## **Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

·	sts and Sources of Fun		
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	n/a	n/a	
Site Survey and Soil Investigation	n/a	n/a	
Site Preparation	n/a	n/a	
Off Site Work	n/a	n/a	
New Construction Contracts	n/a	\$267,500	\$267,500
Modernization Contracts	\$774,975	\$124,525	\$899,500
Contingencies	\$77,400	\$12,400	\$89,800
Architectural/Engineering Fees	\$24,000	\$9,000	\$33,000
Consulting and Other Fees	\$7000		
Movable or Other Equipment (not in construction contracts)	\$841,110	\$72,166	\$913,276
Bond Issuance Expense (project related)	\$16,844	\$7,156	\$24,000
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	\$14,037	\$5,963	\$20,000
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$1,748,366	\$498,710	\$2,247,076
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,000,000.00		1,000,000.00
Pledges			
Gifts and Bequests			İ
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources (Debt Financing)	\$748,366.00	\$498,710.00	\$1,247,076
TOTAL SOURCES OF FUNDS	\$1,748,366	\$498,710	\$2,247,076

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project  Yes No Purchase Price: \$ Fair Market Value: \$
Tall Market Value, w
The project involves the establishment of a new facility or a new category of service    Yes   No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.
Estimated start-up costs and operating deficit cost is \$
Project Status and Completion Schedules
For facilities in which prior permits have been issued please provide the permit numbers.  Indicate the stage of the project's architectural drawings:
☐ None or not applicable ☐ Preliminary
Anticipated project completion date (refer to Part 1130.140): February 15, 2019
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):
<ul> <li>☐ Purchase orders, leases or contracts pertaining to the project have been executed.</li> <li>☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies</li> <li>☐ Financial Commitment will occur after permit issuance.</li> </ul>
APPEND DOCUMENTATION AS <u>ATTACHMENT 8,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
State Agency Submittals [Section 1130.620(c)]
Are the following submittals up to date as applicable:
Cancer Registry
☐ APORS ☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports
been submitted
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
permit being deemed incomplete.