

# Request for Applications

RFA Number 0705141214

## Implementation of Commission Mandates

Issued by the  
**New York State Department of Health**  
and the  
**Dormitory Authority of the State of New York**

***Request for Applications Issued:*** May 16, 2007

***Key Dates:***

Information Conference: May 24, 2007  
Applications Due: July 16, 2007, 3:00 p. m.

***Information Conference Location:***

Governor Nelson A. Rockefeller Empire State Plaza  
Carol F. Huxley Theater, New York State Museum  
Albany, New York

Directions are available at <http://www.ogs.state.ny.us/visiting/gettingAround/defaultParking.html>

**Contact Name & Address:**

Robert G. Schmidt  
Director, HEAL Implementation Team  
New York State Department of Health  
Division of Health Facility Planning  
433 River Street, 6<sup>th</sup> floor  
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# **New York State Department of Health**

## **Request for Applications for Implementation of Commission Mandates**

### **1.1 Notice of Available Funds**

This notice is directed to the 81 facilities subject to the requirements of the Commission on Health Care Facilities in the Twenty-First Century (the Commission). All 81 facilities are mandated to comply with the Commission's requirements and have received separate communications from the Department of Health (DOH) identifying the specific compliance requirements related to their specific circumstances. This application process provides the facilities with an opportunity to submit their compliance plan to the Department in conjunction with a request for grant funds to assist with implementation of the requirements. **It is intended to be the primary and perhaps only opportunity for those facilities to request financial assistance for complying with Commission requirements. Facilities that fail to apply may forfeit any opportunity for future funding.** Compliance plans and applications which do not fully comport with Commission requirements may be returned to the applicant for reconsideration.

As part of this application process, a significant proportion of total available funds are available to reimburse facilities for expenditures they make prior to October 1, 2007. Accordingly, applications that include a request for support for expenses incurred between January 1, 2007, and September 30, 2007, may receive a significantly more favorable response than applications which request support only for expenditures to be incurred in a later period.

Applications will be reviewed on a rolling basis beginning on the date of this notice. Applications received earlier in the review period stand a greater likelihood of being reviewed in a manner that will ensure access to this dedicated pool of funds. **All applications must be received in the Department of Health no later than 3:00 p. m. on July 16, 2007.**

Facilities interested in requesting financial assistance must complete the Application for Financial Assistance attached to this document. In rare instances, such as when complex, ongoing merger negotiations make completing such an application impractical, the Commissioner may grant an extension for filing this financial application. In that event, applicants are required at a minimum to submit a request for an extension, as well as their general plan for complying with the Commission requirements, as described below, and a general description of their expected sources of funds, the intended uses of those funds, the overall cost of any project, historical financial information and the anticipated amount of funds to be requested from the State.

### **1.2 Background**

The recommendations set forth in the December, 2006 report of the Commission gained the force of law effective January 1, 2007, and hence assumed the status of a legal mandate. Chapter 63 of the Laws of 2005 requires each of the 81

facilities subject to the Commission mandates to submit to the Commissioner of Health, in a form and manner determined by the Commissioner, an acceptable plan of compliance with the Final Report of the Commission. The same law authorizes and requires the Commissioner of Health to take all steps necessary to implement the Commission's mandates by June 30, 2008, in a reasonable and cost efficient manner.

Funding is currently available under the Health Care Efficiency and Affordability Law (HEAL) and the Federal–State Health Reform Partnership (F-SHRP) to assist facilities in implementing compliance activities that comport with Commission mandates and which are deemed reasonable and cost-efficient by the Commissioner of Health. Any facility interested in requesting financial assistance to meet its Commission mandate must complete the Application for Financial Assistance attached to this notice. While submission of an application for financial assistance is voluntary, facilities are encouraged to apply for assistance at this time, as funding to support the implementation of Commission mandates may not be available in the future. The Department of Health (DOH) and the Dormitory Authority of the State of New York (DASNY) will review requests for HEAL/F-SHRP funds submitted in response to this notice.

### **1.3 Compliance Plan**

Earlier this year, each of the 81 hospitals and nursing homes subject to Commission mandates received a letter from the Director of the DOH Office of Health Systems Management (OHSM) advising them of the steps and deliverables necessary to implement the Commission mandate pertaining to their individual facilities. The technical components (sections A through F) of the Application for Financial Assistance attached to this notice will be deemed and reviewed as a plan for compliance with the applicant facility's Commission mandate.

### **1.4 Eligible Applicant**

An eligible applicant for the financial assistance available under this announcement must be an entity that is a legally existing organization, capable of entering into a binding contract, and one which is also the following:

- one of the 81 facilities subject to one or more of the 57 recommendations issued in the Commission's report of December, 2006;

**or**

- a corporation established under the Public Health Law as an active member of one or more of the 81 facilities.

