

**Application Number:** 111491  
**Facility Name:** Planned Parenthood [REDACTED]  
**Project Description:** Relocate the Planned Parenthood [REDACTED] extension clinic from [REDACTED] to 109 Legion Drive, Cobleskill - "Safety Net"


**Created By:** Timothy McLaughlin, Architectural and Engineering Review on 06/29/2011

**Correspondence Type:** Request for Additional Information

**Recipient:** Applicant

**Correspondence Visible To:** All

**Message:**  
Please submit an updated Architectural and Engineering Certification Letter for construction projects submitted after January 1, 2011. (Sample attached)

**Attachments:**  
AE Cert for Proposed Construction - updated Feb 2011.pdf  \*\*



**Created By:** Applicant on 08/25/2011

**Correspondence Type:** A/E Letter of Certification for Proposed Construction

**Recipient:** Architectural and Engineering Review

**Correspondence Visible To:** All


**Message:**  
Here is the updated certification letter

**Attachments:**  
COBLESKILL CON NYSDH Architect 1st page.JPG  \*\*  
cobleskil second page achitect letter.JPG  \*\*



**Application Number:** 111491  
**Facility Name:** Planned Parenthood [REDACTED]  
**Project Description:** Relocate the Planned Parenthood [REDACTED] extension clinic from [REDACTED] to 109 Legion Drive, Cobleskill - "Safety Net"

**Created By:** Mary ILnicki , Financial Analysis and Review on 06/16/2011  
**Correspondence Type:** Request for Additional Information  
**Recipient:** Applicant  
**Correspondence Visible To:** All  
**Message:**  
Provide current year and first and third year incremental budgets with revenues, expenses and utilization by payor. Provide a draft or executed purchase agreement for the building to be occupied. Incorporate all expenses associated with this purchase within the budgets.

**Created By:** Applicant on 06/17/2011  
**Correspondence Type:** Other  
**Recipient:** Financial Analysis and Review  
**Correspondence Visible To:** All  
**Message:**  
The project is a relocation. The only change in expense is related to the change in facility costs. All revenues and utilization will remain the same. Do you need us to do the whole forecast?

**Created By:** Applicant on 06/22/2011  
**Correspondence Type:** Additional Information  
**Recipient:** Financial Analysis and Review  
**Correspondence Visible To:** All  
**Message:**  
Attached please find the purchase agreement for the property.  
**Attachments:**  
Cobleskill Purchase Contract.pdf  \*\*

**Created By:** Mary ILnicki , Financial Analysis and Review on 06/16/2011  
**Correspondence Type:** Request for Additional Information  
**Recipient:** Applicant  
**Correspondence Visible To:** All  
**Message:**  
Resend schedules LRA 2 and 3 with correct total project costs of \$206,472. The other fees were excluded from total.

**Created By:** Applicant on 06/22/2011  
**Correspondence Type:** Additional Information  
**Recipient:** Financial Analysis and Review  
**Correspondence Visible To:** All  
**Message:**  
Attached are revised Schedules LRA 2 and LRA 3 with corrected total costs.  
**Attachments:**  
schedule\_lra\_2 rev 22jun2011.doc  \*\*  
schedule\_lra\_3 rev 22jun2011.doc  \*\*

**Created By:** Mary ILnicki , Financial Analysis and Review on 06/17/2011  
**Correspondence Type:** Request for Additional Information  
**Recipient:** Applicant

**Correspondence Visible To:** All

**Message:**

Show current year revenues, expenses and utilization. Additional facility costs under first and third year.

**Created By:** Applicant on 06/22/2011

**Correspondence Type:** Additional Information

**Recipient:** Financial Analysis and Review

**Correspondence Visible To:** All

**Message:**

Attached is a spreadsheet showing 2010 utilization, revenue and expenses. Additionally, the sheet shows 2010 facility expenses as well as first and third year facility expenses. The newer more energy efficient building is expected to result in decreased utility expenses in the first year which will rise as utility costs rise in future years.

**Attachments:**

Rev and Exp with Facility cost detail 22jun2011.xls  \*\*

**Application Number:** 111491  
**Facility Name:** Planned Parenthood [REDACTED]  
**Project Description:** Relocate the Planned Parenthood [REDACTED] extension clinic from [REDACTED] to 109 Legion Drive, Cobleskill - "Safety Net"

<b>Submission Type:</b>	Application - Limited Review - Relocation of Extension Clinic		
<b>Project Status:</b>	Project Complete	<b>Project Status Date:</b>	03/09/2012
<b>Review Level:</b>	Limited	<b>Received Date:</b>	06/06/2011
<b>Total Project Cost:</b>	\$203,972.00	<b>Initial Review Date:</b>	06/13/2011
		<b>Acknowledgment Date:</b>	06/15/2011

**Main Site Information**

<b>Facility Name:</b>	Planned Parenthood [REDACTED]	<b>Facility ID:</b>	[REDACTED]
<b>Physical Address:</b>	[REDACTED]	<b>Facility Type:</b>	Diagnostic and Treatment Center
<b>County:</b>	[REDACTED]	<b>Region:</b>	[REDACTED]
<b>Current Operator:</b>	Planned Parenthood [REDACTED] [REDACTED] NY 12305	<b>Operating Certificate Number:</b>	3202207R
		<b>Current Operator County:</b>	

**Contact Information**

<b>Name:</b>	[REDACTED]	<b>Title:</b>	Vice President, Practice Management
<b>Email:</b>	[REDACTED]	<b>Address:</b>	[REDACTED]
<b>Phone:</b>	[REDACTED]		
<b>Fax:</b>	[REDACTED]		

**Alternate Contact Information**

<b>Name:</b>	[REDACTED]	<b>Email:</b>	[REDACTED]
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**Other**

<b>Withdrawn Date:</b>		<b>SubBatch2:</b>	OZ
<b>SubBatch1:</b>	3S		
<b>CON Codes List:</b>			



**NEW YORK**  
*state department of*  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

Ms. [REDACTED]  
Vice President, Practice Management  
Planned Parenthood [REDACTED]  
[REDACTED]

September 13, 2011

Re: 111491 - L  
Planned Parenthood [REDACTED]  
[REDACTED]  
(Schoharie County)  
Relocate the Planned Parenthood  
[REDACTED] extension clinic from  
[REDACTED] to 109  
Legion Drive, Cobleskill - "Safety Net"  
(\$206,472)

Dear [REDACTED]

We are pleased to inform you that the above referenced limited review application (LRA) has been reviewed and found acceptable by the New York State Department of Health (NYS DOH) in accordance with the limited review provisions set forth in 10 NYCRR section 710.1(c).

The Department approves this application with the enclosed conditions. You are expected to comply with any conditions throughout the operation of this project including addressing all drawing review submission requirements indicated by the Bureau of Architectural and Engineering Facility Planning.

In accordance with 10NYCRR 710.9, upon completion of the project an onsite inspection may be conducted by the Department to assure that all aspects of the project are in accordance with the governing codes and regulations. In order to ensure reimbursement and/or receive a revised operating certificate, you must contact the Regional Office. If appropriate, the Regional Office will schedule an on-site visit. To ensure that a pre-opening inspection is conducted in a timely manner, please contact the following Regional Office and provide them with a copy of this letter.

Capital District Regional Office  
New York State Department of Health  
Frear Building  
One Fulton Street  
Troy, New York 12180  
(518) 408-5300

You are responsible for ensuring that this project complies with all applicable statutes, codes, rules and regulations. Should violations be found when reviewing documents, or at the time of on-site inspections or surveys, you will be required to correct them. Additional costs incurred to address any violations will not be eligible for reimbursement without the prior approval of the Department. Also, in accordance with 710.5, any change in the scope of this project requires prior approval from the Department and may require a new or amended application.

If you have additional questions or need further assistance, please contact the Bureau of Project Management at (518) 402-0911, New York State Department of Health, Division of Health Facility Planning, 433 River Street, Troy, New York 12180.

Sincerely,



Richard M. Cook  
Deputy Commissioner  
Office of Health Systems Management

Enclosure

**CONDITIONS:**

1. This approval is based on an Architect's Letter of Certification for Construction Projects signed and submitted by Ms. Teresa A. Drerup, R.A. of [Company name], dated July 28, 2011. Architect's Certification of Completed Construction will be required prior to Pre-Occupancy Survey. [AER]
2. Please contact your Regional Office of the Department of Health at the time you are ready to commence construction and to schedule a pre-opening survey at project completion. [AER]
3. Please be advised that compliance with all applicable sections of the NFPA 101 Life Safety Code (2000 Edition), and all applicable sections of the State Hospital Code during the construction period is mandatory. This is to ensure that the health and safety of all building occupants are not compromised by the construction project. This may require the separation of residents, patients and other building occupants, essential resident/patient support services and the required means of egress from the actual construction site. The applicant shall develop an acceptable plan for maintaining the above objectives prior to the actual start of construction and maintain a copy of same on site for review by Department staff upon request. [AER]
4. You may proceed with this project, based upon the above. This approval in no way obviates the applicant of the responsibility of complying with all applicable codes, rules and regulations. Should violations be noted upon review of documents or found at time of on-site inspections, or surveys, such violations shall be corrected prior to occupancy without additional costs allowed for reimbursement beyond the total project cost listed above. [AER]

**NEW YORK**  
state department of  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

June 15, 2011

Ms. [REDACTED]  
Vice President, Practice Management  
Planned Parenthood [REDACTED]  
[REDACTED]

Re: 111491 L  
Planned Parenthood [REDACTED]  
[REDACTED]  
(Schoharie County)  
Relocate the Planned Parenthood  
[REDACTED] extension clinic from  
[REDACTED] to  
109 Legion Drive, Cobleskill  
"Safety Net"

Dear [REDACTED]

The above referenced limited review application (LRA), for which you have been designated the contact person, has been received by the Bureau of Project Management (BPM) for processing in accordance with 10 NYCRR 710.1(c)(5)-(7).

The BPM acknowledges receipt of the application and requisite fee, and has forwarded the LRA to the necessary reviewing units for continued processing. Any questions for clarification or additional information regarding this application will come directly from the reviewing unit(s).

The review and approval of your project, as required by the Public Health Law, must be obtained from the Director of the Division of Health Facility Planning prior to implementing this project.

If you have any questions regarding this project, please do not hesitate to contact me or my staff at (518) 402-0911.

Sincerely,



Keith J. McCarthy  
Acting Director  
Bureau of Project Management

KJM/MRC/nm

NYSE-CON All Sites Information

**Submission Number:** 111491  
**Facility Name:** Planned Parenthood [REDACTED]  
**Project Description:** Relocate the Planned Parenthood [REDACTED] extension clinic from [REDACTED] to 109 Legion Drive, Cobleskill - "Safety Net"

**Site Information**

**Site Name:** Planned Parenthood [REDACTED]  
**Physical Address:** [REDACTED] 109 Legion Drive, Cobleskill, NY 12043  
**County:** SCHOHARIE

**New York State Department of Health**  
**Division of Health Facility Planning/Bureau of Architectural & Engineering Facility Planning**

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**ARCHITECTURAL AND ENGINEERING CERTIFICATION FOR CONSTRUCTION PROJECTS  
FOR USE WITH LIMITED REVIEWS, ADMINISTRATIVE REVIEWS  
AND FULL REVIEWS WITH A PROPOSED TOTAL PROJECT COST OF LESS THAN \$15 MILLION**

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

NYS Department of Health/Office of Health Systems Management  
Division of Health Facility Planning  
Bureau of Architectural and Engineering Facility Planning  
433 River Street, 6<sup>th</sup> Floor  
Troy, New York 12180-2299

Re: Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

To the New York State Department of Health:

I hereby certify that:

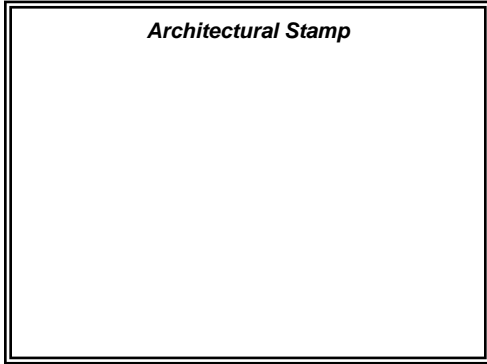
1. I have been retained by the above-named facility, to provide services related to the design and preparation of working drawings and specifications for the above referenced construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
  - a. \_\_\_712 (Standards of Construction for General Hospital Facilities)
  - b. \_\_\_713 (Standards of Construction for Nursing Home Facilities)
  - c. \_\_\_714 (Standards of Construction for Adult Day Health Care Program Facilities)
  - d. \_\_\_715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
  - e. \_\_\_716 (Standards of Construction for Rehabilitation Facilities)
4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, or 716), I shall bring this to the attention of Bureau of Architectural and Engineering Facility Planning of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715 and 716, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, must be submitted for all projects subject to Full or Administrative Reviews.

**Project Name:** \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_



\_\_\_\_\_  
Signature of Architect or Engineer

\_\_\_\_\_  
Name of Architect or Engineer (Print)

\_\_\_\_\_  
Professional New York State License Number

\_\_\_\_\_  
Business Address

**The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above- mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.**

\_\_\_\_\_  
Authorized Signature for Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

*Notary signing required for the applicant*

\_\_\_\_\_ . \_\_\_\_\_

**STATE OF NEW YORK** )  
 ) SS:  
County of \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me personally appeared \_\_\_\_\_, to me known, who being by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_, that he/she is the \_\_\_\_\_ of the \_\_\_\_\_, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

**(Notary)** \_\_\_\_\_



# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 6

## Format for Architect's or Engineer's Letter of Certification


### A. Certification for Proposed Construction

New York State Department of Health  
Bureau of Architectural & Engineering Review  
433 River Street 6<sup>th</sup> Floor  
Troy, New York 12180-2299

RE: CON #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description: \_\_\_\_\_

This is to certify that under the terms of my contract for the above-named facility to provide services to design, prepare working drawings and specifications, and during construction to make periodic visits to the site and to perform such other required services to familiarize myself with the general progress, quality and conformance of the work, I have ascertained that to the best of my knowledge, information and belief, this project is designed in substantial compliance with the provisions of the construction sections of the State Hospital Code, which are in effect at the time this application is being submitted.

