



May 5, 2026

Ms. Emily Marsal, Esq.  
Executive Director  
State Health Planning and Development Agency  
RSA Union Building  
100 N. Union Street  
Suite 870  
Montgomery, AL 36104

RE: Request for Project Modification  
Carillon Oaks Madison, LLC  
AL2021-036, CON 2969-SCALF

Dear Ms. Marsal:

This is a Request for a Project Modification as required by the Agency due to a cost overrun from the estimate provided in our original CON application.

We estimated the total project estimate as \$9,080,310.00.

The actual total cost for this project is \$11,406,792.75.

The Agency, pursuant to Ala. Admin. Code 410-1-10-.03 requires a request for a Project Modification if the final cost is 10% greater than the estimated cost.

Attached please find a copy of the original cost estimates as reported in the Certificate of Need application and a new reporting of the actual project cost in the same format.

The reasons for the increased costs are as follows:

Construction-Additional land purchase due to county requirements and site improvement costs increased the estimated cost from \$7,775,000 to \$8,646,878.47; an increase of \$871,878.47.

Equipment-No equipment estimate was originally provided. Total final cost was \$191,000.

Operating Cost-Staffing inflation increased the original estimate from \$1,305,310 to \$2,568,914.28 actual cost; an increase of \$1,263,604.28.

The original total estimated cost was \$9,080,310. The final cost for the project was \$11,406,792.75; an increase of \$2,326,482.75.

Carillon Oaks Madison  
Project Modification Request  
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There was no opposition to the original CON application and the CON Review Board approved and recommended the project to the Agency. There were no other parties of record in regard to this project who would require notice.

The original filing fee for this project was \$23,448.00. A filing fee equal to 35% of the original CON filing fee is \$8,220.80 which is submitted to the Agency electronically through the payment portal concurrently with this request.

Thank you for review of this Request for Project Modification. Please contact me if you require additional information or have questions.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'SC', is written over a horizontal line.

Stuart Coleman  
Carillon Oaks Madison, LLC

Attachment:

- Original cost estimates in the CON application
- Revised actual cost of the project

II. COST

THE ORIGINAL CON FILING

|  |  |    |           |
|--|--|----|-----------|
| A. Construction (includes modernization expansion) |  |    |           |
| 1.   | Predevelopment   | \$ | -0-       |
| 2.   | Site Acquisition   |    | 850,000   |
| 3.   | Site Development   |    | -0-       |
| 4.   | Construction   |    | 5,500,000 |
| 5.   | Architect and Engineering Fees   |    | 300,000   |
| 6.   | Renovation   |    | -0-       |
| 7.   | Interest during time period of construction                                      |    | 150,000   |
| 8.   | Attorney and consultant fees   |    | 250,000   |
| 9.   | Bond Issuance Costs  |    | -0-       |
| 10.  | Other-Contingency  |    | 725,000   |
| 11.  | Other  |    | -0-       |
|  | TOTAL COST OF CONSTRUCTION   | \$ | 7,775,000 |
| B. Purchase  |  |    |           |
| 1.   | Facility   | \$ | -0-       |
| 2.   | Major Medical Equipment  |    |           |
| 3.   | Other Equipment  |    |           |
|  | TOTAL COST OF PURCHASE   | \$ | -0-       |
| C. Lease   |  |    |           |
| 1.   | Facility Cost Per Year ____ x ____ Years =                                       | \$ | NA        |
| 2.   | Equipment Cost per Month<br>_____ x _____ Months =                               |    |           |
| 3.   | Land-only Lease Cost per Year<br>_____ x _____ Years                             |    |           |
|  | TOTAL COST OF LEASE(s)   | \$ | NA        |
|  | (compute according to generally accepted accounting principles)                  |    |           |
|  | Cost if Purchased  | \$ | NA        |
| D. Services  |  |    |           |
| 1.   | X New Service  | \$ | 1,305,310 |
| 2.   | _____ Expansion  | \$ |           |
| 3.   | _____ Reduction or Termination   | \$ |           |
| 4.   | _____ Other  | \$ |           |
|  | FIRST YEAR ANNUAL OPERATING COST   | \$ | 1,305,310 |
| E.   | Total Cost of this Project (Total A through D)<br>(should equal V-C on page A-4) | \$ | 9,080,310 |

II. COST REVISED FOR PROJECT MODIFICATION REQUEST

A. Construction (includes modernization expansion)

|     |   |                |
|-----|---|----------------|
| 1.  | Predevelopment                              |                |
| 2.  | Site Acquisition                            | \$1,030,000.00 |
| 3.  | Site Development                            |                |
| 4.  | Construction                                | 6,922,544.14   |
| 5.  | Architect and Engineering Fees              | 181,543.95     |
| 6.  | Renovation                                  |                |
| 7.  | Interest during time period of construction | 363,157.44     |
| 8.  | Attorney and consultant fees                | 149,632.94     |
| 9.  | Bond Issuance Costs                         |                |
| 10. | Other _____                                 |                |
| 11. | Other _____                                 |                |

TOTAL COST OF CONSTRUCTION \$8,646,878.47

B. Purchase

|    |                         |               |
|----|-------------------------|---------------|
| 1. | Facility                |               |
| 2. | Major Medical Equipment |               |
| 3. | Other Equipment         | \$ 191,000.00 |

TOTAL COST OF PURCHASE \$ 191,000.00

C. Lease

|    |   |          |
|----|---|----------|
| 1. | Facility Cost Per Year _____ x _____ Years =      | \$ _____ |
| 4. | Equipment Cost per Month _____ x _____ Months =   | _____    |
| 5. | Land-only Lease Cost per Year _____ x _____ Years | _____    |

TOTAL COST OF LEASE(S) \$ \_\_\_\_\_  
 (compute according to generally accepted accounting principles)

Cost if Purchased \$ \_\_\_\_\_

D. Services

|    |       |                          |                 |
|----|-------|--------------------------|-----------------|
| 1. | X     | New Service              | \$ 2,568,914.28 |
| 2. | _____ | Expansion                |                 |
| 3. | _____ | Reduction or Termination |                 |
| 4. | _____ | Other                    |                 |

FIRST YEAR ANNUAL OPERATING COST \$ 2,568,914.28

E. Total Cost of this Project (Total A through D)  
 (should equal V-C on page A-4)

\$ 11,406,792.75