



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 27, 2001

[REDACTED]
Executive Director
Planned Parenthood of the Mid-Hudson Valley, Inc.
[REDACTED]

Re: 011136 - C
Planned Parenthood of the Mid-Hudson
Valley, Inc.
(Sullivan County)
Relocate Monticello Extension Clinic to
14 Prince Street, Monticello

Dear [REDACTED]

All contingencies on this project have been satisfied effective this date.

In order to assure reimbursement and/or the issuance of a revised operating certificate, you must contact the Metropolitan Area Regional Office in New Rochelle of the Office of Health Systems Management at (914) 654-7000 when the project is complete.

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

Sincerely,

Neil P. Benjamin
Assistant Director
Division of Health Facility Planning

NPB/JCW/mja
[REDACTED]

October 2, 2001


Bureau of Project Management
433 River Street, 6th Floor
Troy, NY 12180-2299

Re: 011136-C
Monticello Clinic

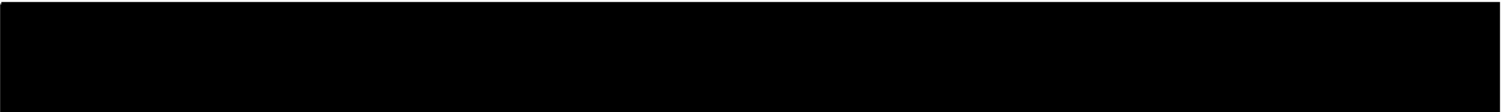
Dear People:

Per your memo of September 24, 2001 related to the above subject, we have purchased this building and, therefore, there is no lease. If you need any further information, please let me know.

Sincerely,



Executive Director





STATE OF NEW YORK
DEPARTMENT OF HEALTH

PMU

Coming Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

September 24, 2001

Dennis P. Whalen
Executive Deputy Commissioner

[Redacted]

Executive Director
Planned Parenthood of the Mid-Hudson Valley, Inc.

[Redacted]

Re: 011136 - C
Planned Parenthood of the
Mid-Hudson Valley, Inc.
(Sullivan County)
Relocate extension clinic from [Redacted]
to 14 Prince Street, Monticello
(\$203,000)

Dear [Redacted]

The Office of Health Systems Management has reviewed your application in accordance with 10 NYCRR 710.1. We are pleased to inform you that your project has been approved administratively with the understanding that a formal request to commence construction must be submitted to the Bureau of Architectural and Engineering Facility Planning, 433 River Street, 6th Floor, Troy, New York 12180-2299.

In addition, there is the following contingency:

1. Submission of a fully executed building lease acceptable to the Office of Health Systems Management. (BFA)

Three copies of information, which is responsive to this contingency, should be sent to the Bureau of Project Management, 433 River Street, 6th Floor, Troy, New York 12180-2299, within 60 days of the date of this letter. If the requested information is not submitted within the time frame(s) set forth, the project will be deemed abandoned pursuant to 10 NYCRR 710.10(c)(1).

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

Please note that this project has been approved at a capital cost of \$203,000. Any increase in the capital cost requires the prior approval of the Commissioner before construction or the purchase of equipment.

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

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

Program Director
Metropolitan Regional Office of New Rochelle
New York State Department of Health
145 Huguenot Street, 6th Floor
New Rochelle, New York 10801-5291

so that an on-site visit can take place in order to verify that the project has been completed in accordance with all applicable regulations and conditions. A copy of this written notification should be sent to the Bureau of Project Management at 433 River Street, 6th Floor, Troy, New York 12180-2299. Please be informed that this project must be completed within two (2) years of the date of this approval letter or it will be deemed abandoned pursuant to 10 NYCRR 710.10.

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

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

Sincerely,



Wayne M. Osten
Director
Office of Health Systems Management

cc: MARONR



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

May 8, 2001

[Redacted]

Executive Director
Planned Parenthood of the Mid-Hudson Valley, Inc.

[Redacted]

Re: 011136 - C
Planned Parenthood of the Mid-Hudson
Valley, Inc.
[Redacted] County)
Relocate Monticello extension clinic to
14 Prince Street, Monticello

Dear [Redacted]

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

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

Sincerely,

Dominick F. Testo
Director
Information and Technology Services Group

DFT/BWM/nm

[Redacted]

POTENTIAL NON-SUB

9 copies
8471

RECEIVED

APR 28 2001

BUREAU OF
PROJECT MANAGEMENT

April 17, 2001

Mr. Brian W. Morris
NYS Department of Health
433 River Street, Suite 303
Troy, New York 12180-2299

Dear Mr. Morris:

Please see the enclosed Certificate of Need application for the purpose of relocating our Monticello clinic site to 14 Prince Street. This is two doors up from our current, rented facility.

Given the relatively minimal capital cost, we are requesting administrative approval of our application. Also enclosed is a certified check in the amount of \$1,000 payable to New York State Department of Health.

Sincerely,



Executive Director

Enc.



