

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	2020	2021	2022	2023	2024		
1. REVENUE							
a. Inpatient Services			\$ 351,614	\$ 6,893,109	\$ 10,580,573		
b. Outpatient Services							
Gross Patient Service Revenues	\$ -	\$ -	\$ 351,614	\$ 6,893,109	\$ 10,580,573	\$ -	\$ -
c. Allowance For Bad Debt			\$ 3,236	\$ 54,350	\$ 74,955		
d. Contractual Allowance			\$ 189,800	\$ 4,175,600	\$ 6,832,800		
e. Charity Care			\$ 2,129	\$ 25,917	\$ 33,563		
Net Patient Services Revenue	\$ -	\$ -	\$ 156,449	\$ 2,637,242	\$ 3,639,254	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ -	\$ -	\$ 156,449	\$ 2,637,242	\$ 3,639,254	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)			\$ 82,911	\$ 496,472	\$ 496,472		
b. Contractual Services			\$ 16,700	\$ 100,000	\$ 100,000		
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies							
j. Other Expenses (Specify)							
Client Related Expenses			\$ 9,125	\$ 136,875	\$ 182,500		
Employee Related Expenses			\$ 1,239	\$ 17,041	\$ 22,069		
Insurance			\$ 729	\$ 8,876	\$ 11,494		
Professional Fees			\$ 350	\$ 4,260	\$ 5,517		
Marketing			\$ 1,750	\$ 21,302	\$ 27,586		
Billing & UR			\$ 6,839	\$ 108,648	\$ 148,959		
Utilities/Facility Costs			\$ 3,881	\$ 69,383	\$ 89,852		
Repairs & Maintenance			\$ 875	\$ 12,781	\$ 16,552		
Property Taxes			\$ 875	\$ 10,651	\$ 13,793		
Rent			\$ 15,047	\$ 183,195	\$ 237,241		
Management Fees			\$ 25,371	\$ 468,639	\$ 606,897		
General & Administrative			\$ 2,187	\$ 31,953	\$ 41,379		
TOTAL OPERATING EXPENSES	\$ -	\$ -	\$ 167,878	\$ 1,670,076	\$ 2,000,312	\$ -	\$ -
3. INCOME							

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

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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	2020	2021	2022	2023	2024		
a. Income From Operation	\$ -	\$ -	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ -	\$ -	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ -	\$ -	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid			32.5%	20.6%	16.9%		
3) Blue Cross							
4) Commercial Insurance			67.5%	75.7%	80.7%		
5) Self-pay			0.0%	3.7%	2.4%		
6) Other							
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid			83.3%	68.9%	65.0%		
3) Blue Cross							
4) Commercial Insurance			16.7%	24.4%	30.0%		
5) Self-pay			0.0%	6.7%	5.0%		
6) Other							
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%

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 for 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 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. 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												
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity								Service Location (Floor/Wing)	Location (Floor/ Wing)*	
		Room Count							Bed Count			
		Private	2 Beds	3 Beds	4 Beds	5 Beds	6 Beds	Total Rooms	Physical Capacity			Private
III.7 AND III.7D												
1st Floor										1st Floor		-
2nd Floor										2nd Floor		-
Subtotal III.7 AND III.7D	0	0	0	0	0	0	0	0	0	Subtotal III.7 and III.7 D		0
RESIDENTIAL												
1st Floor	48	-	2	-	2	-	6	10	48	1st Floor		-
2nd Floor	45	-	-	4	7	1	-	12	45	2nd Floor		-
Subtotal Residential	93	0	2	4	9	1	6	22	93	Subtotal Residential		0
TOTAL	93	0	2	4	9	1	6	22	93	TOTAL		0
Other (Specify/add rows as needed)										Other (Specify/add rows as needed)		
TOTAL OTHER	0	0	0	0	0	0	0	0	0	TOTAL NON-ACUTE		0
FACILITY TOTAL	93	0	2	4	9	1	6	22	93	FACILITY TOTAL		0

forms and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is based on the number of staffed beds, not the number of rooms. A room with two headwalls and two sets of gasses should be counted as two beds. If the room is currently used as a private room, since renovation/construction would be required to convert it to semi-private use. If the room is currently used as a private room, since renovation/construction would be required to convert it to semi-private use. If the room is currently used as a private room, since renovation/construction would be required to convert it to semi-private use.

