



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 30, 2019

Elizabeth Runyon, System Director of Regulatory Affairs, Strategic Planning
UNC Health Care
Hedrick Building
211 Friday Center Drive, Suite G014
Chapel Hill NC 27517

Exempt from Review

Record #: 3057
Facility Name: University of North Carolina Hospitals
FID #: 923517
Business Name: University of North Carolina Hospitals at Chapel Hill
Business #: 1900
Project Description: Increase in the capital cost required for renovations to the 3rd floor of the Anderson Pavilion
County: Orange

Dear Ms. Runyon:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of September 13, 2019, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Handwritten signature of Michael J. McKillop
Michael J. McKillop
Project Analyst

Handwritten signature of Martha J. Frisone
Martha J. Frisone
Chief

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhstr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Mckillip, Mike

From: Runyon, Elizabeth <Elizabeth.Runyon@unchealth.unc.edu>
Sent: Friday, September 13, 2019 1:48 PM
To: Mckillip, Mike
Subject: [External] Exemption request submitted by DJZ on 7/20/17
Attachments: 2017 7 20 UNCH Update to Prior Exemption Notice for 3 Anderson renovation Exemption Request Record #2019 approved August 2016.pdf

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

Hi Mike,

Attached is the exemption request I mentioned on the phone. I have been unable to find a response from the Agency in our files or on the DHSR website. Could you help me identify whether a response was ever issued by the Agency? Thanks so much, I really appreciate your help.

All the best,
Elizabeth

Elizabeth Frock Runyon

System Director of Regulatory Affairs and Special Counsel

UNC Health Care

211 Friday Center Drive, Chapel Hill, NC 27517

p (984) 215-3622

elizabeth.runyon@unchealth.unc.edu

----- Confidentiality Notice -----

The information contained in (or attached to) this electronic message may be legally privileged and/or confidential information. If you have received this communication in error, please notify the sender immediately and delete the message.

Effective January 01, 2019, this license is issued to
University of North Carolina Hospitals at Chapel Hill

to operate a hospital known as
University of North Carolina Hospitals
located in Chapel Hill, North Carolina, Orange County.

This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall remain
in effect until amended by the issuing agency.

Facility ID: 923517

License Number: H0157

Bed Capacity: 923

General Acute 817, Rehabilitation 30 , Psych 76,

Dedicated Inpatient Surgical Operating Rooms: 3

Dedicated Ambulatory Surgical Operating Rooms: 11

Shared Surgical Operating Rooms: 32

Dedicated Endoscopy Rooms: 9



Hedrick Building
211 Friday Center Drive, Suite G014
Chapel Hill, NC 27517

July 20, 2017

Bernetta Thorne-Williams, Project Analyst
Certificate of Need Section
Division of Health Service Regulation, DHHS
Mail Service Center 2704
Raleigh, NC 27699-2704

RE: Update on Prior Exemption Notice Determination / Record #2019 / Renovation of
3rd Floor Anderson Pavilion space pursuant to NCGS § 131E-184(g) / UNC Hospitals
/ Orange County

Dear Ms. Thorne-Williams:

UNC Hospitals submitted a Notice of Exemption for the above referenced project on August 3, 2016 and the CON Section determined that the project was Exempt from Review on August 16, 2016. See Exhibit 2. The project involves the renovation and refurbishment of the Acute and Intermediate Coronary (Cardiac) Care unit on the 3rd Floor of the Anderson Pavilion. A revised recent cost estimate places the project cost at \$3,840,250 as opposed to the originally submitted \$3,018,446. The increase in the capital cost of the project is due to the DHHS requiring some unforeseen "temporary measures" involving a temporary nurse's station while the existing nurse's station is being renovated. A revised certified cost estimate is attached as Exhibit 1.

UNC Hospitals is requesting confirmation that this renovation is exempt from review pursuant to NCGS §131E-184(g).