9 Copies
(# 8471)

New York State Department of Health
Office of Health Systems Management

008471

administrative review

General Information
Page 1 of 1

Certificate of Need Application

01136

General Information

I Facility Identification

Operating Certificate No. 1302207R	Facility Name Planned Parenthood of the Mid-Hudson-Valley	PFI No.
Facility Address [REDACTED]	Name and Title of Contact Person [REDACTED] Executive Director	
City [REDACTED]	County [REDACTED]	Zip [REDACTED]
Name of Operator Planned Parenthood of the Mid-Hudson Valley	Street and Number [REDACTED]	
Street and Number [REDACTED]	City [REDACTED]	State [REDACTED]
City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Address of the site/location of the proposed activity 14 Prince Street, Monticello, NY 12701		Telephone Number [REDACTED]
Name of Administrator [REDACTED]		

II Project Outline

Facility Type (1)	Code (2)	Proposed Solution/Action (3)	Code (4)	Functional Areas/Services/Bed Types Affected (5)
J	K	relocation of D&T center	471	Family Planning O/P

III Board Resolution and Authorizing Signature

Board Resolution for Corporate Applicants.... Attached () Not Required () Will follow under separate cover.

Authorizing Signature: The undersigned hereby certifies under penalty of perjury I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto except that relating to Schedule 3, Environmental Assessment, Schedule 10, Space Construction Cost Distribution and Schedule 16, Assurances (which must be individually certified, is accurate, true and complete in all material respects. I further acknowledge that the application will be processed pursuant to the provisions of Article 28 of the Public Health Law and the pertinent regulations adopted pursuant thereto including, but not limited to Part 709 and 710 of Title 10(Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.

4/17/01
Date

[REDACTED]
Signature

[REDACTED]
Type Name

Executive Director
Title

2400

New York State Department of Health
Office of Health Systems Management

ZC

administrative review

Certificate of Need Application*

General Information
Page 2 of 2

IV Total Project Cost Total Project Cost \$ <u>203,000</u> <small>(FROM SCHEDULE 4, LINE 4)</small>	VI General Questionnaire YES NO
Total Basic Cost of Construction \$203,000 (including \$92,000 for <small>(FROM SCHEDULE 4, LINE 4)</small> building purchase)	1. Do all of the components and solutions contained in this project appear in the 1983 Capital Needs Assessment Inventory (CNA) or Services Capital Needs Inventory (SCNI)? _____ x
Total Cost of Moveable Equipment \$ <u>5,000</u> <small>(FROM SCHEDULE 4, LINE 5)</small>	If yes, enter year of inventory _____ If no, explain in attachment # 1 _____ (emergency, minor entity...)
Cost/SF New Construction \$ <u>NA</u> <small>(FROM SCHEDULE 4)</small>	2a. Have you submitted a Long Range Capital Plan to the Bureau of Architectural and Engineering Review? _____ NA _____
Cost/SF Renovation Construction \$ <u>100,000</u> <small>(FROM SCHEDULE 4)</small>	If yes, date of submission _____ If no, explain in attachment # _____
Total Incremental Operating Cost \$ <u>NA</u> <small>(FROM SCHEDULE 4, LINE 12)</small>	2b. Is this proposal consistent with the Long Range Capital Plan? _____ If no, explain in attachment # _____
Type of Financing <u>cash</u> <small>(FROM SCHEDULE 4, SECTION C)</small>	3. Have all the solutions contained in this project been ranked in the Regional/State Medical Facility Plan? _____ x
Percentage Financed _____ %	If no, explain in attachment # 1 _____ Please provide a brief description of the consistency or lack of consistency of the proposed project with the State/Medical Facility Plan.
Interest Rate _____ % <small>(FROM SCHEDULE 4, SECTION C)</small>	Attachment # _____
Depreciation Life _____ Yrs.	4. Has a site visit been conducted by the Office of Health Systems Management? _____ x If yes, date of last site visit _____
V Construction Dates From Schedule 4 Anticipated Start Date <u>5 / 01 / 01</u> Anticipated Completion Date <u>7 / 31 / 01</u> Midpoint of Proposed Construction Schedule <u>6 / 15 / 01</u>	5. Has the architectural alternatives review process with the Office of Health Systems Management been completed? _____ NA _____

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Certificate of Need Application

Schedule 1

Checklist of Schedules

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

administrative review

Certificate of Need Application

Schedule 2

Project Narrative

Agency Description

Planned Parenthood of the Mid-Hudson Valley, Inc. (PPMHV) is a recently merged agency. The two preceding agencies, [REDACTED] And [REDACTED] [REDACTED] have been serving the community since 1934. The agency is a non-profit, tax exempt, voluntary health agency licensed by the New York State Department of Health as a Diagnostic and Treatment Facility under Article 28 of the Public Health Law. PPMHV's operating certificate covers family planning, cancer detection, venereal disease screening, health education and [REDACTED]. The agency operates centers in communities in [REDACTED] County, [REDACTED] County [REDACTED] and in Sullivan County (Monticello).

In 2000, PPMHV served 23,000 women who made 40,000 medical visits.

Agency Intent

At its April 10, 2001 meeting, the Board of Directors authorized submission of the Certificate of Need Application to relocate in the city of Monticello from leased space at [REDACTED] to purchased, expanded space at 14 Prince Street, Monticello, NY.

Patient Population to be Served

PPMHV provides family planning services to approximately 1,500 women in Sullivan County. It was estimated in 1994 (the last year for which statistics are available), that there were 46,000 women in Sullivan County at or below 200% of poverty at risk of unintended pregnancy. In 2000, 1,500 women in a similar population group were seen in our Monticello office. Eighty percent of these women were at or below 150% of poverty; 20% of them had Medicaid. Of the women served, 67% were between the ages of 18 and 30.

The family planning services provided in our Monticello office are the physical examination prior to the prescribing of an appropriate method of birth control and includes a breast examination, a pelvic exam with Pap smear, blood pressure check, hemoglobin, urinalysis and screening for sexually transmitted diseases and HIV, when appropriate, and pregnancy testing. Counseling and referral are also available.

