

Maine Department of Health and Human Services
Certificate of Need
- Summary Report -

A summary report must be made when the service or services for which a certificate of need was issued become operational. 22 M.R.S.A. §350-C.

General Information:

Applicant:
Project Title (see Decision Letter):
Date CON was issued:
Date(s) of approved Subsequent Reviews:
Time period this report covers:
Completion date:
Operational date:
Date of Licensure:

Contact Person for Implementation Reports:

Name/Title:
Organization:
Address 1:
Address 2:
City, State, Zip:
Telephone #:
Fax #:
E-mail:

Sources of Funding:

	Amount for this Report Period	Final Amounts
Amount Financed:		
a. Financing Source:		
b. Interest Rate:		
c. Loan Term:		
d. Date Obligation Entered:		
Equity Contribution:		
Other Sources:		
a. Working Capital:		
b. Fundraising:		
c. Grants:		
d. Other:		
Total		

Project Costs:

	Amount for this Report Period	Final Amounts
New Construction		
Renovation		
Site Work		
Fixed Equipment		
Construction Manager Fee		
Other:		
Major Moveable Equipment		
Furnishings, Fixtures & other Equipment		
Architectural/Engineering Fees		
Land Acquisition		
Purchase of Buildings		
Administrative Expenses & Permits		
Net Debt Financing Expenses		
Debt Service Reserve Fund		
Working Capital		
Capital Interest		
Total		

Final Project Details:

This is for projects involving construction or renovations only.

	Approved Square Footage	Final Square Footage
Total Area Renovated or Remodeled		
Total New Construction		

Contracts/Agreements:

List a brief description of all contracts/agreements signed during this report period. Indicate the dates the contracts/agreements were signed and become effective. Submit with this report a copy of all signed contracts/agreements, including but not limited to: construction contracts, contracts to purchase equipment and management contracts.

Staff Recruitment:

List the numbers of staff and positions successfully recruited for this project.

Comments:

Provide any additional information or comments you feel pertinent to the development of your project.

Completion of Report:

By submission of this form, I certify all the information provided to the questions above have been verified and accurately reflect the outcome of the proposed project to date.

Signature: _____ Date: _____