

ALPAS WELLNESS LA PLATA, LLC

MATTER NO. 22-04-2462

RESPONSE TO APRIL 5, 2023 MHCC LETTER

Table Number	Table Title	Instructions
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Project Budget	All applicants, regardless of project type or scope, must complete Table B.
Table C	Statistical Projections - Entire Facility	Existing facility applicants must complete Table C. All applicants who complete this table must also complete Table D.
Table D	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table D. The projected revenues and expenses in Table D should be consistent with the volume projections in Table C.
Table E	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table E. All applicants who complete this table must also complete Table F.
Table F	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who complete a Table F must complete Table F. The projected revenues and expenses in Table F should be consistent with the volume projections in Table E.
Table G	Work Force Information	All applicants, regardless of project type or scope, must complete Table G.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: 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. **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					
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Service Location (Floor/Wing)	Location (Floor/ Wing)*	Based on Physical Capacity			
		Room Count		Total Rooms	Physical Capacity			Room Count		Total Rooms	Physical Capacity
		Private	Semi-Private					Private	Semi-Private		
III.7 AND III.7D						III.7 AND III.7D					
	N/A	N/A	N/A	0	#VALUE!	3.7	1 North	0	9	9	18
				0	0	3.7WM	1 West	0	9	9	18
				0	0					0	0
				0	0					0	0
				0	0					0	0
Subtotal III.7 AND III.7D	0	0	0	0	#VALUE!	Subtotal III.7 and III.7 D		0	18	18	36
RESIDENTIAL						RESIDENTIAL					
				0	0					0	0
	N/A	N/A	N/A	0	#VALUE!	Residential	2 North	0	9	9	18
						Residential	2 West		9	9	18
						Residential	3 North		9	9	18
						Residential	3 West		9	9	18
Subtotal Residential	0	0	0	0	#VALUE!	Subtotal Residential		0	9	36	72
TOTAL	0	0	0	0	#VALUE!	TOTAL		0	27	54	108
<i>Other (Specify/add rows as needed)</i>				0	0	<i>Other (Specify/add rows as needed)</i>				0	0
TOTAL OTHER	0	0	0	0	0	TOTAL NON-ACUTE		0	0	0	0
FACILITY TOTAL	0	0	0	0	#VALUE!	FACILITY TOTAL		0	27	54	108

TABLE B. 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. If the project involves services other than level III.7 and III.7D explain the allocation of costs between the levels. 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.d as a use of funds and on line B.8 as a source of funds

