CERTIFICATE OF NEED
SPONSOR'S AFFIDAVIT

I.

_____	_____
Legal name of project applicant	Name of facility
_____	_____
Street Address	Street Address
_____	_____
City State Zip	City Zip County
_____	_____
Area code/telephone number	Area code/telephone number
	_____
	ODH file number

II.

_____
Date of Project Completion

_____
Date Available for Service

Describe Project as Completed:

_____

_____

_____

_____

_____

Actual Area of New Construction: _____ square feet

Actual Area of Renovation: _____ square feet

III. Date occupancy permit issued _____ (attach copy)

Return completed form to:

Ohio Department of Health
DQA / Bureau of Diagnostic Safety and Personnel Certification
Health Care Services Section
246 N. High St.
Columbus, Ohio 43215

IV. Actual project costs (Reviewable only)

Site, construction and renovation costs:

1. Site _____
2. New construction (attach final change order) _____
3. Renovation (attach final change order) _____
4. Construction supervision _____
5. Architectural - engineering _____
6. Planning _____
7. Financing _____
8. Net interest during construction _____
9. Other site, construction, or renovation costs (specify on a separate sheet) _____
10. Total site, construction and renovation cost (add lines 1 through 9) _____
11. Moveable Equipment _____
12. Fair market value of leased assets _____
13. Professional fees _____
14. Acquisition cost for long-term care beds (if applicable) _____
15. Un-depreciated balance of existing/converted space _____
16. Other (specify on a separate sheet) _____
17. CON fee _____
18. Total reviewable project cost (add lines 10 through 17) _____

V. I hereby certify that to the best of my knowledge and belief, the information provided above is true, accurate, and complete and that the developed project is complete, available for service and in full accordance with which it was approved.

_____
Signature of Sponsor's Representative Date

_____
Typed Name of Sponsor's Representative Date

Subscribed and sworn to before me on this ____ day of _____, 20__.

_____
Notary Public

Sponsor’s Affidavit 0708