TAB 2

CON TABLE PACKAGE

TABLE C. 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 CCF such as assisted living explain the allocation of costs between the CCF and the other service(s). 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

	CCF Nursing Home	Other Service Areas	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	$2,531,000	$11,437,000	$13,968,000
(2) Fixed Equipment	39,000	161,000	200,000
(3) Site and Infrastructure	339,000	3,647,000	3,986,000
(4) Architect/Engineering Fees	317,000	1,240,000	1,557,000
(5) Permits (Building, Utilities, Etc.)	28,000	237,000	265,000
SUBTOTAL New Construction	$3,254,000	$16,722,000	$19,976,000
b. Renovations			
(1) Building	5,650,000	20,662,000	26,312,000
(2) Fixed Equipment (not included in construction)	58,000	242,000	300,000
(3) Architect/Engineering Fees	471,000	1,972,000	2,443,000
(4) Permits (Building, Utilities, Etc.)	113,000	356,000	469,000
SUBTOTAL Renovations	$6,292,000	$23,232,000	$29,524,000
c. Other Capital Costs			
(1) Movable Equipment	720,000	1,580,000	2,300,000
(2) Contingency Allowance	580,000	2,345,000	2,925,000
(3) Gross interest during construction period	1,174,000	4,672,000	5,846,000
(4) Other *(Specify/add rows if needed): Development Costs*	575,000	500,000	1,075,000
Pre-Development Costs	200,000	100,000	300,000
Marketing Costs	-	1,765,000	1,765,000
SUBTOTAL Other Capital Costs	$3,249,000	$10,962,000	$14,211,000
TOTAL CURRENT CAPITAL COSTS	$12,795,000	$50,916,000	$63,711,000
d. Land Purchased/Donated			
e. Inflation Allowance	-	-	-
TOTAL CAPITAL COSTS	$12,795,000	$50,916,000	$63,711,000
Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	473,000	2,092,000	2,565,000
b. Bond Discount	-	-	-
c. Legal Fees CON)	50,000	-	50,000
d. Legal Fees (Other)	-	50,000	50,000
e. Non-Legal Consultant Fees (CON application related - specify what it is and why it is needed for the CON	25,000	-	25,000
f. Non-Legal Consultant Fees	284,000	426,000	710,000
g. Liquidation of Existing Debt	-	5,448,000	5,448,000
h. Debt Service Reserve Fund	1,065,000	4,858,000	5,923,000
i. Other *(Specify/add rows if needed):*	-	-	-
SUBTOTAL	$1,897,000	$12,874,000	$14,771,000
3. Working Capital Startup Costs	$31,000	$15,000	$46,000
TOTAL USES OF FUNDS	$14,723,000	$63,805,000	$78,528,000
B. Sources of Funds			
1. Cash	186,000	822,000	1,008,000
2. Philanthropy (to date and expected)	-	-	-
3. Authorized Bonds	14,537,000	62,983,000	77,520,000
4. Interest Income from bond proceeds listed in #3	-	-	-
5. Mortgage	-	-	-
6. Working Capital Loans	-	-	-
7. Grants or Appropriations			
a. Federal	-	-	-
b. State	-	-	-
c. Local	-	-	-
8. Other *(Specify/add rows if needed)*		-	-
TOTAL SOURCES OF FUNDS	$14,723,000	$63,805,000	$78,528,000
Annual Lease Costs (if applicable)			
1. Land	-	-	-
2. Building	-	-	-
3. Major Movable Equipment	-	-	-
4. Minor Movable Equipment	-	-	-
5. Other *(Specify/add rows if needed)*	-	-	-

Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the line if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In 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 with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
				2018	2019	2020	2021	2022	2023	2024
Indicate CY or FY = FY	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. ADMISSIONS										
a. Comprehensive Care (public)	66	63	95	71	70	51	72	82	83	83
b. Comprehensive Care (CCRC Restricted)	60	45	28	40	40	30	47	49	49	49
Total Comprehensive Care	128	108	123	110	110	81	119	131	131	131
c. Assisted Living	11	8	8	8	9	12	11	12	12	12
d. Other (Specify/add rows of needed)										
TOTAL ADMISSIONS	139	116	131	118	119	93	129	143	143	143
2. PATIENT DAYS										
a. Comprehensive Care (public)	2,734	4,162	4,775	7,775	7,762	5,658	7,921	9,052	9,089	8,870
b. Comprehensive Care (CCRC Restricted)	16,122	15,564	14,975	11,936	12,009	8,943	13,980	14,673	14,637	14,856
Total Comprehensive Care	18,856	19,726	19,750	19,710	19,710	14,600	21,900	23,725	23,725	23,725
c. Assisted Living	9,302	9,494	9,494	9,490	10,945	14,600	12,812	14,229	14,235	14,235
d. Other (Specify/add rows of needed)										
TOTAL PATIENT DAYS	28,158	29,220	29,244	29,200	30,655	29,200	34,712	37,954	37,960	37,960
3. NUMBER OF BEDS										
a. Comprehensive Care (public)	70	70	70	70	70	70	70	70	70	70
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0	0	0	0	0
Total Comprehensive Care Beds	70	70	70	70	70	70	70	70	70	70
c. Assisted Living	30	30	30	30	34	44	44	44	44	44
d. Other (Specify/add rows of needed)										
TOTAL BEDS	100	100	100	100	104	114	114	114	114	114
4. OCCUPANCY PERCENTAGE **IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. Comprehensive Care (public)	10.7%	16.2%	18.7%	30.4%	30.1%	22.1%	31.0%	35.4%	35.6%	34.6%
b. Comprehensive Care (CCRC Restricted)	63.1%	60.7%	58.6%	46.7%	47.0%	34.9%	54.7%	57.4%	57.3%	58.0%
Total Comprehensive Care Beds	73.8%	77.0%	77.3%	77.1%	77.1%	57.0%	85.5%	92.9%	92.9%	92.6%
c. Assisted Living	84.9%	86.7%	86.7%	86.7%	88.2%	90.7%	79.8%	88.6%	88.6%	88.4%
d. Other (Specify/add rows of needed)										
TOTAL OCCUPANCY %	77.1%	80.1%	80.1%	80.0%	80.8%	70.0%	83.4%	91.2%	91.2%	91.0%
5. OUTPATIENT (specify units used for charging and recording revenues)										
a. Adult Day Care										
b. Other (Specify/add rows of needed)										
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0

TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of proposed 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.

	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY = FY	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
1. ADMISSIONS							
a. Comprehensive Care (public)	71	70	51	72	82	83	83
b. Comprehensive Care (CCRC Restricted)	40	40	30	47	49	49	49
Total Comprehensive Care	110	110	81	119	131	131	131
c. Assisted Living	8	9	12	11	12	12	12
d. Other (Specify/add rows of needed)							
TOTAL ADMISSIONS	*118*	*119*	*93*	*129*	*143*	*143*	*143*
2. PATIENT DAYS							
a. Comprehensive Care (public)	7,775	7,702	5,658	7,921	9,052	9,089	8,870
b. Comprehensive Care (CCRC Restricted)	11,936	12,009	8,943	13,980	14,673	14,637	14,856
Total Comprehensive Care	19,710	19,710	14,600	21,900	23,725	23,725	23,725
c. Assisted Living	9,490	10,945	14,600	12,812	14,229	14,235	14,235
TOTAL PATIENT DAYS	*29,200*	*30,655*	*29,200*	*34,712*	*37,954*	*37,960*	*37,960*
3. NUMBER OF BEDS							
a. Comprehensive Care (public)	70	70	70	70	70	70	70
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0	0
Total Comprehensive Care Beds	70	70	70	70	70	70	70
c. Assisted Living	30	34	44	44	44	44	44
d. Other (Specify/add rows of needed)							
TOTAL BEDS	*100*	*104*	*114*	*114*	*114*	*114*	*114*
4. OCCUPANCY PERCENTAGE ****IMPORTANT NOTE:*** *Leap year formulas should be changed by applicant to reflect 366 days per year.*							
a. Comprehensive Care (public)	30.4%	30.1%	22.1%	31.0%	35.4%	35.6%	34.6%
b. Comprehensive Care (CCRC Restricted)	46.7%	47.0%	34.9%	54.7%	57.4%	57.3%	58.0%
Total Comprehensive Care Beds	77.1%	77.1%	57.0%	85.7%	92.9%	92.9%	92.6%
c. Assisted Living	86.7%	88.2%	90.7%	79.8%	88.6%	88.6%	88.4%
d. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	80.0%	80.8%	70.0%	83.4%	91.2%	91.2%	91.0%
5. OUTPATIENT (specify units used for charging and recording revenues)							
a. Adult Day Care							
b. Other (Specify/add rows of needed)							
TOTAL OUTPATIENT VISITS	*0*	*0*	*0*	*0*	*0*	*0*	*0*

