

**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. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. 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.

Hospital Service	Before the Project						After Project Completion					
	Location (Floor/Wing)*	Licensed Beds: July 1, 2014	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity			
			Room Count			Bed Count			Room Count			Bed Count
			Private	Semi-Private	Total Rooms				Private	Semi-Private	Total Rooms	
<b>ACUTE CARE</b>						<b>ACUTE CARE</b>						
<b>General Medical/Surgical*</b>						<b>General Medical/Surgical*</b>						
<i>Critical Care-Stepdown</i>	HP North - 3rd Floor	10	10		10	10	<i>Critical Care-Stepdown</i>	HP North - 3rd Flo	10	0	10	10
<i>8 MedSurg/Special Care Unit</i>	HP North - 3rd Floor	8	8		8	8	<i>8 MedSurg/Special Care Unit</i>	HP North - 3rd Flo	8	0	8	8
<i>Heart &amp; Vascular</i>	HP North - 4th Floor	33	33		33	33	<i>Heart &amp; Vascular</i>	HP North - 4th Flo	33	0	33	33
<i>NeuroCare Unit</i>	HP North - 4th Floor	15	15		15	15	<i>NeuroCare Unit</i>	HP North - 4th Flo	15	0	15	15
<i>Joint Spine Ctr</i>	HP North - 5th Floor	33	33		33	33	<i>Joint Spine Ctr</i>	HP North - 5th Flo	33	0	33	33
<i>MedSurg Unit</i>	HP North - 5th Floor	15	15		15	15	<i>MedSurg Unit</i>	HP North - 5th Flo	15	0	15	15
<i>Special Care Unit</i>	HP North - 6th Floor	12	12		12	12	<i>Special Care Unit</i>	HP North - 6th Flo	12	0	12	12
<i>MedSurgUnit</i>	HP North - 6th Floor	36	36		36	36	<i>MedSurgUnit</i>	HP North - 6th Flo	36	0	36	36
<i>Oncology</i>	HP South - 4th Floor	30	30		30	30	<i>Oncology</i>	HP South - 4th Flo	30	0	30	30
<i>GenSurg</i>	HP South - 5th Floor	20	20		20	20	<i>GenSurg</i>	HP South - 5th Flo	20	0	20	20
<i>ACE Unit</i>	HP South - 6th Floor	30	30		30	30	<i>ACE Unit</i>	HP South - 6th Flo	30	0	30	30
<i>Post-Surgical Beds</i>	HP South - 5th Floor	10	10		10	10	<i>Post-Surgical Beds</i>	HP South - 5th Flo	10	0	10	10
<i>Women's Surgical Unit</i>	CLAT - 1st Floor	26	26		26	26	<i>Women's Surgical Unit</i>	CLAT - 1st Floor	26	0	26	26
<b>SUBTOTAL Gen. Med/Surg*</b>		<b>278</b>	<b>278</b>	<b>0</b>	<b>278</b>	<b>278</b>	<b>SUBTOTAL Gen. Med/Surg*</b>		<b>278</b>	<b>0</b>	<b>278</b>	<b>278</b>
<b>ICU/CCU</b>	HP North - 3rd Floor	<b>20</b>	20		20	20	<b>ICU/CCU</b>		20	0	20	20
<b>Other (Specify/add rows as needed)</b>					0	0					0	0
<b>TOTAL MSGA</b>		<b>298</b>	<b>298</b>		<b>298</b>	<b>298</b>	<b>TOTAL MSGA</b>		<b>298</b>	<b>0</b>	<b>298</b>	<b>298</b>
<b>Obstetrics</b>	CLAT - 2nd Floor	<b>24</b>	24		24	24	<b>Obstetrics</b>	CLAT - 2nd Floor	24		24	24
<b>Obstetrics</b>	CLAT - 3rd Floor	<b>36</b>	36		36	36	<b>Obstetrics</b>	CLAT - 3rd Floor	36		36	36
<b>Pediatrics</b>	HP South - 1st Floor	<b>8</b>	8		8	8	<b>Pediatrics</b>	HP South - 1st Flo	8		8	8
<b>Psychiatric</b>					0	0	<b>Psychiatric</b>		0		0	0
<b>TOTAL ACUTE</b>		<b>366</b>	<b>366</b>	<b>0</b>	<b>366</b>	<b>366</b>	<b>TOTAL ACUTE</b>		<b>366</b>	<b>0</b>	<b>366</b>	<b>366</b>
<b>NON-ACUTE CARE</b>						<b>NON-ACUTE CARE</b>						
<b>Dedicated Observation**</b>	1st Floor - HP North	<b>17</b>	17		17	17	<b>Dedicated Observation**</b>		17	17		17
<b>Rehabilitation</b>					0	0	<b>Rehabilitation</b>				0	0
<b>Comprehensive Care</b>					0	0	<b>Comprehensive Care</b>				0	0
<b>Other (Specify/add rows as needed)</b>					0	0	<b>Other (Specify/add rows as needed)</b>				0	0
<b>TOTAL NON-ACUTE</b>		<b>17</b>	<b>17</b>		<b>17</b>	<b>17</b>	<b>TOTAL NON-ACUTE</b>		<b>17</b>	<b>0</b>	<b>17</b>	<b>17</b>
<b>HOSPITAL TOTAL</b>		<b>383</b>	<b>383</b>	<b>0</b>	<b>383</b>	<b>383</b>	<b>HOSPITAL TOTAL</b>		<b>383</b>	<b>0</b>	<b>383</b>	<b>383</b>

