

Certificate of Need Application

General Information

Page 1 of 2

For Establishment/Construction Requiring Full Review*

General Information

I Facility Identification

OPERATING CERTIFICATE NO.	FACILITY NAME	PFI NO.	
FACILITY ADDRESS - STREET & NUMBER		NAME AND TITLE OF CONTACT PERSON	
CITY	COUNTY	ZIP	STREET AND NUMBER
NAME OF OPERATOR		CITY	STATE ZIP
STREET AND NUMBER		TELEPHONE NUMBER	
CITY	STATE	ZIP	NAME OF ADMINISTRATOR

Full address of the site/location of the proposed activity including County and Zip Code (attach sketch if appropriate)

II Officers, Directors, or Managers (establishment applicants only)

Please attach a list of all current and proposed officers and directors (including office held and specific term of office), if a business or not-for-profit corporation, or a list of managers, if a limited liability company.

For not-for-profit corporations only:

1. Number of director positions set by corporation's bylaws or otherwise fixed (See section 702 of the not-for-profit corporation law) : _____
2. Number of director positions currently filled _____.
3. Specify how and by whom the directors will be appointed or elected (use additional paper as needed):

For all establishment applicants (use additional paper as needed):

Describe what characteristics of your governing body will assure that your organization is responsive to community needs e.g., community based advisory boards; community based qualifications; board representation of the community.

III Project Outline

Facility Type Code _____

CODE	PROPOSED SOLUTION/ACTION	CODE	FUNCTIONAL AREAS/SERVICES BED TYPES AFFECTED
[1]	[2]	[3]	[4]

IV Board Resolution and Authorizing Signature

* Board Resolution for Corporate Applicants [] Attached [] Not Required
 * Authorizing Signature: The undersigned hereby certifies, under penalty of perjury, that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto, except that relating to Schedule 10, Space & Construction Cost Distribution, Schedule 16, Assurances, Schedule 17, Environmental Assessment, and Schedules 19 through 24 of the Establishment Section (which must be individually certified), is accurate, true and complete in all material respects. I further acknowledge that the application will be processed pursuant to the provisions of Article 28 of the Public Health Law and the pertinent regulations adopted thereto including, but not limited to Parts 600, 709 and 710 of Title 10 (Health) of the Official Compilation of Codes, Rules, and Regulations of the State of New York.

DATE _____ SIGNATURE _____ PRINT OR TYPE NAME & TITLE _____

General Information Section

V Project & Subproject Cost			
Total	Subproject 1	Subproject 2	Subproject 3
Project/Subproject Cost (from Schedule 4A or 4B, column (3), line 8)			
\$	\$	\$	\$
Total Basic Cost of Construction (from Schedule 4A or 4B, column (3), line 6)			
\$	\$	\$	\$
Total Cost of Moveable Equipment (from Schedule 4A or 4B, column (3), line 5)			
\$	\$	\$	\$
Cost/SF New Construction (from Schedule 10)			
\$	\$	\$	\$
Cost/SF Renovation Construction (from Schedule 10)			
\$	\$	\$	\$
Total Incremental Operating Cost (from Schedule 6A, 6B or 6C)			
\$	\$	\$	\$
Type of Financing (from Schedule 5)			
\$	\$	\$	\$
Percentage Financed (from Schedule 5)			
\$	\$	\$	\$
Depreciation Life			
\$	\$	\$	\$
VI Construction Dates (from Schedule 4A)			
Anticipated Construction Start Date		Anticipated Construction Completion Date	
_____		_____	