State of Tennessee
Health Facilities Commission
502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc 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.)

COST FACTORS	Original Cost Projection	Final Project Cost
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) _____		
Subtotal		
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) _____		
Subtotal		
C. Financing Costs and Fees:		
1. Interim Financing		
2. Underwriting Costs		
3. Reserve for One Year's Debt Service		
4. Other (Specify) _____		
Subtotal		

D.	Estimated Project Cost (A+B+C)	_____	_____
E.	CON Filing Fee	_____	_____
F.	Total Estimated Project Cost (D&E)	_____	_____

FINAL COST† $_____ **FINAL FILING FEE‡ $**_____

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.

_____
_____
_____
_____
_____
_____

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.

PERIOD	*FEE per $1,000*	*MAXIMUM--MINIMUM*	*FINAL FILING FEE*
Projects Approved January 30, 1994 through June 30, 2016 and after October 2021	**$2.25/$1,000**	**$3,000--$45,000**	**$2.25/$1,000 Total filing fee (initial plus final) not to exceed $45,000.**
Projects Approved July 1, 2016 through September 30, 2021	**$5.75/$1,000**	**$15,000--$95,000**	**$5.75/$1,000 Total filing fee (initial plus final) not to exceed $95,000.**

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