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| **APPLICATION FOR A CERTIFICATE OF NEED**  **Except for Transfer of a Certificate of Need** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  |  | | | |
| LEGAL NAME OF APPLICANT | | | |  | FACILITY/PROJECT NAME | | | |
|  | | | |  |  | | | |
| AUTHORIZED REPRESENTATIVE/CONTACT PERSON | | | |  | CHIEF EXECUTIVE OFFICER | | | |
|  | | | |  |  | | | |
| MAILING ADDRESS | | | |  | STREET ADDRESS/SITE LOCATION | | | |
|  | | | |  |  | | | |
| CITY, STATE, AND ZIP CODE | | | |  | CITY | | | |
|  | | | |  |  | | | |
| TELEPHONE (AREA CODE AND NUMBER) | | | |  | DISTRICT/SUBDISTRICT (IF APPLICABLE) | | | |
|  | | | |  |  | | | |
| EMAIL ADDRESS | | | |  |  | | | |
| **COUNTY:** | 31. Jackson | 62. Taylor | | | | **OWNERSHIP TYPE:** | | |
| 1. Alachua | 32. Jefferson | 63. Union | | | | 1. For Profit | | |
| 2. Baker | 33. Lafayette | 64. Volusia | | | | 2. Not For Profit | | |
| 3. Bay | 34. Lake | 65. Wakulla | | | | 3. Nursing Home Chain | | |
| 4. Bradford | 35. Lee | 66. Walton | | | | 4. Government | | |
| 5. Brevard | 36. Leon | 67. Washington | | | |  | | |
| 6. Broward | 37. Levy |  | | | |  | | |
| 7. Calhoun | 38. Liberty |  | | | |  | | |
| 8. Charlotte | 39. Madison |  | | | |  | | |
| 9. Citrus | 40. Manatee | **APPLICANT TYPE:** | | | |  | | |
| 10. Clay | 41. Marion | 1. Hospice | | | |  | | |
| 11. Collier | 42. Martin | 2. Community Nursing Home  3. Sheltered Nursing Home | | | |  | | |
| 12. Columbia | 43. Miami/Dade |
| 13. DeSoto | 44. Monroe | 4. Community ICF/DD | | | | **PREVIOUS CON NUMBERS:** | | |
| 14. Dixie | 45. Nassau | 5. State ICF/DD | | | |  | | |
| 15. Duval | 46. Okaloosa |  | | | | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | | |
| 16. Escambia | 47. Okeechobee |  | | | |
| 17. Flagler | 48. Orange |  | | | | **CON TRANSFERS:** | | |
| 18. Franklin | 49. Osceola |  | | | |  | | |
| 19. Gadsden | 50. Palm Beach | **PROJECT TYPE:** | | | | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | | |
| 20. Gilchrist | 51. Pasco | 1. New Facility | | | |  | | |
| 21. Glades | 52. Pinellas | 2. Replacement Facility | | | | **PROJECT COSTS:** | | |
| 22. Gulf | 53. Polk | 3. Bed Addition | | | |  | | |
| 23. Hamilton | 54. Putnam | 4. Bed Conversion | | | | Capital Expenditures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 24. Hardee | 55. Saint Johns | 5. Freestanding Hospice Inpatient Facility | | | |  | | |
| 25. Hendry | 56. Saint Lucie |  | | | |  | | |
| 26. Hernando | 57. Santa Rosa |  | | | |  | | |
| 27. Highlands | 58. Sarasota |  | | | | Operating Costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 28. Hillsborough | 59. Seminole |  | | | |  | | |
| 29. Holmes | 60. Sumter |  | | | |  | | |
| 30. Indian River | 61. Suwannee |  | | | |  | | |
| **NUMBER OF NEW/AFFECTED BEDS (+/-):** | | |  | | |  | | |
| \_\_\_\_\_\_ Community Nursing Home | | | \_\_\_\_\_\_ Freestanding Inpatient Hospice | | |  | | |
| \_\_\_\_\_\_ Sheltered Nursing Home | | | \_\_\_\_\_\_ ICF/DD | | |  | | |
|  | | |  | | |  | | |
| **ADDITIONAL PROJECT DETAILS/REMARKS:** | | |  | | |  |  | *AHCA Use Only:* |
|  | | |  | | |  |  | CON Number \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  | | |  |  | Date Received \_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  | | |  |  | Fee Received \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  | | |  |  | LOI Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |

Page 1 of 38