EXHIBIT 1

Table Number	Table Title	Instructions
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	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	Work Force Information	All applicants, regardless of project type or scope, must complete Table L.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/ Wing)*	Licensed Beds: 7/1/201_	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	
	3rd Floor	54	48	3	51	54		3rd Floor	48	3	51	54	
	4th Floor	56	52	2	54	56		4th Floor	52	2	54	56	
	5th Floor	48	48		48	48		5th Floor	48		48	48	
					0	0					0	0	
SUBTOTAL Gen. Med/Surg*		158	148	5	153	158	SUBTOTAL Gen. Med/Surg*		148	5	153	158	
ICU/CCU		12	12		12	12	ICU/CCU		12		12	12	
SICU		6	6		6	6	SICU		6		6	6	
MICU		6	6		6	6	MICU		6		6	6	
TOTAL MSGA		182	172	5	177	182	TOTAL MSGA		172	5	177	182	
Obstetrics					0	0	Obstetrics				0	0	
Pediatrics					0	0	Pediatrics				0	0	
Psychiatric					0	0	Psychiatric		16		16	16	
TOTAL ACUTE		182	172	5	177	182	TOTAL ACUTE		188	5	193	198	
NON-ACUTE CARE							NON-ACUTE CARE						
Dedicated Observation**	2 East	14	2	6	8	14	Dedicated Observation**	2 East	2	6	8	14	
Dedicated Observation**	5th Floor	15	1	7	8	15	Dedicated Observation**	5th Floor	1	7	8	15	
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		29	3	13	16	29	TOTAL NON-ACUTE		3	13	16	29	
HOSPITAL TOTAL		211	175	18	193	211	HOSPITAL TOTAL		191	18	209	227	

* 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

'RUCTION: 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
SECOND FLOOR ONLY					
Reception / Waiting	0	525			525
Discharge Area	0	113			113
Private Bedroom (16 bedrooms, 154 SF each)	0	2,457			2,457
Private Bathroom (16 bathrooms, 40 SF each)	0	641			641
Intake/Triage Room	0	129			129
Exam Room	0	126			126
Nurse Station	0	197			197
Group Room - General (2 group rooms, 225 SF each)	0	450			450
Group Room - Occupational Therapy	0	270			270
Open Activity / Dayroom	0	480			480
Medication Room	0	147			147
Quiet Room	0	92			92
Seclusion Room	0	70			70
ɛclusion Vestibule	0	46			46
Seclusion Toilet	0	40			40
Pantry	0	136			136
Nourishment	0	49			49
Team Meeting Room	0	245			245
Office (5 offices 137 each)	0	687			687
Security / Control Room	0	118			118
Break Room	0	215			215
Patient Laundry	0	45			45
Soiled Holding Room	0	65			65
Clean Linen	0	94			94
Public Toilet	0	47			47
Staff Toilet (2 toilets 48 SF each)	0	96			96
Housekeeping	0	41			41
Office Storage	0	9			9
Patient Belongings	0	33			33
Equipment Storage	0	65			65
General Receiving Area	0	185			185
Circulation, MEP and other Non-program spaces	0	4,095			4,095
Total		12,008			12,008

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 Class B Class C Class D		
Type of Construction/Renovation*		
Low Average Good Excellent		
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	**List Number of Feet, if applicable**	
Total Square Footage	**Total Square Feet**	
Basement		
First Floor		
Second Floor		12,008
Third Floor		
Fourth Floor		
Average Square Feet		
Perimeter in Linear Feet	**Linear Feet**	
Basement		
First Floor		
Second Floor		725.50
Third Floor		
Fourth Floor		
Total Linear Feet		
Average Linear Feet		
Wall Height (floor to eaves)	**Feet**	
Basement		
First Floor		
Second Floor		8.50
Third Floor		
Fourth Floor		
Average Wall Height		
OTHER COMPONENTS		
Elevators	**List Number**	
Passenger		
Freight		
Sprinklers	**Square Feet Covered**	
Wet System		12,008
Dry System		
Other	**Describe Type**	
Type of HVAC System for proposed project	Redistribution of existing ventilation systems	
Type of Exterior Walls for proposed project	Assembly of masonry and EFIS	

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
SITE PREPARATION COSTS		
Normal Site Preparation		N/A
Utilities from Structure to Lot Line		N/A
Subtotal included in Marshall Valuation Costs		
Site Demolition Costs		N/A
Storm Drains		N/A
Rough Grading		N/A
Hillside Foundation		N/A
Paving		N/A
Exterior Signs		N/A
Landscaping		N/A
Walls		N/A
Yard Lighting		N/A
Other *(Specify/add rows if needed)*		N/A
Subtotal On-Site excluded from Marshall Valuation Costs		
OFFSITE COSTS		
Roads		N/A
Utilities		N/A
Jurisdictional Hook-up Fees		N/A
Other *(Specify/add rows if needed)*		N/A
Subtotal Off-Site excluded from Marshall Valuation Costs		
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	**$0**	**$0**
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$0**	**$0**

*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.

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

	Hospital Building	Other Structure	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	$4,813,415		$4,813,415
(2) Fixed Equipment (not included in construction)	In Building		In Building
(3) Architect/Engineering Fees	$336,939		$336,939
(4) Permits (Building, Utilities, Etc.)	$61,804		$61,804
SUBTOTAL	**$5,212,158**	**$0**	**$5,212,158**
c. Other Capital Costs			
(1) Movable Equipment (Medical Equipment not part of GC Contract)	$300,200		$300,200
(2) Contingency Allowance (15% of Subtotal Building Renovation)	$781,823		$781,823
(3) Gross interest during construction period	$0		$0
(5) IT/ Integration/AV/Communications Equipment (Not in building cost)	$540,360		$540,360
(6) Group II Medical Equipment	$0		$0
(7) Group III - Furnishings, Fixtures & Instruments	$264,176		$264,176
Extra Ordinary Costs (not included in MSV Rates)			
(8) Design Programming	$50,236		$50,236
(9) Enhanced Commissioning	$62,242		$62,242
(10) Duress System	$249,798		$249,798
(11) Interior Demolition	$135,307		$135,307
SUBTOTAL	***$2,384,144***	***$0***	***$2,384,144***
TOTAL CURRENT CAPITAL COSTS	**$7,596,303**	**$0**	**$7,596,303**
d. *Land Purchase*			
e. Inflation Allowance	$191,000		$191,000
TOTAL CAPITAL COSTS	**$7,787,303**	**$0**	**$7,787,303**
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			$0
b. Bond Discount			$0
c CON Application Assistance			
c1. Legal Fees			$0
c2. Other (Specify/add rows if needed)			
d. Non-CON Consulting Fees			
d1. Legal Fees			$0
d2. Other (Specify/add rows if needed)			$0
e. Debt Service Reserve Fund			$0
f Other *(Specify/add rows if needed)*			$0
SUBTOTAL	***$0***	***$0***	**$0**
3. Working Capital Startup Costs			$0
TOTAL USES OF FUNDS	***$7,787,303***	***$0***	***$7,787,303***
B. Sources of Funds			
1. Cash	**$2,750,000**		$2,750,000
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	**$5,037,303**		$5,037,303
8. Other *(Specify/add rows if needed)*			$0
			$7,787,303
	Hospital Building	***Other Structure***	***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 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.