After Project Completion

Based on Physical Capacity

Room Count						Bed Count
2 Beds	3 Beds	4 Beds	5 Beds	6 Beds	Total Rooms	Physical Capacity
III.7 AND III.7D						
1	-	-	-	3	4	20
-	-	-	-	-	-	-
1	0	0	0	3	4	20
RESIDENTIAL						
1	-	2	-	3	6	28
-	4	7	1	-	12	45
1	4	9	1	3	18	73
2	4	9	1	6	22	93
0	0	0	0	0	0	0
2	4	9	1	6	22	93

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
(2) Fixed Equipment			\$0
(3) Site and Infrastructure			\$0
(4) Architect/Engineering Fees			\$0
(5) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL	\$0	\$0	\$0
b. Renovations			
(1) Building			\$0
(2) Fixed Equipment (not included in construction)			\$0
(3) Architect/Engineering Fees			\$0
(4) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL	\$0	\$0	\$0
c. Other Capital Costs			
(1) Movable Equipment			\$0
(2) Contingency Allowance			\$0
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$0	\$0	\$0
TOTAL CURRENT CAPITAL COSTS	\$0	\$0	\$0
d. Land Purchase			
e. Inflation Allowance			\$0
TOTAL CAPITAL COSTS	\$0	\$0	\$0
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance			
c1. Legal Fees	\$40,000		\$40,000
c2. Consulting Fees	\$15,000		\$15,000
d. Non-CON Consulting Fees			
d1. Legal Fees			\$0
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
i. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$55,000	\$0	\$55,000
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$55,000	\$0	\$55,000
B. Sources of Funds			
1. Cash	\$55,000		\$55,000
2. Philanthropy (to date and expected)			\$0
3. Authorized Bonds			\$0
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage			\$0
6. Working Capital Loans			\$0
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other (Specify/add rows if needed)			\$0
TOTAL SOURCES OF FUNDS			\$0
	III.7 and III.7D	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$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 D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table D should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table C 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.

	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.						
Indicate CY or FY	2020	2021	2022	2023	2024					
1. REVENUE										
a. Inpatient Services	\$ 13,569,878	\$ 16,773,455	\$ 26,484,809	\$ 34,133,701	\$ 37,027,567					
b. Outpatient Services	\$ 203,995	\$ 23,400	\$ 109,500	\$ 109,500	\$ 109,500					
Gross Patient Service Revenues	\$ 13,773,873	\$ 16,796,855	\$ 26,594,309	\$ 34,243,201	\$ 37,137,067	\$ -	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 117,952	\$ 117,978	\$ 187,618	\$ 244,820	\$ 259,189					
d. Contractual Allowance	\$ 6,888,336	\$ 10,549,747	\$ 17,213,400	\$ 22,002,200	\$ 24,177,600					
e. Charity Care			\$ 146,000	\$ 146,000	\$ 146,000					
Net Patient Services Revenue	\$ 6,767,586	\$ 6,129,130	\$ 9,047,291	\$ 11,850,181	\$ 12,554,278	\$ -	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify/add rows if needed)										
Ancillary Revenue	\$ 402,138	\$ 55,372								
Interest Income	\$ 2,184	\$ 768								
Covid Relief	\$ 197,450	\$ 344,391								
NET OPERATING REVENUE	\$ 7,369,358	\$ 6,529,660	\$ 9,047,291	\$ 11,850,181	\$ 12,554,278	\$ -	\$ -	\$ -	\$ -	\$ -
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 2,175,930	\$ 1,893,221	\$ 3,991,956	\$ 4,488,428	\$ 4,488,428					
b. Contractual Services			\$ 200,000	\$ 300,000	\$ 300,000					
c. Interest on Current Debt	\$ 216	\$ 3,756								
d. Interest on Project Debt										
e. Current Depreciation	\$ 52,408	\$ 68,701	\$ 50,000	\$ 50,000	\$ 50,000					
f. Project Depreciation										
g. Current Amortization										
h. Project Amortization										
i. Supplies										
j. Other Expenses (Specify/add rows if needed)										
Client Related Expenses	\$ 345,591	\$ 327,062	\$ 625,823	\$ 771,063	\$ 793,875					
Employee Related Expenses	\$ 53,726	\$ 82,406	\$ 85,000	\$ 96,000	\$ 96,000					
Insurance	\$ 34,084	\$ 44,714	\$ 50,000	\$ 50,000	\$ 50,000					
Professional Fees	\$ 53,163	\$ 56,476	\$ 24,000	\$ 24,000	\$ 24,000					
Marketing	\$ 173,477	\$ 180,033	\$ 120,000	\$ 120,000	\$ 120,000					
Billing & UR			\$ 469,045	\$ 612,050	\$ 647,973					
Utilities/Facility Costs	\$ 599,087	\$ 587,531	\$ 266,143	\$ 390,857	\$ 390,857					

TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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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.						
	2020	2021	2022	2023	2024					
Repairs & Maintenance	\$ 44,208	\$ 73,809	\$ 60,000	\$ 72,000	\$ 72,000					
Property Taxes			\$ 60,000	\$ 60,000	\$ 60,000					
Rent			\$ 1,032,000	\$ 1,032,000	\$ 1,032,000					
Management Fees	\$ 1,657,000	\$ 1,455,000	\$ 1,740,000	\$ 2,640,000	\$ 2,640,000					
General & Administrative	\$ 407,320	\$ 319,719	\$ 150,000	\$ 180,000	\$ 180,000					
Charitable Contributions		\$ 60,000								
TOTAL OPERATING EXPENSES	\$ 5,596,209	\$ 5,152,429	\$ 8,923,967	\$ 10,886,398	\$ 10,945,134	\$ -	\$ -	\$ -	\$ -	\$ -
3. INCOME										
a. Income From Operation	\$ 1,773,149	\$ 1,377,231	\$ 123,324	\$ 963,784	\$ 1,609,144	\$ -	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income										
SUBTOTAL	\$ 1,773,149	\$ 1,377,231	\$ 123,324	\$ 963,784	\$ 1,609,144	\$ -	\$ -	\$ -	\$ -	\$ -
c. Income Taxes										
NET INCOME (LOSS)	\$ 1,773,149	\$ 1,377,231	\$ 123,324	\$ 963,784	\$ 1,609,144	\$ -	\$ -	\$ -	\$ -	\$ -

TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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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) Add columns 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	2020	2021	2022	2023	2024					

4. PATIENT MIX

a. Percent of Total Revenue

1) Medicare										
2) Medicaid	39%	44%	17.4%	17.6%	16.7%					
3) Blue Cross										
4) Commercial Insurance	59%	55%	81.2%	80.6%	81.6%					
5) Self-pay	2%	1%	1.4%	1.8%	1.7%					
6) Other	1%	1%								
TOTAL	100%	100%	100%	100%	100%					

b. Percent of Equivalent Inpatient Days

1) Medicare										
2) Medicaid	68%	68%	70.7%	69.9%	68.6%					
3) Blue Cross										
4) Commercial Insurance	28%	29%	26.4%	26.5%	27.9%					
5) Self-pay	4%	3%	3.0%	3.6%	3.5%					
6) Other										
TOTAL	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%