NCGS §131E-184(g) provides that *The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b if all of the following conditions are met:*

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.*
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.*
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.*

(1) *Purpose:* The project involves the renovation of 14,023 square feet of space on the unit which occupies 15,591 square feet of space. The renovation will be performed in this same location and the unit's service will not change as a result of this renovation. The number of patient beds will not change as a result of this renovation. This renovation will allow us to modernize and update the unit. The cost of the renovation including equipment and furniture is now expected to be \$3,840,250 as opposed to the originally submitted \$3,018,446. A revised certified cost estimate is contained in Exhibit 1. Floor plans of the existing space, the demolition plan, and the proposed unchanged final floor plan are attached and included in the original request contained in Exhibit 2.

(1) *Main Campus:* NCGS §131E-176(14n) defines "Main Campus" as *the site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the building and grounds adjacent to the main building.*"

The proposed project involves renovating a portion of the 3rd Floor of UNC Hospitals' Anderson Pavilion. The attached key plan in Exhibit 2 reflects the location within the main hospital building. The building's address is 101 Manning Drive, Chapel Hill, NC. The space to be renovated is physically inside the main hospital building and shares the same physical address as UNC Hospitals. Financial and administrative control is provided in offices physically located on the 3rd floor of Medical Wing E, which is connected to the main hospital. The locations of the financial officer and administrative officer are indicated on the attached map in Exhibit 2. UNC Hospitals is a licensed health service facility (DHSR Acute Care License No. H0157).

(2) *New Institutional Health Service:* The renovation project will not result in a change of bed capacity, the addition of a health service facility, or any other new institutional health service other than that allowed in G.S. 131E-176(16)b. No major medical equipment is included in this project. Included in Exhibit 2 are the unchanged equipment and furniture list for the project, and no individual items cost more than \$10,000.

(3) *Prior Written Notice:* This request shall serve of prior written notice of this activity.

Please do not hesitate to contact me at 984-974-1243 if you have any questions or need further information. Thank you for your prompt consideration of this matter.

Sincerely,



Dee Jay Zerman, System Director
Regulatory Planning
UNC HCS

PROPOSED TOTAL CAPITAL COST OF PROJECT

A. Site Costs

(1) Full purchase price of land	\$	0	
Acres _____ Price per Acre \$ _____			
(2) Closing costs	\$	0	
(3) Site Inspection and Survey	\$	0	
(4) Legal fees and subsoil investigation	\$	0	
(5) Site Preparation Costs			
Soil Borings	\$	0	
Clearing - Earthwork	\$	0	
Fine Grade for Slab	\$	0	
Roads - Paving	\$	0	
Concrete Sidewalks	\$	0	
Water and Sewer	\$	0	
Footing Excavation	\$	0	
Footing Backfill	\$	0	
Termite Treatment	\$	0	
Other (Specify)	\$	0	
Sub-Total Site Preparation Costs	\$	0	
(6) Other (Specify)	\$	0	
(7) Sub-Total Site Costs			\$ 0

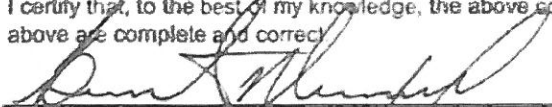
B. Construction Contract

(8) Cost of Materials			
General Requirements	\$	0	
Concrete/Masonry	\$	0	
Woods/Doors & Windows/Finishes	\$	0	
Thermal & Moisture Protection	\$	0	
Equipment/Specialty Items	\$	0	
Mechanical/Electrical	\$	0	
Other ()	\$	0	
Sub-Total Cost of Materials	\$	1,440,420	
(9) Cost of Labor	\$	960,280	
(10) Other: Construction Contingency	\$	600,175	
(11) Sub-Total Construction Contract			\$ 3,000,875

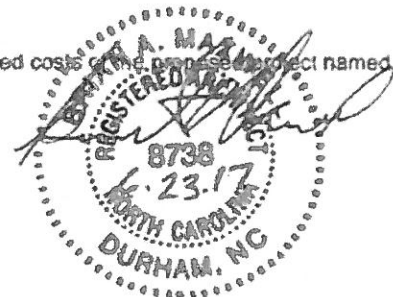
C. Miscellaneous Project Costs

(12) Building Purchase	\$	0	
(13) Fixed Equipment Purchase	\$	0	
(14) Movable Equipment Purchase	\$	0	
(15) Furniture	\$	297,675	
(16) Landscaping	\$	0	
(17) Consultant Fees			
Architect and Engineering Fees	\$	251,150	
Legal Fees	\$	0	
Market Analysis	\$	0	
Sub-Total Consultant Fees	\$	251,150	
(18) Financing Costs (e.g. Bond, Loan, etc.)	\$	0	
(19) Interest During Construction	\$	0	
(20) Other: Project Contingency	\$	290,550	
(21) Sub-Total Miscellaneous			\$ 839,375
(22) Total Capital Cost of Project (Sum A-C above)			\$ 3,840,250

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.