	III.7 and III.7D	RESIDENTIAL	TOTAL
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$0	\$0	\$0
(2) Fixed Equipment	\$0	\$0	\$0
(3) Site and Infrastructure	\$0	\$0	\$0
(4) Architect/Engineering Fees	\$0	\$0	\$0
(5) Permits (Building, Utilities, Etc.)	\$0	\$0	\$0
SUBTOTAL	\$0	\$0	\$0
b. Renovations			
(1) Building	\$1,733,333	\$3,466,667	\$5,200,000
(2) Fixed Equipment (not included in construction)	\$666,666	\$1,333,334	\$2,000,000
(3) Architect/Engineering Fees	\$0	\$0	\$0
(4) Permits (Building, Utilities, Etc.)	\$0	\$0	\$0
SUBTOTAL	\$2,399,999	\$4,800,001	\$7,200,000
c. Other Capital Costs			
(1) Movable Equipment	\$0	\$0	\$0
(2) Contingency Allowance	\$100,000	\$200,000	\$300,000
(3) Gross interest during construction period	\$250,000	\$500,000	\$750,000
(4) Other (Specify/add rows if needed)	\$0	\$0	\$0
SUBTOTAL	\$350,000	\$700,000	\$1,050,000
TOTAL CURRENT CAPITAL COSTS	\$2,749,999	\$5,500,001	\$8,250,000
d. Land Purchase	\$0	\$16,000,000	\$16,000,000
e. Inflation Allowance			\$0
TOTAL CAPITAL COSTS	\$2,749,999	\$21,500,001	\$24,250,000
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$0	\$500,000	\$500,000
b. Bond Discount	\$0	\$0	\$0
c. CON Application Assistance			
c1. Legal Fees	\$20,000	\$0	\$20,000
c2. Other (Specify/add rows if needed)	\$0	\$0	\$0
d. Non-CON Consulting Fees	\$0	\$0	\$0
d1. Legal Fees	\$0	\$66,000	\$66,000
d2. Other (Specify/add rows if needed)	\$0	\$0	\$0
e. Debt Service Reserve Fund	\$250,000	\$500,000	\$750,000
i. Other (Specify/add rows if needed)	\$0	\$0	\$0
SUBTOTAL	\$270,000	\$1,066,000	\$1,336,000
3. Working Capital Startup Costs	\$5,683,833	\$11,367,667	\$17,051,500
TOTAL USES OF FUNDS	\$8,703,832	\$33,933,668	\$42,637,500
B. Sources of Funds			
1. Cash	\$0	\$1,285,999	\$1,285,999
2. Philanthropy (to date and expected)	\$0	\$0	\$0
3. Authorized Bonds	\$0	\$0	\$0
4. Interest Income from bond proceeds listed in #3	\$0	\$0	\$0
5. Mortgage	\$0	\$16,000,000	\$16,000,000
6. Working Capital Loans	\$5,703,833	\$10,647,668	\$16,351,501
7. Grants or Appropriations			
a. Federal	\$0	\$0	\$0
b. State	\$0	\$0	\$0
c. Local	\$0	\$0	\$0
8. Construction Financing	\$2,499,999	\$5,000,001	\$7,500,000
9. Interest Reserve	\$500,000	\$1,000,000	\$1,500,000
TOTAL SOURCES OF FUNDS	\$8,703,832	\$33,933,668	\$42,637,500
	III.7 and III.7D	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land	\$0	\$0	\$0
2. Building	\$0	\$0	\$0
3. Major Movable Equipment	\$0	\$0	\$0
4. Minor Movable Equipment	\$0	\$0	\$0
5. Other (Specify/add rows if needed)	\$0	\$0	\$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 C. 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 assumptions used. Applicants must explain why the assumptions are reasonable.

	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.						
			CY 2023	CY 2024	CY 2025	CY 2026	CY 2027			
Indicate CY or FY										
1. DISCHARGES										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed)										
TOTAL DISCHARGES	0	0	0	0	0	0	0	0	0	0
2. PATIENT DAYS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed) Eating/Process DO										
TOTAL PATIENT DAYS	0	0	0	0	0	0	0	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
c. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed): Eating/Process Disorder										
TOTAL LICENSED BEDS	0	0	0	0	0	0	0	0	0	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. Residential	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
c. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed)										
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0

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

TABLE E. 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.

	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.						
			CY 2023	CY 2024	CY 2025	CY 2026	CY 2027			
Indicate CY or FY										
1. DISCHARGES										
a. Residential	0	0	136	192	327	369	399			
b. III.7 and III.7D	0	0	855	955	1,055	1,065	665			
c. Other (Specify)	0	0	39	175	327	369	399			
TOTAL DISCHARGES	0	0	1,030	1,322	1,709	1,803	1,463	0	0	0
2. PATIENT DAYS										
a. Residential			3,808	7,555	9,198	10,512	11,169			
b. III.7 and III.7D			7,955	9,198	10,512	11,169	11,169			
c. Other (Specify) Eating/Process DO			1,092	3,948	9,198	10,512	11,169			
TOTAL PATIENT DAYS	0	0	12,855	20,701	28,908	32,193	33,507	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential	#DIV/0!	#DIV/0!	28.0	39.3	28.1	28.5	28.0	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	9.3	9.6	10.0	10.5	16.8	#DIV/0!	#DIV/0!	#DIV/0!
3.7			7.6	8.1	8.3	8.5	15.3			
3.7WM			11.0	11.1	11.7	12.5	18.3			
c. Other (Specify)	#DIV/0!	#DIV/0!	28.0	22.6	28.1	28.5	28.0	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	#DIV/0!	#DIV/0!	12.5	15.7	16.9	17.9	22.9	#DIV/0!	#DIV/0!	#DIV/0!
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation			18	36	36	36	36			
g. iii.7 and iii.7D			36	36	36	36	36			
h. Other (Specify) Eating/Process Disorder			9	18	36	36	36			
TOTAL LICENSED BEDS	0	0	63	90	108	108	108	0	0	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. Residential	#DIV/0!	#DIV/0!	58.0%	57.5%	70.0%	80.0%	85.0%	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	60.5%	70.0%	80.0%	85.0%	85.0%	#DIV/0!	#DIV/0!	#DIV/0!
c. Other (Specify) Eating/Process DO	#DIV/0!	#DIV/0!	33.2%	60.1%	70.0%	80.0%	85.0%	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	#DIV/0!	#DIV/0!	55.9%	63.0%	73.3%	81.7%	85.0%	#DIV/0!	#DIV/0!	#DIV/0!
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify)										
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0

