SCHEDULE 8

Nursing Homes

PROJECTED INCOME AND EXPENSES

PROJECTED YEAR 1 (ENDING _____)

		INCLUDING THIS PROJECT		WITHOUT THIS PROJECT		THIS PROJECT ONLY FULLY ALLOCATED ACTIVITY	
		Amount	Per Patient Day	Amount	Per Patient Day	Amount	Per Patient Day
		Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6
NURSING HOME REVENUE							
1	SCHEDULE 7, LINE 17, COLUMN 10	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
EXPENSES							
	ADMINISTRATION AND OVERHEAD						
2	Plant Operation	_____	_____	_____	_____	_____	_____
3	Housekeeping	_____	_____	_____	_____	_____	_____
4	Administration	_____	_____	_____	_____	_____	_____
5	Owners (Shareholders) Administrative Compensation	_____	_____	_____	_____	_____	_____
6	**TOTAL ADMIN. AND OVERHEAD**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
	ANCILLARY COST CENTERS						
7	Physical Therapy	_____	_____	_____	_____	_____	_____
8	Speech Therapy	_____	_____	_____	_____	_____	_____
9	Occupational Therapy	_____	_____	_____	_____	_____	_____
10	Medical Supplies Charged to Patients	_____	_____	_____	_____	_____	_____
11	Radiology	_____	_____	_____	_____	_____	_____
12	Laboratory	_____	_____	_____	_____	_____	_____
13	Pharmacy	_____	_____	_____	_____	_____	_____
14	Other _____	_____	_____	_____	_____	_____	_____
15	**TOTAL ANCILLARY COST CENTERS**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
	PATIENT CARE COSTS						
16	Nursing	_____	_____	_____	_____	_____	_____
17	Dietary	_____	_____	_____	_____	_____	_____
18	Other _____	_____	_____	_____	_____	_____	_____
19	**TOTAL PATIENT CARE COSTS**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____

Note: For applicants whose operations extend beyond a single facility, a narrative must be attached to detail the impact of the proposed project on the cost of other services provided by the applicant.

Rule 59C-1.008(1)(f), Florida Administrative Code
Form available at: http://ahca.myflorida.com/MCHQ/CON_FA/Application/index.shtml

Nursing Homes

PROJECTED INCOME AND EXPENSES

PROJECTED YEAR 1 (ENDING _____)

		INCLUDING THIS PROJECT		WITHOUT THIS PROJECT		THIS PROJECT ONLY FULLY ALLOCATED ACTIVITY	
		Amount Col. 1	Per Patient Day Col. 2	Amount Col. 3	Per Patient Day Col. 4	Amount Col. 5	Per Patient Day Col. 6
	PROPERTY COST						
	DEPRECIATION AND AMORTIZATION						
20	This project						
21	Other than this project						
	GROSS INTEREST ON PROPERTY						
22	This project						
23	Other than this project						
24	**RENT ON PROPERTY**						
25	**INSURANCE ON PROPERTY**						
26	**TAXES ON PROPERTY**						
27	**TOTAL PROPERTY COST**	$	$	$	$	$	$
	OTHER COST CENTERS - NURSING FACILITY						
28	Laundry and Linen						
29	Outpatient Clinic						
	Other (beauty, barber, gift shop, etc)						
30	_____						
31	_____						
32	**TOTAL OTHER COST CENTERS**	$	$	$	$	$	$
33	**TOTAL NURSING HOME COSTS**	$	$	$	$	$	$
34	**NURSING HOME OPERATING INCOME OR (LOSS)**	$	$	$	$	$	$
	RESTRICTED GRANT/DONATION REVENUE						
35	SCHEDULE 7, LINE 18, COLUMN 10	$	$	$	$	$	$
36	**NURSING HOME INCOME OR LOSS**	$	$	$	$	$	$

Rule 59C-1.008(1)(f), Florida Administrative Code

Form available at: http://ahca.myflorida.com/MCHQ/CON_FA/Application/index.shtml

Nursing Homes

PROJECTED INCOME AND EXPENSES

PROJECTED YEAR 1 (ENDING _____)

		INCLUDING THIS PROJECT		WITHOUT THIS PROJECT		THIS PROJECT ONLY FULLY ALLOCATED ACTIVITY	
		Amount Col. 1	Per Patient Day Col. 2	Amount Col. 3	Per Patient Day Col. 4	Amount Col. 5	Per Patient Day Col. 6
NON NURSING HOME REVENUE							
37	SCHEDULE 7, LINE 19, COLUMN 10	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
	NON NURSING HOME COSTS (e.g. ALF, etc.)						
38	_____	_____	_____	_____	_____	_____	_____
39	_____	_____	_____	_____	_____	_____	_____
40	_____	_____	_____	_____	_____	_____	_____
41	**TOTAL NON NURSING HOME COSTS**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
42	**NON NURSING HOME INCOME (LOSS)**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
43	**NET INCOME OR (LOSS) BEFORE INCOME TAXES**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
44	Provisions for Income Taxes	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
45	**NET INCOME OR (LOSS)**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____

Note: For applicants whose operations extend beyond a single facility, a narrative must be attached to detail the impact of the proposed project on the cost of other services provided by the applicant.