 Signature of Licensed Architect or Engineer





**North Carolina Department of Health and Human Services
Division of Health Service Regulation**

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Health Service Regulation

August 16, 2016

Dee Jay Zerman
Hedrick Building
211 Friday Center Drive, Suite G015
Chapel Hill, NC 27517

Exempt from Review

Record #: 2019
Facility Name: University of North Carolina Hospitals
FID #: 923517
Business Name: UNC Hospitals
Project Description: Renovate the 3rd floor of the Anderson Pavilion to include the Acute and Intermediate Coronary Cardiac Care unit
County: Orange

Dear Ms. Zerman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of August 3, 2016, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



Ms. Zerman
August 16, 2016
Page 2

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Bernetta Thorne-Williams
Project Analyst



Martha J. Frisone, Assistant Chief
Certificate of Need

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR



Hedrick Building
211 Friday Center Drive, Suite G015
Chapel Hill, NC 27517

August 3, 2016

Bernetta Thorne-Williams, Project Analyst
Certificate of Need Section
Division of Health Service Regulation, DHHS
Mail Service Center 2704
Raleigh, NC 27699-2704

RE: Exemption Notice / Renovation of 3rd Floor Anderson Pavilion space pursuant to
NCGS § 131E-184(g) / UNC Hospitals / Orange County

Dear Ms. Thorne-Williams:

UNC Hospitals is planning to renovate and refurbish the Acute and Intermediate Coronary (Cardiac) Care unit on the 3rd Floor of the Anderson Pavilion. UNC Hospitals is requesting confirmation that this renovation is exempt from review pursuant to NCGS §131E-184(g).

NCGS §131E-184(g) provides that *The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b if all of the following conditions are met:*

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- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.*

(1) Purpose: The project involves the renovation of 14,023 square feet of space on the unit which occupies 15,591 square feet of space. The renovation will be performed in this same location and the unit's service will not change as a result of this renovation. The number of patient beds will not change as a result of this renovation. This renovation will allow us to modernize and update the unit. The cost of the renovation including equipment and furniture is expected to be \$3,018,446. A certified cost estimate is contained in Exhibit 1. Floor plans of the existing space, the demolition plan, and the proposed final floor plan are included in Exhibit 2.

(1) Main Campus: NCGS §131E-176(14n) defines “Main Campus” as *the site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the building and grounds adjacent to the main building.”*


The proposed project involves renovating a portion of the 3rd Floor of UNC Hospitals’ Anderson Pavilion. A key plan included in Exhibit 2 reflects the location within the main hospital building. The building’s address is 101 Manning Drive, Chapel Hill, NC. The space to be renovated is physically inside the main hospital building and shares the same physical address as UNC Hospitals. Financial and administrative control is provided in offices physically located on the 3rd floor of Medical Wing E, which is connected to the main hospital. The locations of the financial officer and administrative officer are indicated on the maps contained in Exhibit 3. UNC Hospitals is a licensed health service facility (DHSR Acute Care License No. H0157).

(2) New Institutional Health Service: The renovation project will not result in a change of bed capacity, the addition of a health service facility, or any other new institutional health service other than that allowed in G.S. 131E-176(16)b. No major medical equipment is included in this project. Exhibit 4 contains equipment and furniture list for the project, and no individual items cost more than \$10,000.

(3) Prior Written Notice: This request shall serve of prior written notice of this activity.

Please do not hesitate to contact me at 984-974-1210 if you have any questions or need further information. Thank you for your prompt consideration of this matter.

