



STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Barbara A. DeBuono, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

June 19, 1998

[REDACTED]

RE: 972326 C

[REDACTED]
CERTIFY EXTENSION CLINICS AT
[REDACTED] AND
15 LAFAYETTE AVENUE,
CANANDAIGUA

Dear [REDACTED]

The submitted material has been reviewed and found acceptable for the purpose of meeting the following contingency:

- #1. Submit an architect's/engineer's letter certifying code conformance.

This contingency is hereby deemed met. All contingencies on this project have been satisfied effective this date. Contact the Bureau of Architectural and Engineering Facility Planning to obtain approval to commence construction.

Please be reminded that your assigned project completion date is December 17, 1999. Please contact the Bureau of Project Management at (518) 402-0911 if you have any questions regarding this letter.

Very truly yours,

Charles F. Murphy, Jr.
Director
Division of Health Facility Planning

cc: Mr. Rubin
Ms. Bond
Mr. Domanski
Mr. Jung
Mr. Heigel
Ms. Michalski



STATE OF NEW YORK
DEPARTMENT OF HEALTH

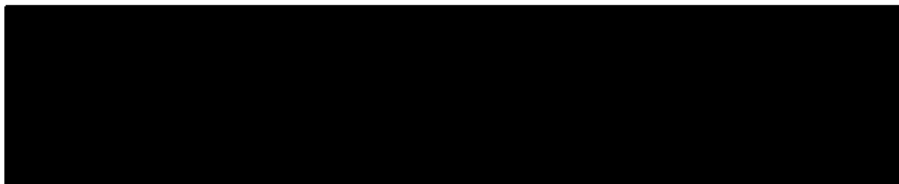
433 River Street, Suite 303

Troy, New York 12180-2299

Barbara A. DeBuono, M.D., M.P.H.
Commissioner

February 19, 1998

Dennis P. Whalen
Executive Deputy Commissioner



RE: 972326 C



CERTIFY EXTENSION CLINICS AT
AND
15 LAFAYETTE AVENUE,
CANANDAIGUA

Dear 

The submitted material has been reviewed and found acceptable for the purpose of meeting the following contingency:

#2. Submit a movable equipment list.

This contingency is hereby deemed met. Material to address contingency #1 is under review.

Please be reminded that your assigned project completion date is December 17, 1999.

Very truly yours,

Robert J. Stackrow
Director
Bureau of Project Management

RJS/MSD/nm
cc: Mr. Domanski
Mr. Rubin
Ms. Bond
Mr. Jung



Planned Parenthood

pmu

February 3, 1998

Mr. Charles Murphy
Director
Bureau of Project Management
433 River Street, Suite 303
Troy, New York 12180-2299

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FEB 6 1998

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FACILITY PLANNING

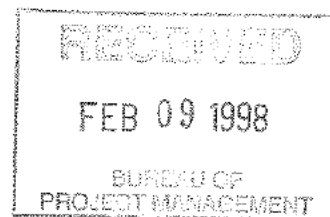
Re: 972326C

Certify Extension Clinics at
& 15 Lafayette Avenue, Canandaigua

Dear Mr. Murphy:

Enclosed you will find the materials required to process our application as outlined in your letter dated December 17, 1997. The Bureau of Architectural and Engineering Facility Planning will be forwarding a letter to your office certifying that both buildings comply with 10 NYCRR 711.1,2 and 3. If you have any questions please feel free to contact me at

Sincerely,



98037HDC 03319

administrative review

SCHEDULE 12

Certificate of Need Application *

Moveable Equipment - [REDACTED]

Table I: New Equipment Description

Total \$14,220.75

Funct. Area [1]	Machine [2]	Model [3]	Manufacturer [4]	Model Year [5]	Utilization [6]	Lease Amount Purchase Price [7]
984	Computer:	Multi - Tech Mux		1996		4,834.81P
		Wyse terminal / keyboard				
		Okidata 590 printer				
471	Lamp, exam	0 Giraffe qtz halogen	GM	1996	2020	173.54P
471	Lamp, exam	Giraffe qtz halogen	GM	1996	2020	173.54P
471	Cart, utility	311	Lakeside	1996	2020	120.42P
471	Cart, utility	311	Lakeside	1996	2020	120.42P
471	Stool, exam	42	GM	1996	2020	89.24P
471	Table, exam			used	2020	236.50P
471	Table, exam			used	2020	236.50P
471	Refrigerator, 1.7 cu. ft.		Welbilt	used		50.00P
921	Refrigerator, 1.7 cu. ft.		Welbilt	1996		100.00P
471	Opth, halogen 3.5v	11710	W/A	1996	2020	119.00P
471	Oto, halogen 3.50	25020	W/A	1996	2020	72.00P
471	Microscope	5x5 2815	Seiler	1996	2020	850.00P
471	Desk charger 3.5v	71610	W/A	1996	2020	248.00P
471	Scale, adult		Detecto	used	2020	142.53P
902	Copier	1112	Konica	1996		2,535.00L
901	Deluxe fold up wall desk	R34627	Map	1996		151.44P
901	Deluxe fold up wall desk,	R34627	Map	1996		151.44P
901	Deluxe fold up wall desk	R34627	Map	1996		151.44P
901	Chair, stackable, (10 ea.)			1996		171.00P
901	Chair, secretary	5901AB18J	Hon	1996		109.95P
901	Chair, secretary	5901AB18T	Hon	1996		109.95P
901	Chair, secretary	5901AB18T	Hon	1996		109.95P
901	File, vertical	2 drawer	Hon	1996		72.75P
901	File, vertical	2 drawer	Hon	1996		72.75P
901	File, vertical	2 drawer	Hon	1996		72.75P

Funct. Area [1]	Machine [2]	Model [3]	Manufacturer [4]	Mod Year [5]	Utilization [6]	Lease Amount Purchase Price [7]
901	File, vertical	2 drawer	Hon	1996		72.75P
901	File, vertical	2 drawer	Hon	1996		72.75P
921	TV/VCR		Daewoop	1996		200.00P
921	Microwave		Emerald	1996		100.00P
901	Table, end	9020m	LSR	1996		149.00P
902	Facsimile machine	M4500	MuraTec	1996		700.00P
902	Phones (stand alone)			1996		171.76P
901	Desk, Dbl pedastol	3262	Hon	1996		369.50P
901	Safe, electronic	1610	Sentry	1996		215.00P
901	Chair, sled (8 ea.)	Unces207	Unist	1996		895.07P

Description of what is being done wih old equipment: Attachment # _____



Planned Parenthood

January 14, 1998

NYS Department of Health/Office of Health Systems Management
Division of Health Facility Planning
Bureau of Architectural and Engineering Facility Planning
433 River Street - Suite 303
Troy, NY 12180-2299

Re: 972326C

Certify extension clinics in [redacted] and
Canandaigua

Dear Les:

Our application for full time status for the above mentioned two sites was approved pending:

1. Submission of a letter from an architect / engineer that certifying that the project complies with 10 NYCRR 711.1,2 and 3.
2. Submission of a detailed moveable equipment list.

In regards to item number 1, both clinics were pre-existing approved full time clinics operating under an approved full time status from Newark-Wayne Hospital. [redacted] did not undertake any structural changes, all improvements were cosmetic. In light of this do we still need to submit an architect's letter?

Thank you for your attention to this matter. I can be reached at [redacted]

Sincerely,

[redacted signature block]



STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Barbara A. DeBuono, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

December 17, 1997

Mr. [REDACTED]

RE: 972326 C

[REDACTED] &
[REDACTED] COUNTY)
CERTIFY EXTENSION CLINICS AT [REDACTED]
[REDACTED] AND 15
LAFAYETTE AVENUE, CANANDAIGUA
(\$48,000)

Dear Mr. [REDACTED]

The Office of Health Systems Management has reviewed your application in accordance with 10 NYCRR 710.1. We are pleased to inform you that your project has been approved administratively with the following contingencies:

1. Submission of a letter from an architect/engineer licensed to practice in New York State certifying that the project complies with 10 NYCRR 711.1, 2 and 3. Pursuant to 10 NYCRR 710.1(c)(3)(iii)(b), should violations subsequently be noted upon review of documents or found at the time of on-site inspections or surveys, such violations shall be corrected without additional costs allowed for reimbursement beyond costs previously approved. (A sample of an acceptable letter of certification is enclosed). The letter of certification that was included in the application is from a Real Estate Broker and Developer. This letter of certification is not acceptable and must be resubmitted to contain the seal and signature of a licensed architect or engineer. (AER)
2. Submission of a detailed moveable equipment list showing description of items, quantity of items and their associated cost. (CCC)

Two copies of information which is responsive to these contingencies should be sent to the Bureau of Project Management, 433 River Street, Suite 303, Troy, New York 12180-2299, within 60 days of the date of this letter. If the requested information is not submitted within the time frame(s) set forth, the project shall be deemed abandoned pursuant to 10 NYCRR 710.10(c)(1).



Planned Parenthood

*Sent 7:01 PM
#204*

September 22, 1997

Mr. Brian Morris
Associate Health Planner
Bureau of Project Management
State of New York Department of Health
433 River Street, Suite 303
Troy, New York 12180-2299

Re: 2326-I

[redacted] and
[redacted]
Certify extension clinics at [redacted]
[redacted] and 15
Lafayette Avenue

Dear Mr. Morris:

The following is a response to your letter dated July 31, 1997 requesting further information in order to process the CON application number 2326-I. Upon further investigation [redacted] and the [redacted] is requesting that the [redacted] clinic located at [redacted], [redacted] New York be removed from the application. Our current staffing structure would not enable us to proceed with full time status at this location before the first quarter of 1998. Please proceed with approval for both the [redacted] site located at [redacted] Avenue and the Canandaigua site located at 15 Lafayette Avenue. In response to your request for an architect's letter of submission, both of the remaining sites were pre-existing full time clinics operating under an approved full time status from [redacted]. Planned Parenthood did not undertake any structural or capital construction at either site, all improvements were of cosmetic nature such as carpeting, painting, addition of wrist blades and such. Please let me know if an architect's letter is still required in light of this. If you have any questions regarding this matter please do not hesitate to contact me [redacted]

Sincerely,

[redacted signature block]



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York

Barbara A. DeBuono, M.D., M.P.H.
Commissioner

December 17, 1997

Mr. [REDACTED]

& [REDACTED]

RE: 972326 C

[REDACTED]
[REDACTED] COUNTY)
CERTIFY EXTENSION CLINICS AT [REDACTED]
AND 15
LAFAYETTE AVENUE, CANANDAIGUA
(\$48,000)

Dear Mr. [REDACTED]

The Office of Health Systems Management has reviewed your application in accordance with 10 NYCRR 710.1. We are pleased to inform you that your project has been approved administratively with the following contingencies:

1. Submission of a letter from an architect/engineer licensed to practice in New York State certifying that the project complies with 10 NYCRR 711.1, 2 and 3. Pursuant to 10 NYCRR 710.1(c)(3)(iii)(b), should violations subsequently be noted upon review of documents or found at the time of on-site inspections or surveys, such violations shall be corrected without additional costs allowed for reimbursement beyond costs previously approved. (A sample of an acceptable letter of certification is enclosed). The letter of certification that was included in the application is from a Real Estate Broker and Developer. This letter of certification is not acceptable and must be resubmitted to contain the seal and signature of a licensed architect or engineer. (AER)
2. Submission of a detailed moveable equipment list showing description of items, quantity of items and their associated cost. (CCC)

Two copies of information which is responsive to these contingencies should be sent to the Bureau of Project Management, 433 River Street, Suite 303, Troy, New York 12180-2299, within 60 days of the date of this letter. If the requested information is not submitted within the time frame(s) set forth, the project shall be deemed abandoned pursuant to 10 NYCRR 710.10(c)(1).

