

EXHIBIT 1

Name of Applicant: Sheppard Pratt Health System, Inc.

Date of Submission: 10-Apr-15

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

<u>Table Number</u>	<u>Table Title</u>	<u>Instructions</u>
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	Departmental Gross Square Feet	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
Table C	Construction Characteristics	All applicants proposing new construction or renovation must complete Table C.
Table D	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table D.
Table E	Project Budget	All applicants, regardless of project type or scope, must complete Table E.
Table F	Statistical Projections - Entire Facility	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
Table G	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table F.
Table H	Revenues & Expenses, Inflated - Entire Facility	Existing facility applicants must complete Table H. The projected revenues and expenses in H should be consistent with the projections in Tables F and G.
Table I	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 I. All applicants who complete this table must also complete Tables J and K.
Table J	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 completes a Table I must complete Table J. The projected revenues and expenses in Table J should be consistent with the volume projections in Table I.
Table K	Revenues & Expenses, Inflated - 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 that completes a Table I must complete Table K. The projected revenues and expenses in Table K should be consistent with the projections in Tables I and J.
Table L	Manpower	All applicants, regardless of project type or scope, must complete Table L.

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.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/Wing)*	Licensed Beds:	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	Physical Capacity	Private			Semi-Private	Total Rooms	Physical Capacity		
ACUTE CARE							ACUTE CARE						
General Medical/Surgical*					0	0	General Medical/Surgical*				0	0	
					0	0					0	0	
					0	0					0	0	
					0	0					0	0	
					0	0					0	0	
SUBTOTAL Gen. Med/Surg*							SUBTOTAL Gen. Med/Surg*						
ICU/CCU					0	0	ICU/CCU				0	0	
Other (Specify/add rows as needed)					0	0					0	0	
TOTAL MSGA							TOTAL MSGA						
Obstetrics					0	0	Obstetrics				0	0	
Pediatrics					0	0	Pediatrics				0	0	
Psychiatric		92	0	39	39	78	Psychiatric		73	5	78	100	
General Adult				10	10	20	General Adult	Floor 1	15	1	16	17	
Co-occurring				9	9	18	Co-occurring	Floor 2	15	1	16	17	
Fenton				9	9	18	Fenton Unit	Floor 1	15	1	16	17	
Adolescent				11	11	22	Adolescent	Ground Floor	15	1	16	17	
						78	Geriatric Unit	Floor 3	13	1	14	15	
TOTAL ACUTE		92	0	39	39	78	TOTAL ACUTE		73	5	78	100	
NON-ACUTE CARE							NON-ACUTE CARE						
Dedicated Observation**					0	0	Dedicated Observation**				0	0	
Rehabilitation					0	0	Rehabilitation				0	0	
Comprehensive Care					0	0	Comprehensive Care				0	0	
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0	
TOTAL NON-ACUTE							TOTAL NON-ACUTE						
HOSPITAL TOTAL		92	0	39	39	78	HOSPITAL TOTAL		73	5	78	100	

Additional Instruction

Calculate the sum of all General Medical/Surgical rows

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

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

Calculate the sum of all Non-Acute Care rows

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

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

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

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

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

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
General Adult Unit	5,697	12,209			12,209
Adolescent Unit	6,090	12,209			12,209
Co-Occurring Unit	5,861	12,209			12,209
Fenton Unit	5,462	12,209			12,209
Young Adult Unit	n/a	12,209			12,209
Specialty Unit	n/a	11,665			11,665
					0
Lobby Admissions / Intake/ CWIC	2,434	5,265			5,265
Administration	1,605	3,240			3,240
Clinical Services	1,731	4,074			4,074
Pharmacy	648	1,800			1,800
Day Hospitals	4,093	14,729			14,729
Inpatient Treatment Team	729	754			754
Gymnasium	3,809	6,470			6,470
Meditation Suite	n/a	754			754
Education / Conference Center	782	2,484			2,484
Judicial Suite	n/a	999			999
Dietary	4,738	5,575			5,575
EVS - Housekeeping / Laundry	963	1,350			1,350
Maintenance / Engineering / Security	2,612	6,544			6,544
					0
Sub-total	47,256	126,748			126,748
Building Grossing Factor	1.28	1.35			1.35
Total BGSF	60,289	171,490			171,490

Additional Instruction

Total After Project Completion should equal square feet to be added, renovated, and remain as is

