

State of Nevada
Department of Health and Human Services
CERTIFICATE OF NEED - LETTER OF INTENT

The Certificate of Need process is administered by the Primary Care and Health Planning Office on behalf of the Director of the Department of Health and Human Services, under Nevada Revised Statutes [\(NRS\) 439A.100](#) and Nevada Administrative Code [\(NAC\) 439A.010 - 675](#). Please contact the office at (775) 684-4047 for any questions regarding the process or completion and submission of this form.

[NAC 439A.305](#) A Letter of Intent is required to determine whether a Certificate of Need review Process will be required for a proposed healthcare facility.

[NAC 439A.240](#) Provide information for the person who will undertake the proposed project and to whom the Letter of Approval would be issued if granted.

Organization Name:

Street Address:

City:

State:

Zip:

Contact Person:

Phone #:

Cell #:

Email Address:

Type of Organization:

Date of
Incorporation:

Location of
Incorporation:

Project Title:

Project Address:

Project County:

**County
Population:**

**City
Population:**

Number of Beds to
be added

Type of Beds to be
added:

Project Description
and Major Services
to be Provided:
(attach additional
sheets as needed)

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[NAC 439A.070](#) Provide Project Information for capital expenditures made by or on behalf of a health facility including the cost of pre-developmental activities, the encumbrance of funds, leases, contractual agreements or donations for purposes which, under generally accepted accounting principles, are not properly chargeable as an expense of operation or maintenance, or both.

- [NAC 439A.338](#)
1. The provisions of subsection 1 of [NRS 439A.100](#) are applicable only to a project which is not dependent on or related to a larger single project.
 2. The cost for construction in which no new square footage is added is not subject to a letter of approval. The cost of construction related to the existing space must be deducted from the total capital expenditure to determine the cost of the new construction subject to a letter of approval.
 3. The cost of construction attributed to space for a medical office building or an office for a health practitioner to be used solely to provide routine health services as defined in [NRS 439A.017](#) must be deducted from the total capital expenditures to determine the cost of new construction subject to a letter of approval.

Entire project excluding land

Existing square footage only

New square footage only

Construction Costs	Furniture, Fixture and Equipment
Site Development	Major Medical Equipment
Architecture & Engineering	10% Contingency
Estimated Date construction begins:	
Estimated Date Construction Completed:	TOTAL

Are any new phases planned for addition to the original project at a later date? If so, specify when by phase:

When is the estimated financial break-even point for the project expected to occur?

[NRS 439A.100](#) In accordance with [NRS 439A.100](#) and accompanying regulations, I hereby certify that this Letter of Intent is correct to the best of my knowledge. I further certify that I will provide accurate and complete information necessary to the review of an application for a Letter of Approval. I understand that the information which is submitted is public information and will be made available by the Department of Health and Human Services for public review and inspection.

Certification: This section should be completed by the person who is authorized to commit the applicant to the project and expenditure of funds to complete the project should it be approved.

This letter is filed on behalf of:

(Legal Applicant)

Signed:

Date

Title: