

**CERTIFICATE OF NEED  
PROGRESS REPORT FORM**

County: \_\_\_\_\_

Date of Progress Report: \_\_\_\_\_

Facility: \_\_\_\_\_

Facility I.D. #: \_\_\_\_\_

Project I.D. #: \_\_\_\_\_

Effective Date of Certificate: \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. Status of the Project**

- 1) Describe in **detail** the steps taken to complete the project since the CON was issued or since the last progress report was submitted.
  
- 2) Describe any of the previously approved changes which will impact this project:
  - a. Cost Overruns and/or Changes of Scope (Include the Project I.D. numbers);
  - b. Material Compliance determinations; and
  - c. Declaratory Rulings
  
- 3) If the project is not going to be developed exactly as approved, describe all differences between the project as approved and the project as currently proposed. Such changes include, but are not limited to, changes in the:
  - a. Site;
  - b. Design of the facility;
  - c. Number or type of beds to be developed;
  - d. Medical equipment to be acquired;
  - e. Proposed charges; and
  - f. Capital cost of the project.
  
- 4) Pursuant to G.S. 131E-181(d), the Certificate of Need (CON) Section cannot determine that a project is complete until “the health service or the health service facility for which the certificate of need was issued is licensed and certified and in material compliance with the representations made in the certificate of need application.” To document that new or replacement facilities, new or additional beds or dialysis stations, new or replacement equipment or new services have been licensed and certified, provide copies of correspondence from the appropriate section within the Division of Health Service Regulation and the Centers for Medicare and Medicaid Services (CMS).

**B. Timetable**

1. Complete the following table. The first column **must** include the timetable dates found on the certificate of need. If the CON Section has authorized an extension of the timetable in writing, you may substitute the dates from that letter.

PROJECT MILESTONES	Projected completion date from certificate	Actual completion date	Proposed completion date*
	Month/day/year	Month/day/year	Month/day/year
Obtained funds for the project			
Final drawings and specifications sent to Construction, DHSR			
Final drawings approved by Construction, DHSR			
Acquisition of land/facility			
Construction contract executed			
25% completion of construction			
50% completion of construction			
75% completion of construction			
Completion of construction			
Ordering of medical equipment			
Operation of medical equipment			
Occupancy/offering of services			
Licensure			
Certification			

*\*Proposed completion dates are contingent upon CON approval*

2. If the project is experiencing delays in development, explain in detail the reasons for the delay.

**C. Medical Equipment Projects** – If the project involves the acquisition of any of the following equipment: 1) major medical equipment as defined in NCGS §131E-176(14o); 2) the specific equipment listed in NCGS §131-176(16); or 3) equipment that creates a diagnostic center as defined in NCGS §131E-176(7a), provide the following information for each piece or unit of equipment: 1) manufacturer; 2) model; 3) serial number; and 4) date acquired.

**D. Capital Expenditure**

1. What is the total approved capital cost of the project indicated on the certificate of need? \_\_\_\_\_
2. Complete the table on the following page.
  - a. Include all capital costs that have been paid to date as well as those that the applicant(s) are legally obligated to pay.
  - b. If you have not already done so, provide copies of all executed contracts, including architect and engineering services (as applicable) and all final purchase orders for medical equipment costing more than \$10,000 per unit.
  - c. If the project involves renovation or construction, provide copies of the Contractors Application for Payment [AIA G702] with Schedule of Values [AIA G703].

	<b>Capital Expense Since Last Report</b>	<b>Total Cumulative Capital Expenditure</b>
<b>Site Costs</b>		
Purchase price of land	_____	_____
Closing costs	_____	_____
Site Inspection and Survey	_____	_____
Legal fees	_____	_____
Site preparation costs	_____	_____
Other site costs (identify)	_____	_____
<b>Subtotal Site Costs</b>	_____	_____
<b>Construction Contract</b>		
Cost of materials	_____	_____
Cost of Labor	_____	_____
Other (Specify)	_____	_____
<b>Subtotal Construction Contract</b>	_____	_____
<b>Miscellaneous Costs</b>		
Building purchase	_____	_____
Fixed equipment purchase/lease	_____	_____
Moveable equipment purchase/lease	_____	_____
Furniture	_____	_____
Landscaping	_____	_____
Consultant fees	_____	_____
Financing costs	_____	_____
Interest during construction	_____	_____
Other miscellaneous costs (Specify)	_____	_____
<b>Subtotal Miscellaneous Costs</b>	_____	_____
<b>Total</b>	_____	_____

3. What do you project to be the remaining capital expenditure required to complete the project? \_\_\_\_\_

4. Will the total actual capital cost of the project exceed 115% of the approved capital expenditure on the certificate of need? If yes, explain the reasons for the difference.

**E. CERTIFICATION** – The undersigned hereby certifies that the responses to the questions in this progress report and the attached documents are correct to the best of his or her knowledge and belief. In addition, I acknowledge that incomplete progress report forms **will not** be accepted and **must** be resubmitted upon notification from a CON Project Analyst.

Signature: \_\_\_\_\_  
Name and Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_