## 1.5 Deadline for Submission

Requests for financial assistance to support implementation of the compliance plan will be accepted on a continuous basis beginning May 16, 2007. Requests received by July 16, 2007 which fully comply with the Commission's mandate for the applicant facility may receive early review (see Section 1.6).

## 1.6 Basis of Awards

Funds will be awarded in relation to the costs of the required Commission implementation activities for the applicant facility and with consideration of the facility's available resources. Award decisions will be governed by the principles set forth in the Commission's December, 2006 report (see page 230 of the report):

- Public funds for the implementation of Commission mandates must be used judiciously and in the most prudent possible manner;
- Insofar as facilities are capable of funding their own closure, conversion, affiliation, or rightsizing, they must do so;
- The costs of implementation activities must be shared among all interested parties, and the State need only contribute a portion of these costs.

Using these principles, DOH and DASNY will review applications to determine the minimum public investment needed for the proposed project. This approach will provide the basis for negotiation, as needed, of changes in costs and activities proposed by the applicant facility to implement its Commission mandate. In some instances, DOH and DASNY may determine that no public funds are needed for an applicant to successfully implement their specific recommendation.

In the several specific categories of Commission-mandated activities, which are closures, construction, and reorganization (merger, consolidation, affiliation)<sup>1</sup> the State contribution will be further guided by the following principles:

1. Facilities must self-fund proposed activities as much as possible, including through private, third-party financing and, for closures, the sale of assets.
2. State funds will be made available only in the absence of other possible funding.

With the above principles in mind, the applicant must demonstrate a strong level of financial commitment to the implementation of the changes required by the Commission, including a reasonable level of borrowing, if necessary. The applicant must describe how the requested HEAL/F-SHRP funds will complement the facility's own substantial commitment of assets and borrowing to support activities necessary to carry out the Commission's mandated changes.

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<sup>1</sup> For applications seeking State funds for the support of mergers and affiliations, DOH and DASNY will give more favorable consideration to proposals for full asset merger or affiliation under an active parent, as compared to requests for support of affiliation under a passive parent or some lesser affiliation.

Grant moneys will be available to cover funds disbursed by the facility beginning January 1, 2007, for the applicant facility's implementation of its Commission mandate. Requests for funding should relate to the entire implementation period.

**Applicants should note that a significant amount of grant moneys will be available to reimburse for funds actually disbursed prior to the close of the Federal fiscal year on September 30, 2007.**

During their review process, DOH and DASNY reserve the right to require additional information from an applicant, e. g., seek a revised financial plan or clarification or amendment of the implementation plan.

**An application may receive early consideration for review if it:**

- **Is fully compliant with the Commission's mandate for the facility;**
- **Has few barriers to implementation;**
- **Is deemed reasonable, cost-effective and financially feasible;**
- **Reflects significant expenditures before October 1, 2007.**

### **1.7 Eligible Costs**

Funds may be available for planning, legal, architectural, design and consulting costs. In addition, priority will be given to funds designed to ensure that the health and safety of the public is preserved during implementation of the Commission's requirements.

In the case of the closure of a facility, funds may be provided to ensure the safe and orderly closure of the facility, including costs of closure, severance payments and retraining expenses; costs of paying off outstanding liabilities; and costs incurred to maximize the preservation of assets. Equity and efficiency may both be considered in awarding funds for closing facilities.

In the case of a merger or affiliation, funds may be available to support restructuring activities designed to effectuate better integration among the facilities. If it is anticipated that affected facilities will be able to achieve cost savings through their merger activities, monies may be made available to supplement available funds upon a demonstration of need.

Specific examples of eligible costs **may include, but are not limited to:**

- a) Legal fees associated with the development and execution of closure actions and merger/affiliation/shared governance arrangements, including but not limited to:
  - dissolution of governing entities
  - transfer of assets

- establishment of new corporate governing entities
  - transfer of medical records
- b) Consultant fees;
  - c) Payment of debt;
  - d) Repayment of outstanding DASNY restructuring pool loans;
  - e) Discharge of existing long-term debt or mortgage associated with a facility being closed;
  - f) Security contract for abandoned building/equipment;
  - g) Retention of medical records;
  - h) Building insurance during the closure process;
  - i) Medical malpractice liability obligations during closure;
  - j) Severance and pension payments and retraining expenses in connection with staff layoffs related to closure, conversion, reorganization or downsizing;
  - k) Renovation of vacated inpatient space to accommodate ambulatory or community-based services called for in the Commission's report;
  - l) Expansion/ upgrading of existing space necessary to effect Commission requirements;
  - m) New construction to achieve shared or consolidated services as required by the Commission;
  - n) The relocation of beds and/or services associated with the consolidation of services as required by the Commission;
  - o) Medical equipment associated with the required change;
  - p) Initiation or expansion of home- or community-based services;
  - q) Architectural and design fees;
  - r) Consultant fees and other expenditures associated with the preparation of CON applications and other requests for approval of restructuring activities required by the Commission;
  - s) Preparation of facility space to accommodate patients and supportive services during renovation and construction.
  - t) Other costs deemed acceptable by the Commissioner of Health.