Calculate sum of all rows

TABLE C. CONSTRUCTION CHARACTERISTICS

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

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

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement		
Ground Level	41,546	
Level 1	58,783	
Level 2	56,442	
Level 3	14,716	
Average Square Feet	42,872	
Perimeter in Linear Feet	Linear Feet	
Basement		
Ground Level	2,236	
Level 1	2,489	
Level 2	2,406	
Level 3	847	
Total Linear Feet	7,978	
Average Linear Feet	1,995	
Wall Height (floor to eaves)	Feet	
Basement		
Ground Level	15	
Level 1	15	
Level 2	15	
Level 3	15	
Average Wall Height	15	
OTHER COMPONENTS		
Elevators	List Number	
Passenger	5	
Freight	1	
Sprinklers	Square Feet Covered	
Wet System	168,270	
Dry System		
Electrical Room	2,920	
Loading Dock	6,750	
Server Room	300	
Bridge	1,410	
Ambulance Area	7,750	
Dry System Total	19,130	
Other	Describe Type	
Type of HVAC System for proposed project	Overhead air, VAV terminal units with hot water reheat	
Type of Exterior Walls for proposed project	Assembly of masonry, glass, wood and metal panels	

Calculate average square feet of all floors

Calculate total linear feet of all floors
Calculate average linear feet of all floors

Calculate average wall height of all floors

Notes to Accompany Table C

Sprinklers (Line 44): Any building structure or canopy that a vehicle can drive under has to be sprinkled. This includes the bridge, loading dock and ambulance area, although none are inside the building. This is required and will be served from the water service that serves the interior sprinkler systems.

HVAC System (Line 54): The building HVAC system shall consist of a combination of VAV with hot water reheat, single zone VAV air handling units with energy recovery, single zone make up air units for the kitchen and dedicated outdoor air units with hybrid fan powered terminal units. All air handling units with the exception of the Gym AHU will be installed in rooftop mechanical penthouses.

The service wing shall be served by a 15,000 cfm indoor air handling unit, AHU-A, with VAV terminals with hot water reheat.

The kitchen and dietary areas will be served by an indoor 5,000 cfm 100% outdoor air make up air unit to provide conditioned air to the kitchen areas. Kitchen hoods and dishwashing will be served by dedicated exhaust fans as required by the mechanical code.

The gym will be served by AHU-B1 which will be a rooftop 5,000 cfm 100% outdoor air single zone VAV unit with total energy recovery wheel. The dining and serving area will be served by AHU-B2 which will be an indoor 6,000 cfm 100% outdoor air single zone VAV unit with total energy wheel.

The day hospital, treatment and support spaces in the main central portion of the building will be served by AHU-C, which will be an indoor 20,000 cfm dedicated outdoor air unit with dual heat wheels. Air distribution will be provided by hybrid fan powered terminal units with sensible cooling coils and hot water heating coils similar to Krueger KLPS-D. Sensible cooling coils will be served by a dedicated secondary water system that will operate with 58 degree chilled water supplied by a dedicated pumping system with blending valve located in the mechanical room above the dining area.

Each inpatient wing of three patient floors will be served by one air handling unit AHU-D and AHU-E which will be 30,000 cfm indoor VAV air handling units with VAV terminal and hot water reheat. Each patient room will be provided with a dedicated VAV terminal unit and support and common areas will be grouped together by exposure and function into VAV terminal unit zones.

Toilet and general exhaust in the patient wings will be provided by rooftop dome exhaust fans one for each patient wing.

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.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS	Additional Instruction
SITE PREPARATION COSTS			
Normal Site Preparation	\$150,000		As defined by Marshall Valuation Service, includes excavation for foundation, backfill and finish grading
Utilities from Structure to Lot Line	\$165,000		For typical setback
Subtotal included in Marshall Valuation Costs	\$315,000		Calculate the sum of normal site preparation and utilities from structure to lot line
Site Demolition Costs			
Storm Drains			
Rough Grading			
Hillside Foundation			
Paving			
Exterior Signs			
Landscaping			
Walls			
Yard Lighting			
Other (Specify/add rows if needed)	\$1,316,400		
Subtotal On-Site excluded from Marshall Valuation Costs	\$1,316,400		Calculate sum of all on-site costs excluded from MVS
OFFSITE COSTS			
Roads			
Utilities			
Jurisdictional Hook-up Fees	\$93,600		
Other (Specify/add rows if needed)			
Subtotal Off-Site excluded from Marshall Valuation Costs	\$93,600		Calculate sum of all off-site costs excluded from MVS
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$1,410,000	\$0	Ensure that sum includes costs excluded from MVS
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$1,725,000	\$0	Ensure that sum includes all costs