You must receive notification from the Department that plans, specifications or reports required by the Bureau of Architectural and Engineering Facility Planning are acceptable, and that any contingencies noted above have been satisfied before construction may commence.

Please note that this project has been approved at a capital cost of \$48,000. Any increase in the capital cost requires the prior approval of the Commissioner before construction or the purchase of equipment.

If any project scope other than that which is described in your application is desired, submission of a new or amended application will be necessary for our review and approval.

When your project is complete, please send written notification to:

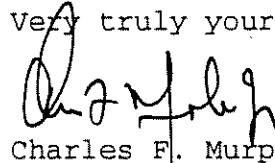
Mr. Sanford Rubin
Area Administrator
Rochester Area Office of Health
Systems Management
42 South Washington Street
Rochester, New York 14608

so that an on-site visit can take place in order to verify that the project has been completed in accordance with all applicable regulations and conditions. A copy of this written notification should be sent to the Bureau of Project Management at 433 River Street, Suite 303, Troy, New York 12180-2299. Please be informed that this project must be completed within two (2) years of this approval letter or it shall be deemed abandoned pursuant to 10 NYCRR 710.10.

Upon completion of the on-site survey by the Area Office, a revised operating certificate will be transmitted to your facility.

Please contact the Bureau of Project Management at (518) 402-0911 if you have any questions regarding this letter.

Very truly yours,

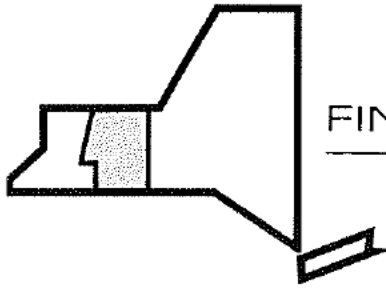


Charles F. Murphy, Jr.
Director

Division of Health Facility Planning

Enclosure

cc: Mr. Domanski
Mr. Rubin
Ms. Bond



FINGER LAKES HEALTH SYSTEMS AGENCY

1150 UNIVERSITY AVENUE, ROCHESTER, NEW YORK 14607-1647
(716) 461-3520, FAX (716) 461-0997

November 5, 1997

CFM

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NOV 07 1997

NYS Department of Health
Executive Deputy Commissioner

Dennis P. Whalen
Executive Deputy Commissioner
New York State Department of Health
Office of Health Systems Management
Empire State Plaza Tower #1441
Albany, New York 12237

Subject: Project #972326-C; [REDACTED] & [REDACTED]
--Add Extension Clinics in [REDACTED] and Canandaigua, NY

Dear Mr. Whalen:

The Finger Lakes Health Systems Agency has completed its Administrative Review of the above referenced project and is pleased to recommend its approval.

If you have any questions with respect to this matter, please contact me.

Sincerely,

Arthur H. Streeter

Arthur H. Streeter
Assistant Director

AHS/bs

cc: [REDACTED]
Robert Stackrow
Sanford Rubin

[REDACTED]

RECEIVED

NOV 13 1997

DEPT. OF
PROJECT MANAGEMENT



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Barbara A. DeBuono, M.D., M.P.H.
Commissioner

October 2, 1997

Dennis P. Whalen
Executive Deputy Commissioner

Mr. [REDACTED]

RE: 972326 C

[REDACTED] & [REDACTED]
[REDACTED] COUNTY)
CERTIFY EXTENSION CLINICS AT
[REDACTED] AND
15 LAFAYETTE AVENUE,
CANANDAIGUA

Dear Mr. [REDACTED]

The above referenced CON application, for which you have been designated the contact person, has been distributed to all reviewing units and, if operating, your local health systems agency for processing in accordance with 10 NYCRR 710. Please refer to the enclosed Important Notice for further information with respect to this process.

The mandatory review of your project for the criteria of public need, financial feasibility, and character and competence as required by the Public Health Law may determine that the proposal is unapprovable. Therefore, prior to entering into any contractual commitments or commencing construction, the final determination of the Director of the OHSM, or Public Health Council if establishment is involved, must be obtained.

Very truly yours,

Robert J. Stackrow

Robert J. Stackrow
Director
Bureau of Project Management

POTENTIAL NON-SUP



Planned Parenthood

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OCT 01 1997

BUREAU OF
PROJECT MANAGEMENT

September 22, 1997

Mr. Brian Morris
Associate Health Planner
Bureau of Project Management
State of New York Department of Health
433 River Street, Suite 303
Troy, New York 12180-2299

Re: 2326-I

[REDACTED] and
[REDACTED]
Certify extension clinics at [REDACTED]
Avenue, [REDACTED] and 15
Lafayette Avenue

Dear Mr. Morris:

The following is a response to your letter dated July 31, 1997 requesting further information in order to process the CON application number 2326-I. Upon further investigation [REDACTED] and the [REDACTED] requesting that the [REDACTED] clinic located at [REDACTED] New York be removed from the application. Our current staffing structure would not enable us to proceed with full time status at this location before the first quarter of 1998. Please proceed with approval for both the [REDACTED] site located at [REDACTED] and the Canandaigua site located at 15 Lafayette Avenue. In response to your request for an architect's letter of submission, both of the remaining sites were pre-existing full time clinics operating under an approved full time status from [REDACTED]. Planned Parenthood did not undertake any structural or capital construction at either site, all improvements were of cosmetic nature such as carpeting, painting, addition of wrist blades and such. Please let me know if an architect's letter is still required in light of this. If you have any questions regarding this matter please do not hesitate to contact me ([REDACTED]).

Sincerely,

[REDACTED]

9 copies rec'd.
CL# 6154



Planned Parenthood

972326
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JUL 21 1997
DEPT OF
PROJECT MANAGEMENT

July 18, 1997

New York State Department of Health
Project Management Unit
Room 1717, Erastus Corning Tower Building
Nelson A. Rockefeller Empire State Plaza
Albany, NY 12237

Enclosed you will find nine (9) sets of the required schedules for the Certificate of Need Administrative Review Application. [REDACTED]

[REDACTED] is proposing to extend three existing part time clinics to full time clinic status under our current Operating Certificate Number 2701216R. The proposed sites have all been approved through the Office of Health Systems Management of the State of New York Department of Health for part time clinic status. The Canandaigua and [REDACTED] centers have been issued temporary full time status contingent upon submission of the appropriate CON applications. Both centers, Canandaigua and [REDACTED] were previous full time clinics under Operating Certificates filed by [REDACTED] ([REDACTED] and [REDACTED]).

Enclosed please find a check for One Thousand dollars (\$1000.00) to cover the CON review process. Should you have any questions regarding this matter please feel free to contact me at ([REDACTED])

Sincerely,

[REDACTED]

cc: [REDACTED]

Providing

Family

Planning

Services

To

Crisis

Service

Adolescent

Pregnancy

And

Parenting

Service

(APPS)

Counseling

Education

Public

Affairs



A United Way Agency

25

administrative review

Certificate of Need Application*

972326

General Information
Page 1 of 2

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General Information

JUL 21 1997

OFFICE OF
PROJECT MANAGEMENT

I Facility Identification

OPERATING CERTIFICATE NO. 2701216R		FACILITY NAME [REDACTED]		PR NO. [REDACTED]
FACILITY ADDRESS — STREET & NUMBER [REDACTED]			NAME AND TITLE OF CONTACT PERSON [REDACTED]	
CITY [REDACTED]	COUNTY [REDACTED]	ZIP [REDACTED] 605	STREET AND NUMBER [REDACTED]	
NAME OF OPERATOR Same			CITY [REDACTED]	STATE [REDACTED]
STREET AND NUMBER [REDACTED]			TELEPHONE NUMBER [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	NAME OF ADMINISTRATOR [REDACTED]	
Address of the site/location of the proposed activity (attach sketch if appropriate): See Attachment A				

II Project Outline

FACILITY TYPE	CODE	PROPOSED SOLUTION/ACTION	CODE	FUNCTIONAL AREAS/SERVICES BED TYPES AFFECTED	MFP RANKING
(1)	(2)	(3)	(4)	(5)	(6)
N	D	Expand existing part-time clinic to extension clinic [REDACTED] Center	471	Family Planning O/P	
N	D	Expand existing part-time clinic to extension clinic [REDACTED] Center	471	Family Planning O/P	
N	D	Expand existing part-time clinic to extension clinic Canandaigua Center	471	Family Planning O/P	

III Board Resolution and Authorizing Signature

- Board resolution for Corporate Applicants... ☐ Attached ☒ Not Required
- Authorizing Signature: The undersigned hereby certifies under penalty of perjury I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto, except that relating to Schedule 3, Environmental Assessment, Schedule 10, Space & Construction Cost Distribution and Schedule 16, Assurances (which must be individually certified), is accurate, true and complete in all material respects further acknowledge that the application will be processed pursuant to the provisions of Article 25 of the Public Health Law and the pertinent regulations adopted pursuant thereto including, but not limited to Part 709 and 710 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.

7/18/97
DATE

SIGNATURE

* Do not use the master copy. Photocopy master and then complete copy.

ADMINISTRATIVE REVIEW

Attachment A

Certificate of Need Application*

GENERAL INFORMATION

I. Facility Identification

Operating Certificate No: 2701216R

[REDACTED] and the [REDACTED].

PFI No: [REDACTED]

Address of the site/location of the proposed activity: (Attach sketch if appropriated)

1. [REDACTED]
2. [REDACTED]
3. Canandaigua Center 15 Lafayette Avenue Canandaigua, New York 14424

administrative review

Certificate of Need Application*

General Information
Page 2 of 2

IV Total Project Cost

Total Project Cost

\$ See Attachment B
(FROM SCHEDULE 4 LINE 5)

Total Basic Cost of Construction

\$ See Attachment B
(FROM SCHEDULE 4 LINE 5)

Total Cost of Moveable Equipment

\$ See Attachment B
(FROM SCHEDULE 4 LINE 5)

Cost/SF New Construction

\$ See Attachment B
(FROM SCHEDULE 10)

Cost/SF Renovation Construction

\$ See Attachment B
(FROM SCHEDULE 10)

Total Incremental Operating Cost

\$ See Attachment B
(FROM SCHEDULE 6 LINE 12)

Type of Financing

Cash
(FROM SCHEDULE 5 SECTION C)

Percentage Financed N/A %

Interest Rate N/A %
(FROM SCHEDULE 5, SECTION C)

Depreciation Life 10 Yrs.

