

**MISSISSIPPI STATE DEPARTMENT OF HEALTH
DIVISION OF HEALTH PLANNING AND RESOURCE DEVELOPMENT**

NOTICE OF INTENT (NOI) TO APPLY FOR A CERTIFICATE OF NEED (CON)

(NOI must be received fifteen (15) days prior to submission of a CON application)

NOI applications must be mailed, or hand delivered, and a complete copy should be emailed to HPRD@msdh.ms.gov. The original application including attachments should be mailed or hand delivered to the following address:

Division of Health Planning and Resource Development
Mississippi State Department of Health - Office of Health Protection
143-B Le Fleur's Square
Jackson, MS 39211

TITLE OF PROPOSED PROJECT:	
LOCATION:	
CAPITAL EXPENDITURE:	\$

I. APPLICANT/FACILITY INFORMATION

APPLICANT					
Applicant Legal Name:					
d/b/a (if applicable):					
Address:					
City:		State:		Zip Code:	
County:		Telephone:			
Parent Organization (if applicable):					
E-mail Address:		Fax:			
PRIMARY CONTACT PERSON					
Name:				Title or Position:	
Firm:					
Address:					
City:		State:		Zip Code:	
Telephone:				Fax:	
E-mail Address:					
LEGAL COUNSEL /CONSULTANT (if applicable)					
Name:				<input type="checkbox"/> Counsel <input type="checkbox"/> Consultant	
Firm:					
Address:					
City:		State:		Zip Code:	
Telephone:				Fax:	
E-mail Address:					

FACILITY (if different from Applicant)					
Name:					
Address:					
City:		State:		Zip Code:	
County:		Telephone:			

1. Select the type of ownership of the present or proposed facility.

TAX EXEMPT	<input type="checkbox"/> Not-for-Profit Corporation		
	<input type="checkbox"/> Public (Hospital or Government)		
TAX PAYING	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Sole Proprietor
	<input type="checkbox"/> Limited Liability Partnership or Limited Partnership	<input type="checkbox"/> Limited Liability Company	
State of Incorporation or Organization:			

2. Identify any proposed bed changes (increases/decreases) by licensure category (*if applicable*).

II. PROJECT DESCRIPTION

1. Provide a narrative description of the project, including location of new construction, areas involved in repair or renovation, new services being proposed, and/or equipment acquisition proposed.
2. Provide a brief justification for the project.
3. Does the project involve correction of code or Licensure deficiencies?
 - a. If yes, are all deficiencies corrected by this project?
 - b. List any project components which do not involve correction of code or licensure deficiencies.

4. Estimated project costs:

Construction Cost – New	\$
Construction Cost – Renovation	
Capital Improvement Cost (i.e. minor painting and repairs, refurbishing)	
Total Fixed Equipment Cost	
Total Non-Fixed Equipment Cost	
Land Cost	
Site Preparation Cost	
Fees (architectural, consultant, etc.	
Contingency Reserve	
Capitalized Interest	
Other Costs (specify)	
Total Estimated Project Cost	

5. Approximate: (a) project starting date _____
 (b) project completion date _____

Submitted by:

Signature

 Name (type)

 Title

 Date