*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
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. Land Purchase	\$2,837,150		\$2,837,150
b. New Construction			
(1) Building	\$55,672,612		\$55,672,612
(2) Fixed Equipment	in above		\$0
(3) Site and Infrastructure	\$315,000		\$315,000
(4) Architect/Engineering Fees	\$5,540,561		\$5,540,561
(5) Permits (Building, Utilities, Etc.)	\$1,189,000		\$1,189,000
SUBTOTAL	\$62,717,173	\$0	\$62,717,173
c. 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
d. Other Capital Costs			
(1) Movable Equipment	\$6,450,000		\$6,450,000
(2) Contingency Allowance	\$10,237,000		\$10,237,000
(3) Gross interest during construction period			\$2,355,972
(4) Other <i>(Specify/add rows if needed)</i>			
Permits (Campus Dev, Wetlands, Storm Water Mgmt)	\$1,100,000		\$1,100,000
Specialty Hardware & Security	\$1,000,000		\$1,000,000
Technology - IT, AV, Safety, & Communications	\$3,400,000		\$3,400,000
Exterior Courtyards / Security Walls	\$500,000		\$500,000
Balconies	\$422,388		\$422,388
Balcony Hardscaping / Landscaping	\$500,000		\$500,000
Canopies	\$150,000		\$150,000
Sitework - Roads and Parking Lots	\$1,410,000		\$1,410,000
Architectural / Engineer Fees for other Capital Costs	\$1,925,689		\$1,925,689
Non-AE Fees	\$1,526,000		\$1,526,000
SUBTOTAL	\$30,977,049		\$30,977,049
TOTAL CURRENT CAPITAL COSTS	\$96,531,372	\$0	\$96,531,372
e. Inflation Allowance	\$4,122,000		\$4,122,000
TOTAL CAPITAL COSTS	\$100,653,372	\$0	\$100,653,372
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$1,400,000		\$1,400,000
b. Bond Discount	\$300,000		\$300,000
c. Legal Fees	\$250,000		\$250,000
d. Non-Legal Consultant Fees	\$50,000		\$50,000
e. Liquidation of Existing Debt			\$0
f. Debt Service Reserve Fund			\$0
g. Other <i>(Specify/add rows if needed)</i>			\$0
SUBTOTAL	\$2,000,000		\$2,000,000
3. Working Capital Startup Costs			\$0
TOTAL USES OF FUNDS	\$102,653,372	\$0	\$102,653,372
B. Sources of Funds			
1. Cash	\$17,653,372		\$17,653,372
2. Philanthropy (to date and expected)	\$7,500,000		\$7,500,000
3. Authorized Bonds	\$70,000,000		\$70,000,000
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	\$7,500,000		\$7,500,000
c. Local			\$0
8. Other <i>(Specify/add rows if needed)</i>			\$0
TOTAL SOURCES OF FUNDS	\$102,653,372		\$102,653,372
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other <i>(Specify/add rows if needed)</i>			\$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.			

Additional instruction for cost categories

purchase amount x 31.7%

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

Ensure that SUBTOTAL includes all categories under 1.b.

Ensure that SUBTOTAL includes all categories under 1.c.

Calculate sum of all categories under 1.d.

Ensure that TOTAL CURRENT CAPITAL COSTS includes all SUBTOTALS above

Inflation should only be included in this category

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

Calculate sum of all categories under 2.

Start up costs are costs incurred before opening a facility or new service that under generally accepted accounting principles are not chargeable as operating expense or maintenance.

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

Identify and explain the sources, plans, and the hospital's experience regarding fundraising goals under the response to the Viability standard in Section XX of the CON application.

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

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

Statement of Assumptions – Project Costs

General:

The construction cost estimate was based upon Architectural Plans, Program & Engineering Narratives dated December 2014. It was supplemented with conversations with the Architects and the Engineers.

All estimated building systems costs and owner soft costs were compared to “normalized” (area factored to Towson / Baltimore metro, MD and escalated to today’s prices) constructed and project costs of similar size and similar program building types for reasonableness.

Costs are based upon a competitive open book CM with a Guaranteed Maximum Price project delivery process.