Need for the Proposed Relocation

We have been in our present location for the past 15 years. With an increased patient load our operation has become less efficient and the privacy for each patient is no longer adequate.

The proposed site was designed as a medical office and provides maximum privacy for the patient and allows for a very efficient patient flow. This relocation will enable us to better serve more Monticello women in need of family planning services.

administrative review

Certificate of Need Application

Schedule 4

Total Project Cost

Item	Cost as of Filing Date of Application	Escalation to Midpoint of Construction. Escalation is Projected at ___ % per year	Estimated Project Costs
1.1 Land Acquisition			
1.2 Building Acquisition	\$ 92,000		\$ 92,000
2.1 New Construction			
2.2 Renovation & Demolition	100,000		100,000
2.3 Site Development			
2.4 Temporary Power			
3.1 Design Contingency			
3.2 Construction Contingency			
4.1 Fixed Equipment (NIC)			
4.2 Planning Consult Fees			
4.3 Arch/Engineering/Design Fees	\$ 5,000		\$ 5,000
4.4 Construction Manager Fees			
4.5 Other Fees (Consultant, etc.)			
4.6 CON Fee	\$1,000	\$1,000	\$1,000
Subtotal (1.1 thru 4.5)	197,000		197,000
5.1 Moveable Equipment	5,000		5,000
6 Total Basic Cost of Construction (1.1 thru 5.1)	203,000		203,000
7.1 Financing Costs (points etc).			
7.2 Interim Interest Expense (Total Interest on Construction Loan: ___ @ ___ % for ___ mos)			
8 Estimated Total Project Cost (total 6 thru 7.2)	\$203,000		

Construction Start Date 5/1/01

Midpoint of Construction Date 6/15/01

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Certificate of Need Application

Schedule 5

Proposed Plan for Project Financing

<p>A. Lease</p> <p>A complete copy of each proposed lease must be submitted.</p> <p>Attachment # _____</p>	<table border="1"> <thead> <tr> <th>Item</th> <th>Net Price as if Purchased</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>	Item	Net Price as if Purchased	_____	\$ _____	_____	\$ _____	_____	\$ _____		
Item	Net Price as if Purchased										
_____	\$ _____										
_____	\$ _____										
_____	\$ _____										
<p>B. Cash</p> <p>Attach a copy of the latest certified financial statement and interim monthly or quarterly financial reports to cover the balance of time to date.</p> <p>Attachment # <u>2 (Audit)</u></p>	<table border="1"> <tbody> <tr> <td>Accumulated Funds</td> <td>\$ <u>905,770</u></td> </tr> <tr> <td>Sale of Existing Assets *</td> <td>\$ <u>0</u></td> </tr> <tr> <td>Other (gifts, grants**, etc)</td> <td>\$ _____</td> </tr> <tr> <td>TOTAL CASH</td> <td>\$ <u>905,770</u></td> </tr> </tbody> </table> <p>*Attach a full and complete description of the assets to be sold. Attachment # _____</p> <p>**If grants, attach a description of the source of financial support. Attachment # _____</p>	Accumulated Funds	\$ <u>905,770</u>	Sale of Existing Assets *	\$ <u>0</u>	Other (gifts, grants**, etc)	\$ _____	TOTAL CASH	\$ <u>905,770</u>		
Accumulated Funds	\$ <u>905,770</u>										
Sale of Existing Assets *	\$ <u>0</u>										
Other (gifts, grants**, etc)	\$ _____										
TOTAL CASH	\$ <u>905,770</u>										
<p>C. Debt Financing</p> <p>Attach a copy of the proposed letter of interest from the intended source of permanent financing. This letter must include the estimate of the principal, term, interest rate and payout period presently being considered.</p> <p>Attachment # _____</p>	<table border="1"> <tbody> <tr> <td>Principal</td> <td>\$ _____</td> </tr> <tr> <td>Interest rate</td> <td>_____ %</td> </tr> <tr> <td>Term</td> <td>_____ Yrs</td> </tr> <tr> <td>Payout Period</td> <td>_____ Yrs</td> </tr> <tr> <td>Type Financing</td> <td>_____</td> </tr> </tbody> </table>	Principal	\$ _____	Interest rate	_____ %	Term	_____ Yrs	Payout Period	_____ Yrs	Type Financing	_____
Principal	\$ _____										
Interest rate	_____ %										
Term	_____ Yrs										
Payout Period	_____ Yrs										
Type Financing	_____										

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

administrative review

Certificate of Need Application

Schedule 6

Annual Operating Costs

Categories	First Full Year Annual Incremental Cost Impact From 1/1 to 12/31/02
1. Salaries & Wages	\$ 50,625
2. Employee Benefits	12,125
3. Professional Fees	10,000
4. Medical & Surgical Supplies	17,575
5. Non-medical & Non-surgical Supplies	2,000
6. Utilities	1,400
7. Purchased Services	13,500
8. Other Direct Expenses -	18,600
9. Subtotal (total 1 thru 8)	125,825
10. Interest	
11. Depreciation & Rent	
12. Total Incremental Operating Costs	125,825

administrative review

Certificate of Need Application

Schedule 7

Annual Operating Revenues

Categories	First Full Year Annual Incremental Cost Impact From <u>1/1</u> to <u>12/31/2002</u>
1. Daily Hospital Services	\$
2. Ambulatory Services	138,000
3. Ancillary Services	
4. Total Gross Patient Care Services Rendered	138,000
5. Deductions from Revenue	10,000
6. Net Patient Care Services Revenue	
7. Other Operating Revenue	
8. Total Operating Revenue	128,000
9. Non-Operating Revenue	
10. Total Incremental Project Revenue	128,000