\* Include beds dedicated to gynecology and additions, 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				Total After Project Completion
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	
Operating Room	32,780	0	1,239	31,541	32,780
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
<b>Total</b>	<b>32,780</b>	<b>0</b>	<b>1,239</b>	<b>31,541</b>	<b>32,780</b>

**TABLE C. CONSTRUCTION CHARACTERISTICS**

*INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.*

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

\*As defined by Marshall Valuation Service

	<b>List Number of Feet, if applicable</b>	
<b>PROJECT SPACE</b>	<b>Total Square Feet</b>	
<b>Total Square Footage</b>		
Basement		
First Floor		
Second Floor		1,239
Third Floor		
Fourth Floor		
<b>Average Square Feet</b>		<b>1,239</b>
<b>Perimeter in Linear Feet</b>	<b>Linear Feet</b>	
Basement		
First Floor		
Second Floor		166
Third Floor		
Fourth Floor		
<b>Total Linear Feet</b>		<b>166</b>
<b>Average Linear Feet</b>		<b>166</b>
<b>Wall Height (floor to eaves)</b>	<b>Feet</b>	
Basement		
First Floor		
Second Floor		14'-2"
Third Floor		14'-2"
Fourth Floor		
<b>Average Wall Height</b>		<b>14'-2"</b>
<b>OTHER COMPONENTS</b>		
<b>Elevators</b>	<b>List Number</b>	
Passenger		
Freight		
<b>Sprinklers</b>	<b>Square Feet Covered</b>	
Wet System		1,239
Dry System		
<b>Other</b>	<b>Describe Type</b>	
Type of HVAC System for proposed project		
Type of Exterior Walls for proposed project		

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

**INSTRUCTION:** If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table D for each structure.

	<b>NEW CONSTRUCTION COSTS</b>	<b>RENOVATION COSTS</b>
<b>SITE PREPARATION COSTS</b>		
Normal Site Preparation	n/a	\$0
Utilities from Structure to Lot Line	n/a	\$0
<b>Subtotal included in Marshall Valuation Costs</b>		<b>\$0</b>
Site Demolition Costs	n/a	<b>\$0</b>
Storm Drains	n/a	<b>\$0</b>
Rough Grading	n/a	<b>\$0</b>
Hillside Foundation	n/a	<b>\$0</b>
Paving	n/a	<b>\$0</b>
Exterior Signs	n/a	<b>\$0</b>
Landscaping	n/a	\$0
Walls	n/a	\$0
Yard Lighting	n/a	\$0
Other ( <i>Specify/add rows if needed</i> )	n/a	\$0
<b>Subtotal On-Site excluded from Marshall Valuation Costs</b>		<b>\$0</b>
<b>OFFSITE COSTS</b>		
Roads	n/a	\$0
Utilities	n/a	\$0
Jurisdictional Hook-up Fees	n/a	\$0
Other ( <i>Specify/add rows if needed</i> )	n/a	\$0
<b>Subtotal Off-Site excluded from Marshall Valuation Costs</b>	<b>n/a</b>	<b>\$0</b>
<b>TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*</b>	<b>\$0</b>	<b>\$0</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 on Line A.1.a as a use of funds and on line B.8 as a source of funds*

	Hospital Building	Other Structure	Total
<b>A. USE OF FUNDS</b>			
<b>1. CAPITAL COSTS</b>			
<b>a. Land Purchase</b>			<b>\$0</b>
<b>b. New Construction</b>			
(1) Building			\$0
(2) Fixed Equipment			\$0
(3) Site and Infrastructure			\$0
(4) Architect/Engineering Fees			\$0
(5) Permits (Building, Utilities, Etc.)			\$0
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>c. Renovations</b>			
(1) Building	\$350,000		\$350,000
(2) Fixed Equipment (not included in construction)	\$252,500		\$252,500
(3) Architect/Engineering Fees	\$50,000		\$50,000
(4) Permits (Building, Utilities, Etc.)	\$1,000		\$1,000
<b>SUBTOTAL</b>	<b>\$653,500</b>	<b>\$0</b>	<b>\$653,500</b>
<b>d. Other Capital Costs</b>			
(1) Movable Equipment	\$1,269,060		\$1,269,060
(2) Contingency Allowance	\$207,299		\$207,299
(3) Gross interest during construction period	\$0		\$0
(4) Other (minor equipment)	\$370,522		\$370,522
<b>SUBTOTAL</b>	<b>\$1,846,881</b>	<b>\$0</b>	<b>\$1,846,881</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$2,500,381</b>	<b>\$0</b>	<b>\$2,500,381</b>
<b>e. Inflation Allowance</b>			<b>\$0</b>
<b>TOTAL CAPITAL COSTS</b>	<b>\$2,500,381</b>	<b>\$0</b>	<b>\$2,500,381</b>
<b>2. Financing Cost and Other Cash Requirements</b>			
<b>a. Loan Placement Fees</b>			\$0
<b>b. Bond Discount</b>			\$0
<b>c. Legal Fees</b>			\$0
<b>d. Non-Legal Consultant Fees</b>			\$0
<b>e. Liquidation of Existing Debt</b>			\$0
<b>f. Debt Service Reserve Fund</b>			\$0
<b>g. Other (Specify/add rows if needed)</b>			\$0
<b>SUBTOTAL</b>			<b>\$0</b>
<b>3. Working Capital Startup Costs</b>			\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$2,500,381</b>	<b>\$0</b>	<b>\$2,500,381</b>
<b>B. Sources of Funds</b>			
<b>1. Cash</b>	<b>\$2,500,381</b>		<b>\$2,500,381</b>
<b>2. Philanthropy (to date and expected)</b>			\$0
<b>3. Authorized Bonds</b>			\$0
<b>4. Interest Income from bond proceeds listed in #3</b>			\$0
<b>5. Mortgage</b>			\$0
<b>6. Working Capital Loans</b>			\$0
<b>7. Grants or Appropriations</b>			
<b>a. Federal</b>			\$0
<b>b. State</b>			\$0
<b>c. Local</b>			\$0
<b>8. Other (Specify/add rows if needed)</b>			\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$2,500,381</b>		<b>\$2,500,381</b>
<b>Annual Lease Costs (if applicable)</b>			
<b>1. Land</b>			\$0
<b>2. Building</b>			\$0
<b>3. Major Movable Equipment</b>			\$0
<b>4. Minor Movable Equipment</b>			\$0
<b>5. Other (Specify/add rows if needed)</b>			\$0