I also certify that I have read and understood the conditions of Section 710.1 of 10 NYCRR.

  
\_\_\_\_\_  
(Signature of Architect or Engineer)

1 June 2011  
\_\_\_\_\_  
(Date)

Teresa A. Drerup  
\_\_\_\_\_  
(Name of Architect or Engineer)

Altonview Architects PC  
\_\_\_\_\_  
(Business Address)

018177-1  
\_\_\_\_\_  
(Professional New York State License Number)

21 Cooper Place  
Cooperstown, NY 13326  
\_\_\_\_\_  
(Business Address)

### B. Certification for Inspecting Existing Buildings

New York State Department of Health  
Bureau of Architectural & Engineering Facility Planning  
433 River Street 6<sup>th</sup> Floor  
Troy, New York 12180-2299

RE: CON #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description: \_\_\_\_\_

This is to certify that I have been contracted to evaluate the above-named facility for compliance with applicable codes that are in effect at the time this application is being submitted. Based on a review of the drawings and a walk-through of the facility, I have ascertained that to the best of my knowledge, information and belief, this existing building is in substantial compliance with the provisions of the construction sections of the State Hospital Code (10 NYCRR).

I also certify that I have read and understood the conditions of Section 710.1 of 10 NYCRR.

\_\_\_\_\_  
(Signature of Architect or Engineer)

\_\_\_\_\_  
(Date)



This certification is being submitted to facilitate the CON review and subsequent formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, must be submitted for all projects subject to Full or Administrative Reviews.

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

Location: \_\_\_\_\_

Description: \_\_\_\_\_



Teresa Drerup  
Signature of Architect or Engineer

TERESA DRERUP  
Name of Architect or Engineer (Print)

018177-1  
Professional New York State License Number

21 COOPER PLACE, COOPERSTOWN, NY  
Business Address 13326

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

2/28/11  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

Co President/CEO

*Notary signing required for the applicant*

STATE OF NEW YORK )

County of Saratoga )

) SS:

On the 28 day of July 2011, before me personally appeared \_\_\_\_\_, to me known, who being by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_ that he/she is the Co President/CEO of the Planned Parenthood corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) \_\_\_\_\_

LINDA MORRIS  
Notary Public, State of New York  
Qualified in Saratoga County  
No. 01HD5010038  
Commission Expires March 22, 2015

**New York State Department of Health**  
**Division of Health Facility Planning/Bureau of Architectural & Engineering Facility Planning**

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**ARCHITECTURAL AND ENGINEERING CERTIFICATION FOR CONSTRUCTION PROJECTS  
FOR USE WITH LIMITED REVIEWS, ADMINISTRATIVE REVIEWS  
AND FULL REVIEWS WITH A PROPOSED TOTAL PROJECT COST OF LESS THAN \$15 MILLION**

Date: July 28, 2011

NYS Department of Health/Office of Health Systems Management  
Division of Health Facility Planning  
Bureau of Architectural and Engineering Facility Planning  
433 River Street, 6<sup>th</sup> Floor  
Troy, New York 12180-2299

Re: Name: ██████████ - Cobleskill

Location: 109 Legion Street

Description: CON # 111491

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To the New York State Department of Health:

I hereby certify that:

1. I have been retained by the above-named facility, to provide services related to the design and preparation of working drawings and specifications for the above referenced construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with the applicable provisions of the State Hospital Code – 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
  - a.  712 (Standards of Construction for General Hospital Facilities)
  - b.  713 (Standards of Construction for Nursing Home Facilities)
  - c.  714 (Standards of Construction for Adult Day Health Care Program Facilities)
  - d.  715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
  - e.  716 (Standards of Construction for Rehabilitation Facilities)
4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, or 716), I shall bring this to the attention of Bureau of Architectural and Engineering Facility Planning of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715 and 716, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.



A PROFESSIONAL TRADE ASSOCIATION

**STANDARD FORM CONTRACT FOR PURCHASE AND SALE OF REAL ESTATE**  
THIS IS A LEGALLY-BINDING CONTRACT. IF NOT FULLY UNDERSTOOD, WE RECOMMEND ALL PARTIES TO THE CONTRACT CONSULT AN ATTORNEY BEFORE SIGNING.

**1. IDENTIFICATION OF PARTIES TO THE CONTRACT**

**A. SELLER** - The Seller is

[Redacted]

(the word "Seller" refers to each and all parties who have an ownership interest in the Property).

**B. PURCHASER** - The Purchaser is

**Planned Parenthood** [Redacted]

(the word "Purchaser" refers to each and all of those who sign below as Purchaser).

**2. PROPERTY TO BE SOLD**

The Property and improvements which the Seller is agreeing to sell and which the Purchaser is agreeing to purchase is known as

109 Legion Dr., Cobleskill, NY ; Tax ID # 56.18-5-12

located in the city, village or town of Cobleskill in Schoharie County.  
(This Property includes all the Seller's rights and privileges, if any, to all land, water, streets and roads annexed to, and on all sides of the property.) The lot size of the Property is described as approximately 1943 sq.ft.

**3. ITEMS INCLUDED IN SALE**

The items, if now in or on said Property are represented to be owned by the Seller, free from all liens and encumbrances, and are included in the sale "as is", on the date of this offer, together with the following items

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. PURCHASE PRICE**

The purchase price is (\$ 140,000.00 <sup>JLR P55</sup>) One Hundred Forty Thousand DOLLARS

The Purchaser shall pay the purchase price as follows:

- \$ 15,000 deposit with this contract.
- \$ 127,000.00 additional deposit on apprv cntr, buyer atty
- ~~\$ 125,000~~ 126,000.00 in cash or certified check at closing.
- \$ \_\_\_\_\_ by PURCHASER assuming and agreeing to pay a mortgage, now a recorded lien on the premises upon which there is unpaid estimated principal amount.
- \$ \_\_\_\_\_ Purchase money mortgage to Seller (see attached addendum for terms)

\$ 150,000.00 **TOTAL PRICE**

[Redacted] Cobleskill

**5. MORTGAGE CONTINGENCY**

This Contract is contingent upon Purchaser obtaining approval of a mortgage loan in the amount of \$ 144,000 at an initial rate of 6.000 percent, fixed or adjustable; for a term of 20 yrs. not to exceed NA points. Purchaser agrees to use diligent efforts to obtain said approval and shall apply for the mortgage loan within 10 business days after the Seller has accepted this contract. Purchaser agrees to apply for such a mortgage loan to two lending institutions, if necessary. This contingency shall be deemed waived unless Purchaser shall notify owner in writing as called for in paragraph 19, no later than 30days after signed contract of his/her inability to obtain said approval. If the Purchaser so notifies, then this Contract shall be deemed cancelled, null and void, and all deposits made hereunder shall be returned to the Purchaser.

**6. MORTGAGE EXPENSE AND RECORDING FEES**

The mortgage recording tax imposed on the mortgagor, mortgage and deed recording fees, expenses of drawing papers and any other expenses to be incurred in connection with procuring a mortgage, shall be paid by the Purchaser.

**7. OTHER TERMS (if any)**

Approval of purchase by [redacted] Board of Directors within 90 days of signed contract; NYS Dept. of Health approval of Certificate of Need Application within 90 days of signed contract.

**8. TITLE AND SURVEY**

A. The abstract of title or any continuation thereof, or any title insurance policy shall be obtained at SELLER'S  PURCHASER'S  expense. The Seller shall cooperate in providing any available abstract of title or title insurance policy information without cost to PURCHASER. If the SELLER has a survey of the premises, it shall be provided to the PURCHASER and SELLERS  PURCHASER  shall pay the cost of updating any such survey or the cost of a new survey.

B. Title to the Property shall be free and clear of all liens, encumbrances, covenants, conditions and other matters affecting title, except for the Permitted Exceptions, and shall be good of record, in fact merchantable and insurable at standard rates. For the purposes of this Paragraph 8, the term "Permitted Exceptions" shall mean those matters affecting title to the Property set forth on Exhibit \_\_\_\_\_, attached hereto and made a part hereof.

**9. CONDITION OF PREMISES**

The buildings on the premises are sold "as is" without warranty as to condition, and the Purchaser agrees to take title to the buildings "as is" and in their present condition subject to reasonable use, wear, tear and natural deterioration between the date hereof and closing of title: except that in the case of any destruction within the meaning of the provisions of Section 5-1311 of the General Obligations Law of the State of New York entitled "Uniform Vendor and Purchaser Risk Act", said section shall apply to this Contract.

**10. CONDITIONS AFFECTING TITLE**

The Seller shall convey and the Purchaser shall accept the Property subject to all covenants, conditions, restrictions and easements of record and zoning and environmental protection laws so long as the Property is not in violation thereof and any of the foregoing does not prevent the intended use of the Property for the purpose of OB/Gyn medical practice; also subject to any existing tenancies, any unpaid installments of street or other improvement assessments payable after the date of the transfer of title to the property, and any state of facts which an inspection and/or accurate survey may show, provided that nothing in this paragraph renders the title to the Property unmarketable.



### 11. DEED

The Seller shall convey the Property to the Purchaser by Warranty Deed in proper form for recording, which deed shall include the covenant required by Subdivision "5" of Section 13 of the Lien Law. If the Seller conveys in any trust capacity, the usual deed given in such cases shall be accepted. The said deed shall be prepared, duly signed by the Seller, signature(s) acknowledged, all at the Seller's expense, so as to convey to the Purchaser the fee simple of said premises free and clear of all liens and encumbrances, except as herein stated. At Closing, Seller will pay any and all state, county and local transfer and recording fees pursuant to New York State Department of Taxation and Finance Combined Real Estate Transfer Tax Return (TP-584), plus any other transfer related tax or fee. All other costs and expenses attendant to settlement, including title company charges, shall be at the cost of the party that incurred same, at or prior to Closing.

### 12. TAX AND OTHER ADJUSTMENTS

The following, if any, shall be apportioned so that the Purchaser and Seller are assuming the expenses of the property and income from the property as of the date of transfer of title:

- A. Rents and security deposits. Seller shall assign to Purchaser all written leases and security deposits affecting the premises.
- B. Taxes, sewer, water, rents and condominium or association fees.
- C. Municipal assessment yearly installments except as set forth in item 9.
- D. Fuel, based upon fair market value at time of closing as confirmed by a certificate provided by Seller's supplier.

### 13. RIGHT OF INSPECTION AND ACCESS

Purchaser and/or a representative shall be given access to the Property for any tests or inspections. The PURCHASER agrees to hold Seller harmless against any and all liabilities that may arise from said tests and inspections. In the event the Purchaser does not purchase the Property, the Purchaser agrees to restore the Property to its original condition. This Contract is contingent upon a written determination(s), at Purchaser's expense, by a licensed architect or licensed engineer or by an agreed third party that the Property is free from structural, mechanical, and/or environmental defects not exceeding \$3,000. This contingency shall be deemed waived unless Purchaser shall notify Owner or owner's attorney, in writing, by certified or registered mail, return receipt requested, post-marked no later than 60 days after signed contract or by personal service by such date, of such defects(s), and furthermore supplied a written copy of the inspection report. If the Purchaser so notifies, then this Contract shall be deemed cancelled, null and void and all deposits made hereunder shall be returned to Purchaser or, at Purchaser's option, said cancellation may be deferred for a period of ten (10) days in order to provide the parties an opportunity to otherwise agree in writing.

### 14. TRANSFER OF TITLE

Transfer of title is to be completed at 12:00 noon on or about March 15, 2011 at the office of buyer's attorney.

### 15. DEPOSITS

It is agreed that any deposits by the Purchaser are to be deposited with the Listing Broker as part of the purchase price. If the Seller does not accept the Purchaser's offer, all deposits shall be returned to Purchaser. If the offer is accepted by the Seller, all deposits will be held in escrow by the listing Broker until the contingencies and terms have been met. The Purchaser will receive credit on the total amount of the deposit toward the purchase price. Broker shall apply the total deposit to the brokerage fee. Any excess of deposit over and above the fee earned will go to the Seller.

If the contingencies and terms contained herein cannot be resolved, or in the event of default by the Seller or the Purchaser, the deposits will be held by the Broker pending a resolution of the disposition of the deposits.

### 16. REAL ESTATE BROKER

The Purchaser and Seller agree that NA and NA brought about the sale, and Seller agrees to pay the Brokers' commission to NA as agreed to per separate agreement.

**17. ADDENDA**

The following attached addenda are part of this Contract:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**18. ATTORNEYS APPROVAL CLAUSE**

This Contract is contingent upon Purchaser and Seller obtaining approval of this Contract by their attorney as to all matters contained therein. This contingency shall be deemed waived unless Purchaser's or Seller's attorney on behalf of their client notifies the other party in writing, as called for in paragraph 19, of their disapproval of the Contract no later than 10 business days. If Purchaser's or Seller's attorney so notifies, then this Contract shall be deemed cancelled, null and void, and all deposits shall be returned to the Purchaser.