	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	FY2019	FY2020	FY2021 Annu	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029
1. DISCHARGES											
a. General Medical/Surgical*	10,296	10,300	10,159	10,512	10,577	10,643	10,762	10,883	11,005	11,128	11,253
b. ICU/CCU	1,547	1,715	1,531	1,529	1,538	1,548	1,565	1,583	1,601	1,619	1,637
Total MSGA	**11,843**	**12,015**	**11,690**	**12,041**	**12,116**	**12,190**	**12,327**	**12,466**	**12,605**	**12,747**	**12,890**
c. Pediatric	0	0	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	0	0	0	0	557	695	700	705	710	710	710
Total Acute	***11,843***	***12,015***	***11,690***	***12,041***	***12,673***	***12,885***	***13,027***	***13,171***	***13,315***	***13,457***	***13,600***
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0	0
TOTAL DISCHARGES	***11,843***	***12,015***	***11,690***	***12,041***	***12,673***	***12,885***	***13,027***	***13,171***	***13,315***	***13,457***	***13,600***
2. PATIENT DAYS											
a. General Medical/Surgical*	48,448	41,982	43,462	48,402	48,104	48,402	48,945	49,494	50,049	50,611	51,178
b. ICU/CCU	6,099	7,874	8,178	6,213	6,251	6,290	6,361	6,432	6,504	6,577	6,651
Total MSGA	**54,547**	**49,856**	**51,640**	**54,615**	**54,355**	**54,692**	**55,305**	**55,926**	**56,553**	**57,188**	**57,829**
c. Pediatric	0	0	0	778	783	788	793	798	803	808	813
d. Obstetric	0	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	0	0	0	0	3,899	4,865	4,900	4,935	4,970	4,970	4,970
Total Acute	***54,547***	***49,856***	***51,640***	***55,393***	***59,038***	***60,345***	***60,998***	***61,659***	***62,326***	***62,965***	***63,612***
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	10,960	11,028	11,096	11,221	11,346	11,474	11,602	11,733
TOTAL PATIENT DAYS	***54,547***	***49,856***	***51,640***	***66,353***	***70,065***	***71,441***	***72,219***	***73,005***	***73,800***	***74,568***	***75,345***
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)											
a. General Medical/Surgical*	4.7	4.1	4.3	4.6	4.5	4.5	4.5	4.5	4.5	4.5	4.5
b. ICU/CCU	3.9	4.6	5.3	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1
Total MSGA	4.6	4.1	4.4	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5
c. Pediatric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
d. Obstetric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
e. Acute Psychiatric	0.0	0.0	0.0	0.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
Total Acute	4.6	4.1	4.4	4.6	4.7	4.7	4.7	4.7	4.7	4.7	4.7
f. Rehabilitation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
g. Comprehensive Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
h. Other (Specify/add rows of needed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL AVERAGE LENGTH OF STAY	4.6	4.1	4.4	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5
4. NUMBER OF LICENSED BEDS											
a. General Medical/Surgical*	166	182	182	182	182	182	182	182	182	182	182
b. ICU/CCU	24	24	24	24	24	24	24	24	24	24	24
Total MSGA	**190**	**206**	**206**	**206**	**206**	**206**	**206**	**206**	**206**	**206**	**206**
c. Pediatric											
d. Obstetric							16	16	16	16	16
e. Acute Psychiatric											
Total Acute	***190***	***206***	***206***	***206***	***206***	***206***	***222***	***222***	***222***	***222***	***222***
f. Rehabilitation											
g. Comprehensive Care											
h. Other (Dedicated Observation)	19	19	19	19	19	19	19	19	19	19	19
TOTAL LICENSED BEDS	***209***	***225***	***225***	***225***	***225***	***225***	***241***	***241***	***241***	***241***	***241***
5. OCCUPANCY PERCENTAGE ***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*											
a. General Medical/Surgical*	80.0%	63.2%	65.4%	72.9%	72.4%	72.9%	73.7%	74.5%	75.3%	76.2%	77.0%
b. ICU/CCU	69.6%	89.9%	93.4%	70.9%	71.4%	71.8%	72.6%	73.4%	74.2%	75.1%	75.9%
Total MSGA	**78.7%**	**66.3%**	**68.7%**	**72.6%**	**72.3%**	**72.7%**	**73.6%**	**74.4%**	**75.2%**	**76.1%**	**76.9%**
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e. Acute Psychiatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Acute	**78.7%**	**66.3%**	**68.7%**	**73.7%**	**78.5%**	**80.3%**	**75.3%**	**76.1%**	**76.9%**	**77.7%**	**78.5%**
f. Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	158.0%	159.0%	160.0%	161.8%	163.6%	165.4%	167.3%	169.2%
TOTAL OCCUPANCY %	**71.5%**	**60.7%**	**62.9%**	**80.8%**	**85.3%**	**87.0%**	**82.1%**	**83.0%**	**83.9%**	**84.8%**	**85.7%**
6. OUTPATIENT VISITS											
a. Emergency Department	47,273	42,469	32,878	48,156	48,454	48,754	49,301	49,854	50,413	50,979	51,551
b. Same-day Surgery	6,484	5,498	5,238	6,605	6,646	6,687	6,762	6,838	6,915	6,992	7,071
c. Laboratory	810	584	820	825	830	835	841	846	851	856	862
d. Imaging	764	637	773	778	783	788	793	798	803	808	813
e. Other (Clinic)	10,759	9,007	4,608	10,960	11,028	11,096	11,221	11,346	11,474	11,602	11,733
TOTAL OUTPATIENT VISITS	***66,090***	***58,195***	***44,318***	***67,325***	***67,741***	***68,160***	***68,917***	***69,682***	***70,455***	***71,237***	***72,028***
7. OBSERVATIONS**											
a. Number of Patients	7,926	5,585	4,182	8,074	8,124	8,174	8,266	8,358	8,452	8,547	8,643
b. Hours	153,046	163,539	99,314	155,905	156,870	157,840	159,611	161,402	163,213	165,044	166,895

* 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.

Through FY24 growth comes ONLY from estimated population increase of 0.62% per year. After 2025, Entire Facility growth includes population AND market growth of 0.5% per year.

		Actual Volumes				PSA/SSA Population				Projection Adjustments (In Annual %s beginning FY2025)			FY2021 through December 2020		Projected Volumes																					
		Discharges		Days		Estimated	Projecte								Discharges														Days									
	Assumptions	FY2019	FY2020	FY2019	FY2020	Assumptions	CY2019	CY2024	Annual Growth Rate	Change in Market Share	Change in Use Rate	Change in LOS	Discharges	Days	FY2021 Annualized	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032	FY2021 Annualized	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032
		2019	2020	2019	2020		2019	2024					2021	2021	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
a. General Medical/Surgical*	MSG	10,296	10,300	48,448	41,982	Total	773,745	797,983	0.62%	0.5%			5,144	21,731	[redacted]	[redacted]	10,577	10,643	10,762	10,883	11,005	11,128	11,253	11,379	11,507	11,636	43,462	43,702	48,104	48,402	48,945	49,494	50,049	50,611	51,178	51,753	52,333	52,920
b. ICU/CCU	MIS	1,547	1,715	6,099	7,874	Total	773,745	797,983	0.62%	0.5%			797	4,089	[redacted]	[redacted]	1,538	1,548	1,565	1,583	1,601	1,619	1,637	1,655	1,674	1,692	8,178	6,213	6,251	6,290	6,361	6,432	6,504	6,577	6,651	6,726	6,801	6,877
c. Pediatric	Not Applicable	0	0	0	0	Age<18	173,577	177,691	0.47%	0.5%			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d. Obstetric	Not Applicable	0	0	0	0	Age 15-44	312,180	310,475	-0.11%	0.5%			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	Not Applicable	0	0	0	0	Total	773,745	797,983	0.62%	0.5%			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
f. Rehabilitation	Not Applicable	0	0	0	0	Total	773,745	797,983	0.62%	0.5%			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	Not Applicable	0	0	0	0	Total	773,745	797,983	0.62%	0.5%			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	Not Applicable	0	0	0	0	Total	773,745	797,983	0.62%	0.5%			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Inpatient		11,843	12,015	54,547	49,856										11,690	12,041	12,116	12,190	12,327	12,466	12,605	12,747	12,890	13,034	13,181	13,329	51,640	54,615	54,355	54,692	55,305	55,926	56,553	57,188	57,829	58,478	59,134	59,798
				4.6058431																							4.417451	4.535728	4.486437	4.486437	4.486437	4.486437						
Outpatient Visits																																						
a. Emergency Department	EMG	47,273	42,469	[redacted]		Total	773,745	797,983	0.62%	0.5%			16,439	[redacted]	32,878	48,156	48,454	48,754	49,301	49,854	50,413	50,979	51,551	52,129	52,714	53,305	[redacted]											
b. Same-day Surgery	SDS	6,484	5,498			Total	773,745	797,983	0.62%	0.5%			2,619		5,238	5,605	6,646	6,687	6,762	6,838	6,915	6,992	7,071	7,150	7,230	7,311												
c. Laboratory	see note below	810	584			Total	773,745	797,983	0.62%	0.5%					820	825	830	835	841	846	851	856	862	867	872	878												
d. Imaging	see note below	764	637			Total	773,745	797,983	0.62%	0.5%					773	778	783	788	793	798	803	808	813	818	823	828												
	RAD	0	0													0	0	0																				
	MRI	0	0													0	0	0																				
	CAT	0	0													0	0	0																				
																0	0	0																				
e. Other (Specify/add rows of needed)																0	0	0																				
Clinic	CL	10,759	9,007	[redacted]		Total	773,745	797,983	0.62%	0.5%			2,304	[redacted]	4,608	10,960	11,028	11,096	11,221	11,346	11,474	11,602	11,733	11,864	11,997	12,132	[redacted]											
Observation																0	0	0																				
a. Number of Patients	OBV	7,926	5,585			Total	773,745	797,983	0.62%	0.5%			2,091		4,182	8,074	8,124	8,174	8,266	8,358	8,452	8,547	8,643	8,740	8,838	8,937												
b. Hours	OBV	153,046	163,539			Total	773,745	797,983	0.62%	0.5%			49,657		99,314	155,905	156,870	157,840	159,611	161,402	163,213	165,044	166,895	168,768	170,661	172,576												

Laboratory - using Outpatient abstract data, counted DCH cases where LAB or 340LAB charges > 0 and all other rate centers are 0
Imaging - using Outpatient abstract data, counted DCH cases where RAD, MRI or CAT charges > 0 and all other rate centers are 0

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.