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.						
Indicate CY or FY	2020	2021	2022	2023	2024					
1. DISCHARGES										
a. Residential	546	510	810	833	803					
b. III.7 and III.7D			52	782	1,043					
c. Other (Specify/add rows of needed)	3	2								
TOTAL DISCHARGES	549	512	862	1,616	1,846	0	0	0	0	0
2. PATIENT DAYS										
a. Residential	16,393	15,311	24,303	25,003	24,090					
b. III.7 and III.7D			365	5,475	7,300					
c. Other (Specify/add rows of needed)										
Scholarship	78	51								
TOTAL PATIENT DAYS	16,471	15,362	24,668	30,478	31,390	-	-	-	-	-
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential	30.0	30.0	30.0	30.0	30.0					
b. III.7 and III.7D			7.0	7.0	7.0					
c. Other (Specify/add rows of needed)	30.0	30.0								
TOTAL AVERAGE LENGTH OF STAY	30.0	30.0	28.6	18.9	17.0					
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation	48	48	73	73	73					
g. Comprehensive Care			20	20	20					
h. Other (Specify/add rows of needed)										
TOTAL LICENSED BEDS	48	48	93	93	93	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	93.6%	87.4%	91.2%	93.8%	90.4%					
b. III.7 and III.7D			5.0%	75.0%	100.0%					
c. Other (Specify/add rows of needed)										
TOTAL OCCUPANCY %	94.0%	87.7%	72.7%	89.8%	92.5%	#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)	186	22	365	365	365					
TOTAL OUTPATIENT VISITS	186	22	365	365	365	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

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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.						
Indicate CY or FY	2020	2021	2022	2023	2024					
1. DISCHARGES										
a. Residential										
b. III.7 and III.7D			52	782	1,043					
c. Other (Specify)										
TOTAL DISCHARGES	0	0	52	782	1,043	0	0	0	0	0
2. PATIENT DAYS										
a. Residential										
b. III.7 and III.7D			365	5,475	7,300					
c. Other (Specify)										
TOTAL PATIENT DAYS	0	0	365	5,475	7,300	0	0	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential										
b. III.7 and III.7D			7.0	7.0	7.0					
c. Other (Specify)										
TOTAL AVERAGE LENGTH OF STAY			7.0	7.0	7.0					
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation										
g. Comprehensive Care			20	20	20					
h. Other (Specify)										
TOTAL LICENSED BEDS	0	0	20	20	20	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										
b. III.7 and III.7D			5.0%	75.0%	100.0%					
c. Other (Specify)										
TOTAL OCCUPANCY %			5.0%	75.0%	100.0%					
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.

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a. Inpatient Services			\$ 351,614	\$ 6,893,109	\$ 10,580,573		
b. Outpatient Services							
Gross Patient Service Revenues	\$ -	\$ -	\$ 351,614	\$ 6,893,109	\$ 10,580,573	\$ -	\$ -
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d. Contractual Allowance			\$ 189,800	\$ 4,175,600	\$ 6,832,800		
e. Charity Care			\$ 2,129	\$ 25,917	\$ 33,563		
Net Patient Services Revenue	\$ -	\$ -	\$ 156,449	\$ 2,637,242	\$ 3,639,254	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ -	\$ -	\$ 156,449	\$ 2,637,242	\$ 3,639,254	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)			\$ 82,911	\$ 496,472	\$ 496,472		
b. Contractual Services			\$ 16,700	\$ 100,000	\$ 100,000		
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies							
j. Other Expenses (Specify)							
Client Related Expenses			\$ 9,125	\$ 136,875	\$ 182,500		
Employee Related Expenses			\$ 1,239	\$ 17,041	\$ 22,069		
Insurance			\$ 729	\$ 8,876	\$ 11,494		
Professional Fees			\$ 350	\$ 4,260	\$ 5,517		
Marketing			\$ 1,750	\$ 21,302	\$ 27,586		
Billing & UR			\$ 6,839	\$ 108,648	\$ 148,959		
Utilities/Facility Costs			\$ 3,881	\$ 69,383	\$ 89,852		
Repairs & Maintenance			\$ 875	\$ 12,781	\$ 16,552		
Property Taxes			\$ 875	\$ 10,651	\$ 13,793		
Rent			\$ 15,047	\$ 183,195	\$ 237,241		
Management Fees			\$ 25,371	\$ 468,639	\$ 606,897		
General & Administrative			\$ 2,187	\$ 31,953	\$ 41,379		
TOTAL OPERATING EXPENSES	\$ -	\$ -	\$ 167,878	\$ 1,670,076	\$ 2,000,312	\$ -	\$ -
3. INCOME							