**19. NOTICES**

All notices contemplated by this Contract shall be in writing, delivered by certified or registered mail, return receipt requested, postmarked no later than the required date, or by personal service by such date.


**20. MISCELLANEOUS**

- A. Originals. This Contract may be executed in counterparts, each of which will be an original, and a facsimile copy showing execution shall be given the same force and effect of an original.
- B. Section and Other Headings. The section and other headings are for reference purposes only and will not in any way affect the meaning or interpretation of the text of this Contract.
- C. Governing Law. This Contract will be construed and enforced in accordance with the laws of the State of New York without giving effect to any conflict of laws or choice of laws to the contrary.

**21. ENTIRE AGREEMENT**

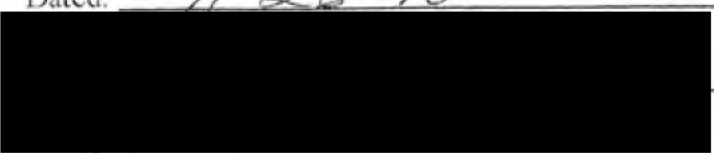
This Contract contains all agreements of the parties hereto. There are no promises, agreements, terms, conditions, warranties, representations or statements other than contained herein. This Contract shall apply to and bind the heirs, legal representatives, successors and assigns of the respective parties. It may not be changed orally.

THIS IS A LEGALLY-BINDING CONTRACT. IF NOT FULLY UNDERSTOOD, WE RECOMMEND ALL PARTIES TO THE CONTRACT CONSULT AN ATTORNEY BEFORE SIGNING.

Dated: 11/26/10  
  
Purchaser Planned Parenthood

\_\_\_\_\_  
Purchaser

**ACCEPTANCE**

Dated: 11-26-10  


\_\_\_\_\_  
Seller

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

LRA Cover Sheet

## Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite “Construction”. If so, and **total** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). **Please read the LRA Instructions to ensure submission of an appropriate and complete application:**

- Minor Construction** – Minor construction project with total project costs of up to \$6,000,000 (or up to \$15,000,000, if not relating to clinical space – check “Non-Clinical” box below).  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, 4, 5, and 6.*
- Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$6,000,000. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to 10 NYCRR 710.1(c)(4)(iii). Rather, provide notice to the Cost Control Unit, Division of Health Facility Planning.)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, 4, and 5.*
- Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost under \$6,000,000; or convert beds within approved categories. (*If construction associated, also check “Construction” above.*)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 7, 8, 10, and 12. \*If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms).*
- Non-Clinical** – Project of up to \$15,000,000, which does **NOT** relate to a change in clinical service or equipment. (*If construction associated, also check “Construction” above.*)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, and 12.*
- Health Information Technology** – Project to purchase and implement health information technology or other information systems, with a total project cost between \$6,000,000 and \$15,000,000.  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, 9, and 12. Also include Vendor Contract language (Appendix D).*
- Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (*If construction associated, also check “Construction” above.*)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 7, 8, 10, and 12.*
- Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area.  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, 4, and 5. Also include a Closure Plan for vacating extension clinic.*
- Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for “part-time clinic”. (*If construction associated, also check “Construction” above.*)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 8, 10, 11, and 12.*

OPERATING CERTIFICATE NO. 3202207R	CERTIFIED OPERATOR Planned Parenthood [REDACTED]	TYPE OF FACILITY D&TC
---------------------------------------	-----------------------------------------------------	--------------------------

OPERATOR ADDRESS – STREET & NUMBER [REDACTED]		PFI [REDACTED]	NAME AND TITLE OF CONTACT PERSON [REDACTED] Vice President, Practice Management		
CITY [REDACTED]	COUNTY [REDACTED]	ZIP [REDACTED]	STREET AND NUMBER [REDACTED]		
PROJECT SITE ADDRESS – STREET & NUMBER 109 Legion Drive		PFI 852	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]
CITY Cobleskill	COUNTY Schoharie	ZIP 12043	TELEPHONE NUMBER [REDACTED]	FAX NUMBER [REDACTED]	
TOTAL PROJECT COST: \$ 203,972			CONTACT E-MAIL: [REDACTED]		

**PLANNED PARENTHOOD** 

**Financial Statements and Required Reports  
Under OMB Circular A-133 as of  
December 31, 2010  
Together with  
Independent Auditors' Report**

**Bonadio & Co., LLP**  
Certified Public Accountants



## INDEPENDENT AUDITORS' REPORT

May 10, 2011

To the Board of Directors of  
Planned Parenthood [REDACTED]

We have audited the accompanying statement of financial position of Planned Parenthood [REDACTED] (a New York not-for-profit corporation) as of December 31, 2010, and the related statements of activities, functional expenses, 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. The prior year summarized comparative information has been derived from Planned Parenthood [REDACTED] 2009 financial statements. The financial statements of Planned Parenthood [REDACTED] as of December 31, 2009, were audited by other auditors whose report dated April 15, 2010, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *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 2010 financial statements referred to above present fairly, in all material respects, the financial position of Planned Parenthood [REDACTED] as of December 31, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated May 10, 2011, on our consideration of Planned Parenthood [REDACTED] internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

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Albany NY 12205 5808  
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(Continued)

## INDEPENDENT AUDITORS' REPORT

(Continued)

Our audit was conducted for the purpose of forming an opinion on the financial statements of Planned Parenthood [REDACTED] taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. In addition, the accompanying information in Schedules I and II is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the financial statements taken as a whole.

Bonadio & Co., LLP

**PLANNED PARENTHOOD****STATEMENT OF FINANCIAL POSITION****DECEMBER 31, 2010**

(With Comparative Totals for 2009)

	<u>2010</u>	(Restated) <u>2009</u>
<b>ASSETS</b>		
CURRENT ASSETS:		
Cash	\$ 891,035	\$ 196,515
Accounts receivable, net	2,114,383	2,287,111
Promises to give	112,202	151,459
Inventory	178,909	299,372
Prepaid expenses	<u>46,475</u>	<u>37,093</u>
Total current assets	3,343,004	2,971,550
INVESTMENTS	812,282	715,797
PROPERTY AND EQUIPMENT, net	7,056,449	7,412,654
FINANCING COSTS, net	36,283	40,924
OTHER NON-CURRENT ASSETS	<u>33,380</u>	<u>14,152</u>
	<u>\$ 11,281,398</u>	<u>\$ 11,155,077</u>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES:		
Line-of-credit	\$ -	\$ 440,124
Current portion of long-term debt	99,567	93,937
Accounts payable	367,209	260,277
Accrued expenses and other liabilities	179,863	117,276
Estimated liability for compensated absences	132,282	102,016
Due to funding source	14,909	14,909
Deferred income	<u>189,506</u>	<u>64,920</u>
Total current liabilities	983,336	1,093,459
INTEREST RATE SWAP LIABILITY	281,839	201,677
LONG-TERM DEBT, net of current portion	<u>2,714,000</u>	<u>2,813,718</u>
Total liabilities	<u>3,979,175</u>	<u>4,108,854</u>
NET ASSETS:		
Unrestricted -		
Designated by Board for endowment purposes	742,982	661,963
Undesignated	<u>6,514,832</u>	<u>6,340,041</u>
Total unrestricted	7,257,814	7,002,004
Temporarily restricted	<u>44,409</u>	<u>44,219</u>
Total net assets	<u>7,302,223</u>	<u>7,046,223</u>
	<u>\$ 11,281,398</u>	<u>\$ 11,155,077</u>

The accompanying notes are an integral part of these statements.

**PLANNED PARENTHOOD** [REDACTED]

**STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED DECEMBER 31, 2010**  
(With Comparative Totals for 2009)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2010</u>	<u>(Restated) 2009</u>
<b>PUBLIC SUPPORT AND REVENUE:</b>				
Public Support:				
Contributions	\$ 601,894	\$ 15,145	\$ 617,039	\$ 611,504
Grants	<u>5,163,913</u>	<u>3,000</u>	<u>5,166,913</u>	<u>5,222,621</u>
Total public support	<u>5,765,807</u>	<u>18,145</u>	<u>5,783,952</u>	<u>5,834,125</u>
Revenue:				
Medicaid	4,410,913	-	4,410,913	4,060,657
Sale of medical and contraceptive supplies	492,259	-	492,259	596,419
Patient fees	2,059,504	-	2,059,504	2,178,310
Net gain on investments	72,519	-	72,519	134,773
Gain on sale of property	-	-	-	7,209
Change in value - charitable gift annuities	-	4,227	4,227	6,365
Miscellaneous income	<u>187,360</u>	<u>-</u>	<u>187,360</u>	<u>19,276</u>
Total revenue	<u>7,222,555</u>	<u>4,227</u>	<u>7,226,782</u>	<u>7,003,009</u>
Net assets released from restrictions	<u>22,182</u>	<u>(22,182)</u>	<u>-</u>	<u>-</u>
Total support and revenue	<u>13,010,544</u>	<u>190</u>	<u>13,010,734</u>	<u>12,837,134</u>
<b>EXPENSES:</b>				
Program services	11,178,160	-	11,178,160	11,388,570
Management and general	1,287,547	-	1,287,547	1,382,292
Fundraising	<u>208,865</u>	<u>-</u>	<u>208,865</u>	<u>224,876</u>
Total expenses	<u>12,674,572</u>	<u>-</u>	<u>12,674,572</u>	<u>12,995,738</u>
CHANGE IN NET ASSETS BEFORE CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	335,972	190	336,162	(158,604)
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	<u>(80,162)</u>	<u>-</u>	<u>(80,162)</u>	<u>194,428</u>
CHANGE IN NET ASSETS	<u>255,810</u>	<u>190</u>	<u>256,000</u>	<u>35,824</u>
NET ASSETS - beginning of year, as restated	<u>7,002,004</u>	<u>44,219</u>	<u>7,046,223</u>	<u>7,010,399</u>
NET ASSETS - end of year	<u>\$ 7,257,814</u>	<u>\$ 44,409</u>	<u>\$ 7,302,223</u>	<u>\$ 7,046,223</u>

The accompanying notes are an integral part of these statements.

**PLANNED PARENTHOOD**

**STATEMENT OF FUNCTIONAL EXPENSES**

**FOR THE YEAR ENDED DECEMBER 31, 2010**

(With Comparative Totals for 2009)

	Program Services										Fund Raising	2010 Total	2009 Total
	Family Planning	Pre-Natal	WIC	LGBTI	Rape Crisis	Surgey	Program Total	Management & General					
Salaries and wages	\$ 4,924,929	\$ 160,339	\$ 470,256	\$ 69,072	\$ 338,627	\$ 343,688	\$ 6,306,911	\$ 679,936	\$ 138,237	\$ 7,125,084	\$ 7,271,046		
Payroll taxes	434,286	14,073	43,284	6,338	30,585	30,052	558,618	59,630	11,971	630,220	637,171		
Employee health and retirement	278,928	9,835	34,628	4,818	24,191	21,045	373,445	60,038	11,183	444,667	586,966		
Total compensation and benefits	5,638,143	184,247	548,168	80,228	393,403	394,785	7,238,974	799,604	161,392	8,199,971	8,495,183		
Supplies	646,876	12,990	29,764	4,283	11,331	161,683	866,927	57,526	3,918	928,371	953,519		
Occupancy (includes mortgage interest)	563,403	5,086	71,901	13,663	35,525	19,453	709,031	195,921	3,006	907,958	937,458		
Depreciation	319,251	1,114	-	-	-	11,197	331,562	86,959	1,045	419,566	438,825		
Professional fees	312,022	639	4,515	2,110	13,191	1,767	334,244	35,390	10,460	380,094	347,266		
Lab fees	282,145	52,709	-	-	-	5,801	340,655	-	-	340,655	398,602		
Membership dues	175,037	-	316	-	250	-	175,603	20,164	-	195,767	175,703		
Telephone	112,675	225	10,063	511	12,001	7,985	143,460	12,974	2,682	159,116	152,593		
Travel	77,881	293	10,307	4,383	11,633	6,735	111,232	38,360	-	149,592	187,393		
Physician fees	16,931	29,915	-	-	-	80,180	127,026	-	-	127,026	125,684		
Public affairs office	116,192	-	-	-	-	-	116,192	-	-	116,192	116,192		
Malpractice insurance	59,893	4,642	-	-	-	48,684	113,219	-	-	113,219	110,610		
Outside printing and publicity	71,438	-	873	-	7,100	-	79,411	8,230	15,145	102,786	101,991		
Miscellaneous	63,464	250	10,720	262	9,765	28	84,489	7,782	6,438	98,709	52,652		
Postage and shipping	70,844	61	1,860	-	445	-	73,210	8,158	3,130	84,498	83,288		
Equipment repairs	53,474	425	16,247	-	4,132	2,032	76,310	6,157	1,273	83,740	95,611		
Conferences and conventions	45,544	-	11,426	2,733	8,442	-	68,145	5,247	375	73,767	75,048		
Bad debts	159,703	8,260	-	-	-	13,149	181,112	-	-	181,112	127,316		
Amortization	-	-	-	-	-	-	-	4,641	-	4,641	4,485		
Subscriptions and reference publications	3,763	-	-	-	-	-	3,763	434	-	4,197	4,018		
Patient assistance	1,187	51	-	-	1,606	683	3,527	-	-	3,527	12,182		
Laundry	-	-	-	-	-	68	68	-	-	68	119		
Total expenses	\$ 8,789,866	\$ 300,907	\$ 716,160	\$ 108,173	\$ 508,824	\$ 754,230	\$ 11,178,160	\$ 1,287,547	\$ 208,865	\$ 12,674,572	\$ 12,995,738		

The accompanying notes are an integral part of these statements.

