



# APPLICANT IDENTIFICATION AND CERTIFICATION

(must match the **Letter of Intent** for this project, without exception)

## 1. Project Location (attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project	Project Number
Project Address (Street / City / State / Zip Code)	County

## 2. Applicant Identification (information must agree with previously submitted Letter of Intent)

**List All Owner(s):** (list corporate entity) Address (Street / City / State / Zip Code) Telephone Number


**List All Operator(s):** (list entity to be licensed or certified) Address (Street / City / State / Zip Code) Telephone Number


## 3. Ownership (Check applicable category)

- Nonprofit Corporation   
 Individual   
 City   
 District  
 Partnership   
 Corporation   
 County   
 Other: \_\_\_\_\_

## 4. Certification:

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and data in this application as accurate to the best of our knowledge and belief by our representative's signature below:

## 5. Authorized Contact Person (attach a Contact Person Correction Form if different from the Letter of Intent)

Name of Contact Person	Title	
Telephone Number	Fax Number	E-mail Address
Signature of Contact Person		Date of Signature