Sincerely,


Dee Jay Zerman, System Director
Regulatory Planning
UNC HCS

PROPOSED TOTAL CAPITAL COST OF PROJECT

A			
(1) Full purchase price of land		\$	
Acres	Price per Acre \$		
(2) Closing costs		\$	0
(3) Site Inspection and Survey		\$	0
(4) Legal fees and subsoil investigation		\$	0
(5) Site Preparation Costs			
Soil Borings	\$		0
Cleaning - Earthwork	\$		0
Fine Grade for Slab	\$		0
Roads - Paving	\$		0
Concrete Sidewalks	\$		0
Water and Sewer	\$		0
Footing Excavation	\$		0
Footing Backfill	\$		0
Termite Treatment	\$		0
Other (Specify)	\$		0
Sub-Total Site Preparation Costs	\$		0
(6) Other (Specify)	\$		0
(7) Sub-Total Site Costs		\$	
B Construction Contract			
(8) Cost of Materials			
General Requirements	\$	220,843	
Concrete/Masonry	\$	0	
Woods/Doors & Windows/Finishes	\$	259,550	
Thermal & Moisture Protection	\$	0	
Equipment/Specialty Items	\$	190,224	
Mechanical/Electrical	\$	358,560	
Other ()	\$	36,241	
Sub-Total Cost of Materials	\$	1,065,418	
(9) Cost of Labor	\$	710,279	
(10) Other Construction Contingency	\$	443,924	
(11) Sub-Total Construction Contract		\$	2,219,621
C Miscellaneous Project Costs			
(12) Building Purchase	\$	0	
(13) Fixed Equipment Purchase	\$	0	
(14) Movable Equipment Purchase	\$	0	
(15) Furniture	\$	297,675	
(16) Landscaping	\$	0	
(17) Consultant Fees			
Architect and Engineering Fees	\$	251,150	
Legal Fees	\$	0	
Market Analysis	\$	0	
Sub-Total Consultant Fees	\$	251,150	
(18) Financing Costs (e.g. Bond, Loan, etc.)	\$	0	
(19) Interest During Construction	\$	0	
(20) Other Project Contingency	\$	200,000	
(21) Sub-Total Miscellaneous			
(22) Total Capital Cost of Project (Sum A-C above)		\$	3,018,446