**PLANNED PARENTHOOD** XXXXXXXXXX

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED DECEMBER 31, 2010**  
(With Comparative Totals for 2009)

	<u>2010</u>	(Restated) <u>2009</u>
<b>CASH FLOW FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 256,000	\$ 35,824
Adjustments to reconcile change in net assets to net cash flow from operating activities:		
Change in fair value of interest rate swap liability	80,162	(194,428)
Change in value - charitable gift annuities	(4,227)	(6,365)
Depreciation and amortization	424,207	443,310
Net gain on investments	(57,227)	(117,192)
Increase in allowance for doubtful accounts	130,000	-
Gain on sale of property and equipment	-	(7,209)
Changes in:		
Accounts receivable	42,728	(254,054)
Promises to give	39,257	79,919
Inventory	120,463	(115,783)
Prepaid expenses	(9,382)	4,311
Other non-current assets	(15,001)	22,035
Accounts payable	106,932	3,298
Accrued expenses and other liabilities	62,587	(68,138)
Estimated liability for compensated absences	30,266	(86,938)
Deferred income	<u>124,586</u>	<u>9,188</u>
Net cash flow from operating activities	<u>1,331,351</u>	<u>(252,222)</u>
<b>CASH FLOW FROM INVESTING ACTIVITIES:</b>		
Purchases of investments	(39,258)	(20,251)
Purchases of property and equipment	<u>(63,361)</u>	<u>(276,000)</u>
Net cash flow from investing activities	<u>(102,619)</u>	<u>(296,251)</u>
<b>CASH FLOW FROM FINANCING ACTIVITIES:</b>		
Payments on long-term debt	(94,088)	(1,276,762)
Payments on short-term debt	(440,124)	-
Proceeds from issuance of long-term debt	<u>-</u>	<u>1,628,133</u>
Net cash flow from financing activities	<u>(534,212)</u>	<u>351,371</u>
CHANGE IN CASH	694,520	(197,102)
CASH - beginning of year	<u>196,515</u>	<u>393,617</u>
CASH - end of year	<u>\$ 891,035</u>	<u>\$ 196,515</u>
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:</b>		
Cash paid for interest	<u>\$ 193,201</u>	<u>\$ 191,377</u>

The accompanying notes are an integral part of these statements.

# PLANNED PARENTHOOD [REDACTED]

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010

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### 1. THE ORGANIZATION

Planned Parenthood [REDACTED] (Organization) is a nonprofit organization formed for the purpose of providing human reproductive health and planning services, education and research. The Organization is licensed by the New York State Department of Health as a Diagnostic and Treatment Center under Article 28 of the Public Health Law.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Basis of Accounting**

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States.

#### **Use of 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.

#### **Comparative Financial 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 the Organization's financial statements for the year ended December 31, 2009, from which the summarized information was derived.

#### **Cash**

Cash includes bank demand deposit accounts. The Organization's cash balances may at times exceed federally insured limits. The Organization has not experienced any losses in these accounts and believes it is not exposed to any significant risk with respect to cash.

#### **Accounts Receivable**

Accounts receivable primarily include uncollateralized obligations from individuals, Medicaid, various county, state, and federal agencies, and other third party payors under credit terms that are customary for health care providers. Accounts receivable from Medicaid are generally billed daily, and payment is generally due within 30-60 days. Individuals are billed monthly and insurance companies are billed weekly. Grants and contracts are generally billed monthly or quarterly depending on the contract and are due within 30-60 days.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Accounts Receivable (Continued)

Accounts for which no payments have been received for several months are considered delinquent and customary collection efforts are begun. After all collection efforts are exhausted the account is written off. The carrying amount of accounts receivable is reduced by a valuation that reflects management's best estimate of amounts that will not be collected. Management estimates the portion, if any, of the balance that will not be collected based upon the Organization's past credit loss experience, an assessment of the payor's current creditworthiness, and applicable Medicaid billing regulations. Accounts receivable are stated net of an allowance for uncollectible accounts in the amount of \$210,000 and \$80,000 as of December 31, 2010 and 2009, respectively.

### Promises to Give and Contributions

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Promises to give are recorded at their estimated net present value. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restriction expires in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets. Management has determined that an allowance for uncollectible promises to give is not necessary at December 31, 2010 and 2009.

### Inventory

Inventory is stated at the lower of cost or market using a first-in, first out method.

### Investments

All investments are stated at fair value. Fair value is determined using quoted market prices. All realized and unrealized gains and losses are reported directly in the accompanying statement of activities.

Investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

Investments are held as a board-designated endowment as described in Note 6. The endowment includes only funds designated by the Board of Directors to function as an endowment and does not include any donor-restricted funds. Net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

### Property and Equipment

Property and equipment are stated at cost or, in the case of gifts, at fair value less accumulated depreciation. All significant assets over \$500 with an estimated useful life in excess of one year are capitalized. Maintenance and repairs are charged to operations when incurred; betterments and renewals are capitalized. Depreciation is computed using the straight-line method over the estimated useful lives of the specific assets. Estimated useful lives of assets are:

	<u>Years</u>
Buildings and improvements	10-45
Furniture, fixtures, and equipment	3-15
Vehicles	4



## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Impairment of Long-Lived Assets**

The Organization assesses its long-lived assets for impairment when events or circumstances indicate their carrying amounts may not be recoverable. This is accomplished by comparing the expected undiscounted future cash flows of the long-lived assets with the respective carrying amount as of the date of assessment. If the expected undiscounted future cash flows exceed the respective carrying amount as of the date of assessment, the long-lived assets are considered not to be impaired. If the expected undiscounted future cash flows are less than the carrying value, an impairment loss is recognized and measured as the difference between the carrying value and the fair value of the long-lived assets. No impairment of long-lived assets was recognized in 2010 or 2009.

### **Financing Costs**

Financing costs are amortized on the straight-line basis over the term of the related loan. Amortization expense was \$4,641 and \$4,485 for the years ended December 31, 2010 and 2009, respectively. Amortization expense is estimated to be \$4,641 annually for the next five years. Accumulated amortization was \$10,133 and \$5,492 at December 31, 2010 and 2009, respectively.

### **Estimated Liabilities for Compensated Absences**

Employees are granted vacation leave at varying amounts. In the event of termination or upon retirement, employees are entitled to payment for accumulated vacation leave at various rates. Estimated vacation leave has been recognized in the financial statements based on the present rates of pay.

### **Deferred Income**

The Organization receives advances from funding sources for services to be provided in the future. These advances will be recognized as revenue when services are rendered.

### **Interest Rate Swap Agreement**

The Organization is a party to an interest rate swap agreement, entered into primarily as a hedge against interest exposure of its variable rate mortgage. The differential to be paid or received under this agreement through December 31, 2010 and 2009, has been recognized as an interest expense adjustment.

The Organization reports the fair value of its interest rate swap agreement in the statement of financial position. Gains and losses resulting from changes in fair value are recognized directly in the statement of activities.

### **Financial Reporting**

The Organization reports its activities and the related net assets using three net asset categories: unrestricted, temporarily restricted and permanently restricted.

Unrestricted net assets include resources that are available for the support of the Organization's operating activities. In addition, the Organization's Board of Directors approved the formation of a fund functioning as an endowment fund. The Board of Directors has specified that endowment principal shall be retained, but the related income may be utilized for the continuing benefit of the Organization.

Temporarily restricted net assets include resources that have been donated to the Organization subject to purpose or time restrictions as defined by the donor.

As of December 31, 2010 and 2009, management has determined that there are no permanently restricted net assets.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Third-Party Reimbursement**

The Organization renders services under agreements with third-party payors and is reimbursed under provisions of the approved contracts. Amounts received from third-party payors are less than the Organization's established billing rates with the difference accounted for as a contractual adjustment. The ultimate settlement with third party payors may result in the Organization recording either additional revenue or expense attributable to its service provision. Final determination of the revenue earned by the Organization is subject to audit by third-party payors. Any changes resulting from these audits are recognized in the year they become estimable.

### **Contributed Services**

Contributed services are reflected upon receipt and are recorded at estimated cost, where necessary, as expenses for program services. Contributed services are recognized if the services received create or enhance non-financial assets, or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not contributed. During the years ended December 31, 2010 and 2009, the value of contributed services not meeting the requirements for recognition in the financial statements amounted to \$467,491 and \$460,333, respectively. The volunteers perform a variety of tasks for the Rape Crisis and Family Planning programs to assist the Organization in carrying out its mission.

### **Fair Value of Financial Instruments**

The following methods and assumptions were used in estimating the fair value of financial instruments:

Cash: The carrying amount reported in the statement of financial position for cash approximates fair value due to the short-term nature of these instruments.

Investments: The carrying amount reported in the statement of financial position for investments are reported at fair value. Fair values are based on quoted market prices.

Long-Term Debt Obligations: The fair value of long-term debt obligations is estimated using discounted cash flow analyses, based on the participating institution's incremental borrowing rates for similar types of borrowing arrangements. The fair value of long-term debt approximates the carrying value. Certain long-term debt obligations are tied to an interest rate swap agreement.

### **Fair Value Measurement – Definition and Hierarchy**

The Organization uses various valuation techniques in determining fair value. ASC 820 establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Organization. Unobservable inputs are inputs that reflect the Organization's assumptions about the assumptions market participants would use in pricing the asset or liability, developed based on the best information available in the circumstances.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Fair Value Measurement – Definition and Hierarchy (Continued)

The hierarchy is broken down into three levels based on the reliability of inputs as follows:

- Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Organization has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

The Organization's money market funds, mutual funds, and common stock are primarily valued utilizing Level 1 inputs.

- Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.

The Organization's interest rate swap is valued utilizing Level 2 inputs. Fair value is determined using the income approach.

- Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The Organization currently has no assets or liabilities that are measured using Level 3 inputs.

The availability of observable inputs can vary and is affected by a wide variety of factors. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Accordingly, the degree of judgment exercised by the Organization in determining fair value is greatest for instruments categorized in Level 3. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes the level in the fair value hierarchy within which the fair value measurement in its entirety falls is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

### Functional Allocation of Expenses

The costs of providing various programs and supporting services have been summarized on a functional basis in the statement of activities and the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

### Income Taxes

The Organization is a nonprofit corporation exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization has also been classified by the Internal Revenue Service as an entity that is not a private foundation.

For tax-exempt entities, their tax-exempt status itself is deemed to be an uncertainty, since events could potentially occur to jeopardize their tax-exempt status. As of December 31, 2010 and 2009, the Organization does not have a liability for unrecognized tax benefits. The Organization files exempt organization tax returns in the U.S. federal jurisdiction and New York State. The Organization is no longer subject to U.S. federal and state tax examinations by tax authorities for years before 2007.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Reclassifications

Certain reclassifications have been made to the prior year information to conform to the current year presentation.

## 3. ACCOUNTS RECEIVABLE

Accounts receivable consisted of the following as of December 31:

	<u>2010</u>	(Restated) <u>2009</u>
Service fees	\$ 1,425,917	\$ 1,585,075
Grants	772,223	622,989
New York State - Rape crisis services	88,263	158,624
Other	<u>37,980</u>	<u>423</u>
	2,324,383	2,367,111
Less: Allowance for doubtful accounts	<u>(210,000)</u>	<u>(80,000)</u>
	<u>\$ 2,114,383</u>	<u>\$ 2,287,111</u>

## 4. PROMISES TO GIVE

In 2003, the Organization began a capital campaign fundraising drive. Promises to give – capital campaign are restricted to payment of capital costs related to the Secure Access for Everyone Campaign. Promises to give as of December 31 are as follows:

	<u>2010</u>	<u>2009</u>
Promises to give - Capital campaign	\$ 65,916	\$ 122,991
Promises to give - Unrestricted	<u>46,286</u>	<u>28,468</u>
	<u>\$ 112,202</u>	<u>\$ 151,459</u>

	<u>2010</u>	<u>2009</u>
Receivable in less than one year	\$ 112,202	\$ 148,644
Receivable in one to five years	<u>-</u>	<u>2,815</u>
	<u>\$ 112,202</u>	<u>\$ 151,459</u>

## 5. INVENTORY

Inventory consisted of the following at December 31:

	<u>2010</u>	<u>2009</u>
Medical	\$ 83,305	\$ 186,788
Contraceptive	<u>95,604</u>	<u>112,584</u>
	<u>\$ 178,909</u>	<u>\$ 299,372</u>

## 6. INVESTMENTS AND ENDOWMENT POLICIES

Investments are carried at fair value as determined by quoted market prices. Investments consisted of the following at December 31:

	<u>2010</u>	<u>2009</u>
Money market funds	\$ 69,371	\$ 49,668
Mutual funds	742,325	666,129
Common stock	<u>586</u>	<u>-</u>
	<u>\$ 812,282</u>	<u>\$ 715,797</u>

Investment and interest income consists of the following for the year ended December 31:

	<u>2010</u>	<u>2009</u>
Dividends and interest	\$ 15,292	\$ 17,581
Realized and unrealized gains, net of expenses	<u>57,227</u>	<u>117,192</u>
	<u>\$ 72,519</u>	<u>\$ 134,773</u>

### Endowment Policies

The Organization has adopted investment and spending policies for endowment assets that attempt to maintain the corpus of the fund while allowing the account to grow in order to provide a resource for occasional funding to programs supported by its endowment. Endowment assets include only unrestricted board-designated funds as of December 31, 2010 and 2009. Under this policy, as approved by the Board of Directors, the endowment assets are invested primarily in equity securities (generally targeted at 70-80% of the fund), foreign securities (0-25%) and fixed income securities (20-30%). No target growth rate is stated or implied by the Organization's investment objectives. Actual investment returns in any given year may vary.