Applications must include a justification for all costs included in the project budget, along with a discussion of how the expenses relate to the implementation of the Commission's mandate for the applicant facility.

### **1.8 Contracts**

If financial assistance is provided, State contracts obligating the funds shall bind the recipient to fully implement the activities described in the funding application and relating to the Commission's mandate for the facility. Failure of the contractor to carry out the Commission's mandate within the required timeframe will result in financial penalty, including the recovery of awarded funds.

Contracts shall also provide for the repayment to the State of funds awarded to the recipient facility to implement its Commission's mandate, when the costs of implementation are recovered, in whole or in part, by the sale of facility real estate, other assets or other transactions.

The State reserves the right to enter into multi-year contracts which may incorporate successive phases of the implementation project.

Contracts awarded to eligible applicants shall require that work performed thereunder shall be deemed "public work" and subject to and performed in accordance with Articles 8, 9 and 10 of the New York State Labor Law; and the contractors performing such work shall also be deemed a State agency for the purpose of Article 15-A of the Executive Law and be subject to the provisions of that article.

### **1.9 Information Conference**

An information conference will be held in Albany on May 24, 2007, Empire State Plaza, in the Carol F. Huxley Theater of the New York State Museum, from 1:00 p. m. to 4:00 p. m. to answer questions eligible applicants may have. This conference is not intended to provide a forum to discuss the merits of Commission recommendations, but rather to assist applicants in completing a successful application.

### **1.10 How to File an Application**

Applications must be **received** at the following address **by 3:00 PM** on the date shown on the cover page of this RFA.

Robert G. Schmidt  
Director, HEAL Implementation Team  
New York State Department of Health  
Division of Health Facility Planning  
433 River Street, 6<sup>th</sup> Floor  
Troy, NY 12180

Eligible Applicants must submit two complete original and signed applications, along with four hard copies of the application and six copies on separate compact discs (CD's). These electronically readable CD's must include a complete copy of the application, readable in Adobe's .pdf format. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document.

Applications should be concise, single-spaced, and use at least a 12-point type.

# New York State Department of Health Application for Financial Assistance

To implement a mandate resulting from the December 2006  
*Final Report of the Commission on Health Care Facilities in the 21<sup>st</sup> Century*

## Cover Page

Facility \_\_\_\_\_

Region:     Central             Hudson Valley     Long Island  
              Northern            Western            New York City

Recommendation Related To:     Acute Care         Long Term Care

Recommendation # \_\_\_\_\_ (as shown in December 2006 Report)

Project Name \_\_\_\_\_

Facility Name \_\_\_\_\_

Applicant Address \_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone    \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_

Fax            \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_

e-Mail \_\_\_\_\_

Signature of an individual who would be authorized to bind the Applicant to any  
contract resulting from this application:

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

New York State Department of Health  
**Application for Financial Assistance**

To implement a mandate resulting from the December 2006  
*Final Report of the Commission on Health Care Facilities in the 21<sup>st</sup> Century*

## ***Format and Instructions***

Earlier this year, each of the 81 hospitals and nursing homes subject to Commission mandates received a letter from the Director of the DOH Office of Health Systems Management (OHSM) advising them of the steps and deliverables necessary to implement the Commission mandates pertaining to their individual facilities. The Compliance Plan must describe the activities that will be undertaken by the facility to attain the specified deliverables. Required elements of the Compliance Plan are as follows:

**NOTE: As described in Section 1.3 of the Request for Applications, submission of Sections A through F below (technical components) will be deemed and reviewed as a Compliance Plan. Facilities seeking financial assistance in relation to this plan must also submit sections G through N.**

### **A. Executive Summary**

A brief summary of the proposed implementation project and how it will achieve the closure, conversion, reorganization, or downsizing prescribed for the facility by the Commission.

### **B. Impact on the Institution**

A description of how the facility will change through compliance with the Commission's mandate and the implementation of the activities in the associated plan. For example:

- Changes in inpatient, outpatient and community-based services;
- Altered physical plant
- Organizational changes
  - Changes in governance structure
  - Consolidation of departments or other units
  - New approaches to management
- In the case of a merger, joint governance structure, or affiliation, a description of how the plan will assure access to women's health services.
- Benefits to the institution
  - Savings
  - Efficiency
  - Improved creditworthiness

- Community Input
  - Outreach efforts which the facility engaged in to inform the community of the facility's plan and incorporate community concerns into the proposed project.