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

TABLE F. 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 F should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. 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	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027		
1. REVENUE							
a. Inpatient Services							
3.7 and 3.7WMM	\$ 1,755,600	\$ 7,520,100	\$ 9,190,650	\$ 9,349,900	\$ 9,443,350		
Residential SUD	\$ 2,510,400	\$ 8,594,400	\$ 10,116,000	\$ 9,349,900	\$ 9,443,350		
Residential Process/ED	\$ 750,000	\$ 5,371,500	\$ 6,952,350	\$ 8,014,200	\$ 8,094,300		
b. Outpatient Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Gross Patient Service Revenues	\$ 5,016,000	\$ 21,486,000	\$ 26,259,000	\$ 26,714,000	\$ 26,981,000	\$ -	\$ -
c. Allowance For Bad Debt	\$ 516,000	\$ 2,208,000	\$ 2,699,000	\$ 2,746,000	\$ 2,773,000		
d. Contractual Allowance							
e. Charity Care	\$ 75,000	\$ 420,000	\$ 540,000	\$ 660,000	\$ 780,000		
Net Patient Services Revenue	\$ 4,425,000	\$ 18,858,000	\$ 23,020,000	\$ 23,308,000	\$ 23,428,000	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ 4,425,000	\$ 18,858,000	\$ 23,020,000	\$ 23,308,000	\$ 23,428,000	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 3,184,000	\$ 5,094,000	\$ 5,246,000	\$ 5,404,000	\$ 8,257,900		
b. Contractual Services							
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation	\$ 43,000	\$ 672,000	\$ 685,000	\$ 702,000	\$ 725,000		
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies							
j. Other Expenses (Specify) Total	\$ 9,053,000	\$ 11,618,000	\$ 11,739,000	\$ 13,092,000	\$ 13,403,000		
k. Dietary	\$ 308,000	\$ 752,000	\$ 873,000	\$ 904,000	\$ 931,000		
l. Repairs and Maintenance	\$ 123,000	\$ 346,000	\$ 410,000	\$ 424,000	\$ 437,000		
m. Transportation	\$ 271,000	\$ 384,000	\$ 396,000	\$ 408,000	\$ 42,000		
n. Administrative	\$ 2,240,000	\$ 2,553,000	\$ 2,630,000	\$ 2,708,000	\$ 2,790,000		
o. Marketing	\$ 5,000,000	\$ 5,150,000	\$ 5,305,000	\$ 5,464,000	\$ 5,628,000		
p. Utilities	\$ 28,000	\$ 128,000	\$ 159,000	\$ 165,000	\$ 170,000		
q. Insurance	\$ 279,000	\$ 432,000	\$ 445,000	\$ 458,000	\$ 472,000		
r. Property Taxes	\$ 200,000	\$ 309,000	\$ 318,000	\$ 328,000	\$ 338,000		
s. Interest Expense and Finan Fees	\$ 604,000	\$ 1,564,000	\$ 1,572,000	\$ 1,531,000	\$ 1,492,000		
TOTAL OPERATING EXPENSES	\$ 12,280,000	\$ 17,384,000	\$ 17,670,000	\$ 19,198,000	\$ 22,385,900	\$ -	\$ -

TABLE G. WORKFORCE 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 unaffiliated projections in Tables F and G.

