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STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

**THE JACOBS HOUSE
101 JACOBS LANE
HAYDEN, ALABAMA**

September 24, 2013

Mr. Alva M. Lambert
Executive Director
State Health Planning and Development Agency
P.O. Box 303025
Montgomery, Al 36130-3025

RE: AL 2013-017A
THE JACOBS HOUSE

Dear Mr. Lambert:

This is a request for Project Modification on behalf of CON 2639-SCALF issued September 5, 2013, on behalf of project AL 2013-017A for the addition of eight (8) SCALF beds. The requested modification is to transition these eight (8) SCALF beds to THE JACOBS III due to space availability and the fact new construction will not be required. This proposed modification will significantly reduce the cost of the project.

A check in the amount of \$1,375.00, 25% of the original Certificate of Need fee for this project is enclosed.

There was not opposition to this application. If there are any parties on record which need to be notified, please advise.

Your help and consideration provided with this project are greatly appreciated.

Sincerely



Roger Cooper
234 Fox Ridge Drive
Warrior, Alabama 35180

Enclosure

MODIFICATION

ALABAMA CERTIFICATE OF NEED APPLICATION

For Staff Use Only

INSTRUCTIONS: Please submit an original and twelve (12) copies of this form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, 100 North Union Street, Suite 870, Montgomery, Alabama 36104. (Post Office Box 303025 Montgomery, AL 36130-3025)

Project # AL2013-017A
Date Rec. _____
Rec by: _____

Attached is a check in the amount of \$ _____
Refer to Rule 410-1-7-06 of the Certificate of Need Program Rules and Regulations to determine the required filing fee.

PART ONE: APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION

I. APPLICANT IDENTIFICATION (Check One) HOSPITAL NURSING HOME
OTHER (Specify) _____

A. The Jacobs House INC III DIBH
The Jacobs House INC III
Name of Applicant (in whose name the CON will be issued if approved)

101 Jacobs Lane Hayden Blount
Address City County
Alabama 35079 205-647-7410
State Zip Code Phone Number

B. _____
Name of Facility/Organization (if different from A)

Address City County

State Zip Code Phone Number

C. The Jacobs House INC
Name of Legal Owner (if different from A or B)

101 Jacobs Lane Hayden Blount
Address City County
Alabama 35079 205-647-7410
State Zip Code Phone Number

D. Roger Cooper
Name and Title of Person Representing Proposal and with whom SHPDA should communicate

234 Fox Ridge Dr. Warrior Blount
Address City County
Alabama 35180 205-612-4096
State Zip Code Phone Number

MODIFICATION

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

1. Individual
2. Partnership
3. Corporate (for profit) The Jacobs House INC
Name of Parent Corporation
4. Corporate (non-profit) _____
Name of Parent Corporation
5. Public
6. Other (specify) _____

F. Names and Titles of Governing Body Members and Owners of This Facility

OWNERS

David Thomas
Roger Cooper

GOVERNING BOARD MEMBERS

II. PROJECT DESCRIPTION

Project/Application Type (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> New Facility
Type _____ | <input type="checkbox"/> Major Medical Equipment
Type _____ |
| <input type="checkbox"/> New Service
Type _____ | <input type="checkbox"/> Termination of Service or Facility |
| <input type="checkbox"/> Construction/Expansion/Renovation | <input type="checkbox"/> Other Capital Expenditure
Type _____ |
| <input type="checkbox"/> Change in Service | |

III. EXECUTIVE SUMMARY OF THE PROJECT (brief description)

This is a project modification to Certificate of Need
Number 2639 SCALF for project AK2013-017A. Instead
of locating the eight (8) beds at the Jacobs House I
the beds will be placed in service at The Jacobs
House III on the same campus.

