

**PERIODIC PROGRESS REPORT
OF CERTIFICATE OF NEED PROJECT**

Applicant Name: _____

Certificate of Need application number: # _____

Project Name/Description: _____

A. Project Completion Schedule:

(Please check one)

- There are no changes in the anticipated completion schedule nor in costs or scope of the project.
Anticipated completion date: _____
- A change or changes of the type defined in OAR 333-575-0000(4) is anticipated. I have attached and completed relevant portions of the "Request for Change in Issued Certificate of Need" (Form SIM-2).*
- Project has been completed, as defined in OAR 333-575-0000(10), and conforms in all respects to the certificate of need as approved by the Division, and with any Division-approved changes to the project.**

Date completed: _____

B. Financial Reporting Requirements

(Please check any that apply, unless already reported during the application review process, and attach a copy of the bond rating or financial feasibility report.)

- A financial feasibility report for the project became available on: _____
- A bond rating report for the project was issued on: _____
- Financing for the project was secured on _____. The actual rate of interest obtained is _____%.

I, _____, as a duly authorized representative of the application, swear on behalf of the applicant, that the above statements and any which appear on Form SIM-2* are true and that to the best of my knowledge and belief the application has read the administrative rules and statutes governing the certificate of need program.

(Signature of Representative) (Date)

*Form SIM-2 follows this form.

**Final project costs are to be submitted to Health Division by completing Certificate of Need application forms CN-3 and CN-4, as required by OAR 333-575-0000(8).