	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	FY2019	FY2020	FY2021 P	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029
1. REVENUE											
a. Inpatient Services	$ 146,114,701	$ 150,962,118	$ 165,580,739	$ 175,118,934	$ 174,287,745	$ 175,366,246	$ 177,333,679	$ 179,323,185	$ 181,335,011	$ 183,369,407	$ 185,426,627
b. Outpatient Services	$ 111,216,871	$ 104,000,133	$ 104,224,053	$ 104,868,997	$ 105,517,932	$ 106,170,882	$ 106,827,873	$ 107,488,930	$ 108,154,077	$ 108,823,341	$ 109,496,745
c. BH Gross Patient Service @ 100%				$0	$6,373,250	$7,952,260	$8,009,471	$8,066,681	$8,123,892	$8,123,892	$8,123,892
Gross Patient Service Revenues	***$ 257,331,572***	***$ 254,962,251***	***$ 269,804,791***	***$ 279,987,931***	***$ 286,178,927***	***$ 289,489,389***	***$ 292,171,024***	***$ 294,878,796***	***$ 297,612,980***	***$ 300,316,639***	***$ 303,047,264***
c. Allowance For Bad Debt	$ (10,220,973)	$ (8,176,953)	$ (8,652,972)	$ (8,979,557)	$ (9,178,110)	$ (9,284,281)	$ (9,370,284)	$ (9,457,126)	$ (9,544,814)	$ (9,631,524)	$ (9,719,098.53)
d. Contractual Allowance	$ (32,809,444)	$ (35,394,753)	$ (37,370,736)	$ (38,781,206)	$ (39,638,722)	$ (40,097,256)	$ (40,468,690)	$ (40,843,744)	$ (41,222,456)	$ (41,596,941)	$ (41,975,161)
e. Charity Care											
Net Patient Services Revenue	***$ 214,301,155***	***$ 211,390,545***	***$ 223,781,083***	***$ 232,227,168***	***$ 237,362,094***	***$ 240,107,853***	***$ 242,332,050***	***$ 244,577,927***	***$ 246,845,709***	***$ 249,088,174***	***$ 251,353,005***
f. Other Operating Revenues (Specify/add rows if needed)	$ 3,315,472	$ 18,369,657	$ 4,594,161	$ 3,483,318	$ 3,483,318	$ 3,483,318	$ 3,483,318	$ 3,483,318	$ 3,483,318	$ 3,483,318	$ 3,483,318
h. Net assets released from restrictions used for operations	$ 385,403	$ 256,215									
NET OPERATING REVENUE	***$ 218,002,030***	***$ 230,016,417***	***$ 228,375,244***	***$ 235,710,486***	***$ 240,845,412***	***$ 243,591,171***	***$ 245,815,368***	***$ 248,061,245***	***$ 250,329,027***	***$ 252,571,492***	***$ 254,836,323***
2. EXPENSES											
a. Salaries & Wages (including benefits)	$ 100,185,437	$ 103,219,691	$ 98,696,072	$ 101,713,811	$ 101,667,149	$ 103,468,201	$ 104,601,239	$ 105,714,925	$ 106,876,387	$ 108,052,450	$ 109,243,347
b. Contractual Services	$ 31,899,428	$ 39,700,446.12	$ 38,061,468	$ 38,175,653	$ 38,745,018	$ 39,189,210	$ 39,402,743	$ 39,617,346	$ 39,833,160	$ 40,051,547	$ 40,271,159
c. Interest on Current Debt	$ 4,766,953	$ 4,317,819	$ 4,641,751	$ 4,648,713	$ 4,648,106	$ 4,655,297	$ 4,668,354	$ 4,681,447	$ 4,694,577	$ 4,707,745	$ 4,720,949
d. Interest on Project Debt				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Current Depreciation	$ 7,997,413	$ 9,437,871.62	$ 11,465,357	$ 11,482,555	$ 11,481,055	$ 11,498,817	$ 11,531,068	$ 11,563,410	$ 11,595,842	$ 11,628,366	$ 11,660,980
f. Project Depreciation				$ -	$ 414,259	$ 575,429	$ 575,429	$ 575,429	$ 575,429	$ 575,429	$ 575,429
g. Current Amortization	*$ 186,921*	$ 220,588		*$ -*	*$ -*	*$ -*	*$ -*	*$ -*	*$ -*	*$ -*	*$ -*
h. Project Amortization				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
i. Supplies	$ 35,595,171	$ 33,920,959	$ 34,957,060	$ 35,124,854	$ 35,362,767	$ 35,598,013	$ 35,916,780	$ 36,238,621	$ 36,563,330	$ 36,888,614	$ 37,216,818
j. Other Expenses (Specify/add rows if needed)	$ 20,694,093	$ 25,754,841.88	$ 34,509,378	$ 34,695,729	$ 34,818,489	$ 35,044,396	$ 35,396,508	$ 35,752,174	$ 36,111,432	$ 36,474,318	$ 36,840,867
TOTAL OPERATING EXPENSES	***$ 201,325,416***	***$ 216,572,217***	***$ 222,331,086***	***$ 225,841,315***	***$ 227,136,843***	***$ 230,029,362***	***$ 232,092,120***	***$ 234,143,352***	***$ 236,250,158***	***$ 238,378,468***	***$ 240,529,550***
3. INCOME											
a. Income From Operation	***$ 16,676,614***	***$ 13,444,200***	***$ 6,044,158***	***$ 9,869,171***	***$ 13,708,569***	***$ 13,561,809***	***$ 13,723,247***	***$ 13,917,892***	***$ 14,078,869***	***$ 14,193,024***	***$ 14,306,773***
b. Non-Operating Income	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUBTOTAL	***$ 16,676,614***	***$ 13,444,200***	***$ 6,044,158***	***$ 9,869,171***	***$ 13,708,569***	***$ 13,561,809***	***$ 13,723,247***	***$ 13,917,892***	***$ 14,078,869***	***$ 14,193,024***	***$ 14,306,773***
c. Income Taxes											
NET INCOME (LOSS)	***$ 16,676,614***	***$ 13,444,200***	***$ 6,044,158***	***$ 9,869,171***	***$ 13,708,569***	***$ 13,561,809***	***$ 13,723,247***	***$ 13,917,892***	***$ 14,078,869***	***$ 14,193,024***	***$ 14,306,773***
4. PATIENT MIX											
a. Percent of Total Revenue											
1) Medicare	49.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%
2) Medicaid	13.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
3) Blue Cross	23.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
4) Commercial Insurance	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%
5) Self-pay	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
6) Other											
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days											
Total MSGA											
1) Medicare	49.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%
2) Medicaid	13.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
3) Blue Cross	23.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
4) Commercial Insurance	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%
5) Self-pay	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
6) Other											
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	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	**FY2019**	**FY2020**	**FY2021 Annualiz**	**FY2022**	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**FY2029**
1. REVENUE											
a. Inpatient Services	$ 146,114,701	$ 150,962,118	$ 165,580,739	$ 179,496,908	$ 183,111,062	$ 188,850,267	$ 195,743,201	$ 202,887,724	$ 210,293,018	$ 217,968,602	$ 220,413,990
b. Outpatient Services	$ 111,216,871	$ 104,000,133	$ 104,224,053	$ 107,490,722	$ 110,859,777	$ 114,334,428	$ 117,917,984	$ 121,613,858	$ 125,425,572	$ 129,356,755	$ 130,157,221
c. OB Gross Patient Service @ 100%	$ -	$ -	$ -	$ -	$ 6,695,896	$ 8,563,715	$ 8,840,957	$ 9,126,710	$ 9,421,224	$ 9,656,755	$ 9,656,755
Gross Patient Service Revenues	***$ 257,331,572***	***$ 254,962,251***	***$ 269,804,791***	***$ 286,987,629***	***$ 300,666,735***	***$ 311,748,409***	***$ 322,502,142***	***$ 333,628,292***	***$ 345,139,814***	***$ 356,982,111***	***$ 360,227,966***
c. Allowance For Bad Debt	$ (10,220,973)	$ (8,176,953)	$ (8,652,972)	$ (9,204,046)	$ (9,642,752)	$ (9,998,155)	$ (10,343,040)	$ (10,699,870)	$ (11,069,058)	$ (11,448,855)	$ (11,552,954)
d. Contractual Allowance	$ (32,809,444)	$ (35,394,753)	$ (37,370,736)	$ (39,750,736)	$ (41,645,433)	$ (43,180,359)	$ (44,669,861)	$ (46,210,947)	$ (47,805,411)	$ (49,445,691)	$ (49,895,275)
e. Charity Care	$ -	$ -	$ -								
Net Patient Services Revenue	***$ 214,301,155***	***$ 211,390,545***	***$ 223,781,083***	***$ 238,032,847***	***$ 249,378,550***	***$ 258,569,896***	***$ 267,489,241***	***$ 276,717,475***	***$ 286,265,344***	***$ 296,087,564***	***$ 298,779,737***
f. Other Operating Revenues (Specify/add rows if needed)	$ 3,315,472	$ 18,369,657	$ 4,594,161	$ 3,570,401	$ 3,659,661	$ 3,751,152	$ 3,844,931	$ 3,941,054	$ 4,039,581	$ 4,140,570	$ 4,140,570
h. Net assets released from restrictions used for operations	$ 385,403	$ 256,215	$ -								
NET OPERATING REVENUE	***$ 218,002,030***	***$ 230,016,417***	***$ 228,375,244***	***$ 241,603,248***	***$ 253,038,211***	***$ 262,321,048***	***$ 271,334,172***	***$ 280,658,529***	***$ 290,304,925***	***$ 300,228,135***	***$ 302,920,307***
2. EXPENSES											
a. Salaries & Wages (including benefits)	$ 100,185,437	$ 103,219,691	$ 98,696,072	$ 103,748,088	$ 105,774,502	$ 109,801,282	$ 113,223,745	$ 116,717,819	$ 120,360,170	$ 124,118,301	$ 125,486,267
b. Contractual Services	$ 31,899,428	$ 39,700,446	$ 38,061,468	$ 38,748,288	$ 39,916,087	$ 40,979,309	$ 41,820,636	$ 42,679,133	$ 43,555,301	$ 44,451,006	$ 44,694,741
c. Interest on Current Debt	$ 4,766,953	$ 4,317,819	$ 4,641,751	$ 4,718,444	$ 4,788,595	$ 4,867,943	$ 4,954,820	$ 5,043,248	$ 5,133,254	$ 5,224,866	$ 5,239,521
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Current Depreciation	$ 7,997,413	$ 9,437,872	$ 11,465,357	$ 11,654,794	$ 11,828,070	$ 12,024,064	$ 12,238,655	$ 12,457,076	$ 12,679,396	$ 12,905,682	$ 12,941,880
f. Project Depreciation	$ -	$ -	$ -	$ -	$ 426,780	$ 601,714	$ 610,739	$ 619,900	$ 629,199	$ 638,637	$ 638,637
g. Current Amortization	$ 186,921	$ 220,588	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
i. Supplies	$ 35,595,171	$ 33,920,959	$ 34,957,060	$ 36,178,599	$ 37,516,359	$ 38,898,910	$ 40,424,652	$ 42,010,494	$ 43,658,528	$ 45,368,343	$ 45,771,992
j. Other Expenses (Specify/add rows if needed)	$ 20,694,093	$ 25,754,842	$ 34,509,378	$ 35,216,165	$ 35,870,877	$ 36,645,167	$ 37,568,563	$ 38,515,246	$ 39,485,802	$ 40,480,836	$ 40,887,649
TOTAL OPERATING EXPENSES	***$ 201,325,416***	***$ 216,572,217***	***$ 222,331,086***	***$ 230,264,377***	***$ 236,121,270***	***$ 243,818,389***	***$ 250,841,811***	***$ 258,042,917***	***$ 265,501,650***	***$ 273,187,671***	***$ 275,660,687***
3. INCOME											
a. Income From Operation	***$ 16,676,614***	***$ 13,444,200***	***$ 6,044,158***	***$ 11,338,871***	***$ 16,916,940***	***$ 18,502,659***	***$ 20,492,361***	***$ 22,615,612***	***$ 24,803,275***	***$ 27,040,464***	***$ 27,259,620***
b. Non-Operating Income	$ -	$ -	$ -								
SUBTOTAL	***$ 16,676,614***	***$ 13,444,200***	***$ 6,044,158***	***$ 11,338,871***	***$ 16,916,940***	***$ 18,502,659***	***$ 20,492,361***	***$ 22,615,612***	***$ 24,803,275***	***$ 27,040,464***	***$ 27,259,620***
c. Income Taxes											
NET INCOME (LOSS)	***$ 16,676,614***	***$ 13,444,200***	***$ 6,044,158***	***$ 11,338,871***	***$ 16,916,940***	***$ 18,502,659***	***$ 20,492,361***	***$ 22,615,612***	***$ 24,803,275***	***$ 27,040,464***	***$ 27,259,620***
4. PATIENT MIX											
a. Percent of Total Revenue											
1) Medicare	49.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%
2) Medicaid	13.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
3) Blue Cross	23.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
4) Commercial Insurance	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%
5) Self-pay	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
6) Other											
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days											
Total MSGA											
1) Medicare	49.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%
2) Medicaid	13.0%	**0.07**	**0.07**	**0.07**	**0.07**	**0.07**	**0.07**	**0.07**	7.0%	7.0%	7.0%
3) Blue Cross	23.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
4) Commercial Insurance	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%
5) Self-pay	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
6) Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
6) Other											
TOTAL	***138.0%***	***141.0%***	***141.0%***	***141.0%***	***141.0%***	***141.0%***	***141.0%***	***141.0%***	***141.0%***	***141.0%***	***141.0%***