V Construction Dates

From Schedule 4 See Attachment B

Anticipated Start Date / /

Anticipated Completion Date / /

Midpoint of Proposed Construction Schedule / /

VI General Questionnaire

YES NO

1. Do all of the components and solutions contained in this project appear in the 1983 Capital Needs Assessment Inventory (CNA) or Services Capital Needs Inventory (SCNI)?

 X

If yes, enter year of inventory

If no, explain in attachment # N/A
(emergency, minor entry...)

All Centers

- 2a. Have you submitted a Long Range Capital Plan to the Bureau of Architectural and Engineering Review?

 X

If yes, date of submission

If no, explain in attachment # N/A
All Centers

- 2b. Is this proposal consistent with the Long Range Capital Plan?

If no, explain in attachment #

3. Have all the solutions contained in this project been ranked in the Regional/State Medical Facility Plan?

 X

If no, explain in attachment # N/A
All Centers

Please provide a brief description of the consistency or lack of consistency of the proposed project with the State Medical Facility Plan.

Attachment #

4. Has a site visit been conducted by the Office of Health Systems Management?

X

If yes, date of last site visit See Attachment C

5. Has the architectural alternatives review process with the Office of Health Systems Management been completed?

 X

ADMINISTRATIVE REVIEW

Attachment B

Certificate of Need Application***IV. Total Project Cost**

Total Project Cost: (From Schedule 4 Line 8)

██████████	\$26,234.43
██████████	\$78,919.02
Canandaigua Center	\$22,128.64

Total Basic Cost of Construction: (From Schedule 4 Line 6)

██████████	\$42,638.80
██████████	\$77,234.02
Canandaigua Center	\$22,128.64

Total Cost of Moveable Equipment: (From Schedule 4 Line 5.1)

██████████	\$14,220.75
██████████	\$14,362.86
Canandaigua Center	\$14,880.67

Cost/SF New Construction (From Schedule 10)

██████████	\$0
██████████	\$0
Canandaigua Center	\$0

Cost/SF Renovation Construction (From Schedule 10)

██████████	\$2,876.68
██████████	\$60,175.76
Canandaigua Center	\$2,597.97

Total Incremental Operating Cost: (From Schedule 6 Line 12)

██████████	\$80,641.52
██████████	\$82,743.20
Canandaigua Center	\$102,694.04

V. CONSTRUCTION DATES

From Schedule 4

Anticipated Start Date

██████████
Canandaigua Center

April 1, 1996
January 1, 1997
September 1, 1996

Anticipated Completion Date

██████████
Canandaigua Center

May 1, 1996
February 28, 1997
November 07, 1996

Midpoint of Proposed
Construction Schedule

██████████
Canandaigua Center

April 15, 1996
February 1, 1997
October 15, 1996

ADMINISTRATIVE REVIEW

Attachment C

Certificate of Need Application*

VI. General Questionnaire

4. Has a site visit been conducted by the Office of Health Systems Management? Yes

If yes, date of last site visit:

██████████
██████████
Canandaigua Center

April 1996
June 1996
June 1996

administrative review

Certificate of Need Application*

Schedule **1**

Checklist of Schedules

Schedule No.	Schedule Name	Submitted	Not Required
1	Checklist of Schedules		
2	Project Narrative		
3	Environmental Assessment	x	
4	Total Project Cost	x	
5	Proposed Plan for Project Financing		x
6	Annual Operating Costs	x	
7	Annual Operating Revenues	x	
8	Inpatient and Outpatient Services Utilization		x
9	Utilization/Discharge & Patient Days		x
10	Space & Construction Cost Distribution	x	
11	Architectural Submission or Letter of Certification	x	
12	Moveable Equipment	x	
13A	Certified Services		x
13B	RHCF Rehabilitation & Non Occupant Services		x
14A	Bed Decertification		x
14B	RHCF Bed Conversions		x
15	Staffing	x	
16	Assurances	x	

administrative review

Certificate of Need Application*

Schedule **2**

Project Narrative

HEADING

Facility Type	Code	Proposed Solution/Action	Code	Functional Areas Services' Sec Types Affected	MFP Ranking
(1)	(2)	(3)	(4)	(5)	(6)
N	D	Add extension clinic - [REDACTED] Canandaigua	471	Family Planning O/P	

Narrative

[REDACTED] and the [REDACTED] currently licensed to operate an Article 28 approved Diagnostic and Treatment Center at its [REDACTED] (PFI No. [REDACTED]) with a full-time extension clinic at its [REDACTED] (PFI No. [REDACTED]). We propose the addition of our [REDACTED] and Canandaigua Centers as full-time extension clinics to our Operating Certificate. Proposed extension clinics are currently part-time clinics operating as:

[REDACTED]

[REDACTED]

Canandaigua Center

[REDACTED]

[REDACTED]

15 Lafayette Avenue
Canandaigua, NY 14424

ACCESSIBILITY

Our [REDACTED] is currently open every Tuesday and Thursday from 1:00 p.m. - 9:00 p.m., and Saturday from 8:30 a.m. - 1:00 p.m.

Our [REDACTED] is currently open every Monday and Wednesday from 1:00 p.m. - 9:00 p.m.

Our Canandaigua center is currently open every Monday from 5:00 pm. - 9:00 p.m., Thursday from 12:00 p.m. - 4:00 p.m., and Friday from 9:00 a.m. - 5:00 p.m.

A sliding fee scale is available for uninsured patients (see Attachment 1).

Alternatives, Cost Effectiveness, Energy Conservation and Emergency Technology, and Affiliation Factors:

We believe the expansion of the clinic hours will enable us to better serve the respective and surrounding communities in the most cost effective manner. No alternative options appear appropriate at this time. Specific energy conservation measures are not planned. Our proposal does not lend itself to specific adaptations with changes in emergency technology.

[REDACTED] and the [REDACTED] has linkage agreements with a community network of hospitals who have agreed to care for our patients in case tertiary level services are required.

administrative review

Certificate of Need Application*

Schedule **3****Environmental Assessment**

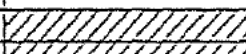
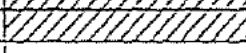
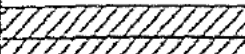

Part I For all proposed centers		YES	NO			YES	NO
1. If this application involves construction will it:							
(a) change land use or density?				X		10. Will the project have any adverse impact on public health or safety?	
(b) have permanent effect on the environment if temporary land use is involved?				X		11. Will the project affect the existing community by direct, causing a growth in permanent population of more than 5 percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	
(c) require work related to the disposition of asbestos?				X		12. Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure or site, or prehistoric site, that has been processed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register.	
If the answer to above is yes, then Parts II and III must be completed. All applicants must complete the signature block						13. Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation and Historic Preservation?	
Part II						14. Is the project within the Coastal Zone as defined in Executive Law, Article 42?	
(A) if any question in Part II is answered "Yes", the project may be significant and more information will be necessary.						Part III	
(B) if all questions in Part II are answered "No", it is likely that this project is not significant.						1. List all other state or local agencies involved in approval of the project	
1. Does the project meet or exceed any of the thresholds listed below; or if the project involves expansion of the facility by more than 50% of the thresholds listed below, does the proposed expansion plus the existing facility meet or exceed any of the thresholds listed below? Check the appropriate boxes below (a thru e).						_____	
(a) the physical alteration of 10 acres or more?						_____	
(b) use ground or surface water or discharge waste water to ground or surface waters in excess of 2,000,000 gallons per day?						_____	
(c) parking for 1,000 vehicles or more?						_____	
(d) in a city, town or village of 150,000 population or less, will the project entail more than 100,000 square feet of gross floor area?						2. Has any other agency made an environmental review of this project?	
(e) in a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?						If so, give name.	
2. In a locality without any zoning regulation to height, will the project contain any structure exceeding 100 feet above original ground area?						_____	
3. Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law, Article 25, Section 303?						_____	
4. Will the project significantly affect drainage flow on adjacent sites?						3. Is there public controversy concerning environmental aspects of this project? If yes attach a brief description of the controversy.	
5. Will the project affect any threatened or endangered plant or animal species?						Attachment = _____	
6. Will the project result in a major adverse effect on air quality?						Preparer's Signature: _____	
7. Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?						Print or type name: _____	
8. Will the project result in major traffic problems or have a major effect on existing transportation systems?						Title: _____ Date: _____	
9. Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?						Representing: _____	

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Certificate of Need Application*

Schedule 4

Total Project Cost * [REDACTED]

Item	Cost as of Filing Date of Application (1)	Escalation to Midpoint of Construction. Escalation is Projected at ____ % per year (2)	Estimated Project Costs (3)
1.1 Land Acquisition	\$ 0		\$
1.2 Building Acquisition	0		
2.1 New Construction	0	\$	
2.2 Renovation & Demolition	2,876.68		
2.3 Site Development	0		
2.4 Temporary Power	0		
3.1 Design Contingency	0		
3.2 Construction Contingency	0		
4.1 Fixed Equipment (NIC)	9,137.00		
4.2 Planning Consultant Fees	0		
4.3 Architect/Engineering Fees	0		
4.4 Construction Manager Fees	0		
4.5 Other Fees (Consultant, etc.)	0		
Subtotal (Total 1.1 thru 4.5)	12,013.68		
5.1 Moveable Equipment	14,220.75		
6 Total Basic Cost of Construction (total 1.1 thru 5.1)	26,234.43		
7.1 Financing Cost (points, etc.)			
7.2 Interim Interest Expense (Total Interest on Construction Loan: ____ @ ____ % for ____ mos)			
8 Estimated Total Project Cost (total 6 thru 7.2)	26,234.43		

Construction Start Date April 1, 1996 Midpoint of Construction Date April 15, 1996

Construction Completion Date May 1, 1996 Estimated Number of Months to Complete Construction 1 month

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required

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Schedule **4**

Total Project Cost

Item	Cost as of Filing Date of Application (1)	Escalation to Midpoint of Construction. Escalation is Projected at _____% per year (2)	Estimated Project Costs (3)
1.1 Land Acquisition	\$ 0		\$
1.2 Building Acquisition	0		
2.1 New Construction	0	\$	
2.2 Renovation & Demolition	60,175.76		
2.3 Site Development	0		
2.4 Temporary Power	0		
3.1 Design Contingency	0		
3.2 Construction Contingency	0		
4.1 Fixed Equipment (NIC)	4,380.40		
4.2 Planning Consultant Fees	0		
4.3 Architect/Engineering Fees	0		
4.4 Construction Manager Fees	0		
4.5 Other Fees (Consultant, etc.)	0		
Subtotal (Total 1.1 thru 4.5)	64,556.16		
5.1 Moveable Equipment	14,362.86		
6 Total Basic Cost of Construction (total 1.1 thru 5.1)	78,919.02		
7.1 Financing Cost (points, etc.)			
7.2 Interim Interest Expense (Total Interest on Construction Loan: _____ @ _____% for _____ mos)			
8 Estimated Total Project Cost (total 6 thru 7.2)	78,919.02		

