

**Certificate of Need
Progress Report Form**

County: _____
Facility: _____
Project ID #: _____

Date of Progress Report: _____
Facility ID #: _____
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. **Inadequate responses to this question will result in the certificate holder being asked to redo the progress report.**

2. Identify all changes to this project approved after the issuance of the certificate, including:
 - a. Cost Overruns and/or Changes of Scope (Include the Project ID #s);
 - b. Material Compliance determinations; and
 - c. Declaratory Rulings

3. If the project is not going to be developed exactly as approved (including the previously approved changes identified in #2 above), 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 N.C. Gen. Stat. § 131E-181(d), the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) 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 is 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 sections within the Agency 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 Agency has previously authorized an extension of the timetable in writing, you may substitute the dates from that letter in the first column.
2. **Are you requesting a timetable extension?** Yes No If the answer is **yes**, enter your proposed completion dates in the third column of the table below. **Proposed completion dates are contingent upon Agency approval.**
3. Explain **the reason(s) for the delay in development:**

Project Milestones	Projected Completion Date from Certificate	Actual Completion Date	Proposed Completion Date*
	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Financing Obtained			
Drawings Completed			
Land Acquired			
Construction / Renovation Contract(s) Executed			
25% of Construction / Renovation Completed (25% of the cost is in place)			
50% of Construction / Renovation Completed			
75% of Construction / Renovation Completed			
Construction / Renovation Completed			
Equipment Ordered			
Equipment Installed			
Equipment Operational			
Building / Space Occupied			
Licensure Obtained			
Services Offered (Required)			
Medicare and / or Medicaid Certification Obtained			
Facility or Service Accredited			
Final Annual Report Due			

*Proposed completion dates are contingent upon Agency approval.

- C. Medical Equipment Projects** – If the project involves the acquisition of any of the following equipment: 1) major medical equipment as defined in N.C. Gen. Stat. § 131E-176(14o); 2) the specific equipment listed in G.S. 131-176(16); or 3) equipment that creates a diagnostic center as defined in N.C. Gen. Stat. § 131E-176(7a), provide the following information for each piece or unit of equipment:

- 1) Manufacturer
- 2) Model
- 3) 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 below and provide supporting documentation, which may include:
 - a. Copies of executed purchase orders for major medical equipment (as defined in N.C. Gen. Stat. 131E-176(14o)), MRIs, PET scanners, Cath equipment, linacs or simulators, etc. If you previously provided them, you do not need to provide another copy.
 - b. If applicable, copies of the Contractors Application for Payment [AIA G702] with Schedule of Values [AIA G703].

	Capital Expense Since Last Report	Total Cumulative Capital Expenditure
Purchase Price of Land		
Closing Costs		
Site Preparation		
Construction/Renovation Contract(s)		
Landscaping		
Architect / Engineering Fees		
Medical Equipment		
Non-Medical Equipment		
Furniture		
Consultant Fees (specify)		
Financing Costs		
Interest during Construction		
Other (specify)		
Total Capital Cost		

3. What is the projected 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 the Agency Project Analyst.

Signature: _____
 Name and Title _____
 Telephone Number _____
 Email address _____