Financial Statements

	Actuals		Projected										
	FY2019	FY2020	FY2021	% Variable	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031
Volume Growth					from 2021									
Inpatient					0.6%	-0.5%	0.6%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Outpatient					0.6%	0.6%	0.6%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Inflation					from 2021									
Revenue					2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%
Salaries, Wages & Benefits					2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%
Supplies					3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
Other					1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%
Indicate CY or FY														
1. REVENUE														
a. Inpatient Services	146,114,701	150,962,118	165,580,739	100%	166,574,223	165,783,590	166,809,468	168,680,902	170,573,332	172,486,994	174,422,124	176,378,965	178,357,759	180,358,754
b. Outpatient Services	111,216,871	104,000,133	104,224,053	100%	104,849,397	105,498,211	106,151,039	107,341,947	108,546,216	109,763,995	110,995,437	112,240,694	113,499,922	114,773,277
c. OB Gross Patient Service @ 100%	-	-	-	100%										
Gross Patient Service Revenues	257,331,572	254,962,251	269,804,791		271,423,620	271,281,801	272,960,507	276,022,849	279,119,548	282,250,989	285,417,561	288,619,659	291,857,681	295,132,031
c. Allowance For Bad Debt	(10,220,973)	(8,176,953)	(8,652,972)	100%	(8,704,889)	(8,700,341)	(8,754,179)	(8,852,392)	(8,951,707)	(9,052,136)	(9,153,692)	(9,256,387)	(9,360,235)	(9,465,247)
d. Contractual Allowance	(32,809,444)	(35,394,753)	(37,370,736)	100%	(37,594,961)	(37,575,317)	(37,807,836)	(38,232,001)	(38,660,926)	(39,094,663)	(39,533,265)	(39,976,789)	(40,425,288)	(40,878,819)
e. Charity Care	-	-	-	100%	-	-	-	-	-	-	-	-	-	-
Net Patient Services Revenue	214,301,155	211,390,545	223,781,083		225,123,770	225,006,142	226,398,492	228,938,456	231,506,915	234,104,190	236,730,603	239,386,482	242,072,158	244,787,964
f. Other Operating Revenues (Specify/add rows if needed)	3,315,472	18,369,657	4,594,161	50%	4,607,943	4,607,943	4,607,943	4,607,943	4,607,943	4,607,943	4,607,943	4,607,943	4,607,943	4,607,943
h. Net assets released from restrictions used for operations	385,403	258,215	-	100%										
NET OPERATING REVENUE	218,002,030	230,016,417	228,375,244		229,731,713	229,614,086	231,006,436	233,546,399	236,114,858	238,712,133	241,338,547	243,994,426	246,680,101	249,395,907
2. EXPENSES														
a. Salaries & Wages (including benefits)	100,185,437	103,219,691	98,696,072	90%	99,229,030.96	99,182,368	99,734,740	100,741,771	101,758,970	102,786,440	103,824,284	104,872,608	105,931,517	107,001,117
b. Contractual Services	31,899,428	39,700,446	38,061,468	50%	38,175,653	38,165,679	38,283,765	38,498,518	38,714,475	38,931,644	39,150,031	39,369,643	39,590,487	39,812,569
c. Interest on Current Debt	4,766,953	4,317,819	4,641,751	25%	4,648,713	4,648,106	4,655,297	4,668,354	4,681,447	4,694,577	4,707,745	4,720,949	4,734,190	4,747,468
d. Interest on Project Debt	-	-	-	0%	-	-	-	-	-	-	-	-	-	-
e. Current Depreciation	7,997,413	9,437,872	11,465,357	25%	11,482,555	11,481,055	11,498,817	11,531,068	11,563,410	11,595,842	11,628,366	11,660,980	11,693,686	11,726,484
f. Project Depreciation	-	-	-	0%	-	-	-	-	-	-	-	-	-	-
g. Current Amortization	186,921	220,588	-	0%	-	-	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	0%	-	-	-	-	-	-	-	-	-	-
i. Supplies	35,595,171	33,920,959	34,957,060	80%	35,124,854	35,110,171	35,283,982	35,600,663	35,920,186	36,242,577	36,567,861	36,896,064	37,227,214	37,561,335
j. Other Expenses (Specify/add rows if needed)	20,694,093	25,754,842	34,509,378	90%	34,695,729	34,679,413	34,872,551	35,224,663	35,580,329	35,939,587	36,302,473	36,669,022	37,039,273	37,413,262
TOTAL OPERATING EXPENSES	201,325,416	216,572,217	222,331,086		223,356,535	223,266,794	224,329,152	226,265,036	228,218,817	230,190,667	232,180,759	234,189,266	236,216,366	238,262,236
3. INCOME														
a. Income From Operation	16,676,614	13,444,200	6,044,158		6,375,179	6,347,292	6,677,284	7,281,364	7,896,041	8,521,466	9,157,788	9,805,160	10,463,735	11,133,672
b. Non-Operating Income	-	-	-	100%										
SUBTOTAL	16,676,614	13,444,200	6,044,158		6,375,179	6,347,292	6,677,284	7,281,364	7,896,041	8,521,466	9,157,788	9,805,160	10,463,735	11,133,672
c. Income Taxes				100%										
NET INCOME (LOSS)	16,676,614	13,444,200	6,044,158		6,375,179	6,347,292	6,677,284	7,281,364	7,896,041	8,521,466	9,157,788	9,805,160	10,463,735	11,133,672