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. The table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table D reflecting changes in volume and with the costs of the Workforce identified in Table H. 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 projected revenue and expenses specifying all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual changes with calculations detailed in the attachment and Contractual Allowance should not be included if it is a positive adjustment to gross revenue. 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 with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY = FY	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. REVENUE										
a. Inpatient Services	$ 17,641,000	$ 19,158,000	$ 19,644,000	$ 19,541,000	$ 19,396,000	$ 19,861,000	$ 24,147,835	$ 26,168,372	$ 26,227,172	$ 26,317,504
b. Outpatient Services										
Gross Patient Service Revenues	$ 17,641,000	$ 19,158,000	$ 19,644,000	$ 19,541,000	$ 19,396,000	$ 19,861,000	$ 24,147,835	$ 26,168,372	$ 26,227,172	$ 26,317,504
c. Allowance For Bad Debt										
d. Contractual Allowance							$ 394,000	$ 532,000	$ 532,000	$ 532,000
e. Charity Care										
Net Patient Services Revenue	$ 17,641,000	$ 19,158,000	$ 19,644,000	$ 19,541,000	$ 19,396,000	$ 19,861,000	$ 23,753,835	$ 25,636,372	$ 25,695,172	$ 25,785,504
f. Other Operating Revenues (Specify/add rows if needed)										
Amortization of entrance fees	$ 4,661,000	$ 4,742,000	$ 4,610,000	$ 4,748,000	$ 4,891,000	$ 6,052,000	$ 7,260,000	$ 7,416,000	$ 7,576,000	$ 7,742,000
Investment income	$ 1,572,000	$ 1,015,000	$ 779,000	$ 846,000	$ 1,016,000	$ 1,229,000	$ 1,345,000	$ 1,289,000	$ 1,294,000	$ 1,303,000
Other	$ 1,440,000	$ 1,107,000	$ 1,126,000	$ 1,126,000	$ 1,126,000	$ 1,138,000	$ 1,209,000	$ 1,233,000	$ 1,237,000	$ 1,241,000
NET OPERATING REVENUE	$ 25,314,000	$ 26,022,000	$ 26,159,000	$ 26,261,000	$ 26,429,000	$ 28,280,000	$ 33,567,835	$ 35,574,372	$ 35,802,172	$ 36,071,504
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 7,922,000	$ 8,224,000	$ 8,347,000	$ 8,407,000	$ 8,454,000	$ 8,343,000	$ 8,806,000	$ 9,536,000	$ 9,536,000	$ 9,536,000
b. Contractual Services										
c. Interest on Current Debt	109,000	140,000	146,000	149,000	55,000	78,000	276,000	264,000	261,000	266,000
d. Interest on Project Debt	-	-	-	-	-	1,034,000	3,673,000	3,514,000	3,462,000	3,408,000
e. Current Depreciation	2,798,000	3,348,000	4,135,000	4,614,000	4,894,000	4,894,000	4,773,000	5,640,000	5,875,000	6,118,000
f. Project Depreciation	-	-	-	-	-	953,000	2,032,000	2,160,000	2,160,000	2,160,000
g. Current Amortization	15,000	15,000	-	-	-	147,000	147,000	147,000	147,000	147,000
h. Project Amortization										
i. Supplies	1,090,000	1,156,000	1,018,000	1,014,000	1,007,000	1,011,000	1,423,000	2,038,000	1,988,000	1,939,000
j. Other Expenses (Specify/add rows if needed)										
Dining Services	3,075,000	3,266,000	3,257,000	3,264,000	3,266,000	3,271,000	3,327,000	3,378,000	3,377,000	3,379,000
General and Administrative	4,621,000	5,270,000	5,272,000	5,272,000	5,292,000	5,522,000	5,849,000	6,048,000	6,066,000	6,083,000
Plant Operations	1,288,000	1,382,000	1,382,000	1,382,000	1,365,000	1,365,000	1,730,000	1,738,000	1,738,000	1,738,000
Housekeeping	681,000	883,000	882,000	698,000	699,000	706,000	927,000	986,000	990,000	994,000
Utilities	979,000	975,000	952,000	952,000	952,000	952,000	1,118,000	1,294,000	1,304,000	1,315,000
Loss on Disposal of Equipment	39,000	-	-	-	-	-	-	-	-	-
TOTAL OPERATING EXPENSES	$ 22,817,000	$ 24,659,000	$ 25,391,000	$ 25,752,000	$ 26,984,000	$ 28,276,000	$ 34,081,000	$ 36,742,000	$ 36,903,000	$ 37,073,000
3. [illegible]										
a. Income From Operation	$ 2,497,000	$ 1,363,000	$ 768,000	$ 509,000	$ 444,000	$ 4,000	$ (513,165)	$ (1,167,628)	$ (1,100,828)	$ (1,001,496)
b. Non-Operating Income										
SUBTOTAL	$ 2,497,000	$ 1,363,000	$ 768,000	$ 509,000	$ 444,000	$ 4,000	$ (513,165)	$ (1,167,628)	$ (1,100,828)	$ (1,001,496)
c. Income Taxes										
NET INCOME (LOSS)	$ 2,497,000	$ 1,363,000	$ 768,000	$ 509,000	$ 444,000	$ 4,000	$ (513,165)	$ (1,167,628)	$ (1,100,828)	$ (1,001,496)
. PATIENT MIX										
. Percent of Total Revenue										
1) Medicare	36.5%	45.9%	30.0%	34.0%	34.0%	34.0%	33.0%	50.0%	51.0%	52.0%
2) Medicaid			0.0%	0.0%	0.0%	0.0%	13.0%	15.0%	15.0%	15.0%
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay	63.5%	54.1%	70.0%	66.0%	66.0%	66.0%	54.0%	35.0%	34.0%	33.0%
6) Other										
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
. Percent of Inpatient Days										
1) Medicare	16.5%	22.8%	12.0%	14.8%	14.8%	14.8%	14.2%	22.8%	22.8%	22.8%
2) Medicaid			0.0%	0.0%	0.0%	0.0%	12.3%	15.4%	15.4%	15.4%
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay	83.5%	77.2%	88.0%	85.2%	85.2%	85.2%	73.5%	61.8%	61.8%	61.8%
6) Other										
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE G. 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). This table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table E and with the Workforce costs identified in Table H. 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. Revenue should be projected based on actual charges with detailed calculation by payor in the attachment. The contractual allowance should not be reported if it is a positive adjustment to gross revenue. Specify the sources of non-operating income. See additional instructions in the column to right of the table.

