

A. PROJECT IDENTIFICATION

1. Applicant /CON Action No.
Applicant Address
Authorized Representative
2. Service District/Subdistrict/County

B. PUBLIC HEARING To be completed by agency staff.**C. PROJECT SUMMARY** (s. 408.037(1), F. S.)

If the project is an addition to an existing health care facility, also provide the facility's existing bed complement and services offered.

D. REVIEW PROCEDURE To be completed by agency staff.**E. CONFORMITY OF PROJECT WITH STATUTORY REVIEW CRITERIA**

1. Is need for the project evidenced by the availability, quality of care, accessibility and extent of utilization of existing health care facilities in the applicant's service area?
[s. 408.035(1), (2) and (5) F. S.]
2. Does the applicant have a history of providing quality of care? Has the applicant demonstrated the ability to provide quality care? Is the applicant a Gold Seal Program nursing facility that is proposing to add beds to an existing nursing home? Please discuss your licensure history within and outside of Florida, and discuss any accreditation(s) held. [s. 408.035(3) and (10) F. S.]
3. What resources, including health personnel, management personnel, and funds for capital and operating expenditures, are available for project accomplishment and operation? Please include the following in your response:
 - o a detailed listing of the needed capital expenditures (Schedule 1-Trn)
 - o a complete listing of all capital projects (Schedule 2)
 - o source of funds (Schedule 3)
 - o staffing patterns (Schedule 6 or 6A)
 - o a detailed financial projection, including a statement of the projected revenue and expenses for the first two years of operation, and a statement of the assumptions made (Schedules 7, 7A, or 7B; and 8 or 8A) and
 - o an audited financial statement of the applicant.
[s. 408.035(4) and 408.037(1)(b) and (c), F. S.]

4. Will the proposed project foster competition to promote quality and cost-effectiveness? Please discuss the effect of the proposed project on any of the following:
 - o applicant facility;
 - o current patient care costs and charges (if an existing facility);
 - o reduction in charges to patients; and
 - o improvement in quality of services provided.[s. 408.035(5) and (7), F. S.]
5. What is the immediate and long term financial feasibility of the proposal? [s. 408.035(6), F.S.]
6. Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? Please address those items found in "Architectural Criteria" (Schedule 9). [s. 408.035(8), F. S.; Ch. 59A-4, F. A. C.]
7. Does the applicant have a history of providing health care services to Medicaid patients and the medically indigent? Does the applicant propose to provide health care services to Medicaid patients and the medically indigent? [s. 408.035(9), F. S.]