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.

**TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY**

*INSTRUCTION: Complete this table for the entire facility, including 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*

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.		
	FY13	FY14	FY15	FY17	FY18	FY19
<b>1. DISCHARGES</b>						
a. General Medical/Surgical*	21,027	19,227	17,698	16,480	16,068	15,667
b. ICU/CCU	743	1,048	1,102	1,433	1,577	1,676
<b>Total MSGA</b>	<b>21,770</b>	<b>20,275</b>	<b>18,800</b>	<b>17,913</b>	<b>17,645</b>	<b>17,343</b>
c. Pediatric	899	580	689	696	699	703
d. Obstetric	5,318	5,398	5,562	5,646	5,688	5,731
e. Acute Psychiatric	-	-	-	-	-	-
<b>Total Acute</b>	<b>27,987</b>	<b>26,253</b>	<b>25,051</b>	<b>24,255</b>	<b>24,032</b>	<b>23,776</b>
f. Rehabilitation	-	-	-	-	-	-
g. Comprehensive Care	-	-	-	-	-	-
h. Other (Specify/add rows of needed)	-	-	-	-	-	-
<b>TOTAL DISCHARGES</b>	<b>27,987</b>	<b>26,253</b>	<b>25,051</b>	<b>24,255</b>	<b>24,032</b>	<b>23,776</b>
<b>2. PATIENT DAYS</b>						
a. General Medical/Surgical*	81,798	79,318	75,833	78,598	80,320	81,709
b. ICU/CCU	4,904	4,968	5,333	6,647	7,120	7,545
<b>Total MSGA</b>	<b>86,702</b>	<b>84,286</b>	<b>81,166</b>	<b>85,245</b>	<b>87,440</b>	<b>89,254</b>
c. Pediatric	1,310	1,196	1,190	1,104	1,064	1,031
d. Obstetric	13,340	13,425	13,905	13,550	13,083	13,181
e. Acute Psychiatric	-	-	-	-	-	-
<b>Total Acute</b>	<b>101,352</b>	<b>98,907</b>	<b>96,261</b>	<b>99,899</b>	<b>101,587</b>	<b>103,465</b>
f. Rehabilitation	-	-	-	-	-	-
g. Comprehensive Care	-	-	-	-	-	-
h. Other (Specify/add rows of needed)	-	-	-	-	-	-
<b>TOTAL PATIENT DAYS</b>	<b>101,352</b>	<b>98,907</b>	<b>96,261</b>	<b>99,899</b>	<b>101,587</b>	<b>103,465</b>
<b>3. AVERAGE LENGTH OF STAY (patient days divided by discharges)</b>						
a. General Medical/Surgical*	3.9	4.1	4.3	4.8	5.0	5.2
b. ICU/CCU	6.6	4.7	4.8	4.6	4.5	4.5
<b>Total MSGA</b>	<b>4.0</b>	<b>4.2</b>	<b>4.3</b>	<b>4.8</b>	<b>5.0</b>	<b>5.1</b>
c. Pediatric	1.5	2.1	1.7	1.6	1.5	1.5
d. Obstetric	2.5	2.5	2.5	2.4	2.3	2.3

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	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.		
	FY13	FY14	FY15	FY17	FY18	FY19
<i>Indicate CY or FY</i>						
e. Acute Psychiatric	-	-	-	-	-	-
<b>Total Acute</b>	3.6	3.8	3.8	4.1	4.2	4.4
f. Rehabilitation	-	-	-	-	-	-
g. Comprehensive Care	-	-	-	-	-	-
h. Other (Specify/add rows of needed)	-	-	-	-	-	-
<b>TOTAL AVERAGE LENGTH OF STAY</b>	3.6	3.8	3.8	4.1	4.2	4.4

**4. NUMBER OF LICENSED BEDS**

a. General Medical/Surgical*	292	297	296	301	308	313
b. ICU/CCU	20	20	20	25	27	29
<b>Total MSGA</b>	<b>312</b>	<b>317</b>	<b>316</b>	<b>327</b>	<b>335</b>	<b>342</b>
c. Pediatric	8	8	8	8	8	8
d. Obstetric	60	60	60	60	60	60
e. Acute Psychiatric	-	-	-	-	-	-
<b>Total Acute</b>	<b>380</b>	<b>385</b>	<b>384</b>	<b>395</b>	<b>403</b>	<b>410</b>
f. Rehabilitation	-	-	-	-	-	-
g. Comprehensive Care	-	-	-	-	-	-
h. Other (Specify/add rows of needed)	-	-	-	-	-	-
<b>TOTAL LICENSED BEDS</b>	<b>380</b>	<b>385</b>	<b>384</b>	<b>395</b>	<b>403</b>	<b>410</b>

