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:

Mississippi State Department of Health
Division of Health Planning and Resource Development (Osbourne - Suite 150)
570 East Woodrow Wilson
Jackson, MS 39215-1700

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:		( ) Counsel ( ) 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	☐ Not-for-Profit Corporation		
	☐ Public (Hospital or Government)		
TAX PAYING	☐ General Partnership	☐ Business Corporation	☐ Sole Proprietor
	☐ Limited Liability Partnership or Limited Partnership	☐ 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