	FY2019 RE	Audited Financial Statements (Supplemental Schedules) FY 2019 Hospital	FY 2019 Sleep Center	FY 2019 Total	FY 2019 DCH and Subs	FY2020 RE	Audited Financial Statements (Supplemental Schedules) FY2020 Hospital	FY2020 Sleep Center	FY2020 Total	FY2020 DCH and Subs	December FY 2021 FSA
a. Inpatient Services	146,125,700	146,114,701		146,114,701	146,114,701	150,962,112			-		82,623,724
b. Outpatient Services	189,992,000	108,258,073	2,958,798	111,216,871	189,860,725	157,320,361			-		48,961,787
c. OB Gross Patient Service @ 100%				-	-				-		-
Gross Patient Service Revenues	336,117,700	254,372,774	2,958,798	257,331,572	335,975,426	308,282,473	-	-	-	-	131,585,511
c. Allowance For Bad Debt	(11,071,000)			-	-	(80,780,636)			-		(8,231,475)
d. Contractual Allowance	(73,136,800)	(43,030,417)		(43,030,417)	(92,618,345)	120,326,857			-		(12,476,071)
e. Charity Care	(8,410,600)			-	-	(116,428,783)			-		(2,699,169)
Net Patient Services Revenue	243,499,300	211,342,357	2,958,798	214,301,155	243,357,081	231,399,911	211,390,545	2,664,682	214,055,227	239,122,825	110,178,796
f. Other Operating Revenues (Specify/add rows if needed)	6,634,400	3,315,472	-	3,315,472	5,783,114	22,781,069	18,369,657		18,369,657	21,884,197	5,459,621
h. Net assets released from restrictions used for operations		385,403	-	385,403	993,563				-		
NET OPERATING REVENUE	250,133,700	215,043,232	2,958,798	218,002,030	250,133,758	254,180,980	229,760,202	2,664,682	232,424,884	261,007,022	115,638,417
a. Salaries & Wages (including benefits)	123,381,900	100,185,437	-	100,185,437	123,381,869	142,137,910	103,195,691	24,000	103,219,691	125,834,716	50,348,141
b. Contractual Services		30,963,044	936,384	31,899,428	40,549,850		64,296,863	1,158,425	65,455,288	80,883,695	
c. Interest on Current Debt	4,768,300	4,766,953		4,766,953	4,768,253	4,636,067	4,317,819		4,317,819	4,317,819	2,274,314
d. Interest on Project Debt				-	-				-		
e. Current Depreciation	9,166,400	7,997,413		7,997,413	8,979,516	8,951,600	9,681,806	(23,346)	9,658,460	10,413,150	4,869,124
f. Project Depreciation				-	-				-		
g. Current Amortization		186,921		186,921	186,921				-		
h. Project Amortization				-	-				-		
i. Supplies	36,744,300	35,591,254	3,917	35,595,171	36,744,307		33,920,959		33,920,959	35,088,434	
j. Other Expenses (Specify/add rows if needed)	66,681,600	20,541,604	152,489	20,694,093	26,131,817				-		
TOTAL OPERATING EXPENSES	240,742,500	200,232,626	1,092,790	201,325,416	240,742,533	251,749,507	215,413,138	1,159,079	216,572,217	256,338,014	106,552,601
a. Income From Operation	9,391,200	14,810,606	1,866,008	16,676,614	9,391,225	2,431,473	14,347,064	1,505,603	15,852,667	4,669,008	9,085,816
b. Non-Operating Income	(1,087,700)	(811,059)		(811,059)	(1,087,698)	(598,412)	(576,843)		(576,843)	(208,663)	236,208
SUBTOTAL	8,303,500	13,999,547	1,866,008	15,865,555	8,303,527	1,833,061	13,770,221	1,505,603	15,275,824	4,460,345	9,322,024
c. Income Taxes				-					-		
NET INCOME (LOSS)	8,303,500	13,999,547	1,866,008	15,865,555	8,303,527	1,833,061	13,770,221	1,505,603	15,275,824	4,460,345	9,322,024

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) include additional years, if needed in order to be consistent with Tables J and K.							
Indicate CY or FY	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029
1. DISCHARGES								
a. General Medical/Surgical*	0	0	0	0	0	0	0	0
b. ICU/CCU	0	0	0	0	0	0	0	0
Total MSGA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Pediatric	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0
e. Acute Psychiatric	0	557	695	700	705	710	710	710
Total Acute	***0***	***557***	***695***	***700***	***705***	***710***	***710***	***710***
f. Rehabilitation	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0
TOTAL DISCHARGES	***0***	***557***	***695***	***700***	***705***	***710***	***710***	***710***
2. PATIENT DAYS								
a. General Medical/Surgical*	0	0	0	0	0	0	0	0
b. ICU/CCU	0	0	0	0	0	0	0	0
Total MSGA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Pediatric	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0
e. Acute Psychiatric	0	3,899	4,865	4,900	4,935	4,970	4,970	4,970
Total Acute	***0***	***3899***	***4865***	***4900***	***4935***	***4970***	***4970***	***4970***
f. Rehabilitation	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0
TOTAL PATIENT DAYS	***0***	***3,899***	***4,865***	***4,900***	***4,935***	***4,970***	***4,970***	***4,970***
3. AVERAGE LENGTH OF STAY								
a. General Medical/Surgical*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
b. ICU/CCU	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total MSGA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
c. Pediatric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
d. Obstetric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
e. Acute Psychiatric	0.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
Total Acute	0.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
f. Rehabilitation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
g. Comprehensive Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
h. Other (Specify/add rows of needed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL AVERAGE LENGTH OF STAY	0.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
4. NUMBER OF LICENSED BEDS								
a. General Medical/Surgical*								
b. ICU/CCU								
Total MSGA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Pediatric								
d. Obstetric	0	0	0	16	16	16	16	16
e. Acute Psychiatric								
Total Acute	***0***	***0***	***0***	***16***	***16***	***16***	***16***	***16***
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
TOTAL LICENSED BEDS	***0***	***0***	***0***	***16***	***16***	***16***	***16***	***16***
5. OCCUPANCY PERCENTAGE **IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.*								
a. General Medical/Surgical*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. ICU/CCU	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total MSGA	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e. Acute Psychiatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Acute	**0.0%**	**0.0%**	**0.0%**	**83.9%**	**84.5%**	**85.1%**	**85.1%**	**85.1%**
f. Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	**0.0%**	**0.0%**	**0.0%**	**83.9%**	**84.5%**	**85.1%**	**85.1%**	**85.1%**
6. OUTPATIENT VISITS								
a. Emergency Department	0	0	0	0	0	0	0	0
b. Same-day Surgery	0	0	0	0	0	0	0	0
c. Laboratory	0	0	0	0	0	0	0	0
d. Imaging	0	0	0	0	0	0	0	0
e. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***
7. OBSERVATIONS**								
a. Number of Patients	0	0	0	0	0	0	0	0
b. Hours	0	0	0	0	0	0	0	0