### **C. Objectives, Tasks and Timeline**

A description of objectives to be achieved in progressing toward the outcome prescribed in the Commission's mandate for the facility, with the tasks (sub-objectives) required to attain each objective. These objectives and tasks must be set sequentially within a timeline whose end date is that prescribed in the Commission's mandate for the facility, or sooner, with dates identified for completion of each objective. The objectives and timeline must be consistent with the implementation outline set forth in the January 31, 2007, letter from the Director of the Office of Health Systems Management to the applicant facility.

### **D. Resources for Compliance**

A narrative description of the sources and uses of funds required and available to the applicant to implement the compliance plan, including any HEAL/F-SHRP funds being requested in the attached Financial Application.

### **E. Monitoring Plan**

The application must describe the methodology that will be used to track progress within the project. The monitoring plan must include a feedback mechanism to identify unforeseen barriers encountered in project implementation and procedures to make needed adjustments in tasks and schedules.

### **F. Reporting Requirements**

The facility must submit a monthly report to DOH describing the general progress of the project in carrying the implementation activities described in the technical application. In addition, the facility must submit more detailed quarterly reports which, at a minimum, include:

- Discussion of milestones achieved and evaluation of project status;
- Discussion of any delays or other issues encountered;
- Plan of action for addressing any delays or other issues encountered;
- Objectives for the next reporting period;
- Objectives for the remaining project period;
- Financial report of project expenses and revenues.

Quarterly reports must relate expenditures to the progress of the project in implementing the Commission's mandate for the facility, with reference to the implementation outline and sequence of activities set forth in the January 31, 2007 letter from the Director of the Office of Health Systems Management to the affected facility.

## **G. Project Budget**

Using the attached schedules, provide a Project Budget and Financial Plan that includes all components of the application, including those that will be funded with sources other than HEAL/F-SHRP grant funds. Also show the amount of each budget planned to be funded with HEAL/F-SHRP funds. **Provide a detailed discussion of the reasonableness of each budgeted item**, describing why the item is relevant and necessary to the project and how the cost was determined. Identify and describe all private or other sources of funding for the project, including governmental agencies or other grant funds.

## **H. Retirement of Debt and Other Liabilities**

For retirement of debt, provide a description of material liabilities showing the nature and amount of the liability, whether the liability is secured or unsecured and if secured, a description of the collateral (including estimate of its value) securing the debt. Separately identify each reserve fund or escrow account applicable to each debt by type and amount.

For payroll related liabilities, provide a description of the work force including any collective bargaining relationships, severance policy, and an estimate of WARN act liability (if applicable). Describe any steps being taken to mitigate the liability.

Include broker's estimates of value or appraisals for all real property assets and actuarial studies for pension and malpractice liabilities. The State reserves the right, at a later date, to require an independent appraisal.

## **I. Cost Effectiveness**

Describe why the project is a cost-effective investment as compared to other approaches to implementation of the compliance plan. Describe how the requested HEAL/F-SHRP funds will complement the facility's own substantial commitment of assets and borrowing to support activities necessary to carry out the Commission's mandated changes. If applicable, describe how HEAL/F-SHRP funds will be used to ensure that the health and safety of the public is preserved during implementation of the Commission's requirements.

## **J. Financial Feasibility - Non-Closure Projects**

Provide a detailed discussion showing how the project will contribute to the institution's financial viability upon completion. Provide a feasibility plan for paying or retiring capital debt. Include supporting documents such as a balance sheet, a profit and loss statement, including a cash flow statement, etc. for the Project through three years after completion.

## **K. Applicant Financial Position**

Provide evidence of the financial position of the applicant. This would include a copy of the prior two annual audited financial statements and a year-to-date financial statement, and any other relevant evidence. Entities whose financial statements have not been subjected to an audit must include any additional information available to satisfy this test and appropriate certifications. The applicant should provide a narrative description of balance sheet items, including accounts receivable (age, nature, payor) and all other significant assets (type, age, location, use, net book and market value, restrictions on use) and accounts payable (age, nature, obligee) and other significant liabilities (source, purpose, age, terms, collateral, current / delinquent).

## **L. Certifications**

All applicants must provide a signed certification document as provided in Schedule 6.