**5. OCCUPANCY PERCENTAGE \*IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per**

a. General Medical/Surgical*	76.7%	73.2%	70.2%	71.4%	71.4%	71.4%
b. ICU/CCU	67.2%	68.1%	73.1%	71.4%	71.4%	71.4%
<b>Total MSGA</b>	<b>76.1%</b>	<b>72.8%</b>	<b>70.4%</b>	<b>71.4%</b>	<b>71.4%</b>	<b>71.4%</b>
c. Pediatric	44.9%	41.0%	40.8%	37.8%	36.4%	35.3%
d. Obstetric	60.9%	61.3%	63.5%	61.9%	59.7%	60.2%
e. Acute Psychiatric	-	-	-	-	-	-

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	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.		
	FY13	FY14	FY15	FY17	FY18	FY19
<b>Indicate CY or FY</b>						
<b>Total Acute</b>	73.1%	70.4%	68.7%	69.3%	69.0%	69.1%
f. Rehabilitation	-	-	-	-	-	-
g. Comprehensive Care	-	-	-	-	-	-
h. Other (Specify/add rows of needed)	-	-	-	-	-	-
<b>TOTAL OCCUPANCY %</b>	<b>73.1%</b>	<b>70.4%</b>	<b>68.7%</b>	<b>69.3%</b>	<b>69.0%</b>	<b>69.1%</b>

**6. OUTPATIENT VISITS**

a. Emergency Department	79,397	79,291	82,852	87,441	89,830	92,546
b. Same-day Surgery	13,483	15,068	16,555	18,777	19,716	20,702
c. Laboratory (Regulated only)	104,049	109,083	107,992	109,072	110,163	111,264
d. Imaging	28,812	37,430	37,804	38,182	38,564	38,950
e. Other (Specify/add rows of needed)	-	-	-	-	-	-
<b>TOTAL OUTPATIENT VISITS</b>	<b>225,741</b>	<b>240,872</b>	<b>245,204</b>	<b>253,473</b>	<b>258,273</b>	<b>263,462</b>

**7. OBSERVATIONS\*\***

a. Number of Patients (From Reimbursements)	2,497	3,487	4,588	5,283	5,687	6,081
b. Hours (From Reimbursement Annual Filing)	48,524	76,330	102,890	110,944	113,738	121,625

\* 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 hospital 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 G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY**

**INSTRUCTION:** Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F 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. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	FY 2013	FY 2014	FY 2015	FY 2017	FY 2018	FY 2019				
<b>1. REVENUE</b>										
a. Inpatient Services	\$ 294,098,900	\$ 292,960,600	\$ 297,654,040	\$ 305,351,269	\$ 308,396,353	\$ 309,946,875				
b. Outpatient Services	\$ 239,409,200	\$ 253,443,600	\$ 254,587,463	\$ 253,508,978	\$ 253,514,841	\$ 253,520,867				
<b>Gross Patient Service Revenues</b>	<b>\$ 533,508,100</b>	<b>\$ 546,404,200</b>	<b>\$ 552,241,503</b>	<b>\$ 558,860,247</b>	<b>\$ 561,911,194</b>	<b>\$ 563,467,742</b>	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 19,750,800	\$ 22,623,500	\$ 26,145,184	\$ 26,414,590	\$ 26,521,167	\$ 26,575,438				
d. Contractual Allowance	\$ 53,366,400	\$ 60,024,200	\$ 55,603,875	\$ 56,473,164	\$ 56,817,398	\$ 56,992,890				
e. Charity Care	\$ 8,912,500	\$ 5,721,800	\$ 2,774,084	\$ 2,812,570	\$ 2,827,796	\$ 2,835,548				
<b>Net Patient Services Revenue</b>	<b>\$ 451,478,400</b>	<b>\$ 458,034,700</b>	<b>\$ 467,718,360</b>	<b>\$ 473,159,922</b>	<b>\$ 475,744,833</b>	<b>\$ 477,063,866</b>	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues	\$ 26,036,200	\$ 25,995,000	\$ 30,197,196	\$ 30,157,196	\$ 30,157,196	\$ 30,157,196				
<b>NET OPERATING REVENUE</b>	<b>\$ 477,514,600</b>	<b>\$ 484,029,700</b>	<b>\$ 497,915,556</b>	<b>\$ 503,317,118</b>	<b>\$ 505,902,029</b>	<b>\$ 507,221,062</b>	\$ -	\$ -	\$ -	\$ -
<b>2. EXPENSES</b>										
a. Salaries & Wages (including benefits)	\$ 222,592,080	\$ 221,047,100	\$ 228,259,601	\$ 235,991,612	\$ 237,393,158	\$ 239,600,264				
b. Contractual Services	\$ 2,851,345	\$ 716,000	\$ 245,942	\$ 248,167	\$ 248,664	\$ 249,623				
c. Interest on Current Debt	\$ 15,972,794	\$ 15,182,000	\$ 14,096,925	\$ 13,555,176	\$ 13,301,038	\$ 13,041,376				
d. Interest on Project Debt										
e. Current Depreciation	\$27,952,182	\$29,211,500	\$29,396,532	\$ 29,452,079	\$ 28,642,928	\$ 28,502,319				
f. Project Depreciation				\$ 315,319	\$ 315,319	\$ 315,319				
g. Current Amortization	\$ 418,365	\$ 392,500	\$ 390,407	\$ 307,008	\$ 307,008	\$ 307,008				
h. Project Amortization										
i. Supplies	\$ 115,094,050	\$ 117,119,100	\$ 115,931,587	\$ 107,621,203	\$ 105,810,629	\$ 102,989,400				
j. Other Expenses (Specify/add rows if needed)	\$ 91,519,202	\$ 88,249,400	\$ 89,396,313	\$ 84,703,874	\$ 82,984,745	\$ 80,555,423				
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 476,400,018</b>	<b>\$ 471,917,600</b>	<b>\$ 477,717,307</b>	<b>\$ 472,194,438</b>	<b>\$ 469,003,487</b>	<b>\$ 465,560,733</b>	\$ -	\$ -	\$ -	\$ -
<b>3. INCOME</b>										
<b>a. Income From Operation</b>	<b>\$ 1,114,582</b>	<b>\$ 12,112,100</b>	<b>\$ 20,198,249</b>	<b>\$ 31,122,679</b>	<b>\$ 36,898,542</b>	<b>\$ 41,660,330</b>	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income	\$ 44,226,600	\$ 27,091,100	\$ (31,684,793)	\$ 16,919,694	\$ 20,690,944	\$ 24,933,376				
<b>SUBTOTAL</b>	<b>\$ 45,341,182</b>	<b>\$ 39,203,200</b>	<b>\$ (11,486,543)</b>	<b>\$ 48,042,373</b>	<b>\$ 57,589,486</b>	<b>\$ 66,593,706</b>	\$ -	\$ -	\$ -	\$ -
c. Income Taxes										
<b>NET INCOME (LOSS)</b>	<b>\$ 45,341,182</b>	<b>\$ 39,203,200</b>	<b>\$ (11,486,543)</b>	<b>\$ 48,042,373</b>	<b>\$ 57,589,486</b>	<b>\$ 66,593,706</b>	\$ -	\$ -	\$ -	\$ -



**TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY**

*INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. 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. See additional instruction in the column to the right of the table.*

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	FY 2013	FY 2014	FY 2015	FY 2017	FY 2018	FY 2019				
<b>1. REVENUE</b>										
a. Inpatient Services	\$ 294,098,900	\$ 292,960,600	\$ 297,654,040	\$ 321,669,672	\$ 333,403,222	\$ 343,850,658				
b. Outpatient Services	\$ 239,409,200	\$ 253,443,600	\$ 254,587,463	\$ 266,343,544	\$ 273,009,784	\$ 279,843,668				
<b>Gross Patient Service Revenues</b>	<b>\$ 533,508,100</b>	<b>\$ 546,404,200</b>	<b>\$ 552,241,503</b>	<b>\$ 588,013,216</b>	<b>\$ 606,413,006</b>	<b>\$ 623,694,326</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Allowance For Bad Debt	\$ 19,750,800	\$ 22,623,500	\$ 26,145,184	\$ 27,751,628	\$ 28,559,676	\$ 29,332,638				
d. Contractual Allowance	\$ 53,366,400	\$ 60,024,200	\$ 55,603,875	\$ 58,103,361	\$ 59,317,523	\$ 60,385,271				
e. Charity Care	\$ 8,912,500	\$ 5,721,800	\$ 2,774,084	\$ 2,954,929	\$ 3,045,124	\$ 3,129,677				
<b>Net Patient Services Revenue</b>	<b>\$ 451,478,400</b>	<b>\$ 458,034,700</b>	<b>\$ 467,718,360</b>	<b>\$ 499,203,298</b>	<b>\$ 515,490,682</b>	<b>\$ 530,846,740</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
f. Other Operating Revenues (Specify/add rows if needed)	\$ 26,036,200	\$ 25,995,000	\$ 30,197,196	\$ 31,203,328	\$ 31,711,634	\$ 32,230,107				
<b>NET OPERATING REVENUE</b>	<b>\$ 477,514,600</b>	<b>\$ 484,029,700</b>	<b>\$ 497,915,556</b>	<b>\$ 530,406,626</b>	<b>\$ 547,202,316</b>	<b>\$ 563,076,847</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2. EXPENSES</b>										
a. Salaries & Wages (including benefits)	\$ 222,592,080	\$ 221,047,100	\$ 228,259,601	\$ 248,737,129	\$ 256,786,669	\$ 265,897,175				
b. Contractual Services	\$ 2,851,345	\$ 716,000	245,942	253,155	256,198	259,759				
c. Interest on Current Debt	\$ 15,972,794	\$ 15,182,000	14,096,925	13,555,176	13,301,038	13,041,376				
d. Interest on Project Debt	\$ -	\$ -								
e. Current Depreciation	\$ 27,952,182	\$ 29,211,500	29,396,532	29,452,079	28,642,928	28,502,319				
f. Project Depreciation	\$ -	\$ -		315,319	315,319	315,319				
g. Current Amortization	\$ 418,365	\$ 392,500	390,407	307,008	307,008	307,008				
h. Project Amortization	\$ -	\$ -								
i. Supplies	\$ 115,094,050	\$ 117,119,100	115,931,587	118,510,331	122,853,218	126,853,721				
j. Other Expenses (Specify/add rows if needed)	\$ 91,519,202	\$ 88,249,400	89,396,313	92,087,575	94,325,880	96,044,317				
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 476,400,018</b>	<b>\$ 471,917,600</b>	<b>\$ 477,717,307</b>	<b>\$ 503,217,771</b>	<b>\$ 516,788,258</b>	<b>\$ 531,220,993</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>3. INCOME</b>										
a. Income From Operation	\$ 1,114,582	\$ 12,112,100	\$ 20,198,249	\$ 27,188,854	\$ 30,414,058	\$ 31,855,854	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income	\$ 44,226,600	\$ 27,091,100	\$ (31,684,793)	\$ 16,716,597	\$ 20,162,033	\$ 23,870,184				
<b>SUBTOTAL</b>	<b>\$ 45,341,182</b>	<b>\$ 39,203,200</b>	<b>\$ (11,486,543)</b>	<b>\$ 43,905,451</b>	<b>\$ 50,576,091</b>	<b>\$ 55,726,038</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Income Taxes										
<b>NET INCOME (LOSS)</b>	<b>\$ 45,341,182</b>	<b>\$ 39,203,200</b>	<b>\$ (11,486,543)</b>	<b>\$ 43,905,451</b>	<b>\$ 50,576,091</b>	<b>\$ 55,726,038</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY**

*INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. 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. See additional instruction in the column to the right of the table.*

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	FY 2013	FY 2014	FY 2015	FY 2017	FY 2018	FY 2019				
<b>4. PATIENT MIX</b>										
<b>a. Percent of Total Revenue</b>										
1) Medicare	40.2%	40.3%	39.6%	39.6%	39.6%	39.6%				
2) Medicaid	6.6%	9.3%	10.8%	10.8%	10.8%	10.8%				
3) Blue Cross	21.2%	19.3%	17.9%	17.9%	17.9%	17.9%				
4) Commercial Insurance	21.4%	27.0%	28.1%	28.1%	28.1%	28.1%				
5) Self-pay	3.1%	1.3%	0.9%	0.9%	0.9%	0.9%				
6) Other	7.5%	2.9%	2.7%	2.7%	2.7%	2.7%				
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>										
<b>Total MSGA</b>										
1) Medicare	40.2%	40.3%	39.6%	39.6%	39.6%	39.6%				
2) Medicaid	6.6%	9.3%	10.8%	10.8%	10.8%	10.8%				
3) Blue Cross	21.2%	19.3%	17.9%	17.9%	17.9%	17.9%				
4) Commercial Insurance	21.4%	27.0%	28.1%	28.1%	28.1%	28.1%				
5) Self-pay	3.1%	1.3%	0.9%	0.9%	0.9%	0.9%				
6) Other	7.5%	2.9%	2.7%	2.7%	2.7%	2.7%				
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**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.*

	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables J and K.						
Indicate CY or FY	FY 2017	FY 2018	FY 2019				
<b>1. DISCHARGES</b>							
a. General Medical/Surgical*							
b. ICU/CCU	241	337	387				
<b>Total MSGA</b>	<b>241</b>	<b>337</b>	<b>387</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
<b>Total Acute</b>	<b>241</b>	<b>337</b>	<b>387</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL DISCHARGES</b>	<b>241</b>	<b>337</b>	<b>387</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2. PATIENT DAYS</b>							
a. General Medical/Surgical*	1,140	1,585	1,809				
b. ICU/CCU	926	1,294	1,486				
<b>Total MSGA</b>	<b>2,066</b>	<b>2,879</b>	<b>3,295</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
<b>Total Acute</b>	<b>2,066</b>	<b>2,879</b>	<b>3,295</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL PATIENT DAYS</b>	<b>2,066</b>	<b>2,879</b>	<b>3,295</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3. AVERAGE LENGTH OF STAY</b>							
a. General Medical/Surgical*							
b. ICU/CCU	3.8	3.8	3.8				
<b>Total MSGA</b>	<b>8.6</b>	<b>8.5</b>	<b>8.5</b>				
c. Pediatric							
d. Obstetric							

**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.*

	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables J and K.						
Indicate CY or FY	FY 2017	FY 2018	FY 2019				
e. Acute Psychiatric							
<b>Total Acute</b>	8.6	8.5	8.5				
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL AVERAGE LENGTH OF STAY</b>	8.6	8.5	8.5				
<b>4. NUMBER OF LICENSED BEDS</b>							
a. General Medical/Surgical*	301	308	313				
b. ICU/CCU	25	27	29				
<b>Total MSGA</b>	<b>327</b>	<b>335</b>	<b>342</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
<b>Total Acute</b>	<b>327</b>	<b>335</b>	<b>342</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL LICENSED BEDS</b>	<b>327</b>	<b>335</b>	<b>342</b>				
<b>5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</b>							
a. General Medical/Surgical*	1.0%	1.4%	1.6%				
b. ICU/CCU	10.0%	13.0%	14.1%				
<b>Total MSGA</b>	<b>1.7%</b>	<b>2.4%</b>	<b>2.6%</b>				
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							

**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.*

	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables J and K.						
Indicate CY or FY	FY 2017	FY 2018	FY 2019				
<b>Total Acute</b>	1.7%	2.4%	2.6%				
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL OCCUPANCY %</b>	1.7%	2.4%	2.6%				
<b>6. OUTPATIENT VISITS</b>							
a. Emergency Department							
b. Same-day Surgery							
c. Laboratory							
d. Imaging							
e. Other (Specify/add rows of needed)							
<b>TOTAL OUTPATIENT VISITS</b>	0	0	0	0	0	0	0
<b>7. OBSERVATIONS**</b>							
a. Number of Patients							
b. Hours							