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Certificate of Need Application

Schedule 8

Inpatient and Outpatient Services Utilization

Service Classification (1)	Utilization Measure (2)	Current Year 1/1 to 12/31/99 (3)	1/1 -- 12/31/2000 First Full Year After Project Implementation (4)	Percent Outpatient (5)
471-Family Planning O/P	visits/year	1825	2000	100%
404-Cancer Detection	cases/year	inc. above	included above	100%
429-Venereal Disease O/P	visits/year	inc. above	included above	100%
472-Health Education O/P	visits/year	inc. above	included above	100%

administrative review

Certificate of Need Application

Schedule 10

Space & Construction Cost Distribution{

new

alteration

Location Bldg No. (1)	Floor No. (2)	Sect No. (3)	Code and Functional Category Description (4)	Function Gross SF (5)	Construction Cost per SF (6)	Total Construction Cost (7)	(ALT) Scope of Work (8)
14 Prince Street Monticello NY 12701	1st		Renovation of 1st floor for medical services	1,333	\$75.00	\$100,000	ALT

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

APPLICANT OR REPRESENTATIVE ▼

OR

▼ PROJECT ARCHITECT ENGINEER OR ESTIMATOR

[Redacted Signature]

Signature

[Redacted Signature]

Signature of Preparer

[Redacted Name]

Print or Type Name

Jeh Johnson

Firm Name, Project Engineer or Estimator

Executive Director

Title

4/17/01

Date

14 Edgehill Road

Mailing Address

Wappingers Falls, NY 12590

City and State

(914) 297-5309

Area Code and Telephone Number

administrative review

Certificate of Need Application

Schedule 11

Architectural Submission or Letter of Certification

Enter the appropriate attachment number of your submission.

Copy of Architectural
Submission transmittal letter:

Attachment # 1

OR

Architect's Letter
of Certification
(See Sample in Appendix D)

Attachment # 3

JEH VINCENT JOHNSON, FAIA

Architect

14 Edgehill Road
Wappingers Falls, N. Y. 12590
(914) 297-5524

October 5, 1999

NYS Department of Health
Office of Health Systems Management
Division of Health Facility Planning
Bureau of Architectural Review
433 River Street
Troy, NY 12180-2259

RE: Relocated Planned Parenthood of the Mid Hudson Valley
From [REDACTED]
To 14 Prince Street, Monticello, NY 12701

Gentlemen:

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 will be 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 understand the condition of Section 710.1 of 10 NYCRR.

April 17, 2001

Date

[REDACTED]
8212

NYS License Number

ABOVE

Business Address

administrative review

Certificate of Need Application

Schedule 12

Moveable Equipment

Table I: New Equipment Description

Funct. Area (1)	Machine (2)	Model (3)	Manufacturer (4)	Model Year (5)	Utilization (6)	Lease Amount Purchase Price (7)
471	Exam Table			2001		\$1,500
471	Exam Table					\$1,500
471	Autoclave					\$2,000

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

Table II: Equipment Replacement (one-for-one only)

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

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

Table III: Equipment Replacement (not one-for-one)

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

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

administrative review

Certificate of Need Application

Schedule 13

Certified Services Table

Code (1)	Service Name (2)	Effect on Operating Certificate			Sites and Method of Provision (4)
		Certify	Decertify (3)	Change	
471	Family Planning	X			on site-direct
404	Cancer Detection	X			on site-direct
429	Venereal Disease	X			on site-direct
472	Health Education	X			on site-direct
					on site-direct

RHCF PROPOSALS where the addition or deletion of service space is involved,

describe in Attachment # _____

administrative review

Certificate of Need Application

Schedule 15

Staffing

Categories	Current Year		First Year Implementation	
	From 1/1 mo/yr	to 2/31/01 mo/yr	From 1/1 mo/yr	to 2/31/02 mo/yr
1. Management & Supervision	1		1	
2. Technician & Specialist	-		-	
3. Registered Nurses	-		.5	
4. Licensed Vocational (Practical) Nurses Aides, Orderlies & Attendees	1		1	
5. Physicians	.25		.5	
6. Intern, Resident & Fellow Non-Physician Medical Practitioners				
7. Social Workers & Psychologists*	-		-	
8. Physical, Occupational & Rehabilitation Therapists*	-		-	
9. Environment, Hotel & Food Service	-		-	
10. Clerical & Other Administrative	.8		1	
11. Other Employee Classifications (Identify)	-		-	
12. TOTAL NUMBER OF EMPLOYEES	3.05		4	

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

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

administrative review

Certificate of Need Application

Schedule 16

Assurances

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;

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

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

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

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

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

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

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



Signature

4/17/01

Date



Type Name

Executive Director

Title

administrative review

Certificate of Need Application

Attachments

Page # _____

Schedule # __: Attachment # 1 Title: General Questionnaire

The needs of the medically indigent population, those to be served with this project, are addressed in the following references found in the 1986-1988 MFP of the Hudson Valley Health Systems Agency:

Page 30: "Hospitals and other ambulatory care providers who are planning to develop organized outpatient services should focus this development on the needs of the medically indigent populations."