## **M. General Corporate Information**

1. Provide a list of grants applied for in the last three years and whether the grants were awarded or declined.
2. Provide the name of any parent, sibling, or subsidiary corporation of the applicant.
3. Include with the application a copy of Form 990 or evidence of an up-to-date filing with the Attorney General of New York State.
4. Provide the name and phone number of the person responsible for preparing the applicant's financial statements.

## **N. Schedules**

Schedule 1: Project Summary

Schedule 2: Construction Project Costs

Schedule 2a: Construction Subproject Costs

Schedule 2b: Construction Subproject Costs by Period

Schedule 3: Closing Project Costs

Schedule 4: Reorganization Project Costs

Schedule 5: Sources of Funds

Schedule 6: Certification Form

All fund sources and expenses associated with the proposed project must be disclosed. Total fund sources should equal total expenses. If fund sources exceed expenses, a detailed explanation must be included. Each schedule must include the name, phone number, and e-mail address of the person responsible for preparing the form.

New York State Department of Health  
**Application for Financial Assistance**  
 To implement a mandate resulting from the December 2006  
*Final Report of the Commission on Health Care Facilities in the 21<sup>st</sup> Century*

**Schedule 1**  
**Project Summary**

<b>Applicant Name:</b>		<i>January 1 – Sept. 30, 2007</i>	<i>October 1 2007 or Later</i>	<i>Total</i>	<i>Attach Schedule(s)</i>
<b>Closure</b>	<i>Total Cost</i>				<b>3</b> and <b>5</b> and <b>6</b>
	<i>Non-HEAL/ F-SHRP Fund Sources</i>				
	<i>HEAL / F-SHRP Funding Requested</i>				
<b>Reorganization</b>	<i>Total Cost</i>				<b>4</b> and <b>5</b> and <b>6</b>
	<i>Non-HEAL/ F-SHRP Fund Sources</i>				
	<i>HEAL / F-SHRP Funding Requested</i>				
<b>Construction</b>	<i>Total Cost</i>				<b>2</b> and <b>2a</b> And <b>2b</b> and <b>5</b> and <b>6</b>
	<i>Non-HEAL NY F-SHRP Fund Sources</i>				
	<i>HEAL / F-SHRP Funding Requested</i>				

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**Schedule 2**  
**Construction Project Costs**  
**Summary of Subprojects**

Applicant Name: \_\_\_\_\_

Subproject # \_\_\_\_\_

Subproject Description: \_\_\_\_\_

<b>1. Construction Costs:</b>	A	B	C
	<b>Project Cost in Current Dollars</b>	<b>Escalation Amount to Mid-point of Construction</b>	<b>Estimated Project Costs</b>
		Computed by applicant	(A + B)
1.1 Land Acquisition	\$		\$
1.2 Building Acquisition	\$		\$
2.1 New Construction	\$	\$	\$
2.2 Renovation & Demolition	\$	\$	\$
2.3 Site Demolition	\$	\$	\$
2.4 Temporary Utilities	\$	\$	\$
2.5 Asbestos Abatement	\$	\$	\$
3.1 Fixed Equipment	\$	\$	\$
3.2 Planning Consultant Fees	\$	\$	\$
3.3 Architect/Engineering Fees	\$	\$	\$
3.4 Construction Manager Fees	\$	\$	\$
3.5 Other Fees (Consultant, etc.)	\$	\$	\$
Subtotal (Total 1.1 thru 3.5)	\$	\$	\$
4.1 Moveable Equipment	\$	\$	\$
4.2 Telecommunications	\$	\$	\$
5. Total Basic Cost of Construction (total 1.1 thru 4.2)	\$	\$	\$
6.1 Financing Costs (Points etc)	\$		\$
6.2 Interim Interest Expense, net of earnings: \$ <input type="text"/> At <input type="text"/> % For <input type="text"/> months	\$		\$
7. Total Project Cost	\$	\$	\$
Cost Per Square Foot for New Construction			\$ / sq. ft.
Cost Per Square Foot for Renovation Construction			\$ / sq. ft.
Total Incremental Operating Cost			\$

## Schedule 2 (continued)

<b>2. Construction Dates:</b>	Dates:
Anticipated Start Date	
Anticipated Completion Date	

Name, phone number, and e-mail address of the person responsible for preparing this form:

\_\_\_\_\_  
Name

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Phone

**For each Schedule 2 submission, complete a corresponding Schedule 5. If the project is comprised of multiple subprojects, complete a Schedule 2a and 2b for each subproject. If there are no sub-projects, complete at least one Schedule 2b for the entire construction project showing the period in which costs are expected to be incurred.**

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**Schedule 2a**

**Construction Project Costs  
 Summary of Subprojects**

Applicant Name:

Subproject # \_\_\_\_\_

Subproject Description:

<b>1. Construction Costs:</b>	A	B	C
	<b>Project Cost in Current Dollars</b>	<b>Escalation Amount to Mid-point of Construction</b>	<b>Estimated Project Costs</b>
		Computed by applicant	(A + B)
1.1 Land Acquisition	\$		\$
1.2 Building Acquisition	\$		\$
2.1 New Construction	\$	\$	\$
2.2 Renovation & Demolition	\$	\$	\$
2.3 Site Demolition	\$	\$	\$
2.4 Temporary Utilities	\$	\$	\$
2.5 Asbestos Abatement	\$	\$	\$
3.1 Fixed Equipment	\$	\$	\$
3.2 Planning Consultant Fees	\$	\$	\$
3.3 Architect/Engineering Fees	\$	\$	\$
3.4 Construction Manager Fees	\$	\$	\$
3.5 Other Fees (Consultant, etc.)	\$	\$	\$
Subtotal (Total 1.1 thru 3.5)	\$	\$	\$
4.1 Moveable Equipment	\$	\$	\$
4.2 Telecommunications	\$	\$	\$
5. Total Basic Cost of Construction (total 1.1 thru 4.2)	\$	\$	\$
6.1 Financing Costs (Points etc)	\$		\$
6.2 Interim Interest Expense, net of earnings: \$ <input type="text"/> At <input type="text"/> % For <input type="text"/> months	\$		\$
7. Total Project Cost	\$	\$	\$
Cost Per Square Foot for New Construction			\$ / sq. ft.
Cost Per Square Foot for Renovation Construction			\$ / sq. ft.
Total Incremental Operating Cost			\$

<b>2. Construction Dates:</b>	Dates:
Anticipated Start Date	
Anticipated Completion Date	

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**Schedule 2b**

**Construction Subproject Costs by Period**

Applicant Name:

Subproject # \_\_\_\_\_

Subproject Description:

	A	B	C	D
	<b>Estimated Project Costs (Col. C from Schedule 2a)</b>	<b>January 1, 2007 to September 30, 2007</b>	<b>October 1, 2007 to September 30, 2008</b>	<b>October 1, 2008 to September 30, 2009<sup>1</sup></b>
1.1 Land Acquisition	\$	\$	\$	\$
1.2 Building Acquisition	\$	\$	\$	\$
2.1 New Construction	\$	\$	\$	\$
2.2 Renovation & Demolition	\$	\$	\$	\$
2.3 Site Development	\$	\$	\$	\$
2.4 Temporary Utilities	\$	\$	\$	\$
2.5 Asbestos Abatement	\$	\$	\$	\$
3.1 Fixed Equipment	\$	\$	\$	\$
3.2 Planning Consultant Fees	\$	\$	\$	\$
3.3 Architect/Engineering Fees	\$	\$	\$	\$
3.4 Construction Manager Fees	\$	\$	\$	\$
3.5 Other Fees (Consultant, etc.)	\$	\$	\$	\$
Subtotal (Total 1.1 thru 3.5)	\$	\$	\$	\$
4.1 Moveable Equipment	\$	\$	\$	\$
4.2 Telecommunications	\$	\$	\$	\$
5. Total Basic Cost of Construction (Total 1.1 thru 4.2)	\$	\$	\$	\$
6.1 Financing Costs (Points, etc.)	\$	\$	\$	\$
6.2 Interim Interest Expense, net of earnings: <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 80px; height: 25px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">\$</div> <div style="margin: 0 5px;">at</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">%</div> </div> <div style="margin-top: 5px;">For <div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center; margin-right: 5px;"></div> months</div>	\$	\$	\$	\$
7. Estimated Sub-Project Cost: (Total 5 thru 6.2)	\$	\$	\$	\$
<b>Total Incremental Operating Cost</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<sup>1</sup> Insert additional columns for later periods.

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**Schedule 3**  
**Closing Project Costs**

Applicant Name: \_\_\_\_\_

Subproject # \_\_\_\_\_

Subproject Description: \_\_\_\_\_

Closing Costs Type (examples)	Total	January 1, 2007 to September 30, 2007	October 1, 2007 to September 30, 2008	October 1, 2008 to September 30, 2009 <sup>1</sup>
Mortgage	\$	\$	\$	\$
Other Loan(s) Outstanding	\$	\$	\$	\$
Amounts Owed Vendors	\$	\$	\$	\$
Legal fees	\$	\$	\$	\$
Consulting fees	\$	\$	\$	\$
Realty fees	\$	\$	\$	\$
Pension Liabilities	\$	\$	\$	\$
Security fees	\$	\$	\$	\$
Severance	\$	\$	\$	\$
Other (list):	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<sup>1</sup> Insert additional columns for later periods.