Exclusions:

- Material Sales Tax
- Project Labor Agreement – Labor rates are based upon a competitively – qualified low bid process
- Hazardous Material removal and structure removal from the existing site.
- Project phasing
- Land acquisition costs and project financing

Systems assumptions:

- **A10 Foundations** - Conventional spread footing system
- **B10 Superstructure** - Floor Framing 16 LBs / BGSF to cover structure and misc. metals.
Roof framing- 14 LBs/ Roof Area
- **B20 Exterior Enclosure** - Wall surface areas based upon Architectural model take off of glass and solid surface areas. Glass is laminated tamper resistant but not unbreakable.
- **B30 Roofing** - Membrane System on sloped insulation.
- **C10 Interior Construction** - Benchmarked SF dollars
- **C30 Interior Finishes & E10 Equipment & E20 Furnishings** - Benchmarked SF dollars based upon program. Includes but not limited to; Psychiatric Showers, Casework, Recreational Equipment, Toilet Accessories, Medical Equipment Built In.
- **C20 Stairs & D10 Conveying** - Benchmarked Unit pricing.
- **D20 thru D50 MEP Engineering - Detailed** Estimates as provided. Based upon Engineering narratives.
- **Z10 CM General Conditions** – Benchmarking Average to cover all CM Indirect Construction Costs. Including but not limited to: General Conditions, General Requirements, Fees, and Insurances & CM Contingencies.
- **Site Developments** - Lump sum allowance to cover all site grading rough and backfill, site improvements and utility allowances for hook-ups

- **Mark-Ups:**
 - Design & Estimating Contingency= 10%
 - Construction Contingency= 5%
 - Escalation- 3% per year to a construction Mid Point (6/2016).
 - Design Fees-10%
 - Permits and Testing and Administration Costs-2.5%
- The following Owner direct buy systems were provided as part of Owner direct buying contracts.
 - Major Medical Equipment – Loose type 3 including beds, sterilizers and freezers. \$25/SF of Medical Space.
 - Dietary & Laundry- \$100/SF of food prep and laundry areas.
 - Furnishings- Loose Tables, Chairs and Gurnee's \$20/SF of BGSF.
 - Technology- LV Systems of AV, IT, Safety. \$20/SF of BGSF.
 - 10% Owner conditions

