

**CAPITAL PROJECTS AND EXPENDITURES APPROVED, UNDER DEVELOPMENT, OR PLANNED (APPLICANT)  
(Total Capital Commitment, Both Health Care and Other)****INSTRUCTIONS FOR THIS SCHEDULE**

Capital projects include all planned expenditures whose useful life are more than one fiscal year and which under generally accepted accounting principles (GAAP) are not properly chargeable as an expense of operations and are therefore required to be capitalized as an asset. An itemized list or grouping of capital projects is not required; however this schedule is arranged to suggest the detail that could be used. "A" and "B" totals for all columns are needed under either circumstance.

The individual projects that have Florida CON numbers, exemption numbers, or non-reviewable numbers should be listed separately. The other categories for other states' projects and other capital budget items can be totaled as shown on the schedule.

Section "A" items are the projects and expenditures that have received all approvals necessary prior to construction or purchase. Section "A" projects that are in progress should include only the unexpended amount. In the assumptions, give details that include the original project cost and the amount already spent to clearly show the unexpended amount on Schedule 2.

Section "B" items have received internal approval but are awaiting outside approval. Section "B" includes the project for this application and any certificate of need applications and exemption or non-reviewable requests which are before the agency for determination, and involve a capital project at the time of submission of the proposed project.

Be sure all columns are completed as applicable to show the sources of funds. Attach detail for these funds according to the following guidelines:

*Amount in Hand* should be supported by the most recent audited financial statement or other documented evidence.

*Amount from Operations* should be supported by the most recent statement of cash flows (cash flow from operations) or other detailed explanation to show adequacy of cash flows.

*Assured But Not in Hand* should be supported by detail of these arrangements, including the name of the source and nature of the agreement.

*Currently Being Sought* should have attached detail and supporting documentation explaining the efforts and potential source of the funds.

Attach a narrative assessing the financial impact of categories A and B separately and taken together upon the project proposed in this application.

Complete the following information on all capital projects, acquisitions, and expenditures whether or not the state in which the activity occurs has a certificate of need or capital expenditure review program pursuant to Section 1122 of the Social Security Act.

Include maturities of long-term debt payable through the latest capital project's funding period along with the source of funds. This should include not only payments on debt currently in existence but also anticipated payments on debt to be incurred during the total Schedule 2 period.

**LISTING OF ALL CAPITAL PROJECTS**

**A. PROJECTS OR EXPENDITURES APPROVED OR UNDERWAY:**

DESCRIPTION OF PROJECT OR EXPENDITURE (1)	NUMBER OF BEDS	CERTIFICATE OF NEED NUMBER (OR EXEMPT #)	EXPENDITURE OR PROJECT AMOUNT	SOURCE OF FUNDS			CURRENTLY BEING SOUGHT (2)
				AMOUNT IN HAND	AMOUNT FROM OPERATIONS	ASSURED BUT NOT IN HAND (2)	
CON Reviewable:			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
Exempt/Non-Review:			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
Other States' Projects			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
Other Capitalization			\$	\$	\$	\$	\$
Equipment			\$	\$	\$	\$	\$
Furnishings			\$	\$	\$	\$	\$
Renovations			\$	\$	\$	\$	\$
Maturities of Long-Term Debt			\$	\$	\$	\$	\$
		<b>TOTAL</b>	A.	\$	\$	\$	\$
			\$				

(1) Attach a narrative of not more than two pages assessing the financial and administrative impact of categories A and B above separately and taken together upon the project proposed in this application. The availability of financial resources should be addressed.  
 (2) Attach details of funds assured but not in hand and funds currently being sought including source commitment documentation and proof of ability to fund if affiliate provider.

**LISTING OF ALL CAPITAL PROJECTS**

**B. PROJECTS OR EXPENDITURES APPLIED FOR, PENDING APPROVAL, OR PLANNED:**

DESCRIPTION OF PROJECT OR EXPENDITURE (1)	NUMBER OF BEDS	CERTIFICATE OF NEED NUMBER (OR EXEMPT #)	EXPENDITURE OR PROJECT AMOUNT	AMOUNT IN HAND	SOURCE OF FUNDS		CURRENTLY BEING SOUGHT (2)
					AMOUNT FROM OPERATIONS	ASSURED BUT NOT IN HAND (2)	
CON Reviewable:			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
Exempt/Non-Review:			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
Other States' Projects			\$	\$	\$	\$	\$
Other Capitalization			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
Maturities of Long-Term Debt			\$	\$	\$	\$	\$
		<b>TOTAL</b>	B.	\$	\$	\$	\$
			\$				
		<b>GRAND TOTAL</b>	C.	\$	\$	\$	\$
			\$				

(1) Attach a narrative of not more than two pages assessing the financial and administrative impact of categories A and B above separately and taken together upon the project proposed in this application. The availability of financial resources should be addressed.

(2) Attach details of funds assured but not in hand and funds currently being sought including source commitment documentation and proof of ability to fund if affiliate provider.

NOTE: THIS SCHEDULE INCLUDES THE PROJECT FOR THIS APPLICATION.