Provide a detailed discussion of the reasonableness of each budgeted item, describing why the item is relevant and necessary to the project and how the cost was determined. Provide copies of all loan documents. If in bankruptcy, describe the current status of proceedings and include the proposed plan for reorganization.

Name, phone number, and e-mail address of the person responsible for preparing this form:

\_\_\_\_\_

Name

\_\_\_\_\_

e-mail address

\_\_\_\_\_

Phone

**For each Schedule 3 submission, complete the corresponding Schedule 5.**

**New York State Department of Health**  
**Application for Financial Assistance**

To implement a mandate resulting from the December 2006  
*Final Report of the Commission on Health Care Facilities in the 21<sup>st</sup> Century*

**Schedule 4**  
**Reorganization Project Costs**

Applicant Name:

Subproject # \_\_\_\_\_

Subproject Description:

Costs	Total	January 1, 2007 to September 30, 2007	October 1, 2007 to September 30, 2008	October 1, 2008 to September 30, 2009 <sup>1</sup>
Planning	\$	\$	\$	\$
Legal fees	\$	\$	\$	\$
Consulting fees	\$	\$	\$	\$
Realty fees	\$	\$	\$	\$
Pension Liabilities	\$	\$	\$	\$
Security fees	\$	\$	\$	\$
Severance	\$	\$	\$	\$
Other (list):	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$

<sup>1</sup> Insert additional columns for later periods.

Provide a detailed discussion of the reasonableness of each budgeted item, describing why the item is relevant and necessary to the project and how the cost was determined.

Name, phone number, and e-mail address of the person responsible for preparing this form:

\_\_\_\_\_ Name

\_\_\_\_\_ e-mail address

\_\_\_\_\_ Phone

**For each Schedule 4 submission, complete the corresponding Schedule 5.**

New York State Department of Health  
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**Schedule 5**  
**Sources of Funds**

**To be included with each Closure, Reorganization and Construction Schedule.**

Applicant Name:

Subproject # \_\_\_\_\_

Subproject Description:

<b>Summary:</b> Check all that apply and fill in corresponding amounts.		<b>Total</b>	<b>January 1, 2007 to September 30, 2007</b>	<b>October 1, 2007 to September 30, 2008</b>	<b>October 1, 2008 to September 30, 2009<sup>1</sup></b>
	<b>Type</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
<input type="checkbox"/>	A. Leases	\$	\$	\$	\$
<input type="checkbox"/>	B. Cash	\$	\$	\$	\$
<input type="checkbox"/>	C. Mortgage, Notes, or Bonds	\$	\$	\$	\$
<input type="checkbox"/>	D. Land / Real Property	\$	\$	\$	\$
<input type="checkbox"/>	E. Refinancing	\$	\$	\$	\$
<input type="checkbox"/>	F. Other (describe)	\$	\$	\$	\$
<input type="checkbox"/>	G. HEAL/ F-SHRP Request	\$	\$	\$	\$
<input type="checkbox"/>	Total Project Financing (Sum A to G)	\$	\$	\$	\$

<sup>1</sup> Insert additional columns for later periods.

**Details**

<b>A. Leases</b> List each lease, whether capital or operating.	<b>Not Applicable</b>	<b>Title of attachment</b>
1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable.	<input type="checkbox"/>	
2. Attach a copy of the proposed lease(s).	<input type="checkbox"/>	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	<input type="checkbox"/>	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	<input type="checkbox"/>	
5. If applicable, identify separately the total square footage to be occupied by the facility and the total square footage of the building.	<input type="checkbox"/>	
6. Attach two letters from independent realtors verifying square footage rate.	<input type="checkbox"/>	
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	<input type="checkbox"/>	

## Schedule 5 (continued)

<b>B. Cash</b>	Amount	January 1, 2007 to September 30, 2007	October 1, 2007 to September 30, 2008	October 1, 2008 to September 30, 2009 <sup>1</sup>
Accumulated Funds	\$	\$	\$	\$
Sale of Existing Assets	\$	\$	\$	\$
Gifts (fundraising program)	\$	\$	\$	\$
Government Grants	\$	\$	\$	\$
HEALNY/ F-SHRP Grant Requested	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>TOTAL CASH</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

	Not Applicable	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.	<input type="checkbox"/>	
2. Attach a copy of the latest certified financial statement and interim monthly or quarterly financial reports to cover the balance of time to date.	<input type="checkbox"/>	
3. If amounts are listed in "Accumulated Funds" provide a cross-reference to certified financial statement or Schedule 2a, if applicable	<input type="checkbox"/>	
4. Attach a full and complete description of the assets to be sold, if applicable.	<input type="checkbox"/>	
5. If amounts are listed in "Gifts (fundraising program)": <ul style="list-style-type: none"> <li>Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges.</li> <li>If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan.</li> <li>Provide a history of recent fund drives, including amount pledged and amount collected.</li> </ul>	<input type="checkbox"/>	
6. If amounts are listed in "Government Grants": <ul style="list-style-type: none"> <li>List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted.</li> <li>Provide documentation of eligibility for the funds.</li> <li>Attach the name and telephone number of the contact person at the awarding Agency(ies).</li> </ul>	<input type="checkbox"/>	
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability.	<input type="checkbox"/>	

<sup>1</sup> Insert additional columns for later periods.