Construction Start Date January 1, 1997 Midpoint of Construction Date February 1, 1997
Construction Completion Date February 28, 1997 Estimated Number of Months to Complete Construction 2 months

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

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Schedule **4**

Total Project Cost *Canandaigua Center

Item	Cost as of Filing Date of Application	Escalation to Midpoint of Construction. Escalation is Projected at _____ % per year	Estimated Project Costs
	(1)	(2)	(3)
1.1 Land Acquisition	\$ 0		\$
1.2 Building Acquisition	0		
2.1 New Construction	0	\$	
2.2 Renovation & Demolition	2,597.97		
2.3 Site Development	0		
2.4 Temporary Power	0		
3.1 Design Contingency	0		
3.2 Construction Contingency	0		
4.1 Fixed Equipment (NIC)	4,650.00		
4.2 Planning Consultant Fees	0		
4.3 Architect/Engineering Fees	0		
4.4 Construction Manager Fees	0		
4.5 Other Fees (Consultant, etc.)	0		
Subtotal (Total 1.1 thru 4.5)	7,247.97		
5.1 Moveable Equipment	14,880.67		
6 Total Basic Cost of Construction (total 1.1 thru 5.1)	22,128.64		
7.1 Financing Cost (points, etc.)			
7.2 Interim Interest Expense (Total Interest on Construction Loan: _____ @ _____ % for _____ mos)			
8 Estimated Total Project Cost (total 6 thru 7.2)	22,128.64		

Construction Start Date September 10, 1996 Midpoint of Construction Date October 15, 1996
Construction Completion Date November 7, 1996 Estimated Number of Months to Complete Construction 2 months

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

26
29
77

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Schedule **5****Proposed Plan for Project Financing *****A. Lease**

A complete copy of each proposed lease must be submitted.

Attachment # 2

ITEM	NET PRICE AS IF PURCHASED
	\$
	\$
	\$
	\$

B. Cash

Attach a copy of the latest certified financial statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # 5 & 6

Accumulated Funds	\$ 26,234.43
Sale of Existing Assets*	\$
Other — (ie. gifts, grants, **etc)	\$
TOTAL CASH	\$ 26,234.43

*Attach a full and complete description of the assets to be sold.

Attachment # _____

**If grants, attach a description of the source of financial support.

Attachment # _____

C. Debt FinancingAttach a copy of the proposed letter of interest from the intended source of permanent financing. This letter **must include** an estimate of the principal, term, interest rate and payout period presently being considered.

Attachment # _____

Principal	\$
Interest Rate	%
Term	Yrs
Payout Period	Yrs
Type Financing	

To be considered for review, all applications must include a complete copy of the financing proposal

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Schedule **5****Proposed Plan for Project Financing** [REDACTED] Center**A. Lease**

A complete copy of each proposed lease must be submitted.

Attachment # 3

ITEM	NET PRICE AS IF PURCHASED
	\$
	\$
	\$
	\$

B. Cash

Attach a copy of the latest certified financial statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # 5 & 6

Accumulated Funds	\$78,919.02
Sale of Existing Assets*	\$
Other — i.e. gifts, grants, **etc	\$
TOTAL CASH	\$78,919.02

*Attach a full and complete description of the assets to be sold.

Attachment # _____

**If grants, attach a description of the source of financial support.

Attachment # _____

C. Debt FinancingAttach a copy of the proposed letter of interest from the intended source of permanent financing. This letter **must include** an estimate of the principal, term, interest rate and payout period presently being considered.

Attachment # _____

Principal	\$
Interest Rate	%
Term	Yrs
Payout Period	Yrs
Type Financing	

To be considered for review, all applications must include a complete copy of the financing proposal

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Certificate of Need Application*

Schedule **5****Proposed Plan for Project Financing*** Canandaigua Center**A. Lease**

A complete copy of each proposed lease must be submitted.

Attachment # 4

ITEM	NET PRICE AS IF PURCHASED
	\$
	\$
	\$
	\$

B. Cash

Attach a copy of the latest certified financial statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # 5 & 6

Accumulated Funds	\$ 22,128.64
Sale of Existing Assets*	\$
Other — i.e. gifts, grants, **etc)	\$
TOTAL CASH	\$ 22,128.64

*Attach a full and complete description of the assets to be sold.

Attachment # _____

**If grants, attach a description of the source of financial support.

Attachment # _____

C. Debt FinancingAttach a copy of the proposed letter of interest from the intended source of permanent financing. This letter **must include** an estimate of the principal, term, interest rate and payout period presently being considered.

Attachment # _____

Principal	\$
Interest Rate	%
Term	Yrs
Payout Period	Yrs
Type Financing	

To be considered for review, all applications must include a complete copy of the financing proposal

*Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

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Schedule **6**

Annual Operating Costs *

Categories	First Full Year Annual Incremental Cost Impact
	From <u>1/97</u> to <u>12/97</u> <small>W.C.</small>
1. Salaries & Wages	\$ 35,904.00
2. Employee Benefits	6,447.00
3. Professional Fees	5,924.80
4. Medical & Surgical Supplies	6,658.84
5. Non-medical & Non-surgical Supplies	600.00
6. Utilities	6,264.00
7. Purchased Services	7,883.88
8. Other Direct Expenses	0
9. Subtotal (total 1 thru 8)	69,682.52
10. Interest	
11. Depreciation & Rent	10,959.00
12. Total Incremental Operating Costs	80,641.52

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Schedule **6**

Annual Operating Costs *

Categories	First Full Year Annual Incremental Cost Impact
	From <u>3/97</u> to <u>2/98</u> <small>MC '97 MC '98</small>
1. Salaries & Wages	\$ 32,592.00
2. Employee Benefits	5,852.00
3. Professional Fees	5,858.80
4. Medical & Surgical Supplies	5,000.00
5. Non-medical & Non-surgical Supplies	600.00
6. Utilities	6,764.00
7. Purchased Services	8,430.40
8. Other Direct Expenses	
9. Subtotal (total 1 thru 8)	65,097.20
10. Interest	0
11. Depreciation & Rent	17,646.00
12. Total Incremental Operating Costs	82,743.20

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Schedule **6**

Annual Operating Costs *Canandaigua Center

Categories	First Full Year Annual Incremental Cost Impact From <u>11/96</u> to <u>10/97</u> <small>10/96 10/97</small>
1. Salaries & Wages	\$ 34,920.00
2. Employee Benefits	6,270.00
3. Professional Fees	6,806.80
4. Medical & Surgical Supplies	9,741.24
5. Non-medical & Non-surgical Supplies	600.00
6. Utilities	7,680.00
7. Purchased Services	8,258.00
8. Other Direct Expenses	0
9. Subtotal (total 1 thru 8)	74,276.04
10. Interest	
11. Depreciation & Rent	28,418.00
12. Total Incremental Operating Costs	102,694.04

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

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Schedule **7**

Annual Operating Revenues *

Categories	First Full Year Annual Incremental Revenue Impact From <u>1/97</u> to <u>12/97</u>
1. Daily Hospital Services	\$ 0
2. Ambulatory Services	145,106.00
3. Ancillary Services	19,520.00
4. Total Gross Patient Care Services Rendered	0
5. Deductions from Revenue	0
6. Net Patient Care Services Revenue	0
7. Other Operating Revenue	0
8. Total Operating Revenue (Total 1-7)	164,626.00
9. Non-Operating Revenue	0
10. Total Incremental Project Revenue	164,626.00

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Schedule **7**

Annual Operating Revenues

Categories	First Full Year Annual Incremental Revenue Impact From <u>3/97</u> to <u>2/98</u>
1. Daily Hospital Services	\$ 0
2. Ambulatory Services	238,990.00
3. Ancillary Services	19,520.00
4. Total Gross Patient Care Services Rendered	258,510.00
5. Deductions from Revenue	0
6. Net Patient Care Services Revenue	0
7. Other Operating Revenue	0
8. Total Operating Revenue (Total 1-7)	258,510.00
9. Non-Operating Revenue	0
10. Total Incremental Project Revenue	258,510.00

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Schedule **7**

Annual Operating Revenues*Canandaigua Center

Categories	First Full Year Annual Incremental Revenue Impact From <u>11/96</u> to <u>10/97</u>
1. Daily Hospital Services	\$ 0
2. Ambulatory Services	208,696.00
3. Ancillary Services	19,520.00
4. Total Gross Patient Care Services Rendered	0
5. Deductions from Revenue	0
6. Net Patient Care Services Revenue	0
7. Other Operating Revenue	0
8. Total Operating Revenue (Total 1-7)	228,216.00
9. Non-Operating Revenue	0
10. Total Incremental Project Revenue	228,216.00

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

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Schedule **10****Space & Construction Cost Distribution**

Only

☐ new
☒ alteration

LOCATION			Code and Functional Category Description	Function Gross SF	Construction Cost per SF	Total Construction Cost	(ALT) Scope of Work
Bldg. No.	Floor No.	Sect. No.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	1	471	Family Planning O/P [REDACTED]	2,100 sq. ft.	28.66/ sq. ft.	\$60,175.76	B

Signature
Blocks
for preparer of
this
schedule

1. If new construction is involved, is it "freestanding"? Yes ☐ No ☐
2. (Check where applicable) The facilities to be affected by this project are located in a:
☐ Dense Urban ☐ Other Metropolitan or Suburban ☐ Rural Area
3. This submission consists of: ☐ New Construction Report Number of pages _____
☐ Alteration Construction Report Number of pages _____

APPLICANT OR REPRESENTATIVE OR PROJECT ARCHITECT, ENGINEER OR ESTIMATOR

SIGNATURE	SIGNATURE OF PREPARER	DATE
PRINT OR TYPE NAME	FIRM NAME, PROJECT ARCHITECT, ENGINEER OR ESTIMATOR	
TITLE	MAILING ADDRESS	
DATE	CITY & STATE	
AREA CODE AND TELEPHONE NUMBER	AREA CODE AND TELEPHONE NUMBER	

administrative review

Certificate of Need Application*

Schedule **11**

Architectural Submission or Letter of Certification

*  Only

Enter the appropriate attachment number of your submission.

Copy of Architectural
Submission transmittal letter:

Attachment # _____

OR

Architect's Letter
of Certification

Attachment # 7

* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

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Certificate of Need Application

Schedule **12****Moveable Equipment *** [REDACTED] [REDACTED]

Table I: New Equipment Description

Funct. Area	Machine	Model	Manufacturer	Model Year	Utilization	Lease Amount Purchase Price
(1)	(2)	(3)	(4)	(5)	(6)	(7)
471	Clinical			1996	2020	\$2,731.69P
902	Copier	1112	Konica	1996	-----	\$2,535.00L
901	Non-Clinical			1996	-----	\$4,119.25P
984	CRT			1996	-----	\$4,834.81P
	Total \$14,220.75					

List only equipment that is being replaced on a one-for-one basis. On the first line list the new equipment, and on the second line list the equipment that is being replaced.