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives with prudent risk constraints.

## 6. INVESTMENTS AND ENDOWMENT POLICIES (Continued)

The annual payout rate established by the Organization is currently 5% of assets and may be periodically re-determined by the Board of Directors. However, there were no withdrawals during 2009 or 2010.

Changes in Board designated endowment assets for the years ended December 31<sup>st</sup> are as follows:

	<u>2010</u>	<u>2009</u>
Endowment assets - beginning of year	\$ 661,963	\$ 465,086
Investment return:		
Investment income	14,364	14,691
Net appreciation (realized and unrealized)	<u>57,227</u>	<u>118,006</u>
Total investment return	<u>71,591</u>	<u>132,697</u>
Contributions	<u>9,428</u>	<u>64,180</u>
Endowment assets - end of year	<u>\$ 742,982</u>	<u>\$ 661,963</u>

## 7. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of December 31:

	<u>2010</u>	<u>2009</u>
Land	\$ 39,893	\$ 39,893
Buildings and improvements	9,664,566	9,627,041
Furnishings and equipment	<u>1,799,315</u>	<u>1,825,724</u>
	11,503,774	11,492,658
Less: Accumulated depreciation	<u>(4,447,325)</u>	<u>(4,080,004)</u>
	<u>\$ 7,056,449</u>	<u>\$ 7,412,654</u>

Depreciation expense for the years ended December 31, 2010 and 2009 was \$419,566 and \$438,825, respectively.

## 8. CHARITABLE GIFT ANNUITIES

Five donors have established trusts through Planned Parenthood Federation of America, Inc. Under the terms of the gift annuity agreement, Planned Parenthood [REDACTED] is a named beneficiary. This interest has been recorded at its estimated net present value based on the Organization's estimated date of receipt of the funds. As of December 31, 2010 and 2009, the net present value of the interest was \$11,559 and \$7,332, respectively, which is recorded in other non-current assets in the statement of financial position.

## 9. LINES-OF-CREDIT

The Organization has a \$3,000,000 line-of-credit with TD Bank, with interest at the LIBOR rate, plus 2.25% and a minimum interest rate of 4% (4.00% at December 31, 2010). The line is secured by all assets of the Organization, and matures June 1, 2011. There was no balance outstanding on this line-of-credit at December 31, 2010. The balance outstanding on this line-of-credit was \$440,124 at December 31, 2009.

The Organization has the ability to borrow up to 50% of the value of selected mutual funds in its unrestricted board designated endowment investment account at a rate ranging from 1.25% – 2.00% above the broker call rate. There were no advances at December 31, 2010 and 2009.

## 10. INTEREST RATE SWAP AGREEMENT

The Organization is a party to an interest swap agreement with a bank to mitigate the risk of interest rates associated with variable interest rate indebtedness. Under this agreement, a portion of variable rate indebtedness is converted to a fixed rate based upon a notional principal amount. At December 31, 2010 and 2009, the aggregate notional principal amount under the interest rate swap agreement, which matures at December 1, 2017, totaled \$2,049,748 and \$2,112,400, respectively. This agreement effectively changes the interest rate exposure to a fixed 5.74%. The swap agreement is the Organization's sole derivative and qualifies as a cash flow hedge under generally accepted accounting principles. The Organization has assumed no ineffectiveness in the swap due to the fact that, among other things, the notional amount of the swap matches the principal amount of the mortgage, the variable rate under the swap matches the variable rate of the mortgage and the maturity date of the swap matches the maturity date of the mortgage.

The Organization is exposed to credit loss in the event of non-performance by the bank; however, the Organization does not anticipate non-performance. Interest rate swap transactions generally involve exchanges of fixed and floating interest payment obligations without exchanges of underlying principal amounts. Consequently, the Organization's exposure to credit loss is significantly less than the mortgage principal amounts.

The fair value of derivative instruments at December 31 is as follows:

Derivatives designed as <u>hedging instruments</u>	Statement of Financial <u>Position Location</u>	<u>Fair Value</u>	
		<u>2010</u>	<u>2009</u>
Interest rate contracts	Interest rate swap liability	<u>\$ 281,839</u>	<u>\$ 201,677</u>

The effect of hedging relationships on the statement of activities for the year ended December 31 is as follows:

Derivatives - net investment <u>hedging relationships</u>	Location of gain or loss recognized in <u>change in net assets</u>	<u>Amount of gain or (loss) recognized in change in net assets</u>	
		<u>2010</u>	<u>2009</u>
Interest rate contracts	Change in fair value of interest rate swap	<u>\$ (80,162)</u>	<u>\$ 194,428</u>

## 11. LONG TERM DEBT

Long-term debt consisted of the following at December 31:

	<u>2010</u>	<u>2009</u>
Mortgage payable to bank in monthly principal payments which range from \$4,788 to \$8,191 per month over the life of the loan, plus interest at LIBOR, plus 95 basis points. A final balloon payment of \$1,496,777 is due on December 1, 2017. The loan is secured by a mortgage on properties owned by the Organization. The Organization has entered into an interest rate swap agreement that effectively fixes the interest rate at 5.74% (see Note 10). A loan covenant requiring a debt service coverage ratio for the Organization not less than 1.10 to 1 was met at December 31, 2010.	\$ 2,049,748	\$ 2,112,400
Mortgage payable to bank with monthly payments of \$6,101, including interest at 6.69%, with a final balloon payment due on December 1, 2017. The loan is secured by a mortgage on properties owned by the Organization.	748,625	770,254
Two vehicle loans payable to bank with combined monthly payments of \$857, including interest at 2.26% due June 15, 2012, secured by both vehicles.	<u>15,194</u>	<u>25,001</u>
	<u>\$2,813,567</u>	<u>\$2,907,655</u>

Long-term debt maturities are as follows at December 31:

2011	\$ 99,567
2012	100,252
2013	101,509
2014	108,013
2015	114,795
Thereafter	<u>2,289,431</u>
	<u>\$ 2,813,567</u>

In 2010 and 2009, total interest expense incurred was \$193,673 and \$191,377, respectively.



## 12. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes at December 31:

	<u>2010</u>	(Restated) <u>2009</u>
Prenatal program	\$ 312	\$ 312
Education	6,438	5
Family planning	5,331	4,076
██████████ Center	14,849	8,557
██████████	1,983	1,983
Medical equipment	-	3,810
Surgery program	6,616	20,000
Charitable gift annuity	8,880	5,476
	<u>\$ 44,409</u>	<u>\$ 44,219</u>

## 13. PENSION PLAN

The Organization provides retirement benefits in the form of a 403(b) pension plan with a discretionary employer contribution. The Plan covers all employees who have completed two years of service, work at least 1,000 hours, and are at least age 21. The Organization's contribution is a percentage of the employees' bi-weekly pay. Costs are funded as accrued. Total pension expense for 2010 and 2009 was \$116,761 and \$179,639, respectively.

## 14. FAIR VALUE MEASUREMENTS

The following are measured at fair value on a recurring basis at December 31:

<u>Description</u>	<u>Level 1</u> <u>Inputs</u>	<u>Level 2</u> <u>Inputs</u>	<u>Level 3</u> <u>Inputs</u>	<u>Total</u>
<u>December 31, 2010:</u>				
Money market funds	\$ 69,371	\$ -	\$ -	\$ 69,371
Common stock	586	-	-	586
Mutual funds	742,325	-	-	742,325
Interest rate swap liability	-	(281,839)	-	(281,839)
	<u>\$ 812,282</u>	<u>\$ (281,839)</u>	<u>\$ -</u>	<u>\$ 530,443</u>
<u>December 31, 2009:</u>				
Money market funds	\$ 49,668	\$ -	\$ -	\$ 49,668
Mutual funds	666,129	-	-	666,129
Interest rate swap liability	-	(201,677)	-	(201,677)
	<u>\$ 715,797</u>	<u>\$ (201,677)</u>	<u>\$ -</u>	<u>\$ 514,120</u>

## 15. COMMITMENTS AND CONTINGENCIES

### PPFA Affiliation Fee

The Organization is an affiliate of Planned Parenthood Federation of America (PPFA). In accordance with its affiliation agreement, the Organization is required to pay quarterly assessments (dues) to PPFA. These assessments are calculated using a formula based on the Organization's operating expenses. Dues expense recognized under the terms of this agreement was \$175,725 and \$158,825 in 2010 and 2009, respectively.

### Unemployment Compensation

The Organization is self-insured with respect to unemployment benefits payable to eligible employees. Amounts paid under this arrangement are being expensed as incurred.. Total unemployment expense for 2010 and 2009 was \$23,018 and \$37,954, respectively. No accrual has been made for future obligations that might arise under this arrangement due to the underlying uncertainties.

### Professional Liability Insurance

The Organization is insured against professional liability claims under an occurrence type policy. The policy provides the Organization with \$1,000,000 coverage for each claim with a limit of \$2,000,000 annual aggregate coverage. Losses on medical malpractice claims are estimated based on deductibles and claims in excess of per claim or aggregate coverage for claims incurred during the year.

### Significant Concentration

Approximately 73% and 71% of the Organization's unrestricted support and revenue was derived under local, New York State, and federal grants, contracts, and Medicaid programs during the years ended December 31, 2010 and 2009, respectively.

### Operating Leases

The Organization has several leases for facilities. These leases require payments ranging from \$225 to \$2,800 per month and expire at various dates from April 30, 2011 through March 31, 2014. Total rent expense for 2010 and 2009 was \$270,844 and \$298,405, respectively.

Future minimum lease payments are as follows for the years ended December 31:

2011	\$	164,504
2012		150,305
2013		112,211
2014		13,586
2015		<u>2,015</u>
	\$	<u>442,622</u>

### Government Funding

Funding received from various federal, state, and local governmental agencies require fulfillment of certain conditions as set forth in the grant document or contract. Funding may be subject to audit by the funding sources. In the event that a subsequent audit or evaluation determines that an adjustment is required, the amount will be recognized in the period that amounts can be reasonably estimated.

## 16. PRIOR PERIOD ADJUSTMENTS

Two prior period adjustments have been recorded to correct errors made in prior years.

During 2010, it was determined that certain Medicaid accounts receivable balances were overstated as of December 31, 2008 and in prior years. Accounts receivable and unrestricted net assets as of January 1, 2009 and December 31, 2009 were reduced by \$56,000.

Also, it was determined that certain funds raised during the capital campaign (temporarily restricted) were not released from restrictions upon completion of the renovations of five buildings. Accordingly, approximately \$3.3 million was reclassified from temporarily restricted net assets to unrestricted net assets as of January 1, 2009.

Based on these adjustments, net assets as of January 1, 2009 were restated as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Net assets at January 1, 2009, as previously stated	\$ 3,664,955	\$ 3,401,444	\$ 7,066,399
Prior period adjustments:			
Release restrictions for Capital campaign funds	3,306,433	(3,306,433)	-
Reduce overstated accounts receivable	<u>(56,000)</u>	<u>-</u>	<u>(56,000)</u>
Net assets at January 1, 2009, as adjusted	<u>\$ 6,915,388</u>	<u>\$ 95,011</u>	<u>\$ 7,010,399</u>

## 17. SUBSEQUENT EVENTS

Subsequent events have been evaluated through May 10, 2011, which is the date the financial statements were available to be issued.

**PLANNED PARENTHOOD**

Schedule I

**STATEMENT OF ACTIVITIES BY PROGRAM AND SUPPORTING SERVICES - UNRESTRICTED  
FOR THE YEAR ENDED DECEMBER 31, 2010**

(With Comparative Totals for 2009)

Program Services

**PUBLIC SUPPORT AND REVENUE**

Public support:

	Family Planning	Pre-Natal	WIC	LGBTI	Rape Crisis	Surgery	Program Total	Management & General	Fund Raising	Board Designated	2010 Total	2009 Total
Contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 601,894	\$ -	\$ 601,894	\$ 604,179
Grants	3,829,115	5,700	713,488	107,715	506,840	1,055	5,163,913	-	-	-	5,163,913	5,182,817
Total public support	3,829,115	5,700	713,488	107,715	506,840	1,055	5,163,913	-	601,894	-	5,765,807	5,786,996

Revenue:

Medicaid	3,020,182	440,685	-	-	-	950,046	4,410,913	-	-	-	4,410,913	4,060,657
Sale of medical and contraceptive supplies	486,288	88	-	-	-	5,883	492,259	-	-	-	492,259	596,419
Patient fees	1,571,711	63,278	-	-	-	424,515	2,059,504	-	-	-	2,059,504	2,178,310
Miscellaneous income	12,458	-	-	-	-	-	12,458	174,902	-	-	187,360	19,276
Net gain on investments	(4,826)	-	-	-	-	-	(4,826)	(3,674)	-	81,019	72,519	134,745
Total revenue	5,085,813	504,051	713,488	107,715	506,840	1,380,444	6,970,308	171,228	-	81,019	7,222,555	6,989,407

Net assets released from restrictions

	22,182	-	-	-	-	-	22,182	-	-	-	22,182	111,524
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**TOTAL PUBLIC SUPPORT AND REVENUE**

	8,937,110	509,751	713,488	107,715	506,840	1,381,499	12,156,403	171,228	601,894	81,019	13,010,544	12,887,927
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EXPENSES

Program services	8,789,866	300,907	716,160	108,173	508,824	754,230	11,178,160	-	-	-	11,178,160	11,388,570
Management and general	877,810	30,050	71,520	10,803	50,814	75,322	1,116,319	171,228	-	-	1,287,547	1,382,292
Fund raising	-	-	-	-	-	-	-	-	208,865	-	208,865	224,876
TOTAL EXPENSES	9,667,676	330,957	787,680	118,976	559,638	829,552	12,294,480	171,228	208,865	-	12,674,572	12,995,738

CHANGE IN NET ASSETS BEFORE CHANGE

	\$ (730,566)	\$ 178,794	\$ (74,192)	\$ (11,261)	\$ (52,798)	\$ 551,947	\$ (138,077)	\$ -	\$ 393,029	\$ 81,019	\$ 335,972	\$ (107,811)
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IN FAIR VALUE OF INTEREST RATE SWAP

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The accompanying notes are an integral part of these schedules.