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 assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.						
Indicate CY or FY	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
1. DISCHARGES										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA	0	0	0	0	0	0	0	0	0	0
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric	2,911	2,817	2,941	2,970	2,970	2,970	3,137	3,632	3,813	3,813
Total Acute	2,911	2,817	2,941	2,970	2,970	2,970	3,137	3,632	3,813	3,813
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL DISCHARGES	2,911	2,817	2,941	2,970	2,970	2,970	3,137	3,632	3,813	3,813
2. PATIENT DAYS										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA	0	0	0	0	0	0	0	0	0	0
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric	21,008	21,011	21,375	21,769	21,769	21,769	24,848	31,090	32,562	32,562
Total Acute	21,008	21,011	21,375	21,769	21,769	21,769	24,848	31,090	32,562	32,562
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL PATIENT DAYS	21,008	21,011	21,375	21,769	21,769	21,769	24,848	31,090	32,562	32,562
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. ICU/CCU	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total MSGA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
c. Pediatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	7.2	7.5	7.3	7.3	7.3	7.3	7.9	8.6	8.5	8.5
Total Acute	7.2	7.5	7.3	7.3	7.3	7.3	7.9	8.6	8.5	8.5
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. 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	7.2	7.5	7.3	7.3	7.3	7.3	7.9	8.6	8.5	8.5
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA	0	0	0	0	0	0	0	0	0	0
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric	78	78	78	78	78	78	100	100	100	100
Total Acute	78	78	78	78	78	78	100	100	100	100
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL LICENSED BEDS	78	78	78	78	78	78	100	100	100	100
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. General Medical/Surgical*	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. ICU/CCU	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total MSGA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
c. Pediatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	73.8%	73.8%	75.1%	76.5%	76.5%	76.5%	68.1%	85.2%	89.2%	89.2%
Total Acute	73.8%	73.8%	75.1%	76.5%	76.5%	76.5%	68.1%	85.2%	89.2%	89.2%
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. 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 %	73.8%	73.8%	75.1%	76.5%	76.5%	76.5%	68.1%	85.2%	89.2%	89.2%
6. OUTPATIENT VISITS										
a. Emergency Department										
b. Same-day Surgery										
c. Laboratory										
d. Imaging										
e. Other (Specify/add rows of needed)										
Day Hospital	2,875	2,875	2,904	3,175	3,175	3,175	9,398	17,780	17,780	17,780
Intensive Outpatient							1,375	2,625	2,625	2,625
Electroconvulsive Therapy (ECT)							1,370	2,743	2,743	2,743
TOTAL OUTPATIENT VISITS	2,875	2,875	2,904	3,175	3,175	3,175	12,143	23,148	23,148	23,148
7. OBSERVATIONS**										
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 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 five years after completion) Add columns if needed.						
Indicate CY or FY	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
1. REVENUE										
a. Inpatient Services	\$ 23,937,093	\$ 24,573,143	\$ 24,345,936	\$ 24,345,936	\$ 24,345,936	\$ 24,345,936	\$ 28,156,224	\$ 35,462,309	\$ 36,989,792	\$ 36,989,792
b. Outpatient Services	\$ 4,201,671	\$ 4,146,485	\$ 4,310,349	\$ 4,310,349	\$ 4,310,349	\$ 4,310,349	\$ 9,661,292	\$ 14,421,815	\$ 14,576,515	\$ 14,567,970
Rate Adjustment							\$ 322,251	\$ 673,920	\$ 689,329	\$ 689,343
Gross Patient Service Revenues	\$ 28,138,764	\$ 28,719,628	\$ 28,656,285	\$ 28,656,285	\$ 28,656,285	\$ 28,656,285	\$ 38,139,767	\$ 50,558,044	\$ 52,255,636	\$ 52,247,105