ATTACH NOTES DESCRIBING THE ASSUMPTIONS USED IN PROJECTING EXPENSES AND COSTS

SCHEDULE 8

Nursing Homes

PROJECTED INCOME AND EXPENSES

PROJECTED YEAR 2 (ENDING _____)

		INCLUDING THIS PROJECT		WITHOUT THIS PROJECT		THIS PROJECT ONLY FULLY ALLOCATED ACTIVITY	
		Amount Col. 7	Per Patient Day Col. 8	Amount Col. 9	Per Patient Day Col. 10	Amount Col. 11	Per Patient Day Col. 12
	NURSING HOME REVENUE						
1	SCHEDULE 7, LINE 17, COLUMN 20	$	$	$	$	$	$
	EXPENSES						
	ADMINISTRATION AND OVERHEAD						
2	Plant Operation						
3	Housekeeping						
4	Administration						
5	Owners (Shareholders) Administrative Compensation						
6	**TOTAL ADMIN. AND OVERHEAD**	$	$	$	$	$	$
	ANCILLARY COST CENTERS						
7	Physical Therapy						
8	Speech Therapy						
9	Occupational Therapy						
10	Medical Supplies Charged to Patients						
11	Radiology						
12	Laboratory						
13	Pharmacy						
14	Other _____						
15	**TOTAL ANCILLARY COST CENTERS**	$	$	$	$	$	$
	PATIENT CARE COSTS						
16	Nursing						
17	Dietary						
18	Other _____						
19	**TOTAL PATIENT CARE COSTS**	$	$	$	$	$	$

Note: For applicants whose operations extend beyond a single facility, a narrative must be attached to detail the impact of the proposed project on the cost of other services provided by the applicant.

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SCHEDULE 8

Nursing Homes

PROJECTED INCOME AND EXPENSES

PROJECTED YEAR 2 (ENDING _____)

		INCLUDING THIS PROJECT		WITHOUT THIS PROJECT		THIS PROJECT ONLY FULLY ALLOCATED ACTIVITY	
		Amount Col. 7	Per Patient Day Col. 8	Amount Col. 9	Per Patient Day Col. 10	Amount Col. 11	Per Patient Day Col. 12
	PROPERTY COST						
	DEPRECIATION AND AMORTIZATION						
20	This project						
21	Other than this project						
	GROSS INTEREST ON PROPERTY						
22	This project						
23	Other than this project						
24	**RENT ON PROPERTY**						
25	**INSURANCE ON PROPERTY**						
26	**TAXES ON PROPERTY**						
27	**TOTAL PROPERTY COST**	$	$	$	$	$	$
	OTHER COST CENTERS - NURSING FACILITY						
28	Laundry and Linen						
29	Outpatient Clinic						
	Other (beauty, barber, gift shop, etc)						
30	_____						
31	_____						
32	**TOTAL OTHER COST CENTERS**	$	$	$	$	$	$
33	**TOTAL NURSING HOME COSTS**	$	$	$	$	$	$
34	**NURSING HOME OPERATING INCOME OR (LOSS)**	$	$	$	$	$	$
	RESTRICTED GRANT/DONATION REVENUE						
35	SCHEDULE 7, LINE 18, COLUMN 20	$	$	$	$	$	$
36	**NURSING HOME INCOME OR LOSS**	$	$	$	$	$	$

AHCA Form 3150-0001 August 2021

Rule 59C-1.008(1)(f), Florida Administrative Code

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SCHEDULE 8

Nursing Homes

PROJECTED INCOME AND EXPENSES

PROJECTED YEAR 2 (ENDING _____)

		INCLUDING THIS PROJECT		WITHOUT THIS PROJECT		THIS PROJECT ONLY FULLY ALLOCATED ACTIVITY	
		Amount Col. 7	Per Patient Day Col. 8	Amount Col. 9	Per Patient Day Col. 10	Amount Col. 11	Per Patient Day Col. 12
	NON NURSING HOME REVENUE						
37	SCHEDULE 7, LINE 19, COLUMN 20	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
	NON NURSING HOME COSTS (e.g. ALF, etc.)						
38	_____	_____	_____	_____	_____	_____	_____
39	_____	_____	_____	_____	_____	_____	_____
40	_____	_____	_____	_____	_____	_____	_____
41	**TOTAL NON NURSING HOME COSTS**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
42	**NON NURSING HOME INCOME (LOSS)**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
43	**NET INCOME OR (LOSS) BEFORE INCOME TAXES**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
44	Provisions for Income Taxes	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____
45	**NET INCOME OR (LOSS)**	$ _____	$ _____	$ _____	$ _____	$ _____	$ _____

Note: For applicants whose operations extend beyond a single facility, a narrative must be attached to detail the impact of the proposed project on the cost of other services provided by the applicant.

ATTACH NOTES DESCRIBING THE ASSUMPTIONS USED IN PROJECTING EXPENSES AND COSTS