\*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.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY 2017	FY 2018	FY 2019				
<b>1. REVENUE</b>							
a. Inpatient Services	\$ 6,618,453	\$ 9,669,525	\$ 11,225,855				
b. Outpatient Services							
<b>Gross Patient Service Revenues</b>	<b>\$ 6,618,453</b>	<b>\$ 9,669,525</b>	<b>\$ 11,225,855</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Allowance For Bad Debt	\$ 269,393	\$ 375,975	\$ 430,236				
d. Contractual Allowance	\$ 869,754	\$ 1,213,863	\$ 1,389,047				
e. Charity Care	\$ 38,485	\$ 53,711	\$ 61,462				
<b>Net Patient Services Revenue</b>	<b>\$ 5,440,821</b>	<b>\$ 8,025,976</b>	<b>\$ 9,345,110</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
f. Other Operating Revenues	\$ -	\$ -	\$ -				
<b>NET OPERATING REVENUE</b>	<b>\$ 5,440,821</b>	<b>\$ 8,025,976</b>	<b>\$ 9,345,110</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	\$ 3,042,302	\$ 3,397,763	\$ 3,582,372				
b. Contractual Services							
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation	\$ 315,319	\$ 315,319	\$ 315,319				
g. Current Amortization							
h. Project Amortization							
i. Supplies	\$ 1,687,904	\$ 2,466,749	\$ 2,873,906				
j. Other Expenses (Specify)	\$ 1,899,518	\$ 1,830,391	\$ 1,702,183				
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 6,945,043</b>	<b>\$ 8,010,222</b>	<b>\$ 8,473,780</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>3. INCOME</b>							
a. Income From Operation	\$ (1,504,222)	\$ 15,755	\$ 871,330	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income							
<b>SUBTOTAL</b>	<b>\$ (1,504,222)</b>	<b>\$ 15,755</b>	<b>\$ 871,330</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Income Taxes							
<b>NET INCOME (LOSS)</b>	<b>\$ (1,504,222)</b>	<b>\$ 15,755</b>	<b>\$ 871,330</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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.

	<b>Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.</b>						
<b>Indicate CY or FY</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>				
<b>4. PATIENT MIX</b>							
<b>a. Percent of Total Revenue</b>							
1) Medicare	50.2%	51.9%	52.9%				
2) Medicaid	6.8%	6.8%	6.8%				
3) Blue Cross	9.3%	9.3%	9.3%				
4) Commercial Insurance	30.6%	28.9%	27.9%				
5) Self-pay	2.5%	2.5%	2.5%				
6) Other	0.6%	0.6%	0.6%				
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>							
<b>Total MSGA</b>							
1) Medicare	50.2%	51.9%	52.9%				
2) Medicaid	7.3%	7.3%	7.3%				
3) Blue Cross	9.0%	9.0%	9.0%				
4) Commercial Insurance	30.0%	28.4%	27.4%				
5) Self-pay	2.9%	2.9%	2.9%				
6) Other	0.6%	0.6%	0.6%				
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</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 at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY 2017	FY 2018	FY 2019				
<b>1. REVENUE</b>							
a. Inpatient Services	\$ 6,949,376	\$ 10,394,740	\$ 12,348,441				
b. Outpatient Services							
<b>Gross Patient Service Revenues</b>	<b>\$ 6,949,376</b>	<b>\$ 10,394,740</b>	<b>\$ 12,348,441</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Allowance For Bad Debt	\$ 282,863	\$ 404,173	\$ 473,260				
d. Contractual Allowance	\$ 913,242	\$ 1,304,903	\$ 1,527,952				
e. Charity Care	\$ 40,409	\$ 57,739	\$ 67,608				
<b>Net Patient Services Revenue</b>	<b>\$ 5,712,862</b>	<b>\$ 8,627,925</b>	<b>\$ 10,279,621</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
f. Other Operating Revenues (Specify/add rows of needed)							
<b>NET OPERATING REVENUE</b>	<b>\$ 5,712,862</b>	<b>\$ 8,627,925</b>	<b>\$ 10,279,621</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	\$ 3,163,994	\$ 3,601,628	\$ 3,868,962				
b. Contractual Services							
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation	\$ 315,319	\$ 315,319	\$ 315,319				
g. Current Amortization							
h. Project Amortization							
i. Supplies	\$ 1,228,148	\$ 2,095,246	\$ 2,585,649				
j. Other Expenses (Specify/add rows of needed)	\$ 2,442,273	\$ 2,372,968	\$ 2,251,816				
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 7,149,734</b>	<b>\$ 8,385,161</b>	<b>\$ 9,021,745</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>3. INCOME</b>							
a. Income From Operation	\$ (1,436,872)	\$ 242,764	\$ 1,257,876	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income							
<b>SUBTOTAL</b>	<b>\$ (1,436,872)</b>	<b>\$ 242,764</b>	<b>\$ 1,257,876</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Income Taxes							
<b>NET INCOME (LOSS)</b>	<b>\$ (1,436,872)</b>	<b>\$ 242,764</b>	<b>\$ 1,257,876</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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 at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	FY 2017	FY 2018	FY 2019				
<b>4. PATIENT MIX</b>							
<b>a. Percent of Total Revenue</b>							
1) Medicare	50.2%	51.9%	52.9%				
2) Medicaid	6.8%	6.8%	6.8%				
3) Blue Cross	9.3%	9.3%	9.3%				
4) Commercial Insurance	30.6%	28.9%	27.9%				
5) Self-pay	2.5%	2.5%	2.5%				
6) Other	0.6%	0.6%	0.6%				
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>							
1) Medicare	50.2%	51.9%	52.9%				
2) Medicaid	7.3%	7.3%	7.3%				
3) Blue Cross	9.0%	9.0%	9.0%				
4) Commercial Insurance	30.0%	28.4%	27.4%				
5) Self-pay	2.9%	2.9%	2.9%				
6) Other	0.6%	0.6%	0.6%				
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**TABLE L. WORK FORCE 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 uninflated projections in Tables G and J. See additional instruction in the column to the right of the table.