Page 66:

a. "Regional Plan Priority Areas and Issues:

The Regional Plan targets two priority areas in need of primary and preventative care services in _____ County - low income groups in the cities of _____ and _____

administrative review

Certificate of Need Application

Attachments

Page # _____

Schedule # __: Attachment # 2 Title: Financial Audit & Interim Financial Report

PLANNED PARENTHOOD OF THE MID-HUDSON VALLEY, INC.

INCOME & EXPENSE SUMMARY SHEET
FISCAL YEAR 1/1/2001 TO 12/31/2001

FEBRUARY 2001

INCOME	ACTUAL YTD	PROJECTED YEARLY	BUDGET YEARLY	% DIFF PROJ/BUDGET	EXPENSES BY FUNCTION	ACTUAL YTD	PROJECTED YEARLY	BUDGET YEARLY	% DIFF PROJ/BUDGE
CLINIC FEES	\$293,052	\$1,758,312	\$1,772,000	-0.78%	ADMINISTRATI	\$106,789	\$640,737	\$849,286	-32.55%
MEDICAID	\$105,260	\$631,560	\$842,627	-33.42%	PATIENT SERV	\$527,334	\$3,164,001	\$3,760,392	-16.85%
TASA MEDICAID	\$118,286	\$687,716	\$718,934	-3.04%	EDUCATION	\$127,196	\$763,174	\$286,738	61.12%
CAMPAIGN INCOME	\$56,792	\$340,752	\$582,653	-70.99%	PUBLIC POLIC'	\$21,051	\$126,308	\$117,672	6.84%
INTEREST INCOME	\$0	\$0	\$40,000	ERR	FUND RAISING	\$24,197	\$145,182	\$92,091	36.57%
RENTAL INCOME	\$2,702	\$16,212	\$11,400	29.68%	RJSE	\$24,042	\$144,252	\$159,800	-10.78%
EDUCATION INCOME	\$1,675	\$10,050	\$20,000	-99.00%	TASA	\$99,402	\$596,412	\$718,934	-20.54%
FAMILY PLAN GRANTS	\$311,688	\$1,870,128	\$1,847,500	1.21%	CBAPP	\$34,460	\$206,760	\$234,107	-13.23%
RISE/CVB GRANTS	\$24,042	\$144,252	\$159,800	-10.78%	APPS	\$6,271	\$37,626	\$44,560	-18.43%
CBAPP GRANT	\$34,460	\$206,760	\$234,107	-13.23%	SULLIVAN CBA	\$4,785	\$28,710	\$36,693	-27.81%
APPS GRANT	\$6,271	\$37,626	\$44,560	-18.43%	TOTALS	\$975,627	\$5,853,162	\$6,310,274	-7.81%
TASA INCOME	\$195	\$1,170	\$0	100.00%					
SULLIVAN CBAPP	\$4,785	\$28,710	\$36,693	-27.81%					
MISC INCOME	\$80	\$480	\$0	100.00%					
TOTAL	\$957,288	\$5,743,728	\$6,310,274	-9.86%					

CURRENT FUND BALANCE-OPERATING	\$1,836,226	INCOME OVER EXPENSES YEAR TO DATE	(\$18,239.00)
CURRENT FUND BALANCE-PLANT FUND	\$1,605,692		
TOTAL CURRENT FUND BALANCE	\$3,441,918	DONATED STOCK TOTALS Y-T-D	\$2,530.00

INCOME COMPARISON Y - T - D 2000/2001

	2000 YTD	2001 YTD	Difference	% inc/(dec)
	\$66,207.91	\$82,786.83	\$16,578.92	25%
	\$15,068.64	\$22,278.17	\$7,209.53	48%
	\$4,770.95	\$7,626.19	\$2,855.24	60%
	\$10,615.40	\$12,764.24	\$2,148.84	20%
	\$26,436.05	\$31,902.46	\$5,466.41	21%
	\$35,861.68	\$36,588.79	\$727.11	2%
	\$8,849.81	\$11,202.71	\$4,352.90	64%
	\$53,518.02	\$33,365.88	(\$20,152.14)	-38%
	\$54,895.43	\$65,480.01	\$10,584.58	19%
	\$45,823.96	\$59,813.27	\$13,989.31	31%
Monticello	\$18,002.44	\$13,927.81	(\$4,074.63)	-23%
	\$17,974.44	\$17,671.70	(\$302.74)	-2%
Income all sites	\$271.00	\$3,364.44	\$3,093.44	1141%
totals	\$356,295.73	\$398,772.50	\$42,476.77	12%

Planned Parenthood of the Mid-Hudson Valley, Inc.
Financial Statements
December 31, 1999

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PASSIKOFF, HEENEY & SCOTT
CERTIFIED PUBLIC ACCOUNTANTS

Page 1

JAMES F. PASSIKOFF, CPA
THOMAS M. HEENEY, CPA
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(914) 454-5550

Independent Auditor's Report

The Board of Directors
Planned Parenthood of the
Mid-Hudson Valley, Inc.

We have audited the accompanying statement of financial position of Planned Parenthood of the Mid-Hudson Valley, Inc. as of December 31, 1999, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the management of Planned Parenthood of the Mid-Hudson Valley, Inc. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards and 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 financial statements referred to above present fairly, in all material respects, the financial position of Planned Parenthood of the Mid-Hudson Valley, Inc. as of December 31, 1999, and the changes in its net assets and its cash flows for the year then ended in conformity with generally accepted accounting principles.

In accordance with Government Auditing Standards, we have also issued our report dated June 1, 2000 on our consideration of Planned Parenthood of the Mid-Hudson Valley, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be read in conjunction with this report in considering the results of our audit.

