

Ohio Department of Health • Certificate of Need Progress Report

A completed progress report is to be submitted to the Ohio Department of Health (ODH) every six months after commencing construction for the approved activity until the project is complete.

Please duplicate this form as needed and timely submit the completed report to the Ohio Department of Health, Certificate of Need Program, Office of Health Assurance and Licensing, 246 North High Street, Columbus, Ohio 43215.

I. Legal name of sponsor		
Proposed/Existing facility		
Street address		
City	State	ZIP
County	Telephone number ()	ODH file number

II. Brief description of project

Describe any deviation from the approved project

III. Method of financing

IV. Has the CON been transferred or assigned to any party other than to whom the CON was granted?

Yes No

If yes, please explain

V. Brief description of project activity currently being conducted

VI. Project timetable: Provide actual or projected dates as applicable

Acquire site	/	/
Approve zoning	/	/
Complete working drawings	/	/
Secure financial agreement	/	/
Execute construction contract	/	/

Commence construction	/	/
Execute lease agreement	/	/
Complete construction	/	/
Acquire operating rights to bed	/	/
Available for service	/	/

VII. Project expenditures to date

Site cost	\$
Construction cost	\$
Renovation cost	\$
Construction supervision	\$
Architectural-engineering cost	\$
Planning	\$
Financing cost	\$
Interest during construction (net)	\$

Other site, construction or renovation	\$
Moveable equipment cost	\$
Fair market value of leased assets	\$
Professional fees	\$
Acquisition cost for long-term care beds	\$
Undepreciated balance of existing/converted space	\$
Other costs	\$
CON application fee	\$
Total project costs to date	\$

VIII. I hereby certify that to the best of my knowledge and belief, the information provided above is true, accurate and complete for the project specifically identified herein.

Signature of sponsor's representative	Typed name of sponsor's representative
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Notary Public

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

Notary Public