



**State of Tennessee  
Health Facilities Commission**

502 Deaderick Street, 9<sup>th</sup> Floor, Nashville, TN 37243  
 www.tn.gov/hsda Phone: 615-741-2364 hsda.staff@tn.gov

**FINAL PROJECT REPORT**

Please TYPE or PRINT legibly.

Certificate of Need No. \_\_\_\_\_

Project Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact: \_\_\_\_\_

Description: \_\_\_\_\_

Total Bed Complement Before Addition \_\_\_\_\_

Total Bed Complement \_\_\_\_\_

What was the Final Completion Date (opened for public use)? \_\_\_\_\_

Was the project completed as certified?  YES  NO

(If not, describe any changes, deletions, and/or additions on additional sheets.)

	Original	Final	Cost Projection	Project Cost
<b><u>COST FACTORS</u></b>				
A. Construction and equipment acquired by purchase:				
1. Architectural and Engineering Fees			_____	_____
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees			_____	_____
3. Acquisition of Site			_____	_____
4. Preparation of Site			_____	_____
5. Construction Costs			_____	_____
6. Contingency Fund			_____	_____
7. Fixed Equipment (Not included in Construction Contract)			_____	_____
8. Moveable Equipment (List all equipment over \$50,000)			_____	_____
9. Other (Specify) _____			_____	_____
		<b>Subtotal</b>	_____	_____
B. Acquisition by gift, donation, or lease:				
1. Facility (inclusive of building and land)			_____	_____
2. Building only			_____	_____
3. Land only			_____	_____
4. Equipment (Specify) _____			_____	_____
5. Other (Specify) _____			_____	_____
		<b>Subtotal</b>	_____	_____
C. Financing Costs and Fees:				
1. Interim Financing			_____	_____
2. Underwriting Costs			_____	_____
3. Reserve for One Year's Debt Service			_____	_____
4. Other (Specify) _____			_____	_____
		<b>Subtotal</b>	_____	_____

D. Estimated Project Cost (A+B+C) \_\_\_\_\_

E. CON Filing Fee \_\_\_\_\_

F. Total Estimated Project Cost (D&E) \_\_\_\_\_

**FINAL COST<sup>†</sup> \$** \_\_\_\_\_

**FINAL FILING FEE<sup>‡</sup> \$** \_\_\_\_\_

If the final project cost is an overrun of the estimated project cost, describe in detail all increases in final costs from those originally projected.

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The Final Filing Fee to be assessed on any cost overrun is to be computed at the rate current at the time the project was certified. Below is the outline of the rates from January 1994 through the present.

<i>PERIOD</i>	<i>FEE per \$1,000</i>	<i>MAXIMUM--MINIMUM</i>	<i>FINAL FILING FEE</i>
<b>Projects Approved January 30, 1994 through June 30, 2016</b>	<b>\$2.25/\$1,000</b>	<b>\$3,000--\$45,000</b>	<b>\$2.25/\$1,000 Total filing fee (initial plus final) not to exceed \$45,000.</b>
<b>Projects Approved July 1, 2016 through Present</b>	<b>\$5.75/\$1,000</b>	<b>\$15,000--\$95,000</b>	<b>\$5.75/\$1,000 Total filing fee (initial plus final) not to exceed \$95,000.</b>

I hereby certify that this information is true to the best of my knowledge, information, and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

\_\_\_\_\_  
Chief Operating Officer

\_\_\_\_\_  
Date