**SCHEDULE OF CASH**  
**FOR THE YEAR ENDED DECEMBER 31, 2010**  
 (With Comparative Totals for 2009)

	<u>2010</u>	<u>2009</u>
PETTY CASH:		
Headquarters	\$ 825	\$ 825
[REDACTED]	384	309
Schoharie	356	356
[REDACTED]	250	250
[REDACTED]	160	160
[REDACTED]	280	275
[REDACTED]	405	405
[REDACTED]	342	342
[REDACTED]	104	104
[REDACTED]	225	225
[REDACTED]	271	250
[REDACTED]	128	128
[REDACTED]	675	675
[REDACTED]	90	90
[REDACTED]	50	50
[REDACTED]	50	50
[REDACTED]	55	55
	<u>4,650</u>	<u>4,549</u>
CHECKING ACCOUNTS:		
Trustco Bank - regular	4,177	4,760
TD Bank - regular	753,903	70,138
TD Bank - payroll	6,535	17,287
Key Bank - regular	13,184	14,979
HSBC - regular	7,885	7,084
TD Bank - money market	50,512	50,268
TD Bank - capital account	26,677	3,800
	<u>862,873</u>	<u>168,316</u>
SITE AND ENDOWMENT ACCOUNTS:		
Bank of Richmondville	2,828	2,253
Glens Falls National	2,621	3,019
Adirondack Trust	2,371	2,162
Ticonderoga Federal Credit Union	1,689	1,883
Trustco Bank	2,369	2,685
TD Bank	2,001	1,893
Adirondack Bank	2,274	2,830
GPO Federal Credit Union	2,786	2,404
NBT Bank	2,460	2,382
Key Bank	2,113	2,140
	<u>23,512</u>	<u>23,651</u>
<b>TOTAL CASH</b>	<u>\$ 891,035</u>	<u>\$ 196,516</u>

To accompanying notes are an integral part of these schedules.

**PLANNED PARENTHOOD** [REDACTED]

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2010**

Federal Grantor/ Pass-Through Grantor/ Program Title	Pass Through Grantor's Number	Federal CFDA Number	Expenditures
U.S Department of Agriculture/ New York State Department of Health Special Supplemental Nutrition Program for Women, Infants, and Children	C-025783	10.557	\$ 3,620,048
WIC Farmers' Market Nutrition Program	NA	10.572	<u>35,496</u>
<b>Total U.S. Department of Agriculture</b>			<b><u>3,655,544</u></b>
U.S. Department of Health and Human Services New York State Department of Health Injury Prevention and Control Research and State and Community Based Programs	C-018900	93.136	100,856
Injury Prevention and Control Research and State and Community Based Programs	C-026626	93.136	<u>75,312</u>
			<u>176,168</u>
Family Planning Services	C-019942	93.217	<u>491,646</u>
Medical Assistance Program	C-020659	* 93.778	254,711
Medical Assistance Program	C-026212	* 93.778	<u>56,572</u>
			<u>311,283</u>
Preventive Health and Health Services Block Grant	C-018900	93.991	11,865
Preventive Health and Health Services Block Grant	C-026626	93.991	<u>8,861</u>
			<u>20,726</u>
Maternal and Child Health Services Block Grant to the States	C-019942	93.994	<u>98,329</u>
<b>Total U.S. Department of Health and Human Services</b>			<b><u>1,098,152</u></b>
U.S. Department of Justice New York State Crime Victims Board Crime Victim Assistance	C-501120	16.575	<u>91,038</u>
New York State Division of Criminal Justice Services/ Violence Against Women Formula Grants	VW09556140	16.588	20,393
Violence Against Women Formula Grants	VW09556240	16.588	<u>20,421</u>
			<u>40,814</u>
New York State Coalition Against Sexual Assault, Inc. Sexual Assault Services Formula Program	NA	16.017	<u>4,228</u>
<b>Total U.S. Department of Justice</b>			<b><u>136,080</u></b>
<b>Total Expenditures of Federal Awards</b>			<b><u>\$ 4,889,776</u></b>

\* Medicaid Cluster

NA Not available

# PLANNED PARENTHOOD [REDACTED]

## NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED DECEMBER 31, 2010

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### 1. SUMMARY OF ACCOUNTING POLICIES

#### General

The accompanying schedule of expenditures of federal awards presents the activity of all federal awards programs of Planned Parenthood [REDACTED] (the Organization) for the year ended December 31, 2010. Federal awards received directly from federal agencies, as well as federal awards passed through other government agencies, are included in the schedule.

The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of the basic financial statements.

#### Basis of Accounting

The accompanying schedule of expenditures of federal awards is presented using the accrual basis of accounting used by the Organization to report to the federal government.

#### Relationship to Financial Statements

Federal awards revenue is reported in the Organization's financial statements as government grant support, except for "WIC Food Instruments" from the Nutrition Program for Women, Infants, and Children, which are not reported in the financial statements (see Note 2). The Organization's financial statements are presented in conformity with generally accepted accounting principles.

### 2. NON-CASH ASSISTANCE

The Organization receives "WIC Food Instruments" plus administrative costs from the New York State Department of Health (NYSDOH) under its Nutrition Program for Women, Infants, and Children - CFDA number 10.557. The U.S. Department of Agriculture has determined that "WIC Food Instruments" are "property in lieu of money" and, therefore, have been included in the schedule of expenditures of federal awards. Food instruments are reported at the value of food instruments that were issued to the program participants. A summary of the federal awards expended is as follows:

#### CFDA Number 10.557

WIC Food Instruments (non-cash)	\$2,992,179
Administrative Costs (cash)	<u>627,869</u>
Total	<u>\$3,620,048</u>

#### CFDA Number 10.572

WIC Food Instruments (non-cash)	<u>\$ 35,496</u>
---------------------------------	------------------

**3. FEDERAL LOANS AND LOAN GUARANTEES**

The Organization had no federal loans or loan guarantees outstanding as of December 31, 2010.

**4. INSURANCE**

The Organization did not participate in any federal insurance programs for the year ended December 31, 2010.

**5. SUB-RECIPIENTS**

During the year ended December 31, 2010, the following amounts were provided to subrecipients:

CFDA # 93.778 – Medical Assistance Program – Amount \$69,666

CFDA # 16.588 – Violence Against Women Formula Grants – Amount \$12,069



**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

May 10, 2011

To the Board of Directors of  
Planned Parenthood [REDACTED]

We have audited the financial statements of Planned Parenthood [REDACTED] [REDACTED] as of and for the year ended December 31, 2010, and have issued our report thereon dated May 10, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

**Internal Control Over Financial Reporting**

In planning and performing our audit, we considered Planned Parenthood [REDACTED] internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Planned Parenthood [REDACTED] internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in the internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

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(Continued)

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

(Continued)

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Planned Parenthood [REDACTED] Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

We noted certain other matters that we reported to management of Planned Parenthood [REDACTED] [REDACTED] in a separate letter dated May 10, 2011.

This report is intended solely for the information and use of the audit committee, Board of Directors, management, federal awarding agencies and, if applicable, pass-through entities, and is not intended to be, and should not be, used by anyone other than these specified parties.

*Bonadio & Co., LLP*

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133**

May 10, 2011

To the Board of Directors of  
Planned Parenthood [REDACTED]

**Compliance**

We have audited Planned Parenthood [REDACTED] compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2010. Planned Parenthood [REDACTED] major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to its major federal programs is the responsibility of Planned Parenthood [REDACTED] management. Our responsibility is to express an opinion on Planned Parenthood [REDACTED] compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Planned Parenthood [REDACTED] compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Planned Parenthood [REDACTED] compliance with those requirements.

In our opinion, Planned Parenthood [REDACTED] complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended December 31, 2010.

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(Continued)

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133**

(Continued)

**Internal Control Over Compliance**

Management of Planned Parenthood [REDACTED] is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered Planned Parenthood [REDACTED] internal control over compliance with requirements that could have a direct and material effect on a major federal program to determine the auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Planned Parenthood [REDACTED] internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the audit committee, Board of Directors, management, federal awarding agencies and pass-through entities, and is not intended to be, and should not be, used by anyone other than these specified parties.

*Bonadio & Co., LLP*

**PLANNED PARENTHOOD** [REDACTED]

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED DECEMBER 31, 2010**

---

**Section 1 – Summary of Auditors’ Results**

Financial Statements:

Type of auditors’ report issued:

Unqualified

Internal control over financial reporting:

- Material weakness(es) identified?  Yes  No
- Significant deficiency(ies) identified that are not considered to be material weakness(es)?  Yes  None reported

Noncompliance material to financial statements noted?

Yes  No

Federal Awards:

Internal control over major programs:

- Material weakness(es) identified?  Yes  No
- Significant deficiency(ies) identified that are not considered to be material weakness(es)?  Yes  None reported

Type of auditors’ report issued on compliance for major programs:

Unqualified

Any audit findings disclosed that are required to be reported in accordance with section 510(a) of Circular A-133?

Yes  No

Identification of major programs:

*CFDA Number(s)*

*Name of Federal Program or Cluster*

10.557

Special Supplemental Nutrition Program for Women, Infants, and Children

Dollar threshold used to distinguish between type A and type B programs:

\$300,000

Auditee qualified as low-risk auditee?

Yes  No

**PLANNED PARENTHOOD** [REDACTED]

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED DECEMBER 31, 2010 (Continued)**

---

**Section 2 – Financial Statement Findings**

There were no financial statement findings during the current year's audit.

**Section 3 – Federal Award Findings and Questioned Costs**

There were no federal award findings and no questioned costs during the current year's audit.

**PLANNED PARENTHOOD** [REDACTED]

**SCHEDULE OF PRIOR AUDIT FINDINGS  
FOR THE YEAR ENDED DECEMBER 31, 2010**

---

There were no findings identified during the audit performed for the year ended December 31, 2009.

The Closure Plan for Planned Parenthood [REDACTED] s ([REDACTED] Health Care Center at [REDACTED]

[REDACTED] health care center will close when the new location at 109 Legion Street is ready for occupancy and approved by NYSDOH. Moving day will be planned to minimize patient inconvenience and will be scheduled for a Wednesday or Saturday, both days when the Center is traditionally closed.

Cobleskill Center's phone current phone numbers and fax lines will be maintained and will ring at both locations beginning just before the move, with service to the [REDACTED] building ending on the last date of our occupancy there. On-call services will field patient calls during the hours of the move and neighboring [REDACTED] centers will be alerted to serving the needs of patient with emergent issues on moving day.

[REDACTED] location is rented space. The property's landlord has been notified of our intent to vacate the property. Since the fall of 2010 and the final month of our prior lease, we have continued on a month-to-month basis. The landlord is supportive and recognizes the improvement that the new building promises to bring. There are no outstanding debts or obligations attached to [REDACTED] use or occupancy of the [REDACTED] location.

The majority of the equipment and office furnishings currently in use at [REDACTED] will be moved to 109 Legion Street. Equipment and furnishings that can not be used will be sent to other [REDACTED] locations or disposed of in accordance with the policies of [REDACTED] and NYSDOH.

Building insurance, utilities, security and all other necessary systems will be maintained up to the point of their usefulness and [REDACTED] obligation at [REDACTED] when these accounts will be closed.

Signage directing patients to 109 Legion will be left in the window at [REDACTED] provided that this doesn't conflict with the needs of a new tenant. Exterior signs identifying the [REDACTED] address as a Planned Parenthood location will be removed. Phone book listings will be changed within the first edition after the move takes place. On line listings will be changed at the time of the move. Vendor and community partner notification will also be conducted to redirect contacts to the 109 Legion. Insurance companies, the postal office and other business partners will be notified of the effective date of this change of address in ample time to insure that these transitions are made smoothly. [REDACTED] and all area emergency medical services offices will receive written notification and a phone call follow-up to insure that they are informed of the relocation.

Patient notification of the location change will occur in the months leading up to the relocation. Notification will be placed in outgoing print and telephone generated patient communications, on the automated phone attendant system, and through local advertizing. Special emphasis will be made to insure that minors feel informed about the change and are warmly welcomed to visit the new location. Minimal impact on the appointment schedule is expected due to the scheduling of the move date to a day of the week when the center is traditionally closed. If appointment availability is limited because of the relocation of the center patients will be



accommodated though the addition of extra appointment slots in the weeks leading up to and in the week immediately after the relocation.

