

**CERTIFICATE OF NEED
EXTENSION REQUEST**

Applicant:
City and County:
Project:
Amount Approved:
Original Approval Date:
Projected Completion Date:

1. Briefly describe the work completed to date and the work yet to be completed.

2. What is your projected completion date, if different from that listed above? Explain if there have been delays from the date projected in your application and what those delays have been.

3. Have any aspects of your project changed since approval (projected costs, number of beds services, ownership, etc.)? If so, please explain.

4. On what date did you sign (or anticipate signing) necessary contracts and/or financing agreements.

5. How much of the approved amount have you actually spent to date? Provide a breakdown of expenditures.

Signed: _____ Title: _____
Phone: (_____) _____ Date: _____