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

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

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

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029
1. REVENUE								
a. Inpatient Services		$6,373,250	$7,952,260	$8,009,471	$8,066,681	$8,123,892	$8,123,892	$8,123,892
b. Outpatient Services								
Gross Patient Service Revenues	***$0***	***$6,373,250***	***$7,952,260***	***$8,009,471***	***$8,066,681***	***$8,123,892***	***$8,123,892***	***$8,123,892***
c. Allowance For Bad Debt		$ (63,733)	$ (79,523)	$ (80,095)	$ (80,667)	$ (81,239)	$ (81,239)	$ (81,239)
d. Contractual Allowance		$ (369,011)	$ (460,436)	$ (463,748)	$ (467,061)	$ (470,373)	$ (470,373)	$ (470,373)
e. Charity Care		$ (44,613)	$ (55,666)	$ (56,066)	$ (56,467)	$ (56,867)	$ (56,867)	$ (56,867)
Net Patient Services Revenue	***$0***	***$5,895,894***	***$7,356,636***	***$7,409,562***	***$7,462,487***	***$7,515,412***	***$7,515,412***	***$7,515,412***
f. Other Operating Revenues (Specify)								
NET OPERATING REVENUE	***$ -***	***$ 5,895,894***	***$ 7,356,636***	***$ 7,409,562***	***$ 7,462,487***	***$ 7,515,412***	***$ 7,515,412***	***$ 7,515,412***
2. EXPENSES								
a. Salaries & Wages (Including benefits)		$ 2,484,780	$ 3,733,461	$ 3,859,468	$ 3,955,955	$ 4,089,947	$ 4,228,166	$ 4,370,739
b. Contractual Services		$ 579,339	$ 905,445	$ 904,226	$ 902,871	$ 901,517	$ 901,517	$ 901,517
c. Interest on Current Debt								
d. Interest on Project Debt								
e. Current Depreciation								
f. Project Depreciation		$ 414,259	$ 575,429	$ 575,429	$ 575,429	$ 575,429	$ 575,429	$ 575,429
g. Current Amortization								
h. Project Amortization								
i. Supplies		$ 252,595	$ 314,030	$ 316,117	$ 318,435	$ 320,754	$ 320,754	$ 320,754
j. Other Expenses (Specify)		$ 139,076	$ 171,845	$ 171,845	$ 171,845	$ 171,845	$ 171,845	$ 171,845
TOTAL OPERATING EXPENSES	***$ -***	***$ 3,870,049***	***$ 5,700,210***	***$ 5,827,085***	***$ 5,924,535***	***$ 6,059,491***	***$ 6,197,710***	***$ 6,340,283***
3. INCOME								
a. Income From Operation	***$ -***	***$ 2,025,844***	***$ 1,656,426***	***$ 1,582,477***	***$ 1,537,952***	***$ 1,455,921***	***$ 1,317,703***	***$ 1,175,129***
b. Non-Operating Income								
SUBTOTAL	***$ -***	***$ 2,025,844***	***$ 1,656,426***	***$ 1,582,477***	***$ 1,537,952***	***$ 1,455,921***	***$ 1,317,703***	***$ 1,175,129***
c. Income Taxes								
NET INCOME (LOSS)	***$ -***	***$ 2,025,844***	***$ 1,656,426***	***$ 1,582,477***	***$ 1,537,952***	***$ 1,455,921***	***$ 1,317,703***	***$ 1,175,129***
4. PATIENT MIX								
a. Percent of Total Revenue								
1) Medicare		19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%
2) Medicaid		46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%
3) Blue Cross		21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%
4) Commercial Insurance		9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
5) Self-pay		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other		4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
TOTAL	***0.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days								
Total MSGA								
1) Medicare		19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%
2) Medicaid		46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%
3) Blue Cross		21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%
4) Commercial Insurance		9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
5) Self-pay		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other		4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
TOTAL	***0.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	**FY2022**	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**FY2029**
1. REVENUE								
a. Inpatient Services		$ 6,532,583	$ 8,354,845	$ 8,840,957	$ 9,126,710	$ 9,421,224	$9,656,755	$ 9,898,173
b. Outpatient Services								
Gross Patient Service Revenues	***$ -***	***$ 6,532,583***	***$ 8,354,845***	***$ 8,840,957***	***$ 9,126,710***	***$ 9,421,224***	***$ 9,656,755***	***$ 9,898,173***
c. Allowance For Bad Debt		$ (65,326)	$ (85,637)	$ (88,410)	$ (91,267)	$ (94,212.24)	$ (96,568)	$ (98,982)
d. Contractual Allowance		$ (378,236)	$ (495,839)	$ (511,891)	$ (528,436)	$ (545,489)	$ (559,126)	$ (573,104)
e. Charity Care		$ (45,728)	$ (59,946)	$ (61,887)	$ (63,887)	$ (65,949)	$ (67,597)	$ (69,287)
Net Patient Services Revenue	***$ -***	***$ 6,043,292***	***$ 7,713,422***	***$ 8,178,770***	***$ 8,443,119***	***$ 8,715,574***	***$ 8,933,464***	***$ 9,156,800***
f. Other Operating Revenues (Specify/add rows of needed)								
NET OPERATING REVENUE	***$ -***	***$ 6,043,292***	***$ 7,713,422***	***$ 8,178,770***	***$ 8,443,119***	***$ 8,715,574***	***$ 8,933,464***	***$ 9,156,800***
2. EXPENSES								
a. Salaries & Wages (including benefits)		$ 2,534,476	$ 3,808,131	$ 4,177,613	$ 4,367,694	$ 4,605,944	$ 4,856,833	$ 5,121,018
b. Contractual Services		$ 596,850	$ 919,027	$ 959,712	$ 972,649	$ 985,757	$ 1,000,544	$ 1,015,552
c. Interest on Current Debt				$ -	$ -	$ -	$ -	$ -
d. Interest on Project Debt				$ -	$ -	$ -	$0	$ -
e. Current Depreciation				$ -	$ -	$ -	$ -	$ -
f. Project Depreciation		$ 426,780	$ 584,061	$ 610,739	$ 619,900	$ 629,199	$638,637	$ 648,216
g. Current Amortization				$ -	$ -	$ -	$ -	$ -
h. Project Amortization				$ -	$ -	$ -	$ -	$ -
i. Supplies		$ 260,173	$ 323,451	$ 355,792	$ 369,154	$ 382,997	$394,486	$ 406,321
j. Other Expenses (Specify/add rows of needed)		$ 141,162	$ 174,423	$ 182,390	$ 185,126	$ 187,903	$ 190,721	$ 193,582
TOTAL OPERATING EXPENSES	***$ -***	***$ 3,959,441***	***$ 5,809,094***	***$ 6,286,246***	***$ 6,514,523***	***$ 6,791,800***	***$ 7,081,222***	***$ 7,384,689***
3. INCOME								
a. Income From Operation	***$ -***	***$ 2,083,852***	***$ 1,904,328***	***$ 1,892,523***	***$ 1,928,596***	***$ 1,923,774***	***$ 1,852,242***	***$ 1,772,111***
b. Non-Operating Income								
SUBTOTAL	***$ -***	***$ 2,083,852***	***$ 1,904,328***	***$ 1,892,523***	***$ 1,928,596***	***$ 1,923,774***	***$ 1,852,242***	***$ 1,772,111***
c. Income Taxes								
NET INCOME (LOSS)	***$ -***	***$ 2,083,852***	***$ 1,904,328***	***$ 1,892,523***	***$ 1,928,596***	***$ 1,923,774***	***$ 1,852,242***	***$ 1,772,111***
4. PATIENT MIX								
a. Percent of Total Revenue								
1) Medicare		19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%
2) Medicaid		46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%
3) Blue Cross		21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%
4) Commercial Insurance		9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
5) Self-pay		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other		4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
TOTAL	***0.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days								
1) Medicare		19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%
2) Medicaid		46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%
3) Blue Cross		21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%
4) Commercial Insurance		9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
5) Self-pay		1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other		4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
TOTAL	***0.0%***	***100.0%***	***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 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.