<b>C. Mortgage, Notes or Bonds</b>	Total Project	Units
1. Provide a breakdown of the terms of the mortgage.		
Interest		%
Term		Years
Payout Period		Years
Principal		\$

	Not Applicable	Title of Attachment
2. Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period	<input type="checkbox"/>	

## Schedule 5 (continued)

<b>D. Land</b>		
1. Provide details for the land including but not limited to; appraised value, historical cost, and purchase price.		
Appraised Value		\$
Historical Cost		\$
Purchase Price		\$
Other		\$
	<b>Not Applicable</b>	<b>Title of Attachment</b>
2. If amounts are listed in "Other", attach documentation and a description as applicable.	<input type="checkbox"/>	
3. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser.	<input type="checkbox"/>	
4. Submit a copy of the proposed purchase/option agreement.	<input type="checkbox"/>	
5. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner.	<input type="checkbox"/>	

<b>E. Refinancing</b>	<b>Not Applicable</b>	<b>Title of Attachment</b>
1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.	<input type="checkbox"/>	
2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financing assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan.	<input type="checkbox"/>	

<b>F. Other</b>	Total Project	
1. Provide listing and breakdown of other financing mechanisms.		
Notes		
Stock		
Other		
	<b>Not Applicable</b>	<b>Title of Attachment</b>
2. Attach documentation and a description of the method of financing.	<input type="checkbox"/>	

<b>G. HEAL/F-SHRP</b>	Total	January 1, 2007 to September 30, 2007	October 1, 2007 to September 30, 2008	October 1, 2008 to September 30, 2009 <sup>1</sup>
Disbursements from January 1, 2007 – September 30, 2007	\$	\$	\$	\$
Disbursements on or after October 1, 2007	\$	\$	\$	\$
Total HEAL/ F-SHRP	\$	\$	\$	\$

<sup>1</sup> Insert additional columns for later periods.

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**Schedule 6**

**ELIGIBLE APPLICANT CERTIFICATION**

**CERTIFICATION FOR HEALTH CARE EFFICIENCY AND AFFORDABILITY LAW (HEAL NY)  
AND FEDERAL-STATE HEALTH REFORM PARTNERSHIP (F-SHRP)GRANTS**

I hereby warrant and represent to the New York State Department of Health (“DOH”) and the Dormitory Authority of the State of New York (“the Authority”) that:

- The project described in this application is consistent with the goals and recommendations of the Commission on Health Care Facilities in the Twenty-First Century, as established pursuant to Section 31 of Part E of Chapter 63 of the Laws of 2005.
- All contracts entered into by the Grantee in connection with the Project shall (A) provide that the work covered by such contract shall be deemed “public work” subject to and in accordance with Articles 8, 9 and 10 of the Labor Law; and (B) shall provide that the contractors performing work under such contract shall be deemed a "state agencies" for the purposes of Article 15A of the Executive Law
- Awarded HEAL/F-SHRP grant funds will be expended solely for the project purposes described in this Application for Financial Assistance and in the resulting contract and for no other purpose.
- HEAL/F-SHRP funds are requested and will be used only to the extent that the applicant is unable to identify other sources of available funding. All available sources of funds have been properly identified and included in the appropriate Schedules included with the Application for Financial Assistance.
- In the event that the project funded with the proceeds of a HEAL/F-SHRP grant ceases to meet one or more of the criteria set forth above, then DOH and/or the Dormitory Authority shall be authorized to seek recoupment of all HEAL/F-SHRP grant funds paid to the Grantee and to withhold any grant funds not yet disbursed.

Applicant Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title (Please Print) \_\_\_\_\_

Please note that in accordance with Part 86-2.6 of the Commissioner’s Administrative Rules and Regulations, **ONLY** the following individuals may sign the attestation form:

- Proprietary Sponsorship – Operator/Owner
- Voluntary Sponsorship – Officer (President, Vice President, Secretary or Treasurer), Chief Executive Officer, Chief Financial Officer or any Member of the Board of Directors
- Public Sponsorship – Public Official Responsible for Operation of the Facility