Table II: Equipment Replacement (One-for-One Only)

Funct. Area	Machine	Model	Manufacturer	Model Year	Utilization	Lease Amount Purchase Price
(1)	(2)	(3)	(4)	(5)	(6)	(7)

On the first line list the new equipment, and on the second line list the equipment that is being replaced.

Table III: Equipment Replacement (Not One-for-One)

Funct. Area	Machine	Model	Manufacturer	Model Year	Utilization	Lease Amount Purchase Price
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Description of what is being done with old equipment: Attachment # _____

administrative review

Certificate of Need Application

Schedule **12**

* [REDACTED] [REDACTED] Moveable Equipment

Table I: New Equipment Description

Funct. Area	Machine	Model	Manufacturer	Model Year	Utilization	Lease Amount Purchase Price
(1)	(2)	(3)	(4)	(5)	(6)	(7)
471	Clinical Equipment			used	2020	\$1,050.00P
471	Clinical Equipment			1997	2020	\$4,909.62P
902	Copier	1112	Konica	1997	-----	\$2,535.00L
901	Non-Clinical			used	-----	\$ 35.00P
901	Non-Clinical			1997	-----	\$3,337.55P
921	Non-Clinical			1997	-----	\$ 495.69P
984	CRT			1997	-----	\$2,000.00P
Total \$14,362.86						

List only equipment that is being replaced on a one for one basis. On the first line list the new equipment, and on the second line list the equipment that is being replaced.

Table II: Equipment Replacement (One-for-One Only)

Funct. Area	Machine	Model	Manufacturer	Model Year	Utilization	Lease Amount Purchase Price
(1)	(2)	(3)	(4)	(5)	(6)	(7)

On the first line list the new equipment, and on the second line list the equipment that is being replaced.

Table III: Equipment Replacement (Not One-for-One)

Funct. Area	Machine	Model	Manufacturer	Model Year	Utilization	Lease Amount Purchase Price
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Description of what is being done with old equipment: Attachment # _____

administrative reviewSchedule **12**

Certificate of Need Application

*Canandaigua Center

Moveable Equipment

Table I: New Equipment Description

Funct. Area	Machine	Model	Manufacturer	Model Year	Utilization	Lease Amount Purchase Price
(1)	(2)	(3)	(4)	(5)	(6)	(7)
471	Clinical			used	2020	\$855.00P
471	Clinical			1996	2020	\$7,325.74P
902	Copier	1112	Konica	1996	-----	\$2535.00L
902	Faxsimilie	Bx3	Canon	1996	-----	\$423.99P
901	Non-Clinical			used	-----	\$703.00P
901	Non-Clinical			1996	-----	\$627.25P
984	CRT			1996	-----	\$2,000.00P
921	Non-Clinical			used	-----	\$215.00P
921	Non-Clinical			1996	-----	\$195.69P
Total \$14,880.67						

List only equipment that is being replaced on a one for one basis. On the first line list the new equipment, and on the second line list the equipment that is being replaced.

Table II: Equipment Replacement (One-for-One Only)

Funct. Area	Machine	Model	Manufacturer	Model Year	Utilization	Lease Amount Purchase Price
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Table III: Equipment Replacement (Not One-for-One)

On the first line list the new equipment, and on the second line list the equipment that is being replaced.

Funct. Area	Machine	Model	Manufacturer	Model Year	Utilization	Lease Amount Purchase Price
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Description of what is being done with old equipment: Attachment # _____

administrative review

Certificate of Need Application*

Schedule 15

Staffing * [REDACTED] [REDACTED]

Staffing Categories	Number of FTE's to nearest tenth	
	Part Time Status Current year	Full Time Status First year of implementation
	<u>5/96</u> to <u>5/97</u> w/12 w/12 (1)	<u>8/97</u> to <u>8/98</u> w/12 w/12 (2)
1. Management & Supervision		
2. Technician & Specialist		
3. Registered Nurses	.78	1.56
4. Licensed Vocational (Practical) Nurses Aides, Orderlies & Attendees	.78	1.56
5. Physicians	.39	.78
6. Intern, Resident & Fellow Non- Physician Medical Practitioners		
7. Social Workers & Psychologists*		
8. Physical, Occupational & Rehabilitation Therapists*		
9. Environment, Hotel & Food Service		
10. Clerical & Other Administrative		
11. Other Employee Classifications (Identify)		
12. TOTAL NUMBER OF EMPLOYEES	1.16	2.32

*Use only for RHCF and D&T Center Proposals.

Provide an attachment to describe any health professional teaching programs (in house staff training programs) associated with this project. Attachment # N/A

administrative review

Certificate of Need Application*

Schedule 15

Staffing * [REDACTED] [REDACTED]

Staffing Categories	Number of FTE's to nearest tenth	
	Part Time Status Current year	Full Time Status First year of implementation
	$\frac{3/97}{\text{w/12}}$ to $\frac{7/97}{\text{w/12}}$ (1)	$\frac{8/97}{\text{w/12}}$ to $\frac{8/98}{\text{w/12}}$ (2)
1. Management & Supervision		
2. Technician & Specialist		
3. Registered Nurses	.35	.70
4. Licensed Vocational (Practical) Nurses Aides, Orderlies & Attendees	.35	.70
5. Physicians		
6. Intern, Resident & Fellow Non- Physician Medical Practitioners	.7	1.40
7. Social Workers & Psychologists*		
8. Physical, Occupational & Rehabilitation Therapists*		
9. Environment, Hotel & Food Service		
10. Clerical & Other Administrative		
11. Other Employee Classifications (Identify)		
12. TOTAL NUMBER OF EMPLOYEES	1.05	2.10

*Use only for RHCF and D&T Center Proposals.

Provide an attachment to describe any health professional teaching programs (in house staff training programs) associated with this project. Attachment # N/A

administrative review

Certificate of Need Application*

Schedule **15**

Staffing *Canandaigua Center

Staffing Categories	Number of FTE's to nearest tenth	
	Part Time Status Current year	Full Time Status First year of Implementation
	<u>11/96 to 7/97</u> W.C. W.C. (1)	<u>8/97 to 8/98</u> W.C. W.C. (2)
1. Management & Supervision		
2. Technician & Specialist		
3. Registered Nurses	.38	.76
4. Licensed Vocational (Practical) Nurses Aides, Orderlies & Attendees	.38	.76
5. Physicians		
6. Intern, Resident & Fellow Non- Physician Medical Practitioners	.75	1.50
7. Social Workers & Psychologists*		
8. Physical, Occupational & Rehabilitation Therapists*		
9. Environment, Hotel & Food Service		
10. Clerical & Other Administrative		
11. Other Employee Classifications (Identify)		
12. TOTAL NUMBER OF EMPLOYEES	1.13	2.26

*Use only for RHCF and D&T Center Proposals.

Provide an attachment to describe any health professional teaching programs (in house staff training programs) associated with this project. Attachment # N/A

Certificate of Need Application

For Establishment/Construction Requiring Full Review *

Attachments

Schedule # _____

Attachment # _____ Title _____ Page # _____

Attachment 1	Sliding Fee Scale	Page 1
Attachment 2	██████ Lease	Page 2
Attachment 3	██████ Lease	Pages 3 - 15
Attachment 4	Canandaigua Sublease	Pages 16 - 22
Attachment 5	Revenue and Expense	Pages 23 - 25
Attachment 6	1996 Audited Financial	Pages 26 - 40
Attachment 7	Architectural Letter of Certification	Page 41

* Do not use the master copy. Photocopy master and then complete copy of this schedule is required.



administrative review

Certificate of Need Application *

Schedule **16**

Assurances

(A) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of way sufficient to assure use and possession for the purpose of the construction and operation of the facility;

(B) The applicant will obtain the approval of the commissioner of all required submissions, which shall conform to the standards of construction and equipment pursuant to 10 NYCRR;

(C) The applicant will obtain the approval of the commissioner of the final working drawings and specifications, which shall conform to the standards of construction and equipment of 10 NYCRR, prior to contracting for construction, unless otherwise provided for in section 710.7 of 10 NYCRR;

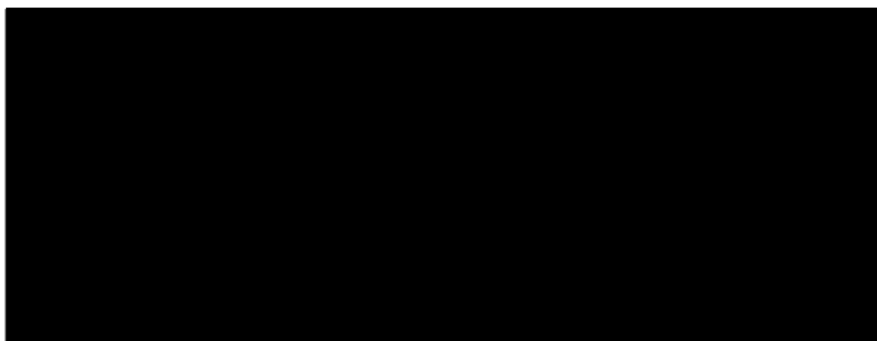
(D) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications;

(E) The applicant will provide and maintain competent and adequate architectural or engineering supervision and inspection at the construction site to insure that the completed work conforms with the approved plans and specifications;

(F) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility which are not in compliance with 10 NYCRR Section 711.4 through 711.8 of this Title, or other pertinent provisions of 10 NYCRR Chapter 5 Subchapter C, unless a waiver is granted to specific provisions by the commissioner, under 10 NYCRR Section 711.9;

(G) The facility will be operated and maintained in accordance with the standards prescribed by law; and

(H) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of 10 NYCRR with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.



* Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

INCOME DETERMINATION WORKSHEET

Effective May 1, 1997

Estimated Net Income after FICA

PROOF OF INCOME REQUIRED

WEEKLY INCOME		NO PAY CODE 6		SLIDE CODE 5 13-19 YEARS		SLIDE CODE 4		SLIDE CODE 3		SLIDE CODE 2		FULL FEE CODE 1 20+ YEARS	
CLIENT AGE	Family Size	% OF POVERTY LEVEL 0% to 100%		101% to 125%		126% to 150%		151% to 185%		186% to 220%		221% to 250%	
	1	0	\$152	\$153	\$190	\$191	\$228	\$229	\$281	\$282	\$334	\$335	+
	2	0	204	205	255	256	306	307	377	378	449	450	+
	3	0	256	257	320	321	385	386	474	475	564	565	+
	4	0	309	310	386	387	463	464	571	572	679	680	+
	5	0	361	362	451	452	541	542	668	669	794	795	+
	6	0	413	414	517	518	620	621	765	766	909	910	+
	7	0	466	467	582	583	698	699	861	862	1,024	1,025	+
	8	0	518	519	647	648	777	778	958	959	1,139	1,140	+
MONTHLY INCOME		CODE 6		CODE 5		CODE 4		CODE 3		CODE 2		CODE 1	
	1	0	\$658	\$659	\$822	\$823	\$986	\$987	\$1,216	\$1,217	\$1,447	\$1,448	+
	2	0	\$884	885	\$1,105	1,106	\$1,326	1,327	\$1,636	1,637	\$1,945	1,946	+
	3	0	\$1,111	1,112	\$1,389	1,390	\$1,666	1,667	\$2,055	2,056	\$2,444	2,445	+
	4	0	\$1,338	1,339	\$1,672	1,673	\$2,006	2,007	\$2,474	2,475	\$2,943	2,944	+
	5	0	\$1,564	1,565	\$1,955	1,956	\$2,346	2,347	\$2,894	2,895	\$3,441	3,442	+
	6	0	\$1,791	1,792	\$2,239	2,240	\$2,686	2,687	\$3,313	3,314	\$3,940	3,941	+
	7	0	\$2,018	2,019	\$2,522	2,523	\$3,026	3,027	\$3,732	3,733	\$4,439	4,440	+
	8	0	\$2,244	2,245	\$2,805	2,806	\$3,366	3,367	\$4,152	4,153	\$4,937	4,938	+
ANNUAL INCOME		CODE 6		CODE 5		CODE 4		CODE 3		CODE 2		CODE 1	
	1	0	7,890	7,891	9,863	9,864	11,835	11,836	14,597	14,598	17,358	17,359	+
	2	0	10,610	10,611	13,263	13,264	15,915	15,916	19,629	19,630	23,342	23,343	+
	3	0	13,330	13,331	16,663	16,664	19,995	19,996	24,661	24,662	29,328	29,327	+
	4	0	16,050	16,051	20,063	20,064	24,075	24,076	29,693	29,694	35,310	35,311	+
	5	0	18,770	18,771	23,463	23,464	28,155	28,156	34,725	34,726	41,294	41,295	+
	6	0	21,490	21,491	26,863	26,864	32,235	32,236	39,757	39,758	47,278	47,279	+
	7	0	24,210	24,211	30,263	30,264	36,315	36,316	44,789	44,790	53,262	53,263	+
	8	0	26,930	26,931	33,663	33,664	40,395	40,396	49,821	49,822	59,246	59,247	+



**STATEMENT OF REVENUE AND EXPENSES COMPARED TO BUDGET
THROUGH APRIL 1997**

	April YTD 1997 Results	April YTD 1997 Budget	Variance to Budget
REVENUE			Favorable, (Unfavorable)
Private Support	85,008	76,632	8,376
UW Designations & Support	204,267	207,332	-3,065
Client Fees	145,206	193,412	-48,206
PPCS Management Revenue	16,667	16,668	-1
HMO Reimbursement	59,392	37,452	21,940
Medicaid Fees	337,028	331,256	5,772
Grants	778,946	753,264	25,682
Other Revenue	72,658	73,460	-802
Supply Sales	187,665	185,736	1,929
Misc. Revenue	3,876	8,268	-4,392
Total Revenues	1,890,713	1,883,480	7,233
EXPENSES			
Staff Salaries	961,854	1,007,508	45,654
Fringe	190,459	173,008	-17,451
Contract Services	218,966	247,824	28,858
Supplies/Printing	135,911	172,080	36,169
Occupancy	133,971	121,868	-12,103
Travel & Meetings	44,135	47,400	3,265
Membership Dues	30,402	38,276	7,874
Misc.	51,625	73,412	21,787
Total Expenses	1,767,323	1,881,376	114,053
Surplus/ (Deficit) before			
Capital Purchases	123,390	2,104	121,286
Capital Purchases	128,952	52,508	-76,444
Net Surplus/(Deficit)	-5,562	-50,404	44,842



BALANCE SHEET
FOR APRIL 1997

	This Period April 1997	Last Period March 1997	Net Change
ASSETS			Increase/(Decrease)
Cash Investments	1,882,083	2,096,076	-213,993
Receivables	581,915	545,885	36,030
Inventory	66,747	69,806	-3,059
Land, Bldg, & Equip.	1,831,879	1,847,140	-15,261
Total Assets	4,362,624	4,558,907	-196,283
LIABILITIES			
Accounts Payable	72,169	176,975	-104,806
Accrued Expenses	374,144	344,516	29,628
Grant Advances	191,944	240,171	-48,227
Other	25,000	90,157	-65,157
Total Liabilities	663,257	851,819	-188,562
Net Assets	3,699,367	3,707,088	-7,721
Liabilities & Net Assets	4,362,624	4,558,907	-196,283

APRIL 1997 NARRATIVE

REVENUE AND EXPENSE COMPARED TO BUDGET

Planned Parenthood ended April 1997 YTD with a \$5,562 deficit. The April 1997 YTD budget was a 50,404 deficit; therefore, the adjusted surplus is \$44,842.

April YTD 1997 Revenues were \$1,890,713 or \$7,233 over the April YTD budget. This overage consists of multiple offsetting variances.

Private Fund Raising - Favorable variance of \$8,376 due to response time lag for the direct mail and telemarketing initiatives and the Lambs of Christ appeal.

Client Fees - Unfavorable variance of \$48,206 due to visit shortfalls in family planning and variance in the patient pay category assumptions. YTD visit volumes were 16% or 1,121 visits under budget.

HMO/Other 3rd Party Reimbursement - a \$21,940 favorable variance due to increased availability of billable insurances and too low assumptions regarding volume of private insurance clients.

Medicaid Fees - Favorable variance of \$5,772 due to patient pay category shifts and reimbursement changes in [REDACTED] services..

Grants - Favorable variance of \$25,682 due to timing differences.

April YTD 1997 Expenses were \$1,767,323 or \$114,053 under budget. The variances reflect multiple line items.

Salaries - Favorable variance of \$45,654 due to hiring timing differences.

Fringe Benefits - Unfavorable variance of \$17,451 due to some late 1996 expenses posted in 1997.

Occupancy - Unfavorable variance of \$12,103 due to incorrect budget assumptions that are to be adjusted with the 1997 forecast.

Contract Services, Supplies/Printing, Travel & Meetings, Membership Dues, & Misc. - Favorable variances all due to timing differences.

Capital Purchases - Unfavorable variance of \$76,444 due in part to budget timing differences in addition to activity associated with clinic expansion like the Martin Luther King Center.

In summary, the agency's financial position through April is flat. A mid-year forecast will be completed by the end of July.

BALANCE SHEET

Through April 1997, [REDACTED] assets decreased by \$196,283. Cash decreased by \$213,993 as a direct result of bringing accounts payable current to 30 days and submitting our retirement contribution of over \$75,000. Liabilities decreased by \$188,562 primarily due to the items referred to above in addition to grant advance recoupment.

The net assets were decreased by \$7,721.

[REDACTED]

FINANCIAL STATEMENTS AS OF

DECEMBER 31, 1996

TOGETHER WITH

INDEPENDENT AUDITORS' REPORT

AAFR
copy

BONADIO



Co., LLP


CERTIFIED PUBLIC
ACCOUNTANTS





MORE


INDEPENDENT AUDITORS' REPORT


March 19, 1997

To the Board of Directors of


We have audited the accompanying balance sheet of  and the  as of December 31, 1996, and the related statements of activities and changes in net assets, functional revenue and expenses - unrestricted net assets and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of  as of December 31, 1996, and the changes in its net assets and its cash flows for the year then ended in conformity with generally accepted accounting principles.

In accordance with *Government Auditing Standards*, we have also issued reports dated March 19, 1997 on our consideration of  internal control structure and on its compliance with laws and regulations.

Bonadio & Co., LLP

BALANCE SHEET
DECEMBER 31, 1996
 (With Comparative Totals for 1995)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>	
				<u>1996</u>	<u>1995</u>
ASSETS					
CURRENT ASSETS:					
Cash and equivalents	\$ 327,407	\$ -	\$ -	\$ 327,407	\$ 301,955
Program service fees receivable, net of allowance for doubtful accounts of \$147,000 in 1996 and \$154,000 in 1995	171,087	-	-	171,087	308,828
Grants receivable	217,019	-	-	217,019	199,546
United Way receivable	234,243	-	-	234,243	-
Pledges receivable, net of allowance for uncollectible pledges of \$19,000 in 1996 and \$20,000 in 1995	31,844	-	-	31,844	111,359
Inventory	44,800	-	-	44,800	39,307
Prepaid expenses	35,008	-	-	35,008	20,272
Total current assets	1,061,408	-	-	1,061,408	981,267
INVESTMENTS	1,285,793	27,519	381,512	1,694,824	1,431,210
PROPERTY, PLANT AND EQUIPMENT, net	1,892,917	-	-	1,892,917	1,980,758
	<u>\$ 4,240,118</u>	<u>\$ 27,519</u>	<u>\$ 381,512</u>	<u>\$ 4,649,149</u>	<u>\$ 4,393,235</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES:					
Accounts payable	\$ 171,858	\$ -	\$ -	\$ 171,858	\$ 86,800
Accrued expenses	326,752	-	-	326,752	336,272
Advances	375,804	-	-	375,804	404,527
Total current liabilities	874,414	-	-	874,414	827,599
NET ASSETS:					
Unrestricted -					
Operating	2,079,911	-	-	2,079,911	2,133,226
Board designated	1,285,793	-	-	1,285,793	1,022,179
Temporarily restricted	-	27,519	-	27,519	28,719
Permanently restricted	-	-	381,512	381,512	381,512
Total net assets	3,365,704	27,519	381,512	3,774,735	3,565,636
	<u>\$ 4,240,118</u>	<u>\$ 27,519</u>	<u>\$ 381,512</u>	<u>\$ 4,649,149</u>	<u>\$ 4,393,235</u>

The accompanying notes are an integral part of these statements.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED DECEMBER 31, 1996
(With Comparative Totals for 1995)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>----- Total -----</u>	
				<u>1996</u>	<u>1995</u>
PUBLIC SUPPORT AND REVENUE:					
Grants	\$ 2,029,395	\$ -	\$ -	\$ 2,029,395	\$ 1,827,648
Third-party reimbursement:					
Medicaid	923,612	-	-	923,612	993,516
Other	163,056	-	-	163,056	30,163
United Way	-	761,876	-	761,876	536,616
Contraceptive sales	562,876	-	-	562,876	535,787
Contributions	339,525	85,164	-	424,689	444,824
Client service fees	412,205	-	-	412,205	375,002
Net gain on investments	158,020	-	-	158,020	269,273
Interest and dividend income	57,824	-	-	57,824	68,397
Contributed services and materials	46,961	-	-	46,961	-
Other	15,128	-	-	15,128	13,078
Net assets released from restriction:					
United Way	761,876	(761,876)	-	-	-
Contributions	86,364	(86,364)	-	-	-
Total public support and revenue	5,556,842	(1,200)	-	5,555,642	5,094,304
EXPENSES:					
Program services -					
Family planning	2,581,665	-	-	2,581,665	2,659,070
[REDACTED] services	226,794	-	-	226,794	237,129
Teen services	169,487	-	-	169,487	209,966
[REDACTED]	224,865	-	-	224,865	295,771
Public affairs	81,041	-	-	81,041	88,656
Prenatal services	148,844	-	-	148,844	117,085
Total program services	3,432,696	-	-	3,432,696	3,607,677
Supporting Services -					
Management and general	1,738,333	-	-	1,738,333	1,338,331
Fundraising	175,514	-	-	175,514	166,337
Total supporting services	1,913,847	-	-	1,913,847	1,504,668
Total expenses	5,346,543	-	-	5,346,543	5,112,345
CHANGES IN NET ASSETS BEFORE CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING FOR INVESTMENTS	210,299	(1,200)	-	209,099	(18,041)
Cumulative effect of change in accounting for investments (Note 2)	-	-	-	-	65,587
CHANGES IN NET ASSETS	210,299	(1,200)	-	209,099	47,546
NET ASSETS - beginning of year	3,155,405	28,719	381,512	3,565,636	3,518,090
NET ASSETS - end of year	\$ 3,365,704	\$ 27,519	\$ 381,512	\$ 3,774,735	\$ 3,565,636

The accompanying notes are an integral part of these statements.