c. Allowance For Bad Debt	\$ 338,418	\$ 534,722	\$ 549,442	\$ 549,442	\$ 549,442	\$ 549,442	\$ 823,811	\$ 1,152,794	\$ 1,199,941	\$ 1,199,586
d. Contractual Allowance	\$ 4,784,830	\$ 4,461,114	\$ 4,492,817	\$ 4,492,817	\$ 4,492,817	\$ 4,492,817	\$ 6,140,582	\$ 8,228,013	\$ 8,452,518	\$ 8,446,388
e. Charity Care	\$ 2,892,542	\$ 2,183,596	\$ 859,035	\$ 859,035	\$ 859,035	\$ 859,035	\$ 1,121,705	\$ 1,490,163	\$ 1,577,885	\$ 1,577,885
Rate Adjustment Allowance							\$ 86,143	\$ 180,150	\$ 184,269	\$ 184,273
Net Patient Services Revenue	\$ 20,122,974	\$ 21,540,196	\$ 22,754,991	\$ 22,754,991	\$ 22,754,991	\$ 22,754,991	\$ 29,967,526	\$ 39,506,923	\$ 40,841,023	\$ 40,838,973
f. Other Operating Revenues (Specify/add rows if needed)	\$ 11,418	\$ 15,149	\$ 49,836	\$ 49,836	\$ 49,836	\$ 49,836	\$ 71,747	\$ 71,747	\$ 71,747	\$ 71,747
NET OPERATING REVENUE	\$ 20,134,392	\$ 21,555,345	\$ 22,804,827	\$ 22,804,827	\$ 22,804,827	\$ 22,804,827	\$ 30,039,273	\$ 39,578,670	\$ 40,912,770	\$ 40,910,720
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 12,189,729	\$ 12,772,943	\$ 12,624,949	\$ 12,624,949	\$ 12,624,949	\$ 12,624,949	\$ 17,961,235	\$ 24,579,353	\$ 25,457,435	\$ 25,457,435
b. Contractual Services	\$ 583,211	\$ 670,529	\$ 675,846	\$ 675,846	\$ 675,846	\$ 675,846	\$ 980,695	\$ 1,315,118	\$ 1,357,308	\$ 1,354,326
c. Interest on Current Debt										
d. Interest on Project Debt							\$ 1,388,782	\$ 2,727,340	\$ 2,675,071	\$ 2,675,072
e. Current Depreciation	\$ 261,883	\$ 251,665	\$ 238,109	\$ 238,109	\$ 238,109	\$ 238,109	\$ 307,036	\$ 407,560	\$ 423,780	\$ 423,780
f. Project Depreciation							\$ 1,702,542	\$ 3,405,084	\$ 3,405,084	\$ 3,405,084
g. Current Amortization										
h. Project Amortization										
i. Supplies	\$ 1,160,064	\$ 1,188,745	\$ 1,073,747	\$ 1,073,747	\$ 1,073,747	\$ 1,073,747	\$ 1,391,067	\$ 1,700,721	\$ 1,751,919	\$ 1,751,919
j. Rentals	\$ 1,215,046	\$ 1,266,097	\$ 1,112,457	\$ 1,112,457	\$ 1,112,457	\$ 1,112,457	\$ 213,002	\$ 539,717	\$ 616,529	\$ 616,529
k. Other	\$ 342,362	\$ 324,198	\$ 263,193	\$ 263,193	\$ 263,193	\$ 263,193	\$ 298,359	\$ 353,855	\$ 366,464	\$ 366,464
l. Corporate Overhead	\$ 3,558,560	\$ 3,689,788	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071
TOTAL OPERATING EXPENSES	\$ 19,310,855	\$ 20,163,965	\$ 19,211,372	\$ 19,211,372	\$ 19,211,372	\$ 19,211,372	\$ 27,465,789	\$ 38,251,819	\$ 39,276,661	\$ 39,273,680
3. INCOME										
a. Income From Operation	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 2,573,484	\$ 1,326,851	\$ 1,636,109	\$ 1,637,040
b. Non-Operating Income										
SUBTOTAL	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 2,573,484	\$ 1,326,851	\$ 1,636,109	\$ 1,637,040
c. Income Taxes										
NET INCOME (LOSS)	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 2,573,484	\$ 1,326,851	\$ 1,636,109	\$ 1,637,040
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	14.7%	14.9%	14.8%	14.8%	14.8%	14.8%	18.7%	21.5%	20.8%	20.8%
2) Medicaid	37.9%	37.8%	38.0%	38.0%	38.0%	38.0%	32.4%	28.9%	29.6%	29.6%
3) Blue Cross	18.9%	18.8%	18.8%	18.8%	18.8%	18.8%	19.9%	20.4%	20.4%	20.4%
4) Commercial Insurance	20.8%	20.8%	20.7%	20.7%	20.7%	20.7%	22.0%	22.6%	22.6%	22.6%
5) Self-pay	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	4.5%	4.0%	4.1%	4.1%
6) Other	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%
b. Percent of Equivalent Inpatient Days										
1) Medicare	14.8%	15.0%	15.0%	15.0%	15.0%	15.0%	19.1%	22.1%	21.4%	21.4%
2) Medicaid	37.7%	37.6%	37.6%	37.6%	37.6%	37.6%	32.8%	29.4%	30.0%	30.0%
3) Blue Cross	19.0%	18.9%	18.9%	18.9%	18.9%	18.9%	19.5%	19.9%	19.9%	19.9%
4) Commercial Insurance	20.9%	20.8%	20.8%	20.8%	20.8%	20.8%	21.6%	22.0%	22.0%	22.0%
5) Self-pay	5.1%	5.2%	5.2%	5.2%	5.2%	5.2%	4.6%	4.2%	4.3%	4.3%
