

From: [Gregory Bratcher](#)
To: [Lux, Mackinzey](#)
Subject: RE: CON 6087
Date: Monday, March 25, 2024 5:24:30 PM

Below are answers to your questions:

- Provide the name of the original scanner.
 - It's a Siemens Sensation 64
- The date on the Siemens quote states valid until 8/20/2023. Provide a new quote.
 - BJC uses a two-year capital budgeting cycle whereby we ask for vendors' best pricing, with a commitment to honor that pricing. The quote will be honored by Siemens.
- Is the trade-in amount deducted from the total cost? If so, please provide an updated proposed budget form and fee including that deducted amount.
 - It does seem a minimal trade-in value was deducted from the total bid quote in the amount of \$22,750. That supplemental fee of \$22.75 is on its way.
- Will the existing unit be decommissioned or traded in?
 - Trade-in
- Provide the service area for the staff analysis.
 - For this project let's use the Mo. counties of:
 - St. Charles
 - Warren
 - Lincoln

Greg Bratcher
BJC HealthCare
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From: Lux, Mackinzey <Mackinzey.Lux@health.mo.gov>
Sent: Wednesday, March 20, 2024 3:44 PM
To: Gregory Bratcher <Gregory.Bratcher@bjc.org>
Subject: CON 6087
Importance: High

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Greg,

After reviewing, some additional information is need.

- Provide the name of the original scanner.
- The date on the Siemens quote states valid until 8/20/2023. Provide a new quote.
- Is the trade in amount deducted from the total cost ? If so, please provide an updated

- proposed budget form and fee including that deducted amount.
- Will the existing unit be decommissioned or traded in?
 - Provide the service area for the staff analysis.

This information is needed by Friday, March 29, 2024.

Mackinzey Lux

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

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<http://health.mo.gov/information/boards/certificateofneed/index.php>

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Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

(Fill in every line, even if the amount is "\$0".)

- 1. New Construction Costs *** _____
- 2. Renovation Costs *** _____
- 3. Subtotal Construction Costs** (#1 plus #2) **_____**
- 4. Architectural/Engineering Fees _____
- 5. Other Equipment (not in construction contract) _____
- 6. Major Medical Equipment _____
- 7. Land Acquisition Costs *** _____
- 8. Consultants' Fees/Legal Fees *** _____
- 9. Interest During Construction (net of interest earned) *** _____
- 10. Other Costs *** _____
- 11. Subtotal Non-Construction Costs** (sum of #4 through #10) **_____**
- 12. Total Project Development Costs** (#3 plus #11) **_____****

FINANCING:

- 13. Unrestricted Funds _____
- 14. Bonds _____
- 15. Loans _____
- 16. Other Methods (specify) _____
- 17. Total Project Financing** (sum of #13 through #16) **_____****

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.