The Board of Directors
Planned Parenthood of the
Mid-Hudson Valley, Inc.

Our audit was performed for the purpose of forming an opinion on the basic financial statements of Planned Parenthood of the Mid-Hudson Valley, Inc. taken as a whole. The accompanying schedule of expenditures of federal and state awards is presented for purposes of additional analysis as required by 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. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Passikoff, Heeney & Scott

June 1, 2000

Planned Parenthood of the Mid-Hudson Valley, Inc.
Statement of Financial Position
December 31, 1999 with Comparative Totals for December 31, 1998

	1999	1998
Assets		
Current Assets		
Cash	905,770	1,185,047
Construction in Progress (Note 3)	74,357	17,260
Inventory	89,835	86,874
Rent Deposits	3,950	4,329
Prepaid Expenses	1,893	1,525
Other Receivables	6,978	10,636
Investments (Note 4)	1,055,280	785,315
Government Grants Receivable	<u>167,066</u>	<u>238,061</u>
Total Current Assets	<u>2,305,129</u>	<u>2,329,047</u>
Property and Equipment		
Land	381,000	341,000
Buildings and Improvements	1,872,210	1,534,661
Furniture and Equipment	<u>237,243</u>	<u>339,379</u>
	2,490,453	2,215,040
Less: Accumulated Depreciation and Amortization (Note 2)	<u>(963,510)</u>	<u>(1,018,611)</u>
Net Property and Equipment	<u>1,526,943</u>	<u>1,196,429</u>
Total Assets	<u>3,832,072</u>	<u>3,525,476</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expenses	207,398	182,219
Deferred Grant	<u>-</u>	<u>20,000</u>
Total Current Liabilities	<u>207,398</u>	<u>202,219</u>
Net Assets		
Unrestricted	3,623,735	3,312,265
Temporarily Restricted (Note 5)	<u>939</u>	<u>10,992</u>
Total Net Assets	<u>3,624,674</u>	<u>3,323,257</u>
Commitments (Note 6)	<u>-</u>	<u>-</u>
Total Liabilities and Net Assets	<u>3,832,072</u>	<u>3,525,476</u>

The accompanying notes are an integral part of these financial statements.
Passikoff, Heeney & Scott, Certified Public Accountants

Planned Parenthood of the Mid-Hudson Valley, Inc.
Statement of Activities
For the Year Ended December 31, 1999
With Comparative Totals for the Year Ended December 31, 1998

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total 1999</u>	<u>Total 1998</u>
Revenues, Gains and Other Support				
Patient Fees	2,991,331	-	2,991,331	2,536,149
Government Grants	-	2,192,069	2,192,069	2,104,823
Campaign and Activities	398,228	123,597	521,825	397,129
Investment Income	128,143	-	128,143	195,477
Education Income	13,561	-	13,561	14,039
Rental Income	11,412	-	11,412	11,412
Grant Income	-	20,000	20,000	10,621
Miscellaneous Income	2,244	-	2,244	1,928
Donation In Kind	16,794	-	16,794	23,257
Donated Stock	15,602	-	15,602	6,153
Volunteer Labor and Services	<u>3,056</u>	-	<u>3,056</u>	<u>1,427</u>
Net Assets Released From Restrictions	3,580,371	2,335,666	5,916,037	5,302,415
Satisfaction Of Program Restrictions	<u>2,345,719</u>	<u>(2,345,719)</u>	-	-
Total Revenues, Gains and Other Support	<u>5,926,090</u>	<u>(10,053)</u>	<u>5,916,037</u>	<u>5,302,415</u>
Expenses				
Program Services				
Patient Services	3,411,733	-	3,411,733	3,085,372
Professional and Public Health Education	1,219,197	-	1,219,197	1,071,324
Public Education	<u>136,249</u>	-	<u>136,249</u>	<u>104,317</u>
Total Program Services	<u>4,767,179</u>	-	<u>4,767,179</u>	<u>4,261,013</u>
Supporting Services				
Management and General	690,693	-	690,693	626,496
Fund Raising	<u>156,748</u>	-	<u>156,748</u>	<u>126,774</u>
Total Supporting Services	<u>847,441</u>	-	<u>847,441</u>	<u>753,270</u>
Total Expenses	<u>5,614,620</u>	-	<u>5,614,620</u>	<u>5,014,283</u>
Change In Net Assets	311,470	(10,053)	301,417	288,132
Net Assets - Beginning of Year	<u>3,312,265</u>	<u>10,992</u>	<u>3,323,257</u>	<u>3,035,125</u>
Net Assets - End of Year	<u>3,623,735</u>	<u>939</u>	<u>3,624,674</u>	<u>3,323,257</u>

The accompanying notes are an integral part of these financial statements.
Passikoff, Heeney & Scott, Certified Public Accountants

Planned Parenthood of the Mid-Hudson Valley, Inc.
Statement of Functional Expenses
For the Year Ended December 31, 1999
With Comparative Totals for the Year Ended December 31, 1998