6) Other	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.4%	2.4%	2.4%	2.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.						
Indicate CY or FY	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
25319773										
a. Inpatient Services	\$ 23,937,093	\$ 24,573,143	\$ 24,345,936	\$ 24,832,855	\$ 25,319,773	\$ 25,806,692	\$ 30,408,722	\$ 39,008,540	\$ 41,428,567	\$ 42,168,363
b. Outpatient Services	\$ 4,201,671	\$ 4,146,485	\$ 4,310,349	\$ 4,396,556	\$ 4,482,763	\$ 4,568,970	\$ 10,434,195	\$ 15,863,996	\$ 16,325,696	\$ 16,607,486
Rate Adjustment							\$ 322,251	\$ 673,920	\$ 689,329	\$ 689,343
Gross Patient Service Revenues	\$ 28,138,764	\$ 28,719,628	\$ 28,656,285	\$ 29,229,411	\$ 29,802,536	\$ 30,375,662	\$ 41,165,168	\$ 55,546,456	\$ 58,443,592	\$ 59,465,192
c. Allowance For Bad Debt	\$ 338,418	\$ 534,722	\$ 549,442	\$ 560,431	\$ 571,420	\$ 582,409	\$ 889,716	\$ 1,268,073	\$ 1,343,934	\$ 1,367,528
d. Contractual Allowance	\$ 4,784,830	\$ 4,461,114	\$ 4,492,817	\$ 4,582,673	\$ 4,672,529	\$ 4,762,386	\$ 6,631,829	\$ 9,050,814	\$ 9,466,820	\$ 9,628,882
e. Charity Care	\$ 2,892,542	\$ 2,183,596	\$ 859,035	\$ 876,216	\$ 893,396	\$ 910,577	\$ 1,211,441	\$ 1,639,180	\$ 1,767,231	\$ 1,798,789
Rate Adjustment Allowance							\$ 86,143	\$ 180,150	\$ 184,269	\$ 184,273
Net Patient Services Revenue	\$ 20,122,974	\$ 21,540,196	\$ 22,754,991	\$ 23,210,091	\$ 23,665,191	\$ 24,120,290	\$ 32,346,039	\$ 43,408,238	\$ 45,681,338	\$ 46,485,720
f. Other Operating Revenues (Specify/add rows if needed)	\$ 11,418	\$ 15,149	\$ 49,836	\$ 50,833	\$ 51,829	\$ 52,826	\$ 77,486	\$ 78,921	\$ 80,356	\$ 81,791
NET OPERATING REVENUE	\$ 20,134,392	\$ 21,555,345	\$ 22,804,827	\$ 23,260,924	\$ 23,717,020	\$ 24,173,116	\$ 32,423,525	\$ 43,487,159	\$ 45,761,694	\$ 46,567,511
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 12,189,729	\$ 12,772,943	\$ 12,624,949	\$ 12,877,448	\$ 13,129,947	\$ 13,382,446	\$ 19,398,134	\$ 27,037,288	\$ 28,512,327	\$ 29,021,476
b. Contractual Services	\$ 583,211	\$ 670,529	\$ 675,846	\$ 689,363	\$ 702,880	\$ 716,397	\$ 1,059,150	\$ 1,446,630	\$ 1,520,185	\$ 1,543,931
c. Interest on Current Debt										
d. Interest on Project Debt							\$ 1,388,782	\$ 2,727,340	\$ 2,675,071	\$ 2,675,072
e. Current Depreciation	\$ 261,883	\$ 251,665	\$ 238,109	\$ 238,109	\$ 238,109	\$ 238,109	\$ 307,036	\$ 407,560	\$ 423,780	\$ 423,780
f. Project Depreciation							\$ 1,702,542	\$ 3,405,084	\$ 3,405,084	\$ 3,405,084
g. Current Amortization										
h. Project Amortization										
i. Supplies	\$ 1,160,064	\$ 1,188,745	\$ 1,073,747	\$ 1,095,221	\$ 1,116,696	\$ 1,138,171	\$ 1,502,352	\$ 1,870,794	\$ 1,962,149	\$ 1,997,187
j. Rentals	\$ 1,215,046	\$ 1,266,097	\$ 1,112,457	\$ 1,134,706	\$ 1,156,955	\$ 1,179,204	\$ 230,042	\$ 593,689	\$ 690,513	\$ 702,843
k. Other	\$ 342,362	\$ 324,198	\$ 263,193	\$ 268,457	\$ 273,721	\$ 278,985	\$ 322,228	\$ 389,240	\$ 410,439	\$ 417,768
l. Corporate Overhead	\$ 3,558,560	\$ 3,689,788	\$ 3,223,071	\$ 3,287,532	\$ 3,351,994	\$ 3,416,455	\$ 3,480,917	\$ 3,545,378	\$ 3,609,840	\$ 3,674,301
TOTAL OPERATING EXPENSES	\$ 19,310,855	\$ 20,163,965	\$ 19,211,372	\$ 19,590,836	\$ 19,970,302	\$ 20,349,767	\$ 29,391,183	\$ 41,423,003	\$ 43,209,388	\$ 43,861,442
3. INCOME										
a. Income From Operation	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,670,088	\$ 3,746,718	\$ 3,823,349	\$ 3,032,342	\$ 2,064,156	\$ 2,552,306	\$ 2,706,069
b. Non-Operating Income										
SUBTOTAL	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,670,088	\$ 3,746,718	\$ 3,823,349	\$ 3,032,342	\$ 2,064,156	\$ 2,552,306	\$ 2,706,069
c. Income Taxes										
NET INCOME (LOSS)	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,670,088	\$ 3,746,718	\$ 3,823,349	\$ 3,032,342	\$ 2,064,156	\$ 2,552,306	\$ 2,706,06