STATEMENT OF FUNCTIONAL REVENUE AND EXPENSES - UNRESTRICTED NET ASSETS

FOR THE YEAR ENDED DECEMBER 31, 1996

(With Comparative Totals for 1995)

	Program Services						Supporting Services			Total		
	Family Planning	Services	Teen Services		Public Affairs	Prenatal Services	Total	Management and General	Fundraising	Total	1996	1995
PUBLIC SUPPORT AND REVENUE:												
Grants	\$ 1,676,488	\$ 186,005	\$ 166,902	\$ -	\$ -	\$ -	\$ 2,029,395	\$ -	\$ -	\$ -	\$ 2,029,395	\$ 1,827,648
Third-party reimbursement:												
Medicaid	519,542	-	61,756	209,275	-	133,039	923,612	-	-	-	923,612	993,516
Other	133,160	-	-	26,387	-	3,509	163,056	-	-	-	163,056	30,163
Contraceptive sales	561,784	-	-	800	44	248	562,876	-	-	-	562,876	535,787
Contributions	-	-	-	-	-	-	-	-	339,525	339,525	339,525	343,775
Client service fees	357,945	6	-	54,254	-	-	412,205	-	-	-	412,205	375,002
Net gain on investments	-	-	-	-	-	-	-	158,020	-	158,020	158,020	269,273
Interest and dividend income	-	-	-	-	-	-	-	57,824	-	57,824	57,824	68,397
Contributed services and materials	1,164	45,797	-	-	-	-	46,961	-	-	-	46,961	-
Other	4,360	-	-	-	3,071	-	7,431	7,697	-	7,697	15,128	13,078
Net assets released from restriction:												
United Way	591,830	84,676	12,010	-	-	73,360	761,876	-	-	-	761,876	536,616
Contributions	78,833	5,559	-	772	-	1,200	86,364	-	-	-	86,364	4,198
Total public support and revenue	3,925,106	322,043	240,668	291,488	3,115	211,356	4,993,776	223,541	339,525	563,066	5,556,842	4,997,453
EXPENSES:												
Salaries	1,497,367	132,168	127,835	69,882	28,701	82,425	1,938,368	647,594	72,755	720,349	2,658,717	2,580,653
Payroll taxes and employee benefits	237,456	20,992	20,993	12,806	4,896	11,284	308,427	189,225	11,808	201,033	509,460	500,127
Professional and contract services	103,450	5,541	-	5,067	4,584	292	118,934	210,006	24,177	234,183	353,117	229,829
Building occupancy	178,382	11,473	2,152	10,828	882	1,039	204,756	132,669	1,034	133,703	338,459	325,627
Medical services	210,000	-	-	66,230	-	48,493	324,723	-	-	-	324,723	299,769
Advertising	8,639	45,797	-	339	3,248	-	58,023	112,813	15,949	128,762	186,785	190,294
Medical supplies	148,925	-	128	26,939	-	1,938	177,930	-	-	-	177,930	151,863
Depreciation and amortization	-	-	-	-	-	-	-	173,711	-	173,711	173,711	191,822
Supplies	23,983	2,730	1,340	632	3,766	2,011	34,462	86,463	8,734	95,197	129,659	146,619
Travel and meetings	54,370	7,312	8,323	1,691	6,874	150	78,720	34,356	4,472	38,827	117,547	113,320
Bad debt expense	64,137	-	8,590	5,760	-	465	78,952	-	35,867	35,867	114,819	123,289
Dues	80	420	50	655	28,066	-	29,271	81,571	320	81,891	111,162	102,815
Professional liability insurance	18,442	-	-	10,966	-	747	30,155	805	-	805	30,960	27,498
Minor equipment	7,088	-	-	59	-	-	7,147	7,281	-	7,281	14,428	25,816
Other	29,346	371	76	13,011	24	-	42,828	61,840	398	62,238	105,066	103,004
Total expenses before management and general allocation	2,581,665	226,794	169,487	224,865	81,041	148,844	3,432,696	1,738,333	175,514	1,913,847	5,346,543	5,112,345
Management and general allocation	1,083,661	95,249	71,181	94,439	34,036	62,512	1,441,078	(1,514,792)	73,714	(1,441,078)	-	-
Total expenses	3,665,326	322,043	240,668	319,304	115,077	211,356	4,873,774	223,541	249,228	472,769	5,346,543	5,112,345
CHANGES IN NET ASSETS												
	\$ 259,780	\$ -	\$ -	\$ (27,816)	\$ (111,962)	\$ -	\$ 120,002	\$ -	\$ 90,297	\$ 90,297	\$ 210,299	\$ (114,892)

The accompanying notes are an integral part of these statements.

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 1996

(With Comparative Totals for 1995)

	<u>1996</u>	<u>1995</u>
CASH FLOW FROM OPERATING ACTIVITIES:		
Changes in net assets	\$ 209,099	\$ 47,546
Adjustments to reconcile change in net assets to net cash flow from operating activities:		
Depreciation and amortization	173,711	191,822
Realized and unrealized gains on investments	(158,020)	(334,860)
Bad debt expense	114,819	123,289
Permanently restricted contributions	-	(99,320)
Changes in:		
Program service fees receivable	22,922	(136,150)
Grants receivable	(17,473)	126,186
United Way receivable	(234,243)	-
Pledges receivable	79,515	129,131
Inventory	(5,493)	(13,207)
Prepaid expenses	(14,736)	23,375
Other assets	-	12,352
Accounts payable and accrued expenses	75,538	35,770
Deferred revenue	-	(15,771)
Advances	(28,723)	37,495
Net cash flow from operating activities	<u>216,916</u>	<u>127,658</u>
CASH FLOW FROM INVESTING ACTIVITIES:		
Purchases of property, plant and equipment	(85,870)	(90,583)
Purchases of investments	(1,944,010)	(1,705,619)
Proceeds from sale of investments	<u>1,838,416</u>	<u>1,622,953</u>
Net cash flow from investing activities	<u>(191,464)</u>	<u>(173,249)</u>
CASH FLOW FROM FINANCING ACTIVITIES:		
Permanently restricted contributions	-	99,320
Borrowings on line-of-credit	1,050,000	227,000
Repayments of line-of-credit	<u>(1,050,000)</u>	<u>(227,000)</u>
Net cash flow from financing activities	<u>-</u>	<u>99,320</u>
CHANGE IN CASH AND EQUIVALENTS	<u>25,452</u>	<u>53,729</u>
CASH AND EQUIVALENTS - beginning of year	<u>301,955</u>	<u>248,226</u>
CASH AND EQUIVALENTS - end of year	<u>\$ 327,407</u>	<u>\$ 301,955</u>

The accompanying notes are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1996

(1) Organization

[REDACTED] (Planned Parenthood) is a New York not-for-profit corporation whose purpose is to establish, maintain and operate treatment and diagnostic centers. These centers primarily provide medical services by and under the supervision of physicians, in the form of medically approved birth control, reproductive and other sexuality-related information, advice and treatment. Planned Parenthood also provides all persons medical services, counseling and information relating to control of conception and to reproductive and other sexuality-related concerns including, but not limited to, sexual assault, information for childless couples and promoting research in the field of human reproduction. Planned Parenthood is funded through government grants, contributions and program fees received from clients and third-party payers.

(2) Summary of Significant Accounting Policies

Basis of Accounting -

Planned Parenthood's financial statements have been prepared on the accrual basis of accounting.

Financial Reporting -

Planned Parenthood categorizes net assets and activities as unrestricted, temporarily restricted or permanently restricted. The Agency reports contributions as temporarily restricted if they are received with donor stipulations that limit their use. When a donor restriction expires, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restrictions. The assets, liabilities and net assets of Planned Parenthood are reported in the following categories:

- Unrestricted

Unrestricted net assets include operating resources which are available for the support of Planned Parenthood's operating activities. In addition, they include Planned Parenthood's net investment in fixed assets and other resources designated by the Board for specific purposes.

- Temporarily Restricted

Temporarily restricted net assets include resources that have been donated to Planned Parenthood subject to restrictions as defined by the donor. These assets are restricted primarily for specified program activities.

(2) Summary of Significant Accounting Policies (Continued)• Permanently Restricted

Permanently restricted net assets include resources that have donor-imposed restrictions that stipulate that the principal remain in perpetuity, but which permit Planned Parenthood to use or expend part or all of the income derived from these resources for operating purposes.

Comparative Information -

The financial statements include certain prior year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with Planned Parenthood's financial statements for the year ended December 31, 1995, from which the summarized information was obtained.

Cash and Equivalents -

Cash and equivalents include bank demand deposit accounts and other financial instruments with maturities of three months or less when purchased. At times, the balances in these accounts may exceed federally insured limits. Planned Parenthood has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk with respect to these accounts.

Inventory -

Inventory consists of medical supplies and are valued at the lower of cost, determined on a first-in, first-out (FIFO) basis, or market.

Investments -

Investments are recorded at market value. All realized and unrealized gains and losses are reflected in the statement of activities in the year the gain or loss occurs.

Effective January 1, 1995, Planned Parenthood changed its method of accounting for investments to conform with Statement of Financial Accounting Standards (SFAS) No. 124, "Accounting for Certain Investments Held by Not-for-Profit Organizations". As permitted by SFAS No. 124, prior period financial statements have not been restated to reflect the change in accounting principle. The cumulative effect of this change was to increase net assets by \$65,587 which is included in the accompanying statement of activities and changes in net assets for the year ended December 31, 1995.

Property, Plant and Equipment -

Property, plant and equipment is recorded at cost, or the fair market value at the date of donation. Planned Parenthood's policy is to capitalize all purchases in excess of \$1,000 and having an estimated useful life in excess of one (1) year. Depreciation is provided using the straight-line method over the assets' estimated useful lives which range from five (5) to twenty-five (25) years.

(2) Summary of Significant Accounting Policies (Continued)

Revenue -

Planned Parenthood receives revenue primarily from federal and New York State government agencies, as well as from other third-party payers at various approved rates. Service revenue is recognized as the services are performed. Grant revenue is recognized when eligible costs are incurred. Certain of these revenues are subject to audit by the third-party payers. Any changes resulting from these audits are recognized in the year they become estimable.