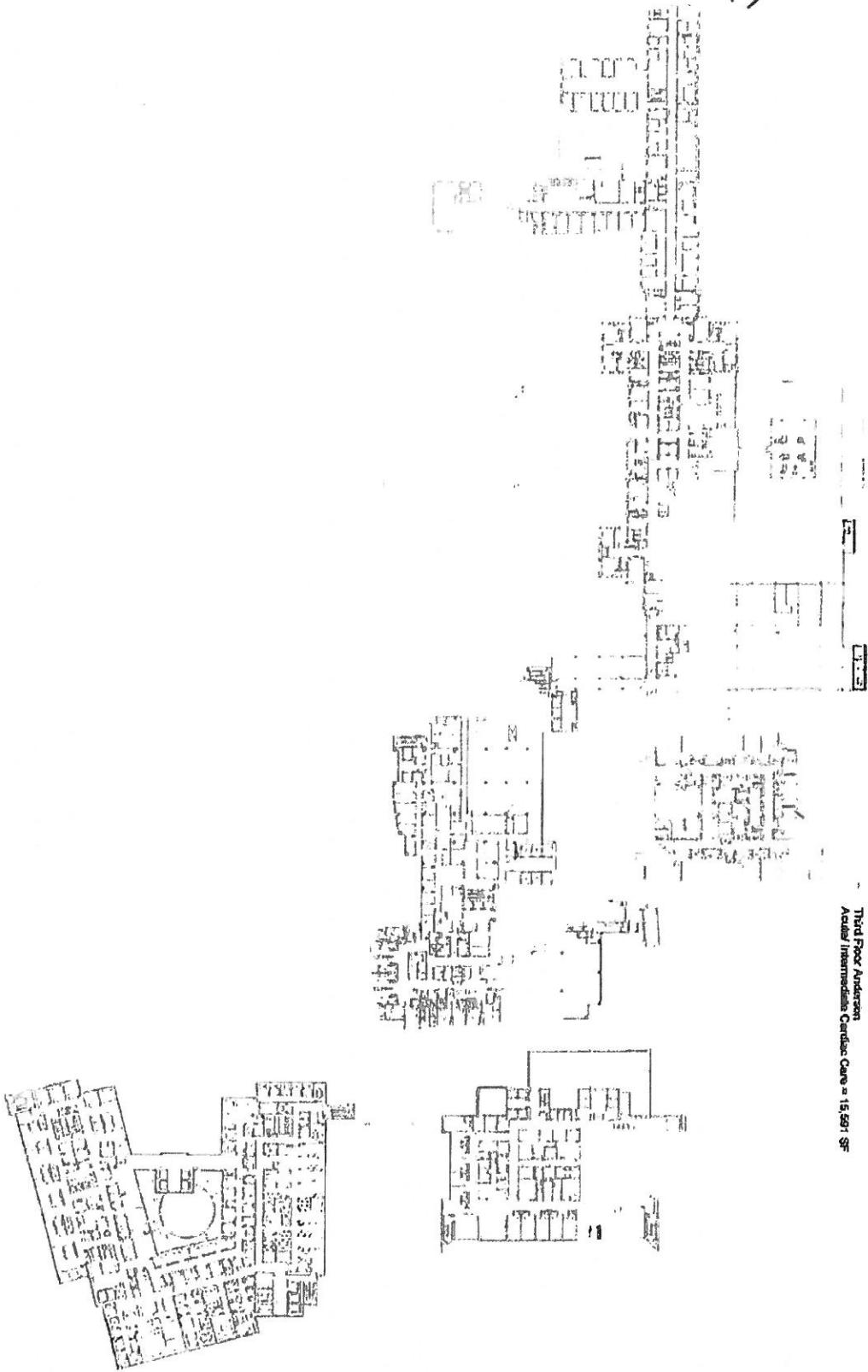


I certify that to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

Brian A. Maxwell

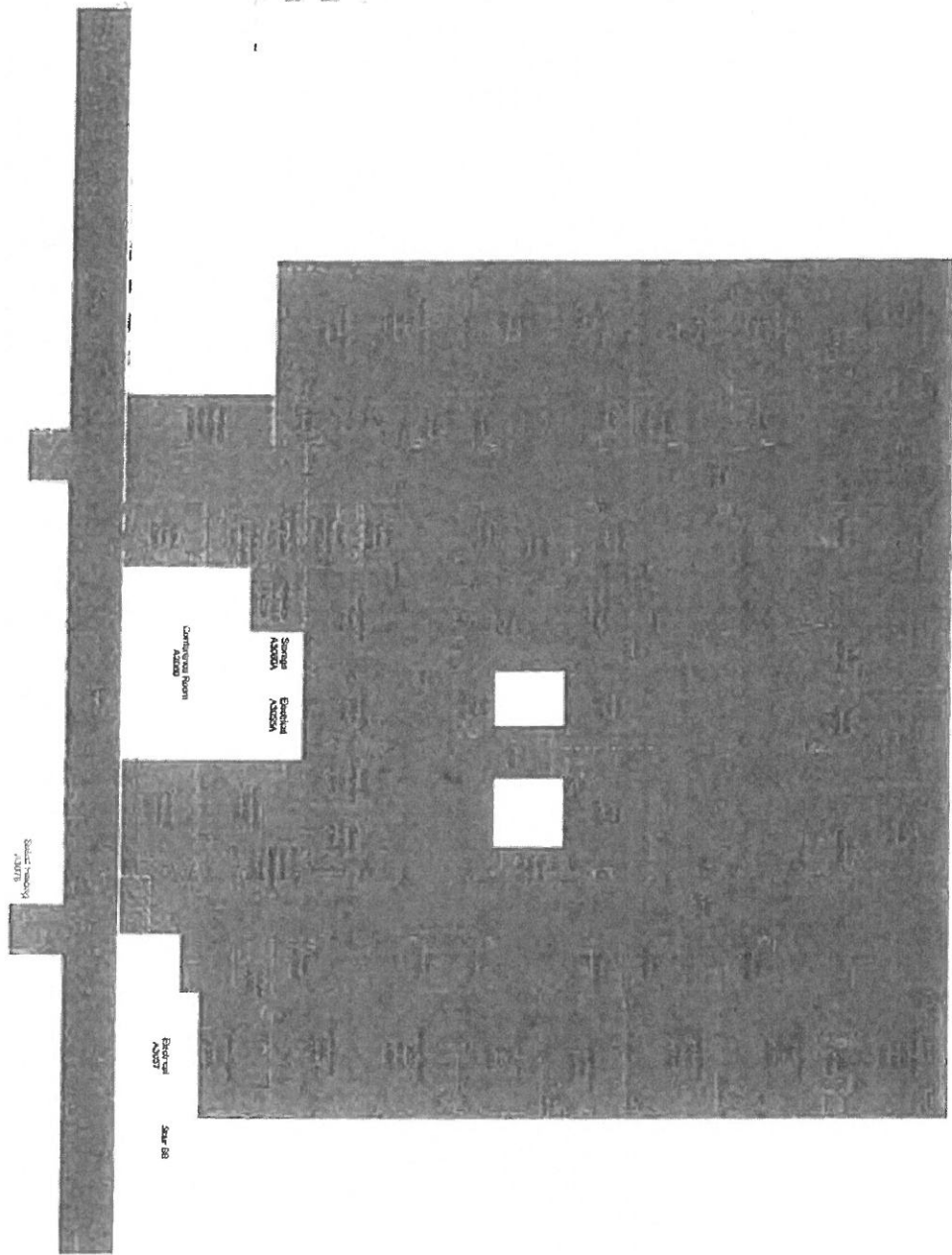
 A. License of Engineer - Architect or Engineer