TABLE L. MANPOWER INFORMATION

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

	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) *	
Job Category	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)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Admin Director				2.00	\$100,000	\$200,000			\$0	2.00	\$200,000
Clerical	11.04	\$33,694	\$372,071	11.31	\$33,694	\$380,986			\$0	22.35	\$753,057
Clinical Director	1.04	\$120,638	\$125,267	-0.04	\$128,000	\$2,734			\$0	1.00	\$128,000
Medical Director	0.10	\$151,959	\$15,196	0.00	\$200,000	\$4,804			\$0	0.10	\$20,000
Office Manager				1.00	\$60,000	\$60,000			\$0	1.00	\$60,000
Program Managers	5.02	\$97,440	\$489,071	3.98	\$97,440	\$387,887			\$0	9.00	\$876,958
Total Administration	17.20		\$1,001,605	18.25		\$1,036,411			\$0	35.45	\$2,038,016
Direct Care Staff (List general categories, add rows if needed)											
Chemical Dependency Counselor	1.75	\$49,796	\$87,144	-0.60	\$49,796	-\$29,878			\$0	1.15	\$57,266
Clinical Dieticians				2.40	\$57,810	\$138,743			\$0	2.40	\$138,743
Discharge Coordinator	5.22	\$37,008	\$193,226	3.18	\$37,008	\$117,638			\$0	8.40	\$310,864
Medical Assistants				2.00	\$32,407	\$64,815			\$0	2.00	\$64,815
Mental Health Workers	48.36	\$29,633	\$1,433,067	46.61	\$29,633	\$1,381,172			\$0	94.97	\$2,814,238
Nursing	53.88	\$72,067	\$3,882,833	36.42	\$72,067	\$2,624,792			\$0	90.30	\$6,507,625
Occupational / PT				2.30	\$71,578	\$164,629			\$0	2.30	\$164,629
Psychiatrist	7.07	\$200,000	\$1,414,997	10.23	\$200,000	\$2,045,003			\$0	17.30	\$3,460,000
Recreational Therapists	4.01	\$43,619	\$175,022	4.51	\$43,619	\$196,607			\$0	8.52	\$371,630
Social Workers	12.45	\$57,804	\$719,823	18.25	\$57,804	\$1,054,775			\$0	30.70	\$1,774,598
Unit Based Admissions Staff				1.18	\$65,605	\$77,414			\$0	1.18	\$77,414
Total Direct Care	132.75		\$7,906,112	126.47		\$7,835,710			\$0	259.22	\$15,741,822
Support Staff (List general categories, add rows if needed)											
Access Coordinator				1.20	\$41,600	\$49,920			\$0	1.20	\$49,920
Chaplain				1.00	\$62,837	\$62,837			\$0	1.00	\$62,837
Dietary	10.64	\$29,599	\$314,972	4.56	\$29,599	\$134,930			\$0	15.20	\$449,902
Driver	2.81	\$30,002	\$84,193	1.19	\$30,002	\$35,814			\$0	4.00	\$120,007
Housekeeping	6.03	\$27,611	\$166,519	9.97	\$27,611	\$275,252			\$0	16.00	\$441,771
HR				1.00	\$73,240	\$73,240			\$0	1.00	\$73,240
Information Systems				2.00	\$66,976	\$133,952			\$0	2.00	\$133,952
Mail				2.00	\$33,966	\$67,933			\$0	2.00	\$67,933
Operations Director	1.00	\$80,220	\$80,220	0.00	\$80,000	-\$220			\$0	1.00	\$80,000
Pharmacy	3.33	\$83,239	\$276,830	-0.33	\$83,239	-\$27,113			\$0	3.00	\$249,717
Plant Operations	3.53	\$51,367	\$181,230	2.47	\$51,367	\$126,973			\$0	6.00	\$308,203
Purchasing				1.00	\$36,192	\$36,192			\$0	1.00	\$36,192
Security	6.01	\$36,758	\$220,752	8.99	\$36,758	\$330,625			\$0	15.00	\$551,377
Training Staff	0.50	\$87,282	\$43,610	1.50	\$87,282	\$130,954			\$0	2.00	\$174,564
Utilization Review	2.02	\$53,553	\$108,134	1.98	\$53,553	\$106,079			\$0	4.00	\$214,213
Total Support	35.86		\$1,476,458	38.54		\$1,537,368			\$0	74.40	\$3,013,826
REGULAR EMPLOYEES TOTAL	185.81		\$10,384,175	183.26		\$10,409,489			\$0	369.07	\$20,793,664
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
Total Administration	0.00		\$0	0.00		\$0			\$0	0.00	\$0
Direct Care Staff (List general categories, add rows if needed)											
Dept of Medicine Physician	0.16	\$249,049	\$40,710	0.34	\$249,049	\$83,815			\$0	0.50	\$124,525
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
Total Direct Care Staff	0.16		\$40,710	0.34		\$83,815			\$0	0.50	\$124,525
Support Staff (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
Total Support Staff	0.00		\$0	0.00		\$0			\$0	0.00	\$0
CONTRACTUAL EMPLOYEES TOTAL	0.16		\$40,710	0.34		\$83,815			\$0	0.50	\$124,525
Benefits (State method of calculating benefits below):			2,200,065								4,539,247
Estimated at 21.7% of salaries											
TOTAL COST	185.97		\$12,624,950	183.60		\$10,493,304	0.00		\$0	369.57	\$25,457,435