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	2020	2021	2022	2023	2024		
a. Income From Operation	\$ -	\$ -	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ -	\$ -	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ -	\$ -	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid			32.5%	20.6%	16.9%		
3) Blue Cross							
4) Commercial Insurance			67.5%	75.7%	80.7%		
5) Self-pay			0.0%	3.7%	2.4%		
6) Other							
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid			83.3%	68.9%	65.0%		
3) Blue Cross							
4) Commercial Insurance			16.7%	24.4%	30.0%		
5) Self-pay			0.0%	6.7%	5.0%		
6) Other							
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%

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 uninflated 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 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 D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Clinical Director	1.0	\$150,000	\$150,000	0.5	\$150,000	\$75,000			\$0	1.5	\$225,000
Program Director	1.0	\$120,000	\$120,000	0.5	\$120,000	\$60,000			\$0	1.5	\$180,000
Total Administration	2.0	\$270,000.0	\$270,000.0	1.0	\$270,000.0	\$135,000.0	0.0	0.0	\$0.0	3.0	\$405,000
Direct Care Staff (List general categories, add rows if needed)											
Clinical Supervisor	1.0	\$75,000	\$75,000	0.5	\$75,000	\$37,500			\$0	1.5	\$112,500
NP	1.0	\$120,000	\$120,000		\$120,000	\$0			\$0	1.0	\$120,000
Counselor	15.0	\$50,000	\$750,000		\$50,000	\$0			\$0	15.0	\$750,000
LPN	5.0	\$45,000	\$225,000	2.5	\$45,000	\$112,500			\$0	7.5	\$337,500
RN	2.0	\$55,000	\$110,000	1.0	\$55,000	\$55,000			\$0	3.0	\$165,000
Medical Technician	6.0	\$30,000	\$180,000	3.0	\$30,000	\$90,000			\$0	9.0	\$270,000
Behavioral Health Tech	35.0	\$30,000	\$1,050,000		\$30,000	\$0			\$0	35.0	\$1,050,000
Total Direct Care	65.0	\$405,000.0	\$2,510,000.0	7.0	\$405,000.0	\$295,000.0	0.0	0.0	\$0.0	72.0	\$2,805,000
Support Staff (List general categories, add rows if needed)											
Admissions	4.0	\$35,000	\$140,000		\$35,000	\$0			\$0	4.0	\$140,000
Outreach Coordinator	2.0	\$50,000	\$100,000		\$50,000	\$0			\$0	2.0	\$100,000
Case Manager	4.0	\$40,000	\$160,000		\$40,000	\$0			\$0	4.0	\$160,000
Receptionist	2.0	\$30,000	\$60,000		\$30,000	\$0			\$0	2.0	\$60,000
Admin Assistant	3.0	\$35,000	\$105,000		\$35,000	\$0			\$0	3.0	\$105,000
Custodian	2.0	\$30,000	\$60,000		\$30,000	\$0			\$0	2.0	\$60,000
Total Support	17.0	\$220,000	\$625,000	\$0	\$220,000	\$0	\$0	\$0	\$0	17.0	\$625,000
REGULAR EMPLOYEES TOTAL	84.0	\$ 895,000	\$ 3,405,000	\$ 8	\$ 895,000	\$ 430,000	\$ -	\$ -	\$ -	92.0	\$3,835,000
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
Medical Director	1.0	\$200,000	\$200,000	0.5	\$200,000	\$100,000			\$0	1.5	\$300,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration	1.0	\$200,000	\$200,000	0.5	\$200,000	\$100,000			\$0	1.5	\$300,000
Direct Care Staff (List general categories, add rows if needed)											
			\$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
Support Staff (List general categories, add rows if needed)											
			\$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	1.0	\$200,000	\$200,000	0.5	\$200,000	\$100,000			\$0	1.5	\$300,000
Benefits (State method of calculating benefits below):											
			586,956.0			66,472.0					\$653,428
TOTAL COST	85.0		\$4,191,956	8.5		\$596,472	0.0		\$0		\$4,788,428