Job Category	CURRENT 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	Total Cost (should be consistent with projections in Table G)
<b>1. Regular Employees</b>											
<i>Administration (List general categories, add rows if needed)</i>											
Management	191.1	\$139,652	\$26,681,926	0.5	\$152,660	\$76,330	1.4	\$152,688	\$218,322	193.0	\$26,976,578
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Administration</b>	<b>191.1</b>	<b>\$139,652</b>	<b>\$26,681,926</b>	<b>0.5</b>	<b>\$152,660</b>	<b>\$76,330</b>	<b>1.4</b>	<b>\$152,688</b>	<b>\$218,322</b>	<b>193.0</b>	<b>\$26,976,578</b>
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Physicians	1.6	\$388,177	\$601,675	0.0	\$0	\$0			\$0	1.6	\$601,675
Physician Assistant	0.0	\$0	\$0	1.1	\$126,415	\$141,585			\$0	1.1	\$141,585
Nurse Practitioner	3.5	\$100,626	\$352,191	0.0	\$0	\$0			\$0	3.5	\$352,191
RN	877.9	\$84,937	\$74,567,461	22.7	\$91,008	\$2,070,007	46.0	\$84,937	\$3,906,346	946.6	\$80,543,814
Nursing Assistant	1.0	\$32,946	\$32,946	0.0	\$0	\$0			\$0	1.0	\$32,946
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Direct Care</b>	<b>884.0</b>	<b>\$85,473</b>	<b>\$75,554,273</b>	<b>23.9</b>	<b>\$217,423</b>	<b>\$2,211,592</b>	<b>46.0</b>	<b>\$84,937</b>	<b>\$3,906,346</b>	<b>953.8</b>	<b>\$81,672,211</b>
<i>Support Staff (List general categories, add rows if needed)</i>											
Technical	806.5	\$55,166	\$44,490,116	11.3	\$57,265	\$646,957	36.2	\$55,166	\$1,997,736	854.0	\$47,134,810
Professional	244.2	\$96,273	\$23,510,937	0.5	\$131,792	\$65,896	1.8	\$96,273	\$175,952	246.5	\$23,752,785
Clerical	331.9	\$40,611	\$13,479,294	0.0	\$0	\$0	2.5	\$40,611	\$100,877	334.4	\$13,580,171
Other	249.0	\$32,551	\$8,104,824	0.0	\$0	\$0	3.7	\$32,551	\$121,310	252.7	\$8,226,134
<b>Total Support</b>	<b>1,631.6</b>	<b>\$54,907</b>	<b>\$89,585,171</b>	<b>11.8</b>	<b>\$189,057</b>	<b>\$712,853</b>	<b>44.3</b>	<b>\$54,143</b>	<b>\$2,395,874</b>	<b>1,687.6</b>	<b>\$92,693,899</b>
<b>REGULAR EMPLOYEES TOTAL</b>	<b>2,706.6</b>	<b>\$70,872</b>	<b>\$191,821,370</b>	<b>36.2</b>	<b>\$559,140</b>	<b>\$3,000,775</b>	<b>91.7</b>	<b>\$71,129</b>	<b>\$6,520,543</b>	<b>2,834.4</b>	<b>\$201,342,688</b>
<b>2. Contractual Employees</b>											
<i>Administration (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Administration</b>	<b>0.0</b>	<b>#DIV/0!</b>	<b>\$0</b>	<b>0.0</b>	<b>#DIV/0!</b>	<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Agency	2.3	107,398.3	\$245,942			\$0	0.1	\$36,812	\$3,681	2.4	\$249,623
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Direct Care Staff</b>	<b>2.3</b>	<b>\$107,398</b>	<b>\$245,942</b>	<b>0.0</b>	<b>#DIV/0!</b>	<b>\$0</b>	<b>0.1</b>	<b>\$36,812</b>	<b>\$3,681</b>	<b>2.4</b>	<b>\$249,623</b>
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Support Staff</b>	<b>0.0</b>	<b>#DIV/0!</b>	<b>\$0</b>	<b>0.0</b>	<b>#DIV/0!</b>	<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<b>CONTRACTUAL EMPLOYEES TOTAL</b>	<b>2.3</b>	<b>\$107,398</b>	<b>\$245,942</b>	<b>0.0</b>	<b>#DIV/0!</b>	<b>\$0</b>	<b>0.1</b>	<b>\$36,812</b>	<b>\$3,681</b>	<b>2.4</b>	<b>\$249,623</b>
<b>Benefits (State method of calculating benefits below):</b>											
Benefits are projected to be 19.0% of Salary costs.											<b>19.0%</b>
<b>TOTAL COST</b>	<b>2,708.9</b>		<b>\$192,067,312</b>	<b>36.2</b>		<b>\$3,000,775</b>	<b>91.8</b>		<b>\$6,524,224</b>		<b>\$239,849,889</b>