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)		
	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 D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)	
1. Regular Employees												
<i>Administration (List general categories, add rows if needed)</i>												
Chief Executive Officer	1.0	\$507,000	\$507,000			\$0			\$0	1.0	\$507,000	
Chief Operating Officer	1.0	\$357,000	\$357,000			\$0			\$0	1.0	\$357,000	
Chief Strategy Officer	1.0	\$357,000	\$357,000			\$0			\$0	1.0	\$357,000	
Chief Clinical Officer	1.0	\$195,000	\$195,000			\$0			\$0	1.0	\$195,000	
Vice Pres of Bus Development	1.0	\$260,000	\$260,000			\$0			\$0	1.0	\$260,000	
HR Coordinator	1.0	\$91,000	\$91,000			\$0			\$0	1.0	\$91,000	
Utilization Review Mngr	1.0	\$91,000	\$91,000			\$0			\$0	1.0	\$91,000	
Executive Assistant	1.0	\$52,000	\$52,000			\$0			\$0	1.0	\$52,000	
Medical Director	1.0	\$325,000	\$325,000			\$0			\$0	1.0	\$325,000	
Director of Nursing	1.0	\$117,000	\$117,000			\$0			\$0	1.0	\$117,000	
Accountant	1.0	\$130,000	\$130,000			\$0			\$0	1.0	\$130,000	
Executive Director	1.0	\$162,500	\$162,500			\$0			\$0	1.0	\$162,500	
Systems Administrator	1.0	\$84,500	\$84,500			\$0			\$0	1.0	\$84,500	
Total Administration			\$2,729,000			\$0			\$0	0.0	\$2,729,000	
<i>Direct Care Staff (List general categories, add rows if needed)</i>												
Therapists	13.0	\$78,000	\$1,014,000			\$0			\$0	13.0	\$1,014,000	
3.7	2.5											
3.7WM	2.5											
Res	8.0											
Registered Nurses	15.0	\$78,000	\$1,170,000			\$0			\$0	15.0	\$1,170,000	
3.7	3.0											
3.7WM	3.0											
Res	9.0											
Licensed Practical Nurses	9.0	\$48,100	\$432,900			\$0			\$0	9.0	\$432,900	
3.7	2.5											
3.7WM	2.5											
Res	4.0											
Nurse Practitioners	4.0	\$195,000	\$780,000			\$0			\$0	4.0	\$780,000	
3.7	1.0											
3.7WM	1.0											
Res	2.0											
Aftercare Specialists	2.0	\$52,000	\$104,000			\$0			\$0	2.0	\$104,000	
Behavioral Health Techs	26.0	\$39,000	\$1,014,000			\$0			\$0	26.0	\$1,014,000	
3.7	5.0											
3.7WM	5.0											
Res	16.0											
Admissions	8.0	\$48,750	\$390,000			\$0			\$0	8.0	\$390,000	
Total Direct Care			\$4,904,900			\$0			\$0	0.0	\$4,904,900	
<i>Support Staff (List general categories, add rows if needed)</i>												
Security	2.0	\$45,500	\$91,000			\$0			\$0	2.0	\$91,000	
Drivers	6.0	\$45,500	\$273,000			\$0			\$0	6.0	\$273,000	
Head Chef	1.0	\$78,000	\$78,000			\$0			\$0	1.0	\$78,000	
Chef	4.0	\$45,500	\$182,000			\$0			\$0	4.0	\$182,000	
Total Support			\$624,000			\$0			\$0	0.0	\$624,000	
REGULAR EMPLOYEES TOTAL												
2. Contractual Employees												
<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	
Total Administration			\$0			\$0			\$0	0.0	\$0	
<i>Direct Care 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	
Total Direct Care Staff			\$0			\$0			\$0	0.0	\$0	
<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	
Total Support Staff			\$0			\$0			\$0	0.0	\$0	
CONTRACTUAL EMPLOYEES TOTAL												
TOTAL												
Benefits (State method of calculating benefits below) :	0.0		\$8,257,900	0.0		\$0	0.0		\$0		\$624,000	

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments and the foregoing Applicant's Response to April 5, 2023 Questions are true and correct to the best of my knowledge, information and belief.

Date: April 6, 2023

A handwritten signature in black ink, appearing to read 'John Beecroft', written in a cursive style.

John Beecroft, Chief Operating Officer