PREVIOUS Exhibit 2

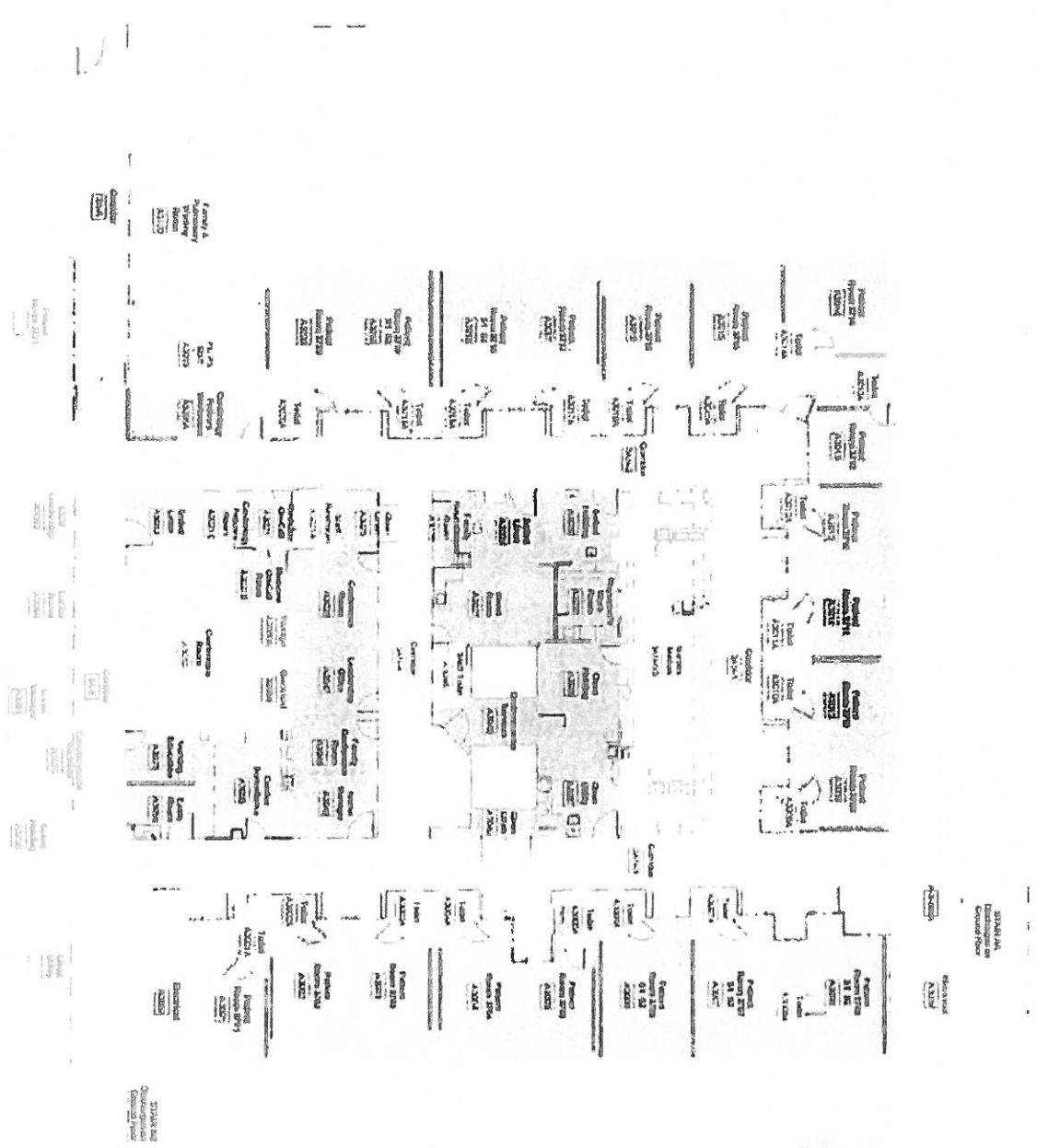


UNC Hospital Third Floor - Overall Plan
Scale: 1" = 80'-0" 01.22.16





2nd Fl



- Corridor
- Nurse
- Patient Room
- Support
- Toilet



Rm #	Name	Existing SF	SF To Be Renovated	Estimated Total SF After Renovation
UNCH 3 Anderson Refurbishment				
3AN-NS	Nurse Station	775	775	775
A3001	Patient Room 3701	201	201	201
A3001A	Patient Toilet Room	51	51	51
A3002	Patient Room 3702	256	256	256
A3002A	Patient Toilet Room	44	44	44
A3003	Patient Room 3703	245	245	245
A3003A	Patient Toilet Room	47	47	47
A3004	Patient Room 3704	255	255	255
A3004A	Patient Toilet Room	46	46	46
A3005	Patient Room A3705	189	189	189
A3005A	Patient Toilet Room	40	40	40
A3006	Patient Room A3706	260	260	260
A3006A	Patient Toilet Room	44	44	44
A3007	Patient Room 3707	276	276	276
A3007A	Patient Toilet Room	46	46	46
A3008	Patient Room 3708	264	264	264
A3008A	Patient Toilet Room	36	36	36
A3009	Patient Room 3709	178	178	178
A3009A	Patient Toilet Room	43	43	43
A3010	Patient Room 3710	187	187	187
A3010A	Patient Toilet Room	54	54	54
A3011	Patient Room 3711	207	207	207
A3011A	Patient Toilet Room	56	56	56
A3012	Patient Room 3712	170	170	170
A3012A	Patient Toilet Room	42	42	42
A3013	Patient Room 3713	150	150	150
A3013A	Patient Toilet Room	49	49	49
A3014	Patient Room 3714	224	224	224
A3014A	Patient Toilet Room	47	47	47
A3014B	Storage	23	23	0
A3015	Patient Room 3715	250	250	250
A3015A	Patient Toilet Room	46	46	46
A3015B	Storage	45	45	0
