending five years after completion) Add columns of need						
Indicate <b>CY</b> or FY	2014	2015	2016	2017	2018	2019	2020
<b>3. INCOME</b>							
a. Income From Operation	\$ (1,434)	\$ 2,415	\$ 5,401	\$ 8,149	\$ 10,539	\$ 5,466	\$ 6,898
b. Non-Operating Income	(1,272)	-	-	-	-	-	-
<b>SUBTOTAL</b>	<b>\$ (2,706)</b>	<b>\$ 2,415</b>	<b>\$ 5,401</b>	<b>\$ 8,149</b>	<b>\$ 10,539</b>	<b>\$ 5,466</b>	<b>\$ 6,898</b>
c. Income Taxes							
<b>NET INCOME (LOSS)</b>	<b>\$ (2,706)</b>	<b>\$ 2,415</b>	<b>\$ 5,401</b>	<b>\$ 8,149</b>	<b>\$ 10,539</b>	<b>\$ 5,466</b>	<b>\$ 6,898</b>



**TABLE L. MANPOWER INFORMATION**

**INSTRUCTION:** List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in inflated projections in Tables G and J. See additional instruction in the column to the right of the table.

Job Category	CURRENT (2014) ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)		
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table J)	FTEs	Average Salary per FTE	Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G)
<b>1. Regular Employees</b>												
Administration (List general categories, add rows if needed)												
Hospital Leadership	13	168,000	2,233,000				0.0			13	\$	2,232,900
Revenue Cycle	51	85,000	2,093,000				-0.7	39,000	(27,000)	51	\$	2,066,000
Other Administrative	31	41,000	2,650,000	-0.4	57,000	(22,960)	-1.2	108,000	(129,000)	30	\$	2,498,000
Shared Corporate Services Salaries	-	-	6,737,000							-	\$	6,964,000
<b>Total Administration</b>	<b>95</b>	<b>73,400</b>	<b>13,713,000</b>	<b>-0.4</b>	<b>57,400</b>	<b>(22,960)</b>	<b>-1.9</b>	<b>82,100</b>	<b>(156,000)</b>	<b>94</b>	<b>\$</b>	<b>13,760,900</b>
Direct Care Staff (List general categories, add rows if needed)												
Ancillary	111	74,000	8,229,000	-4.0	66,000	(263,160)	3.1	79,000	246,000	109	\$	8,212,000
Behavioral Health	57	69,000	3,910,000	-57.0	69,000	(3,910,000)	0.0			-	\$	-
Imaging	36	81,000	2,902,000	0.7	73,000	50,890	0.9	90,000	81,000	38	\$	3,034,000
Nursing	484	71,000	34,499,000	-11.0	60,000	(664,460)	12.8	69,000	883,000	486	\$	34,718,000
Surgical/Cardiovascular	124	85,000	10,541,000	0.7	62,000	43,260	6.6	86,000	566,000	131	\$	11,149,000
<b>Total Direct Care</b>	<b>812</b>	<b>74,000</b>	<b>60,081,000</b>	<b>-70.6</b>	<b>67,200</b>	<b>(4,743,470)</b>	<b>23.4</b>	<b>75,900</b>	<b>1,776,000</b>	<b>764</b>	<b>\$</b>	<b>57,113,000</b>
Support Staff (List general categories, add rows if needed)												
Clinical Support	28	78,000	2,188,000	0.0			1.4		131,000	29	\$	2,319,000
Facility Services	61	49,000	2,967,000	0.0			-0.7		(35,000)	61	\$	2,932,000
Logistical Support	31	36,000	1,110,000	-4.5	29,000	(132,300)	1.0		46,000	27	\$	1,023,000
Nutrition Services	45	30,000	1,338,000	-4.6	30,000	(138,000)	0.0			40	\$	1,200,000
Other Support Staff	4	94,000	376,000				0.0			4	\$	376,000
<b>Total Support</b>	<b>169</b>	<b>47,200</b>	<b>7,979,000</b>	<b>-9.1</b>	<b>29,700</b>	<b>(270,300)</b>	<b>1.7</b>	<b>83,500</b>	<b>142,000</b>	<b>161</b>	<b>\$</b>	<b>7,850,000</b>
<b>REGULAR EMPLOYEES TOTAL</b>	<b>1,076</b>	<b>76,000</b>	<b>81,773,000</b>	<b>-80.1</b>	<b>62,900</b>	<b>(5,036,730)</b>	<b>23.2</b>	<b>75,900</b>	<b>1,762,000</b>	<b>1,019</b>		<b>78,723,900</b>
<b>2. Contractual Employees</b>												
Administration (List general categories, add rows if needed)												
<b>Total Administration</b>												
Direct Care Staff (List general categories, add rows if needed)												
Behavioral Health	2.0	127,000	254,000	-2.0	127,000	(254,000)	0.0			0.0	\$	-
Nursing	8.0	127,000	1,016,000	0.0			-3.0	127,500	(383,000)	5.0	\$	633,000
<b>Total Direct Care Staff</b>	<b>10.0</b>		<b>1,270,000</b>	<b>-2.0</b>		<b>(254,000)</b>	<b>-3.0</b>		<b>(383,000)</b>	<b>5.0</b>	<b>\$</b>	<b>633,000</b>
Support Staff (List general categories, add rows if needed)												
Clinical Support	0.5	196,000	98,000				-0.5	196,000	(98,000)	0.0	\$	-
Surgical/Cardiovascular	1.5	127,000	191,000				-0.5	127,000	(64,000)	1.0	\$	127,000
<b>Total Support Staff</b>	<b>2.0</b>		<b>289,000</b>	<b>0.0</b>		<b>-</b>	<b>-1.0</b>		<b>(162,000)</b>	<b>1.0</b>	<b>\$</b>	<b>127,000</b>
<b>CONTRACTUAL EMPLOYEES TOTAL</b>	<b>12.0</b>		<b>1,559,000</b>	<b>-2.0</b>		<b>(254,000)</b>	<b>-4.0</b>	<b>136,300</b>	<b>(545,000)</b>	<b>6.0</b>	<b>\$</b>	<b>760,000</b>
<b>Benefits</b> (State method of calculating benefits below):			<b>17,472,000</b>									<b>16,532,000</b>
Benefits are computed at WAH's historical average of 21% of salaries and wages.												
<b>TOTAL COST</b>	<b>1088</b>		<b>100,804,000</b>	<b>-82.1</b>		<b>(5,290,730)</b>	<b>19.2</b>		<b>1,217,000</b>			<b>96,015,900</b>

Additional Instruction

Calculate the sum of Administration

Calculate the sum of Direct Care

Calculate the sum of Administration Support Staff

Calculate the sum of Administration, Direct Care, and Support Staff

Calculate the sum of Administration

Calculate the sum of Direct Care

Calculate the sum of Administration Support Staff

Calculate the sum of Administration, Direct Care, and Support Staff

Include the method of calculating benefits

Ensure that the sums and Total Cost of Regular Employees Total and Contractual Employee are correct