	Program Services			Supporting Services			Total 1999	Total 1998	
	Patient Services	Professional and Public Health Education	Public Education	Total	Management and General	Fund Raising			Total
Clinic and Office Salaries	1,682,323	745,258	79,042	2,506,623	332,812	68,668	401,480	2,908,103	2,579,648
Donated Services	767	-	2,290	3,057	-	-	-	3,057	1,427
Contract Physicians and Services	102,765	34,211	7,448	144,424	12,352	-	12,352	156,776	138,689
Roll Taxes and Fringe Benefits (Note 7)	387,061	185,554	16,994	589,609	81,736	18,079	99,815	689,424	593,886
Total Personal Services	2,172,916	965,023	105,774	3,243,713	426,900	86,747	513,647	3,757,360	3,313,650
Rent and Occupancy	193,637	30,097	1,161	224,895	17,508	790	18,298	243,193	241,638
Office Expenses	55,424	21,934	14,820	92,178	34,783	3,132	37,915	130,093	99,048
Telephone	33,479	18,794	3,287	55,560	10,421	1,289	11,710	67,270	81,075
Travel	21,223	25,560	3,650	50,433	4,354	3,043	7,397	57,830	53,063
Education Supplies	-	38,817	-	38,817	-	-	-	38,817	45,432
Conferences and Training	-	13,933	2,545	16,478	13,003	-	13,003	29,481	23,154
Professional Fees	-	-	-	-	25,603	-	25,603	25,603	32,036
Postage	30,809	3,334	1,136	35,279	8,017	7,803	15,820	51,099	40,384
Special Events and Fund Raising	-	-	-	-	-	50,618	50,618	50,618	47,514
Diagnostic Tests	349,719	18,815	-	368,534	-	-	-	368,534	341,514
Contraceptive Supplies	247,652	24,122	-	271,774	-	-	-	271,774	256,943
Clinic Expenses	139,311	12,310	-	151,621	-	-	-	151,621	123,502
Miscellaneous Overhead	26,750	8,614	1,400	36,764	19,193	2,005	21,198	57,962	37,155
Insurance (Note 8)	49,454	1,838	69	51,361	1,370	84	1,454	52,815	47,321
Dues and Subscriptions	5,533	1,253	777	7,563	2,935	100	3,035	10,598	10,829
Debt Expense	1,546	-	-	1,546	-	-	-	1,546	2,084
Advertising & Promotion	22,874	9,999	703	33,576	21,636	-	21,636	55,212	32,362
Loss on Disposal of Assets	-	-	-	-	-	-	-	-	600
Total Expenses Before Depreciation	3,350,327	1,194,443	135,322	4,680,092	585,723	155,611	741,334	5,421,426	4,829,304
Depreciation and Amortization	61,406	24,754	927	87,087	7,407	1,137	8,544	95,631	97,986
Subtotal	3,411,733	1,219,197	136,249	4,767,179	593,130	156,748	749,878	5,517,057	4,927,290
Payments to Affiliated Organizations	-	-	-	-	97,563	-	97,563	97,563	86,993
Total Expenses	3,411,733	1,219,197	136,249	4,767,179	690,693	156,748	847,441	5,614,620	5,014,283

The accompanying notes are an integral part of these financial statements.
Passikoff, Heeney & Scott, Certified Public Accountants

Planned Parenthood of the Mid-Hudson Valley, Inc.
Statement of Cash Flows
Year Ended December 31, 1999
With Comparative Totals for the Year Ended December 31, 1998

	<u>1999</u>	<u>1998</u>
Cash flows from operating activities:		
Change in net assets	301,417	288,133
Adjustments to reconcile change in net assets to net cash used by operating activities:		
Depreciation	95,631	97,986
Decrease (Increase) in construction in progress	(57,097)	(17,260)
Decrease (Increase) in prepaid expense	(368)	4,753
Decrease (Increase) in grants receivable	70,995	(11,049)
Decrease (Increase) in other receivables	3,658	(6,510)
Decrease (Increase) in inventories	(2,961)	(2,848)
Decrease (Increase) in contributions receivable	-	3,050
Decrease (Increase) in rent deposits	379	(75)
Increase (Decrease) in accounts payable	25,179	13,308
Increase (Decrease) in deferred grants	(20,000)	14,379
Loss on disposal of fixed assets	-	600
Loss (Gain) on sale of investments	(3,070)	3,169
Unrealized Gain on investments	<u>(9,905)</u>	<u>(91,121)</u>
Net cash provided by operating activities	<u>403,858</u>	<u>296,515</u>
Cash flows from investing activities:		
Purchase and donation of fixed assets	(426,145)	(83,306)
Purchase and donation of investments	(824,903)	(376,125)
Proceeds from sale of investments	<u>567,913</u>	<u>273,290</u>
Net cash used by investing activities	<u>(683,135)</u>	<u>(186,141)</u>
Net increase (decrease) in cash	(279,277)	110,374
Cash at beginning of year	<u>1,185,047</u>	<u>1,074,673</u>
Cash at end of year	<u>905,770</u>	<u>1,185,047</u>

The accompanying notes are an integral part of these financial statements.
Passikoff, Heeney & Scott, Certified Public Accountants

Planned Parenthood of the Mid-Hudson Valley, Inc.
Notes to the Financial Statements
December 31, 1999

NOTE 1 - ORGANIZATION

Planned Parenthood of the Mid-Hudson Valley, Inc. is a not-for-profit organization licensed by the State of New York to operate centers wherein it provides medical services, including but not limited to reproductive health care, birth control methods, procedures and supplies, and medically approved information, advice and treatment of infertility problems. It also provides health education, counseling and resource services to individuals and other health related organizations as well as services to develop community attitudes supportive of a comprehensive program relating to human sexuality and reproductive freedom. The Organization is supported primarily by government grants, patient and medicaid fees and contributions.

Planned Parenthood of the Mid-Hudson Valley, Inc. is affiliated with Planned Parenthood Federation of America which sets professional, medical and operational standards for the Planned Parenthood affiliates. These standards must be complied with in order to use the Planned Parenthood name.