	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 submitted).*	**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)*											
Management	88.78	$ 146,001	$ 12,961,649	1.5	$160,588	$245,700			$0	90.3	$13,207,349
			$ -						$0	0.0	$0
			$ -						$0	0.0	$0
			$ -						$0	0.0	$0
Total Administration	88.8	$ 146,001	$ 12,961,649	1.5	160,588.0	245,699.6			$0	90.3	$13,207,349
Direct Care Staff *(List general categories, add rows if needed)*											
Physician	10.0	$377,115	$3,767,196	2.0	$320,000	$640,000			$0	12.0	$4,407,196
Physician Assistant	8.0	$126,016	$1,002,110						$0	8.0	$1,002,110
Nurse Practitioner	13.7	$116,009	$1,588,033	1.5	$170,000	$255,000			$0	15.2	$1,843,033
RN	376.3	$100,270	$37,735,401	13.5	$118,457	$1,599,170			$0	389.8	$39,334,571
Nursing Assistant	176.1	$42,551	$7,492,613						$0	176.1	$7,492,613
Total Direct Care	584.1	$ 761,962	$ 51,585,353	17.0	608,457.0	2,494,169.5			$0	601.1	$54,079,523
Support Staff *(List general categories, add rows if needed)*											
ADMIN SUPP	294.5	$47,314	$13,935,617	3.5	$59,121	$206,924			$0	298.0	$14,142,541
PROF	155.7	$105,696	$16,462,048	6.5	$103,732	$674,258			$0	162.2	$17,136,306
SALES	3.5	$45,152	$159,304						$0	3.5	$159,304
AFT	14.1	$69,158	$976,983						$0	14.1	$976,983
CH	211.5	$71,709	$15,165,736	10.3	$51,722	$534,805			$0	221.8	$15,700,542
SERVICE	213.5	$38,895	$8,304,520	6.0	$63,679	$380,164			$0	219.5	$8,684,684
Total Support	893	377,925	55,004,209	26.3	278,254.0	1,796,150.6			$0	919.2	$56,800,360
REGULAR EMPLOYEES TOTAL	***1,566***	***1,285,888***	***119,551,212***	***45***	***1,047,299***	***4,536,020***	***0***	***0***	***0***	1,610.6	$124,087,231
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
Total Administration			$ -			$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
Benefits *(State method of calculating benefits below):*											
TOTAL COST	***1,565.8***		***$119,551,212***	***44.8***		***$4,536,020***	***0.0***		***$0***		***$124,087,231***

Table F – Key Financial Projection Assumptions for Doctors Community Medical Center Statistical Projections – Entire Facility	
Historical period reflects FY 2019 – 2020 Current period reflects YTD FY2021 annualized Projection period reflects FY 2022 – FY 2028 The projection includes: Doctors Community Medical Center	
Discharges	Maintains constant use rate at FY 2019 levels using Claritas population projections plus volumes associated with the project
Patient Days	Maintains constant average length of stay at FY 2019 levels
Licensed Beds	Held at FY 2020 license plus beds associated with the project
Outpatient Visits	Maintains constant use rate at FY 2019 levels using Claritas population projections
Observation patients & hours	Maintains constant use rate at FY 2019 levels using Claritas population projections and constant average length of stay at FY 2019 levels

Tables G & H– Key Financial Projection Assumptions for Doctors Community Medical Center
Revenues & Expenses, Uninflated – Entire Facility and Inflated – Entire Facility

Projection is based on FY 2021 with additional assumptions outlined below.

Historical period reflects FY 2019 – 2020
Current period reflects YTD FY2021 annualized
Projection period reflects FY 2022 – FY 2028

The projection includes: Doctors Community Medical Center

Revenue	Variability with volume & other assumptions	Inflation (Table H Only)
Gross Patient Revenue	At FY 2021 prices and 100% variable with volume changes	2.5%/year from FY 2021
Deductions from Revenue	At FY 2021 rate (as a % of Gross Patient Revenue)	2.5%/year from FY 2021
Non-Patient Revenue	Changes with Gross Patient Revenue at 50% variability	2.5%/year from FY 2021
Non-Operating Revenue	Based on historical experience, no non-operating revenue was assumed	2.5%/year from FY 2021
Expenses		
Salaries, Wages & Benefits	Assumed 90% variable from FY 2021 projection	2.0%/year from FY 2021
Contractual Services	Assumed 50% variable from FY 2021 projection	1.5%/year from FY 2021
Interest on Current Debt	Assumed 25% variable from FY 2021 projection	1.5%/year from FY 2021
Interest on Project Debt	Please refer to assumptions on Table J	
Current Depreciation & Amortization	Assumed depreciation is 25% variable from FY 2021 projection and amortization held constant at FY 2021 projection	1.5%/year from FY 2021
Project Depreciation & Amortization	Please refer to assumptions on Table J	
Supplies	Assumed 80% variable from FY 2021 projection	3.0%/year from FY 2021
Other Expenses	Assumed 90% variable from FY 2021 projection	1.5%/year from FY 2021
Payer Mix	Held constant at FY 2020 levels	

Table I – Key Financial Projection Assumptions for Doctors Community Medical Center Statistical Projections – New Facility or Service	
Projection period reflects FY 2025 – FY 2028	
Discharges	**10.24.01.08G(3)(b). Need.** C. Projecting Need and Sizing the Psychiatric Unit at LHDCMC-4. Projected Volume for the New Unit, Table 11
Patient Days	**10.24.01.08G(3)(b). Need.** C. Projecting Need and Sizing the Psychiatric Unit at LHDCMC-4. Projected Volume for the New Unit, Table 11
Licensed Beds	**10.24.01.08G(3)(b). Need.** C. Projecting Need and Sizing the Psychiatric Unit at LHDCMC-4. Projected Volume for the New Unit, Table 12

Tables J & K– Key Financial Projection Assumptions for Doctors Community Medical Center Revenues & Expenses, Uninflated – New Facility/Service and Inflated – New Facility/Service Projection is based on FY 2021 with additional assumptions outlined below.		
Projection period reflects FY 2025 – FY 2028		
Revenue	Variability with volume & other assumptions	Inflation (Table K Only)
Gross Patient Revenue	At FY 2021 prices and 100% variable	2.5%/year from FY 2021
Deductions from Revenue	At FY 2021 rate (as a % of Gross Patient Revenue)	2.5%/year from FY 2021
Expenses		
Salaries, Wages & Benefits	Used LHAAMC McNew Family Medical Center FY21 Actuals	2.0%/year from FY 2021
Contractual Services	Used LHAAMC McNew Family Medical Center FY21 Actuals	1.5%/year from FY 2021
Project Depreciation & Amortization	Depreciated the Building over 40 years, Major Moveables over 5 years and Software over 3 years.	1.5%/year from FY 2021
Supplies	FYTD Nov21 Cost per Patient Day from McNew Family Medical Center	3.0%/year from FY 2021
Other Expenses	FYTD Nov21 Cost per Patient Day from McNew Family Medical Center	1.5%/year from FY 2021
Payer Mix	CY19 McNew Family Medical Center Inpatient Payor Mix	