Approximately 53% and 55% of Planned Parenthood's total public support and revenue was provided by three sources in 1996 and 1995, respectively.

Advances -

Advances consist of payments received prior to providing the related services.

Contributions and Pledges -

Planned Parenthood records pledges receivable and contribution revenue in the year the pledge is received. Pledges are recorded at their estimated net present value, based on anticipated cash flow, discounted at current interest rates to reflect the time value of money. The difference between the total pledges outstanding and their net present value is recorded as an offset to pledges and will be recognized as contribution revenue over the life of the pledge. An allowance is provided for amounts estimated to be uncollectible. All outstanding pledges are scheduled to be received during 1997.

Contributed Services and Materials -

Volunteers have donated significant amounts of time in support of Planned Parenthood's program and fundraising activities. However, the value of these services is not reflected in the accompanying financial statements as they do not meet the criteria for recognition as set forth under generally accepted accounting principles. Total volunteer hours were 61,927 and 77,430 in 1996 and 1995, respectively.

Planned Parenthood receives certain advertising and supplies without charge. The estimated fair value of these services is reflected as revenue and expense in the accompanying financial statements. These items totalled approximately \$47,000 in 1996 and relate to Planned Parenthood's program activities. There were no such contributions in 1995.

Estimates -

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

(2) Summary of Significant Accounting Policies (Continued)

Income Taxes -

Planned Parenthood is a not-for-profit organization as defined by Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

Reclassifications -

Certain reclassifications have made to the 1995 statements to conform to the current year presentation.

(3) Investments

Investments consisted of the following at December 31:

	<u>1996</u>	<u>1995</u>
Cash and equivalents	\$ 201,920	\$ 198,054
Equity securities	574,363	565,013
Equity mutual funds	199,441	137,869
U.S. government obligations	<u>719,100</u>	<u>530,274</u>
	<u>\$ 1,694,824</u>	<u>\$ 1,431,210</u>

(4) Grants

Grant income consisted of the following for the years ended December 31:

	<u>1996</u>	<u>1995</u>
Grant from New York State for family planning services	\$ 1,676,488	\$ 1,483,571
Grant from New York State and [REDACTED] County for education, counseling and medical services to pregnant adolescents, adolescent parents and their offspring	205,975	202,039
Grants from the [REDACTED] County Department of Social Services for [REDACTED] Services	38,360	38,360
Grants from New York State to support [REDACTED] service programs	<u>108,572</u>	<u>103,678</u>
	<u>\$ 2,029,395</u>	<u>\$ 1,827,648</u>

(5) Property, Plant and Equipment

Property, plant and equipment consisted of the following at December 31:

	<u>1996</u>	<u>1995</u>
Land	\$ 246,504	\$ 246,504
Land improvements	16,194	16,194
Leasehold improvements	12,435	12,435
Buildings	2,272,482	2,272,482
Office equipment	666,252	596,676
Medical equipment	102,361	92,093
Furniture and fixtures	<u>177,436</u>	<u>175,337</u>
	3,493,664	3,411,721
Less: Accumulated depreciation and amortization	<u>(1,600,747)</u>	<u>(1,430,963)</u>
	<u>\$ 1,892,917</u>	<u>\$ 1,980,758</u>

(6) Pension Plan

Planned Parenthood sponsors a defined contribution plan which covers all eligible employees who have one year of service and who are employed on the last day of the Plan year. Planned Parenthood's funding policy is to contribute 5% of eligible employees' annual compensation. Total contributions by Planned Parenthood for the years ended December 31, 1996 and 1995 were approximately \$72,000 and \$99,000, respectively.

(7) Line-of-Credit

Planned Parenthood has available an unsecured \$650,000 revolving line-of-credit with Fleet Bank, which expires June 30, 1997. Amounts borrowed under the terms of this agreement bear interest at the bank's prime interest rate plus 1%. At December 31, 1996 and 1995, there were no borrowings outstanding on this line-of-credit.

(8) Commitments

Leases -

Planned Parenthood leases various office and clinic space and equipment under operating lease agreements which expire at various times through May 2002. Rent expense for the years ended December 31, 1996 and 1995 was approximately \$98,000 and \$62,000, respectively.

Future minimum lease payments under these agreements are as follows:

1997	\$ 118,812
1998	86,836
1999	33,875
2000	33,875
2001	33,875
Thereafter	<u>8,968</u>
	<u>\$ 316,241</u>

(8) Commitments (Continued)

PPFA Affiliation Fee -

Planned Parenthood is an affiliate of the Planned Parenthood Federation of America (PPFA). In accordance with its affiliation agreement, Planned Parenthood is required to pay quarterly assessments to PPFA. These assessments are based on a formula based on the affiliate's operating expenses.

The expense recognized under the terms of this agreement was approximately \$50,000 and \$47,000 in 1996 and 1995, respectively.

Insurance -

Planned Parenthood is insured against professional liability claims under a group occurrence type policy in connection with its affiliation with PPFA. The policy provides Planned Parenthood with \$3,000,000 coverage for each claim, not to exceed \$5,000,000 in annual aggregate coverage, with a limit of \$15,000,000 annual aggregate coverage for all PPFA affiliates.

(9) Board Designations

The Board of Directors has designated a portion of Planned Parenthood's investments and unrestricted net assets for the following purposes at December 31:

	<u>1996</u>	<u>1995</u>
Long-term investment	\$ 401,857	\$ 380,420
Employee education/benefit	224,221	188,644
██████████ donation fund	295,414	242,655
Public affairs	107,118	90,981
██████████	114,599	95,871
██████████ donation fund	10,025	8,235
Building and equipment reserve	346,641	339,338
Temporary use of board designated funds for operating purposes	<u>(214,082)</u>	<u>(323,965)</u>
	<u>\$ 1,285,793</u>	<u>\$ 1,022,179</u>

(10) Subsequent Event

Effective January 1, 1997, Planned Parenthood entered into a one-year agreement to provide management, consulting and technical assistance services to the ██████████ ██████████ for a fee of \$50,000.

BONADIO



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INDEPENDENT AUDITORS' REPORT ON THE
INTERNAL CONTROL STRUCTURE BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

March 19, 1997

To the Board of Directors of

[REDACTED] and
[REDACTED]

We have audited the financial statements of [REDACTED] and the [REDACTED], as of and for the year ended December 31, 1996, and have issued our report thereon dated March 19, 1997.

We conducted our audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

The management of [REDACTED] and the [REDACTED] is responsible for establishing and maintaining an internal control structure. In fulfilling this responsibility, estimates and judgments by management are required to assess the expected benefits and related costs of internal control structure policies and procedures. The objectives of an internal control structure are to provide management with reasonable, but not absolute, assurance that assets are safeguarded against loss from unauthorized use or disposition and that transactions are executed in accordance with management's authorization and recorded properly to permit the preparation of financial statements in accordance with generally accepted accounting principles. Because of inherent limitations in any internal control structure, errors or irregularities may nevertheless occur and not be detected. Also, projection of any evaluation of the structure to future periods is subject to the risk that procedures may become inadequate because of changes in conditions or that the effectiveness of the design and operation of policies and procedures may deteriorate.

EXHIBIT 17, PAGE 33

INDEPENDENT AUDITORS' REPORT ON THE
INTERNAL CONTROL STRUCTURE BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

(Continued)

In planning and performing our audit of the financial statements of [REDACTED] and the [REDACTED], for the year ended December 31, 1996, we obtained an understanding of the internal control structure. With respect to the internal control structure, we obtained an understanding of the design of relevant policies and procedures and whether they have been placed in operation, and we assessed control risk in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide an opinion on the internal control structure. Accordingly, we do not express such an opinion.

Our consideration of the internal control structure would not necessarily disclose all matters in the internal control structure that might be material weaknesses under standards established by the American Institute of Certified Public Accountants. A material weakness is a condition in which the design or operation of one or more of the internal control structure elements does not reduce to a relatively low level the risk that errors and irregularities in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control structure and its operations that we consider to be material weaknesses as defined above.

However, we noted other matters involving the internal control structure and its operation that we have reported to the management of [REDACTED] and the [REDACTED], in a separate letter dated March, 1997.

This report is intended for the information of the Board of Directors, management and the U.S. Department of Health and Human Services. However, this report is a matter of public record and its distribution is not limited.

Bonadio & Co., LLP

One Cambridge Place
1850 Winton Road South
Rochester, NY 14618-3993

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
LAWS, REGULATIONS, CONTRACTS AND GRANTS BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

March 19, 1997

To the Board of Directors of

_____ and
the _____

We have audited the financial statements of [REDACTED] and the [REDACTED] as of and for the year ended December 31, 1996, and have issued our report thereon dated March 19, 1997.

We conducted our audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

Compliance with laws, regulations, contracts and grants applicable to [REDACTED] and the [REDACTED] is the responsibility of [REDACTED] and the [REDACTED] management. As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we performed tests of [REDACTED] and the [REDACTED] compliance with certain provisions of laws, regulations, contracts and grants. However, providing an opinion on overall compliance with such provisions was not an objective of our audit of the financial statements. Accordingly, we do not express such an opinion.

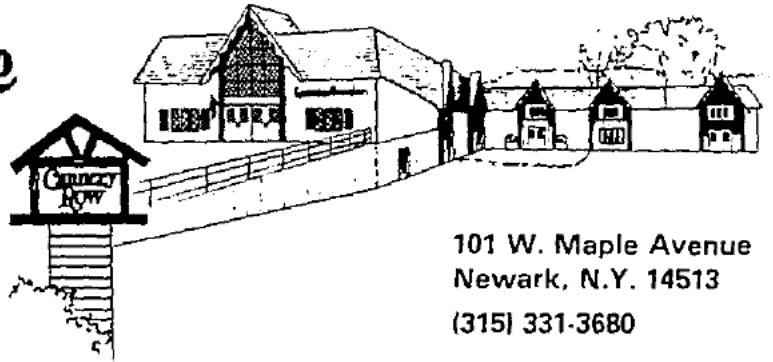
The results of our tests disclosed immaterial instances of noncompliance that we have reported in a separate letter dated March, 1997.

This report is intended for the information of the Board of Directors, management and the U.S. Department of Health and Human Services. However, this report is a matter of public record and its distribution is not limited.

Bonadio & Co., LLP

R. Graybill Real Estate

*Licensed Real Estate Broker
Developer*



101 W. Maple Avenue
Newark, N.Y. 14513
(315) 331-3680

July 10, 1997

New York State Department of Health (OHSM)
Room 1780 Erastus Corning Tower Building
Nelson A. Rockefeller Empire State Plaza
Albany, NY 12237

Re: Planned Parenthood



Building renovations for new clinic

Gentlemen:

This is to confirm that the work performed, as per our drawing and contract, to the best of our knowledge, information and belief is completed in compliance with the provisions of the State Hospital Code, that was in effect at the time the work was performed.

All work completed conforms to the Structural and Environmental Policy Manual for small diagnostic and treatment centers.

Sincerely,

Michael J. DeJohn
Graybill Real Estate Broker and Developer

MDJ/mc