A3016	Patient Room 3716	253	253	253
A3016A	Patient Toilet Room	45	45	45
A3017	Patient Room 3717	228	228	228
A3017A	Patient Toilet Room	59	59	59
A3018	Patient Room 3718	256	256	256
A3018A	Patient Toilet Room	47	47	47
A3019	Patient Room 3719	248	248	248
A3019A	Patient Toilet Room	46	46	46
A3020	Patient Room 3720	239	239	239
A3020A	Patient Toilet Room	61	61	61
A3021	Medicine On-Call	56	56	56
A3021A	Staff Restroom	65	65	65
A3021B	Medicine On-Call B	64	64	64
A3021C	Medicine On-Call C	72	72	72
A3025	Clean Linen	41	41	41
A3026	Conference Room	192	192	192
A3027	Break Room	184	184	234
A3028	Locker Room	92	92	0
A3028	Family Nourishment Room	0	0	92
A3029	Soiled Linen	84	84	84
A3030	Soiled Holding	109	109	109
A3035	Physician's Work Room	115	115	116
A3036	Cardiac Surveillance	149	149	0
A3036	Clean Holding / Equip Stor	0	0	158
A3037	Clean Utility	229	229	213
A3040	Clean Linen	42	42	42
A3045	EVS	79	79	79
A3046	Staff Toilet	55	55	55
A3047	Leadership Office	132	132	132
A3048	Family Conference Room	102	102	102
A3049	Nurse Manager	125	125	125
A3055	Equipment Storage	228	228	0
A3055	Cardiac Surveillance	0	0	267
A3055A	Electrical	94	0	94
A3056	Cardiology Fellows	193	193	0
A3056	Exam Room	0	0	92
A3078	Nursing Education	0	0	95
A3080	Conference Room	475	0	475
A3080A	Storage	45	0	45
A3082	Soiled Linen	106	106	106
A3095A	Nurse Education Room	153	155	0
A3095A	Cardiology Fellows Workroom	0	0	167
A3055B	Environmental Services Pick-Up	36	36	0
	Corridors & Walls	5944	4990	5888
	Total	15591	14023	15591