**Planned Parenthood [REDACTED] Hudson**  
**Cobleskill Health Care Center / 2011 Relocation**

**Calendar Year 2010 Financial Summary**

**Service Utilization**

Family Planning Visits	1,739
[REDACTED] visits	231
Prenatal Visits	618
NFP Visits	127
<b>Total Visits</b>	<b>2,715</b>

**Revenue**

Patient Service Revenue	\$344,804
Grants	\$71,257
Foundation Support	\$6,500
Other	\$16,876
Patient Fees (including supplies)	\$19,039
<b>Total Revenue</b>	<b>\$458,476</b>

**Expense**

Salaries	\$158,230
Benefits	\$24,566
Medical Supplies	\$31,468
Non-Medical Equipment	\$1,986
Purchased Services	\$27,377
Other direct exp	\$19,286
Utilities	\$7,632
Rent	\$17,986
Depreciation	\$1,630
Other expenses	\$66,839
<b>Total Expense</b>	<b>\$357,000</b>

**Facility Costs by Year**

	2010	First Year	Third Year
Rent	\$17,986	\$0	\$0
Depreciation	\$1,630	\$14,527	\$14,527
Utilities	\$7,632	\$7,250	\$7,830
<b>Total Facility Expenses</b>	<b>\$27,247</b>	<b>\$21,777</b>	<b>\$22,357</b>

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

## Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following 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 Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- 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 and/or engineering inspection at the construction site to insure that the completed work conforms to 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 that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

6/1/11

Date

[Redacted Signature]

Signature

[Redacted Name]

Name (Please Type)

Co-President/CEO

Title (Please Type)

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 1

## Project Narrative

**Instructions:** The purpose of the Project Narrative is to give the reviewer a conceptual understanding of the proposal. The Narrative should summarize the key elements of the proposed project. Details will be contained in the appropriate schedules of the application.

Planned Parenthood [REDACTED] proposes to relocate its Cobleskill Diagnostic & Treatment Center extension clinic due to the expiration of its current lease and the availability of a superior space and location. Emergency approval for this action has already been requested from the local area office in [REDACTED]

The proposed site is approximately [REDACTED] away from the current site and is expected to cause very limited disruption, if any, for its current patient population. The lease for the existing location expired in November 2010 and is being continued on a month-to-month basis. The current facility has been occupied by Planned Parenthood since 1972 and has posed challenges for the organization and its patients. The space is on two floors with very steep stairs between the floors. It is oversized for the practice and is inefficient in space utilization with narrow hallways and angular rooms. The space is worn and outdated; utility expenses are high due to the age of the building as well as the need to heat unused space; patient privacy is suboptimal with the downtown location; and the site lacks designated off-street parking.

The proposed new site is a single-story building that [REDACTED] proposes to purchase. It is adjacent to other medical and professional offices; is handicapped accessible; has modern heating and cooling systems; and offers private, convenient parking. The prior occupant of the space was an orthodontist. Modest renovations are required to comply with Article 28 facility requirements as well as to better accommodate the clinic's operations.

The scope of services offered will be unchanged and the relocation is not expected to have any notable impact on the general characteristics of the patient population, operating expenses, or visit volume.

### AUTHORIZING SIGNATURE

The undersigned Chief Executive Officer hereby certifies under penalty of perjury that he is duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true and complete in all material aspects.

[REDACTED]  
SIGNATURE

6/1/11  
DATE

(Rev. 7/7/2010)

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

## Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

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- 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 that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
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6/1/11

Date

[Redacted Signature]

Signature

[Redacted Name]

Name (Please Type)

Co-President/CEO

Title (Please Type)

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The proposed site is approximately [REDACTED] away from the current site and is expected to cause very limited disruption, if any, for its current patient population. The lease for the existing location expired in November 2010 and is being continued on a month-to-month basis. The current facility has been occupied by Planned Parenthood since 1972 and has posed challenges for the organization and its patients. The space is on two floors with very steep stairs between the floors. It is oversized for the practice and is inefficient in space utilization with narrow hallways and angular rooms. The space is worn and outdated; utility expenses are high due to the age of the building as well as the need to heat unused space; patient privacy is suboptimal with the downtown location; and the site lacks designated off-street parking.

The proposed new site is a single-story building that [REDACTED] proposes to purchase. It is adjacent to other medical and professional offices; is handicapped accessible; has modern heating and cooling systems; and offers private, convenient parking. The prior occupant of the space was an orthodontist. Modest renovations are required to comply with Article 28 facility requirements as well as to better accommodate the clinic's operations.

The scope of services offered will be unchanged and the relocation is not expected to have any notable impact on the general characteristics of the patient population, operating expenses, or visit volume.

### AUTHORIZING SIGNATURE

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[REDACTED]  
SIGNATURE

6/1/11  
DATE

(Rev. 7/7/2010)

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

## Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

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6/1/11

Date

[Redacted Signature]

Signature

[Redacted Name]

Name (Please Type)

Co-President/CEO

Title (Please Type)



# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 1

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The proposed site is approximately [REDACTED] away from the current site and is expected to cause very limited disruption, if any, for its current patient population. The lease for the existing location expired in November 2010 and is being continued on a month-to-month basis. The current facility has been occupied by Planned Parenthood since 1972 and has posed challenges for the organization and its patients. The space is on two floors with very steep stairs between the floors. It is oversized for the practice and is inefficient in space utilization with narrow hallways and angular rooms. The space is worn and outdated; utility expenses are high due to the age of the building as well as the need to heat unused space; patient privacy is suboptimal with the downtown location; and the site lacks designated off-street parking.

The proposed new site is a single-story building that [REDACTED] proposes to purchase. It is adjacent to other medical and professional offices; is handicapped accessible; has modern heating and cooling systems; and offers private, convenient parking. The prior occupant of the space was an orthodontist. Modest renovations are required to comply with Article 28 facility requirements as well as to better accommodate the clinic's operations.

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[REDACTED]  
SIGNATURE

6/1/11  
DATE

(Rev. 7/7/2010)



# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 1

## Project Narrative

**Instructions:** The purpose of the Project Narrative is to give the reviewer a conceptual understanding of the proposal. The Narrative should summarize the key elements of the proposed project. Details will be contained in the appropriate schedules of the application.

Planned Parenthood [REDACTED] proposes to relocate its Cobleskill Diagnostic & Treatment Center extension clinic due to the expiration of its current lease and the availability of a superior space and location. Emergency approval for this action has already been requested from the local area office in [REDACTED].

The proposed site is approximately [REDACTED] away from the current site and is expected to cause very limited disruption, if any, for its current patient population. The lease for the existing location expired in November 2010 and is being continued on a month-to-month basis. The current facility has been occupied by Planned Parenthood since 1972 and has posed challenges for the organization and its patients. The space is on two floors with very steep stairs between the floors. It is oversized for the practice and is inefficient in space utilization with narrow hallways and angular rooms. The space is worn and outdated; utility expenses are high due to the age of the building as well as the need to heat unused space; patient privacy is suboptimal with the downtown location; and the site lacks designated off-street parking.

The proposed new site is a single-story building that [REDACTED] proposes to purchase. It is adjacent to other medical and professional offices; is handicapped accessible; has modern heating and cooling systems; and offers private, convenient parking. The prior occupant of the space was an orthodontist. Modest renovations are required to comply with Article 28 facility requirements as well as to better accommodate the clinic's operations.

The scope of services offered will be unchanged and the relocation is not expected to have any notable impact on the general characteristics of the patient population, operating expenses, or visit volume.

### AUTHORIZING SIGNATURE

The undersigned Chief Executive Officer hereby certifies under penalty of perjury that he is duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true and complete in all material aspects.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(Rev. 7/7/2010)

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 2

## Total Project Cost

ITEM	ESTIMATED PROJECT COST	
1.1 Land Acquisition ( <i>attach documentation</i> )	\$	
1.2 Building Acquisition	\$	150,000.00
2.1 New Construction	\$	
2.2 Renovation and Demolition	\$	44,560.00
2.3 Site Development	\$	
2.4 Temporary Power	\$	
3.1 Design Contingency	\$	4,456.00
3.2 Construction Contingency	\$	4,456.00
4.1 Fixed Equipment (NIC)	\$	
4.2 Planning Consultant Fees	\$	
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	\$	
4.4 Construction Manager Fees	\$	
4.5 Capitalized Licensing Fees	\$	
4.6 Health Information Technology Costs	\$	
4.6.1 Computer Installation, Design, etc.	\$	
4.6.2 Consultant, Construction Manager Fees, etc.	\$	
4.6.3 Software Licensing, Support Fees	\$	
4.6.4 Computer Hardware/Software Fees	\$	
4.7 Other Project Fees (Consultant, etc.)	\$	2,500.00
5.1 Movable Equipment	\$	
6.1 Total Basic Cost of Construction	\$	205,972.00
7.1 Financing Cost (points, fees, etc.)	\$	
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months		
7.3 Application Fee	\$	500.00
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$	206,472.00

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date 7/1/2011

Construction Completion Date 8/31/2011

(Rev. 7/7/2010)

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 2

## Total Project Cost

ITEM	ESTIMATED PROJECT COST	
1.1 Land Acquisition ( <i>attach documentation</i> )	\$	
1.2 Building Acquisition	\$	150,000.00
2.1 New Construction	\$	
2.2 Renovation and Demolition	\$	44,560.00
2.3 Site Development	\$	
2.4 Temporary Power	\$	
3.1 Design Contingency	\$	4,456.00
3.2 Construction Contingency	\$	4,456.00
4.1 Fixed Equipment (NIC)	\$	
4.2 Planning Consultant Fees	\$	
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	\$	
4.4 Construction Manager Fees	\$	
4.5 Capitalized Licensing Fees	\$	
4.6 Health Information Technology Costs	\$	
4.6.1 Computer Installation, Design, etc.	\$	
4.6.2 Consultant, Construction Manager Fees, etc.	\$	
4.6.3 Software Licensing, Support Fees	\$	
4.6.4 Computer Hardware/Software Fees	\$	
4.7 Other Project Fees (Consultant, etc.)	\$	2,500.00
5.1 Movable Equipment	\$	
6.1 Total Basic Cost of Construction	\$	203,472.00
7.1 Financing Cost (points, fees, etc.)	\$	
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months		
7.3 Application Fee	\$	500.00
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$	203,972.00

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date 7/1/2011

Construction Completion Date 8/31/2011

(Rev. 7/7/2010)

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

## Proposed Plan for Project Financing

### A. LEASE

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # \_\_\_\_\_

ITEM	COST AS IF PURCHASED
	\$
	\$
	\$
	\$
	\$

### B. CASH

If cash is to be used, complete the chart at the right.

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 # 1

Accumulated Funds	\$ 206,472.00
Sale of Existing Assets*	\$
Other – (i.e. gifts, grants, ** etc.)	\$
<b>TOTAL CASH</b>	<b>\$ 204,472.00</b>

\* 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 FINANCING

If the project is to be financed by debt of any type, complete the chart at the right.

Attach 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 pay-out period presently being considered.**

Attachment # \_\_\_\_\_

Principal	\$
Interest Rate	%
Term	Yrs
Pay-out Period	Yrs
Type *	

\* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

## Proposed Plan for Project Financing

### A. LEASE

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # \_\_\_\_\_

ITEM	COST AS IF PURCHASED
	\$
	\$
	\$
	\$
	\$

### B. CASH

If cash is to be used, complete the chart at the right.

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 # 1

Accumulated Funds	\$ 203,972.00
Sale of Existing Assets*	\$
Other – (i.e. gifts, grants, ** etc.)	\$
<b>TOTAL CASH</b>	<b>\$ 203,972.00</b>

\* 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 FINANCING

If the project is to be financed by debt of any type, complete the chart at the right.

Attach 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 pay-out period presently being considered.**

Attachment # \_\_\_\_\_

Principal	\$
Interest Rate	%
Term	Yrs
Pay-out Period	Yrs
Type *	

\* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 4

## Outline of Architectural/Engineering Action

FACILITY TYPE (1)	CODE (2)	PROPOSED SOLUTION/ACTION (3)	CODE (4)	FUNCTIONAL AREAS/SERVICES (5)
55	7	Relocation/ Vacated Space Remains Unused	148	Family Planning O/P
			153	Prenatal O/P
55	10	Acquire and/or Renovate an Additional Structure	148	Family Planning O/P
			153	Prenatal O/P

### PLEASE COMPLETE THE FOLLOWING:

1. Please submit an Architect's or Engineer's Letter of Certification (See Schedule LRA 6).
2. Please submit plans of the proposed facility (1/16" scale minimum) showing two means of egress to the exterior, if applicable.
3. Please submit a Physicist's Certification Letter for projects involving radiation producing equipment.

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

**Schedule LRA 5**

## Space & Construction Cost Distribution

New

Alteration

LOCATION			Code and Functional Category Description (4)	Functional Gross SF (5)	Construction Cost per SF (6)	Total Construction Cost (7)	(ALT) Scope of Work (8)
Bldg. No. (1)	Floor No. (2)	Sect. No. (3)					
1	1	1	900 - Other: minor demolition, renovation and electrical work			\$29,160.00	
1	1	1	965 - HVAC	0		\$15,400.00	
<b>Total Construction</b>						<b>\$44,560.00</b>	

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 Area                   Other Metropolitan or Suburban Area                   Rural Area
3. This submission consists of:     New Construction Report                  Number of pages \_\_\_\_\_  
 Alteration Construction Report                  Number of pages   1

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

## MEMORANDUM

**Date:** September 13, 2011  
**To:** Department of Health, Project Management  
**From:** [REDACTED] [REDACTED]  
**RE:** CON #111491, Planned Parenthood [REDACTED] [REDACTED]

---

What is the status of the review on this “emergency review” application that was submitted three months ago?

We responded to your last request on August 25<sup>th</sup> and have heard nothing further.

Could you please let us know if we can provide any further information to enable you to complete the review?

Thank you for your attention to this matter.