IV. COST

Mod. Fraction

A. Construction (includes modernization expansion)			
1.	Predevelopment	\$ _____	
2.	Site Acquisition	_____	
3.	Site Development	_____	
4.	Construction	<u>253,437</u>	8
5.	Architect and Engineering Fees	<u>7,750</u>	0
6.	Renovation	_____	
7.	Interest during time period of construction	<u>15,839</u>	0
8.	Attorney and consultant fees	_____	
9.	Bond Issuance Costs	_____	
10.	Other _____	_____	
11.	Other _____	_____	
TOTAL COST OF CONSTRUCTION		\$ <u>277,839</u>	0
B. Purchase			
1.	Facility	\$ _____	
2.	Major Medical Equipment	_____	
3.	Other Equipment	_____	
TOTAL COST OF PURCHASE		\$ _____	
C. Lease			
1.	Facility Cost Per Year _____ x _____ Years =	\$ _____	
2.	Equipment Cost per Month _____ x _____ Months =	_____	
3.	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.	_____ New Service		
2.	_____ Expansion		
3.	_____ Reduction or Termination		
4.	_____ Other		
FIRST YEAR ANNUAL OPERATING COST		\$ <u>73,684</u>	<u>73,684</u>
E. Total Cost of this Project (Total A through D) (should equal V-C on page A-4)		\$ <u>73,684</u>	<u>73,684</u>

IV. COST (continued)

F. Proposed Finance Charges			Modification
1.	Total Amount to Be Financed	\$ 277,026	0
2.	Anticipated Interest Rates	7%	N/A
3.	Term of Loan	20 years	N/A
4.	Method of Calculating Interest on Principal Payment	Simple Interest	N/A

V. ANTICIPATED SOURCE OF FUNDING

A. Federal		Amount	Source
1.	Grants	\$ _____	_____
2.	Loans	_____	_____
B. Non-Federal			
1.	Commercial Loan	277,026	0
2.	Tax-exempt Revenue Bonds	_____	_____
3.	General Obligation Bonds	_____	_____
4.	New Earning and Revenues	_____	_____
5.	Charitable Fund Raising	_____	_____
6.	Cash on Hand	73,684	73,684
7.	Other	_____	_____
C. TOTAL (should equal IV-E on page A-3)		\$ 350,710	73,684

VI. TIMETABLE

A.	Projected Start/Purchase Date	May 1 2013
B.	Projected Completion Date	Nov 1 2013

Modification

III. INPATIENT UTILIZATION DATA

A. Historical Data

Give information for last three (3) years for which complete data is available.

OCCUPANCY DATA

Accommodation Occupancy	Number of Beds			Admissions or Discharges			Total Patient Days			Percentage (%)		
	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr
Private												
Semi-Private												
Ward												
TOTALS												
Admissions or Clinical Svcs Occupancy	Number of Beds			Discharges			Total Patient Days			Percentage (%)		
	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr
Med & Surgery												
Obstetrics												
Pediatrics												
Psychiatry												
Other												
TOTALS												

B. Projected Data

Give information to cover the first two (2) years of operation after completion of project.

OCCUPANCY DATA

Accommodation Occupancy	Number of Beds		Admissions or Discharges		Total Patient Days		Percentage (%)	
	1 st Year	2 nd Year	1 st Year	2 nd Year	1 st Year	2 nd Year	1 st Year	2 nd Year
Private								
Semi-Private	16	16	8	4	5430	5630	93%	96%
Ward								
TOTALS								
Admissions or Clinical Svcs Occupancy	Number of Beds		Discharges		Total Patient Days		Percentage (%)	
	1 st Year	2 nd Year	1 st Year	2 nd Year	1 st Year	2 nd Year	1 st Year	2 nd Year
Medicine & Surgery								
Obstetrics								
Pediatrics								
Psychiatry								
Other								
TOTALS								

I. CERTIFICATION

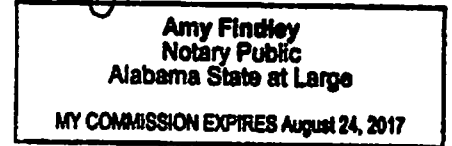
The information contained in this application is true and correct to the best of my knowledge and belief.

Roger Cooper
Signature of Applicant

Roger Cooper ADM
Applicant's Name and Title
(Type or Print)

25th day of September 2013

Amy Findley
Notary Public (Affix seal on Original)



Author: Alva M. Lambert

Statutory Authority: § 23-21-267, 271, 275, Code of Alabama, 1975

History: Amended March 19, 1996 and July 25, 2002