	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY = FY	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
1. REVENUE							
a. Inpatient Services	$ 8,583,728	$ 8,637,600	$ 10,010,446	$ 11,006,313	$ 11,051,145	$ 11,119,663	$ 11,119,663
b. Outpatient Services							
Gross Patient Service Revenues	*$ 8,583,728*	*$ 8,637,600*	*$ 10,010,446*	*$ 11,006,313*	*$ 11,051,145*	*$ 11,119,663*	*$ 11,119,663*
c. Allowance For Bad Debt							
d. Contractual Allowance			$ 394,000	$ 532,000	$ 532,000	$ 532,000	$ 532,000
e. Charity Care							
Net Patient Services Revenue	*$ 8,583,728*	*$ 8,637,600*	*$ 9,616,446*	*$ 10,474,313*	*$ 10,519,145*	*$ 10,587,663*	*$ 10,587,663*
f. Other Operating Revenues (Specify)							
Amortization of entrance fees	$ 846,000	$ 1,047,000	$ 1,225,000	$ 1,251,000	$ 1,278,000	$ 1,306,000	$ 1,306,000
Investment income	$ 176,000	$ 213,000	$ 227,000	$ 217,000	$ 218,000	$ 220,000	$ 220,000
Other							
NET OPERATING REVENUE	*$ 9,605,728*	*$ 9,897,600*	*$ 11,068,446*	*$ 11,942,313*	*$ 12,015,145*	*$ 12,113,663*	*$ 12,113,663*
2. EXPENSES							
a. Salaries & Wages (including benefits)	$ 5,795,000	$ 5,668,000	$ 5,268,000	$ 5,319,000	$ 5,319,000	$ 5,319,000	$ 5,319,000
b. Contractual Services							
c. Interest on Current Debt	10,000	13,000	47,000	45,000	44,000	43,000	43,000
d. Interest on Project Debt	-	208,000	738,000	706,000	695,000	684,000	673,000
e. Current Depreciation	847,000	847,000	805,000	951,000	991,000	1,032,000	1,072,000
f. Project Depreciation	-	191,000	408,000	434,000	434,000	434,000	434,000
g. Current Amortization							
h. Project Amortization							
I. Supplies	1,007,000	1,011,000	1,423,000	2,038,000	1,988,000	1,939,000	1,939,000
j. Other Expenses (Specify)							
Dining Services	565,000	566,000	561,000	570,000	570,000	570,000	570,000
General and Administrative	916,000	955,000	987,000	1,020,000	1,023,000	1,026,000	1,026,000
Plant Operations	236,000	236,000	292,000	293,000	293,000	293,000	293,000
Housekeeping	121,000	122,000	156,000	166,000	167,000	168,000	168,000
Utilities	165,000	165,000	189,000	218,000	220,000	222,000	222,000
TOTAL OPERATING EXPENSES	*$ 9,662,000*	*$ 9,982,000*	*$ 10,874,000*	*$ 11,760,000*	*$ 11,744,000*	*$ 11,730,000*	*$ 11,759,000*
3. INCOME							
a. Income From Operation	*$ (56,272)*	*$ (84,400)*	*$ 194,446*	*$ 182,313*	*$ 271,145*	*$ 383,663*	*$ 354,663*
b. Non-Operating Income							
SUBTOTAL	*$ (56,272)*	*$ (84,400)*	*$ 194,446*	*$ 182,313*	*$ 271,145*	*$ 383,663*	*$ 354,663*
c. Income Taxes							
NET INCOME (LOSS)	*$ (56,272)*	*$ (84,400)*	*$ 194,446*	*$ 182,313*	*$ 271,145*	*$ 383,663*	*$ 354,663*
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare		84.0%	84.0%	84.0%	84.0%	84.0%	84.0%
2) Medicaid		16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	*0.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*
b. Percent of Inpatient Days							
1) Medicare		71.0%	71.0%	71.0%	71.0%	71.0%	71.0%
2) Medicaid		29.0%	29.0%	29.0%	29.0%	29.0%	29.0%
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	*0.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*