**Application Number:** 121399  
**Facility Name:** Planned Parenthood [REDACTED]  
**Project Description:** Decertify prenatal services at the Cobleskill location "Safety Net"

<b>Submission Type:</b>	Application - Limited Review- General		
<b>Project Status:</b>	Project Complete	<b>Project Status Date:</b>	06/14/2013
<b>Review Level:</b>	Limited	<b>Received Date:</b>	05/23/2012
<b>Total Project Cost:</b>	\$0.00	<b>Initial Review Date:</b>	01/09/2013
		<b>Acknowledgment Date:</b>	01/10/2013

**Main Site Information**

<b>Facility Name:</b>	Planned Parenthood [REDACTED]	<b>Facility ID:</b>	[REDACTED]
<b>Physical Address:</b>	[REDACTED]	<b>Facility Type:</b>	Diagnostic and Treatment Center
<b>County:</b>	[REDACTED]	<b>Region:</b>	[REDACTED]
	Planned Parenthood [REDACTED]	<b>Operating Certificate Number:</b>	3202207R
<b>Current Operator:</b>	[REDACTED]	<b>Current Operator County:</b>	

**Contact Information**

<b>Name:</b>	[REDACTED]	<b>Title:</b>	Co-President/Chief Executive Officer
<b>Email:</b>	[REDACTED]	<b>Address:</b>	[REDACTED]
<b>Phone:</b>	[REDACTED]		
<b>Fax:</b>	[REDACTED]		

**Alternate Contact Information**

<b>Name:</b>	[REDACTED]	<b>Email:</b>	[REDACTED]
--------------	------------	---------------	------------

**Other**

<b>Withdrawn Date:</b>		<b>SubBatch2:</b>	0Z
<b>SubBatch1:</b>	3S		
<b>CON Codes List:</b>			

**NEW YORK**  
*state department of*  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

May 9, 2013

Mr. [REDACTED]  
Co-President/Chief Executive Officer  
Planned Parenthood [REDACTED]  
[REDACTED]

Re: 121399 - L  
Planned Parenthood [REDACTED]  
(Schoharie County)  
Decertify prenatal services at the Cobleskill  
location "Safety Net"

Dear [REDACTED]

We are pleased to inform you that the above referenced limited review application (LRA) has been reviewed and found acceptable by the New York State Department of Health (NYS DOH) in accordance with the limited review provisions set forth in 10 NYCRR section 710.1(c).

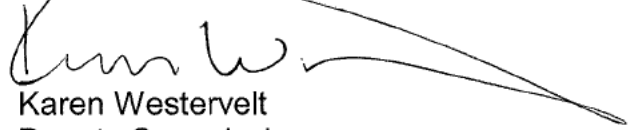
In accordance with 10 NYCRR 710.9, upon completion of the project an onsite inspection may be conducted by the Department to assure that all aspects of the project are in accordance with the governing codes and regulations. In order to ensure reimbursement and/or receive a revised operating certificate, you must contact the Regional Office. If appropriate, the Regional Office will schedule an on-site visit. To ensure that a pre-opening inspection is conducted in a timely manner, please contact the following Regional Office and provide them with a copy of this letter.

Capital District Regional Office  
One Fulton Street  
Frear Building  
Troy, New York, 12180  
(518) 408-5300

You are responsible for ensuring that this project complies with all applicable statutes, codes, rules and regulations. Should violations be found when reviewing documents, or at the time of on-site inspections or surveys, you will be required to correct them. Additional costs incurred to address any violations will not be eligible for reimbursement without the prior approval of the Department. Also, in accordance with 10 NYCRR section 710.5, any change in the scope of this project requires prior approval from the Department and may require a new or amended application.

If you have additional questions or need further assistance, please contact the Bureau of Project Management at (518) 402-0911, New York State Department of Health, Division of Health Facility Planning, Corning Tower, Room 1842, Empire State Plaza, Albany, New York 12237.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen W.', with a long, sweeping horizontal line extending to the right.

Karen Westervelt  
Deputy Commissioner  
Offices of Primary Care and Health  
Systems Management

Enclosure

**BEDS AND/OR SERVICES APPROVED**

Site

109 Legion Drive  
Cobleskill, New York 12043

PFI

852

Approved Services

**Decertify:** Prenatal O/P

**NEW YORK**  
state department of  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

January 10, 2013

Mr. [REDACTED]  
Co-President/Chief Executive Officer  
Planned Parenthood [REDACTED]  
[REDACTED]

Re: 121399 L  
Planned Parenthood [REDACTED]  
Inc.  
(Schoharie County)  
Decertify prenatal services at the  
Cobleskill location  
**"Safety Net"**

Dear [REDACTED]

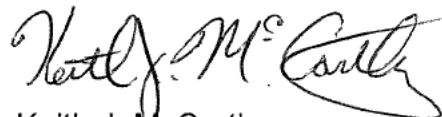
The above referenced limited review application (LRA), for which you have been designated the contact person, has been received by the Bureau of Project Management (BPM) for processing in accordance with 10 NYCRR 710.1(c)(5)-(7).

The BPM acknowledges receipt of the application and requisite fee, and has forwarded the LRA to the necessary reviewing units for continued processing. Any questions for clarification or additional information regarding this application will come directly from the reviewing unit(s).

The review and approval of your project, as required by the Public Health Law, must be obtained from the Director of the Division of Health Facility Planning prior to implementing this project.

If you have any questions regarding this project, please do not hesitate to contact me or my staff at (518) 402-0911.

Sincerely,



Keith J. McCarthy  
Acting Director  
Bureau of Project Management

KJM/MRC/nm

**Application Number:** 121399  
**Facility Name:** Planned Parenthood [REDACTED]  
**Project Description:** Decertify prenatal services at the Cobleskill location "Safety Net"

**Created By:** Health Facility Planning on 01/18/2013

**Correspondence Type:** Inquiry

**Recipient:** Applicant

**Correspondence Visible To:** All

**Message:**

Please submit data regarding declining volume and indicate utilization for the past 5 years. Please also provide details regarding the financial impact of reductions in Medicaid reimbursement. Please submit this by February 1, 2013. Thank you.

**NYSE-CON All Sites Information**

**Submission Number:** 121399  
**Facility Name:** Planned Parenthood [REDACTED]  
**Project Description:** Decertify prenatal services at the Cobleskill location "Safety Net"

**Site Information**

**Site Name:** Planned Parenthood [REDACTED],  
Inc.  
**Physical Address:** 109 Legion Drive, Cobleskill, NY 12043  
**County:** SCHOHARIE

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

LRA Cover Sheet

## Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite “Construction”. If so, and **total** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). **Please read the LRA Instructions to ensure submission of an appropriate and complete application:**

- Minor Construction** – Minor construction project with total project costs of up to \$6,000,000 (or up to \$15,000,000, if not relating to clinical space – check “Non-Clinical” box below).  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, 4, 5, and 6.*
- Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$6,000,000. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to 10 NYCRR 710.1(c)(4)(iii). Rather, provide notice to the Cost Control Unit, Division of Health Facility Planning.)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, 4, and 5.*
- Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost under \$6,000,000; or convert beds within approved categories. (*If construction associated, also check “Construction” above.*)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 7, 8, 10, and 12.* *\*If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms).*
- Non-Clinical** – Project of up to \$15,000,000, which does **NOT** relate to a change in clinical service or equipment. (*If construction associated, also check “Construction” above.*)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, and 12.*
- Health Information Technology** – Project to purchase and implement health information technology or other information systems, with a total project cost between \$6,000,000 and \$15,000,000.  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, 9, and 12. Also include Vendor Contract language (Appendix D).*
- Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (*If construction associated, also check “Construction” above.*)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 7, 8, 10, and 12.*
- Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area.  
**Necessary LRA Schedules:** *Cover Sheet, 1, 2, 3, 4, and 5. Also include a Closure Plan for vacating extension clinic.*
- Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for “part-time clinic”. (*If construction associated, also check “Construction” above.*)  
**Necessary LRA Schedules:** *Cover Sheet, 1, 8, 10, 11, and 12.*

OPERATING CERTIFICATE NO. 3202207R	CERTIFIED OPERATOR Planned Parenthood [REDACTED]	TYPE OF FACILITY D & T
---------------------------------------	-----------------------------------------------------	---------------------------

OPERATOR ADDRESS – STREET & NUMBER [REDACTED]		PFI [REDACTED]	NAME AND TITLE OF CONTACT PERSON [REDACTED], Administrative Services Manager		
CITY [REDACTED]	COUNTY [REDACTED]	ZIP [REDACTED]	STREET AND NUMBER [REDACTED]		
PROJECT SITE ADDRESS – STREET & NUMBER 109 Legion Drive		PFI 852	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]
CITY Cobleskill	COUNTY Schoharie	ZIP 12043	TELEPHONE NUMBER [REDACTED]	FAX NUMBER [REDACTED]	
TOTAL PROJECT COST: \$ 0			CONTACT E-MAIL: [REDACTED]		

(Rev. 7/7/2010)



# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 1

## Project Narrative

Instructions:

**The purpose of the Project Narrative is to give the reviewer a conceptual understanding of the proposal. The Narrative should summarize the key elements of the proposed project. Details will be contained in the appropriate schedules of the application.**

Due to economic conditions, continuing declines in patient volume, changes in Medicaid regulations and severe cutbacks in Medicaid reimbursement rates include the total elimination of HIV pretest counseling reimbursement, Planned Parenthood [REDACTED], Inc. will no longer accept new prenatal patients at its Cobleskill center.

We have already made an arrangement to transfer existing prenatal patients to other community providers. Of course, any current prenatal patients choosing to remain with our service will be allowed to do so.

The details of our prenatal closure plan are as follows:

Patients at their next visit will be informed that we are closing our program. We intend to inform all patients in person;

We will review a list of local providers they can choose from;

[REDACTED] staff will make an appointment for the patient at the outside provider's office before the patient leaves [REDACTED] center;

The patient will be asked to sign a release to send their records to a new provider;

[REDACTED] staff will place an electronic flag in our EHR system noting the date of the appointment with the outside provider;

When flagged, [REDACTED] staff will obtain verification of the patient's first visit with the outsider provider.

We will continue to offer Presumptive Eligibility services at all [REDACTED] locations including Cobleskill.

**AUTHORIZING SIGNATURE**

The undersigned Chief Executive Officer hereby certifies under penalty of perjury that he is duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true and complete in all material aspects.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*(Rev. 7/7/2010)*

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 7

## Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
<b>Revenues</b>			
Service Revenue	46,509		
Grants Funds			
Foundation	76		
Other			
Fees	173		
Other Income			
<b>(1) Total Revenues</b>	<b>\$46,758</b>	<b>\$</b>	<b>\$</b>
<b>Expenses</b>			
Salaries and Wage Expense	23,000		
Employee Benefits	3,474		
Professional Fees	110		
Medical & Surgical Supplies	1,276		
Non-Medical Equipment			
Purchased Services	18,497		
Other Direct Expense	2,081		
Utilities Expense			
Interest Expense			
Rent Expense	1,187		
Depreciation Expense			
Other Expenses			
<b>(2) Total Expense</b>	<b>\$49,625</b>	<b>\$</b>	<b>\$</b>
<b>Net Total - (1-2)</b>	<b>\$(2867)</b>	<b>\$</b>	<b>\$</b>



# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 8

## Staffing

Cobleskill

Jan. 2011

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
<b>Health Providers**:</b>			
APC	.16		
<b>Support Staff***:</b>			
PCA III	.09		
Receptionist	.14		
Medical Records	.16		
PCA I	.10		
<b>Total Number of Employees</b>			

\* Last complete year prior to submitting application

\*\* "Health Providers" includes all providers serving patients at the site. A Health Provider is any staff who can provide a billable service – physician, dentist, dental hygienist, podiatrist, physician assistant, physical therapist, etc.

\*\*\* All other staff.

Describe how the number and mix of staff were determined:

### PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on payroll?  Yes  No
2. Provide copies of contracts for any independent contractor.
3. Please attach the Medical Doctors C.V.
4. Is this facility affiliated with any other facilities?  
(If yes, please describe affiliation and/or agreement.)  Yes  No

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

**Schedule LRA 10**

## Impact of Limited Review Application on Operating Certificate (services specific to the site)

**Instructions:**  
**“Current” Column:** Mark "x" in the box only if the service currently appears on the operating certificate (OpCert) not including requested changes  
**“Add” Column:** Mark "x" in the box this CON application seeks to add.  
**“Remove” Column:** Mark "x" in the box this CON application seeks to decertify.  
**“Proposed” Column:** Mark "x" in the box corresponding to all the services that will ultimately appear on the OpCert.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Prenatal O/P 153		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal O/P 153		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Planning O/P 148		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Medical Care O/P 154		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

## Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following 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 Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- 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 and/or engineering inspection at the construction site to insure that the completed work conforms to 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 that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

5/23/12

Date

Signature

Name (Please Type)

Co-President/CEO

Title (Please Type)



Facility Id. 852  
Certificate No. 7002273R

State of New York  
Department of Health  
Office of Primary Care and Health Systems Management

**OPERATING CERTIFICATE**

Effective Date: 01/01/2020

Expiration Date: NONE

**Diagnostic and Treatment Center Extension Clinic**

**Planned Parenthood Cobleskill Health Center**

**109 Legion Drive**

**Cobleskill, New York 12043**

**Operator:** Planned Parenthood of Greater New York, Inc.

**Operator Class:** Voluntary Not for Profit Corporation

**Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law to operate an Extension Clinic at the above site for the service(s) specified.**

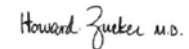
Medical Services - Primary Care



20200115

Deputy Commissioner, Office of Primary  
Care and Health Systems Management

This certificate must be conspicuously displayed on the premises.



Commissioner