THIRD FLOOR ANDERSON PAVILION

PREVIOUS

Exhibit 3

location of offices
of administrative
and financial
officers

3rd Floor Anderson
Pavilion unit



3 Anderson CON
Furniture Equipment- Itemized

PREVIOUS Exhibit 4

Patient Room Furniture	Unit Price	Quantity	Total
Recliners	varies	11	\$ 30,865.00
High Back Patient Chairs	\$ 1,198.00	19	\$ 22,762.00
Stack Chairs	\$ 411.00	14	\$ 5,754.00
Bedside Cabinets	\$ 797.00	29	\$ 23,113.00
Sleep Chairs	\$ 2,604.00	2	\$ 5,208.00
Sleep Sofa w/ Table	\$ 4,761.00	4	\$ 19,044.00
Total			\$ 106,746.00

Work/Office Space Furniture	Unit Price	Quantity	Total
Clean Utility	-	-	\$ 5,041.00
Physician Workroom	-	-	\$ 8,600.00
Soiled Holding	-	-	\$ 3,332.00
Nourishment	-	-	\$ 8,000.00
Nurse Station	-	-	\$ 75,000.00
Leadership Office	-	-	\$ 7,100.00
Staff Lounge	-	-	\$ 10,000.00
Lockers	-	-	\$ 3,197.00
Total			\$ 120,270.00

Artwork	Unit Price	Quantity	Total
Corridors	\$ 350.00	20	\$ 7,000.00
Patient Rooms	\$ 300.00	29	\$ 8,700.00
Total			\$ 15,700.00

Patient Privacy Curtains	Unit Price	Quantity	Total
Patient Rooms (panels)	\$ 177.00	146	\$ 25,842.00
Labor	\$ 350.00	1	\$ 350.00
Total			\$ 26,192.00

**3 Anderson CON
Furniture Equipment- Itemized**

Family Conference Room	Unit Price	Quantity	Total
Side Chairs	\$ 568.00	4	\$ 2,272.00
Closed Arm Chairs	\$ 1,163.00	2	\$ 2,326.00
Round End Tables	\$ 398.00	1	\$ 398.00
"T" shaped table	\$ 1,636.00	1	\$ 1,636.00
Television	\$ 563.00	1	\$ 563.00
Total			\$ 7,195.00

Cardiac Surveillance (Associated Costs)	Unit Price	Quantity	Total
Philips Equipment Move			\$ 13,596.00
Work Room Furniture			\$ 6,131.00
Ergowise Chairs	\$ 615.00	3	\$ 1,845.00
Total			\$ 21,572.00

Total \$ 297,675.00