

**CERTIFICATE OF NEED  
EXTENSION REQUEST**  
Use additional pages as needed

Applicant: \_\_\_\_\_

City and County: \_\_\_\_\_

Project: \_\_\_\_\_

Amount: \_\_\_\_\_

Original Approval Date: \_\_\_\_\_

Original Completion Date: \_\_\_\_\_

Projected Completion Date: \_\_\_\_\_

Length of Extension Requested (up to 12 months): \_\_\_\_\_

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, location, 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.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_