TABLE H. 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 nu[illegible] 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 a[illegible]r 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. 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	
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 G, if sub[illegible]tted)*	**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)*											
Health Services Administrator	1.0	$124,000	$124,000			$0			$0	1.0	$124,000
Assistant Health Services Administrator	0.3	$97,000	$97,000			$0			$0	0.3	$97,000
Resident Assessment Coordinator	1.0	$89,000	$89,000			$0			$0	1.0	$89,000
Medical Records Supervisor	1.0	$65,000	$65,000			$0			$0	1.0	$65,000
Director of Nursing	1.0	$110,000	$110,000			$0			$0	1.0	$110,000
Supervisors	4.3	$86,000	$86,000	0.4	$86,000	$86,000			$0	4.7	$172,000
Lifestyle and Engagement	3.5	$84,000	$84,000	0.3	$84,000	$84,000			$0	3.8	$168,000
Total Administration	12.1		$655,000	0.6		$170,000			$0	12.8	$825,000
Direct Care Staff *(List general categories, add rows if needed)*											
RN Unit Manager	1.0	$76,000	$76,000			$0			$0	1.0	$76,000
RNs	11.0	$74,000	$74,000	0.6	$74,000	$74,000			$0	11.6	$148,000
LPNs	2.7	$59,000	$59,000	0.2	$59,000	$59,000			$0	2.9	$118,000
CNA-Caregivers	30.9	$33,000	$33,000	2.7	$33,000	$33,000			$0	33.6	$66,000
M[illegible]on Aides	5.2	$38,000	$38,000	0.4	$38,000	$38,000			$0	5.6	$76,000
Total Direct Care	50.7		$280,000	3.9		$204,000	0.0		$0	54.6	$484,000
Support Staff *(List general categories, add rows if needed)*											
Lifestyle and Engagement	0.5	$42,000	$42,000			$0			$0	0.5	$42,000
Housekeeping	1.0	$23,000	$23,000	0.3	$23,000	$23,000			$0	1.3	$46,000
Clinical Admissions/Case Manager	1.0	$70,000	$70,000			$0			$0	1.0	$70,000
Unit Clerk	2.8	$39,000	$39,000			$0			$0	2.8	$39,000
Total Support	5.3		$174,000	0.3		$23,000	0.0		$0	5.6	$197,000
REGULAR EMPLOYEES TOTAL	68.2		$1,109,000	4.8		$397,000	0.0		$0	73.0	$1,506,000
2. Contractual Employees											
Administration *(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 Administration			$0			$0			$0	0.0	$0
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			$0			$0			$0	0.0	$0
Fe[illegible]ts *(State method of calculating [illegible] below):*											
S[illegible]ercent of salaries and wages											
TOTAL COST	68.2		$1,109,000	4.8		$397,000	0.0		$0		$1,506,000