The Organization has elected to be exempt from federal income taxes under Section 501 of the Internal Revenue Code. Accordingly, no provision for income taxes has been made on the accompanying financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements have been prepared on the accrual method of accounting, except for revenues from patients which, because of their uncertainty of collection, are not considered income until received.

The Organization has adopted the accounting and reporting procedures of the industry guide, Not-for-Profit Organizations, promulgated by the American Institute of Certified Public Accountants.

BASIS OF PRESENTATION

The financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of not-for-Profit Organizations. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets. Accordingly, net assets and changes therein are classified and reported as follows:

Unrestricted net assets are those whose use is not subject to any donor imposed restrictions.

Planned Parenthood of the Mid-Hudson Valley, Inc.
Notes to the Financial Statements
December 31, 1999

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

BASIS OF PRESENTATION (Cont'd)

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Planned Parenthood of the Mid-Hudson Valley, Inc. does not have any permanently restricted net assets.

CONTRIBUTIONS

Unconditional contributions, including promises to give cash and other assets, are reported at fair value at the date the contribution is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

SUMMARIZED 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, 1998, from which the summarized information was derived.

Planned Parenthood of the Mid-Hudson Valley, Inc.
Notes to the Financial Statements
December 31, 1999

FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing services have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefitted.

INVESTMENTS

Investments are recorded at fair value based on quoted market prices. Investments received as a gift are recorded at fair value on the date of the contribution.

INVENTORIES

Inventories of supplies are valued at the lower of cost or market on the first-in, first-out basis.

FIXED ASSETS

Fixed assets purchased with unrestricted funds are stated at cost. Donated assets are stated at fair market value at the date of receipt.

DEPRECIATION

The Organization provides for depreciation using the straight-line method over the estimated useful lives of the assets as follows:

Buildings and improvements	10-40 years
Furniture and equipment	5-10 years

DONATED SERVICES

The substantial number of hours that volunteers have donated for the Organization's programs that meet the criteria for recognition under SFAS No. 116 are reflected in public support income and in the appropriate functional expense category based upon corresponding hourly salaries paid to individuals performing similar tasks. Donated services and equipment are reflected at their fair market values based upon similar types of services or equipment purchased.

GOVERNMENT GRANTS

Government grants and other contracts designated for use in specific activities are recognized as revenue in unrestricted net assets when expenditures have been incurred in compliance with the grantor's restrictions and requisitions for reimbursements are submitted. Advances are received under certain grant agreements to assist the organization in expenditures incurred in the first several months of the grant period.

Planned Parenthood of the Mid-Hudson Valley, Inc.
Notes to the Financial Statements
December 31, 1999

NOTE 3 - CONSTRUCTION IN PROGRESS

Construction in progress at December 31, 1998 represented the amount incurred to date, net of insurance proceeds received, toward the reconstruction of the New Paltz building which opened in June 1999. Construction in progress at December 31, 1999 represents the amount incurred to date toward the renovation of the Beacon building purchased in 1999. The Beacon site opened in 2000.

NOTE 4 - INVESTMENTS

Investments are recorded at fair value based on available market prices as required by SFAS No. 124, Accounting For Certain Investments held by Not-for-Profit Organizations. Unrealized gains and losses are reported in the statement of activities. The cost and market value of the investments at December 31, 1999 were as follows:

	<u>Cost</u>	<u>Market Value</u>	<u>Unrealized Gain</u>
Equity Securities	82,998	271,642	188,644
Mutual Funds	735,961	783,638	47,677
Total	<u>818,959</u>	<u>1,055,280</u>	<u>236,321</u>

Net unrealized gains included in investment income for the year ended December 31, 1999 and 1998 were \$9,905 and \$91,121 respectively.

NOTE 5 - TEMPORARILY RESTRICTED NET ASSETS

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

	<u>1999</u>	<u>1998</u>
Program Services	<u>939</u>	<u>10,992</u>

NOTE 6 - COMMITMENTS

The future minimum annual rental commitments under current operating leases at December 31, 1999 are as follows:

2000	\$ 35,300
2001	14,900
2002	14,900
2003	6,350
2004 & thereafter	<u>7,000</u>
Total Minimum Lease Payments	<u>78,450</u>

Planned Parenthood of the Mid-Hudson Valley, Inc.
Notes to the Financial Statements
December 31, 1999

NOTE 7 - PENSION PLAN

The Organization participates in the Planned Parenthood Federation of America Defined Contribution Pension Plan. All employees who have attained age 21 and have completed two years of consecutive service of at least 1,000 hours a year are covered. The pension cost for 1999 and 1998 amounted to \$97,373 and \$89,494, respectively, and is included in payroll taxes and fringe benefits.

NOTE 8 - INSURANCE

The Organization participates with other affiliates in obtaining malpractice insurance coverage through Planned Parenthood Federation of America. The 1999 and 1998 expense amounted to \$44,899 and \$38,909 respectively.

NOTE 9 - CONCENTRATIONS

Financial instruments which potentially subject Planned Parenthood of the Mid-Hudson Valley, Inc. to a concentration of credit risk are cash accounts with major financial institutions in excess of FDIC insurance limits. The amount in excess of the FDIC limit in the bank accounts of Planned Parenthood of the Mid-Hudson Valley, Inc. totaled \$393,852 as of December 31, 1999. These financial institutions have strong credit ratings and management believes that credit risk related to these accounts is minimal.