

Letter of Intent Form - Batching Cycle

Georgia Certificate of Need



FOR CERTIFICATE OF NEED OFFICE USE ONLY

LETTER NUMBER

DATE STAMP

LOI#

GENERAL INFORMATION:

In accordance with CON Administrative Rule 111-2-2-.08(1)(c), *all parties interested in applying for the particular unmet need in a given service area must notify the Department of that party's intent to apply.* This Letter of Intent Form – Batching Cycle is the required notice of intent to submit an application for Certificate of Need during the batching review cycle for the following service:

SERVICES: Check the **one** service for which you are submitting this Letter of Intent.

- | | |
|---|---|
| <input type="checkbox"/> Adult Open Heart Surgery | <input type="checkbox"/> Megavoltage Radiation Therapy |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Pediatric Cardiac Cath/Open Heart Surgery |
| <input type="checkbox"/> Freestanding Birthing Centers | <input type="checkbox"/> PET Scanner Services |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Psych/Substance Abuse Services |
| <input type="checkbox"/> Intermediate Care Facilities | <input type="checkbox"/> Perinatal Service : |
| <input type="checkbox"/> Inpatient Physical Rehabilitation | <input type="checkbox"/> Neonatal Intermediate <input type="checkbox"/> Neonatal Intensive Care |
| <input type="checkbox"/> Skilled Nursing Facilities | <input type="checkbox"/> Obstetrical Services |

Prospective applicants must submit a Letter of Intent only for a service as called for and specified in the applicable Batching Cycle Public Notice.

Failure to submit the required 3-page Letter of Intent Batching Cycle Form OR failure to complete all required fields on the form will result in non-acceptance of the Letter of Intent.

If the due date for the Letter of Intent falls on a weekend or holiday – when the Division of Health Planning is closed – the Letter of Intent will be accepted on the first business day following the weekend or holiday and is termed the “Rollover Day”. Rollover Days will be specified on the Batching Cycle Public Notice in most instances.

This application must be typewritten or completed and printed in this MS Word format. Handwritten responses must not be submitted and will not be accepted.

Submit the original form to:

Certificate of Need Program
Letter of Intent
Georgia Department of Community Health
Health Planning Division
2 Peachtree Street, NW, 5th Floor
Atlanta, Georgia 30303

Requesting Party Identification

1. Please complete the following information identifying the party submitting this Letter of Intent.

Legal Applicant – Name and Address		
Legal Entity or Person:		
d/b/a (if applicable):		
Address 1:		
Address 2:		
City:	State:	Zip:
County:		
Parent Organization:		
CONTACT PERSON (Person to whom inquiries concerning this Letter of Intent may be addressed)		
Name:	Title:	
Address 1:		
Address 2:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		
Name, address of facility, if different from legal applicant		
Name:	Title:	
Address 1:		
Address 2:		
City:	State:	Zip:

Proposed Project Site Location		
Name, if applicable		
Address 1:		
Address 2:		
City:	State:	Zip:
County:		
Brief Summary/ Description of Proposal		
Description of Proposal (300 words or less). <i>Please include the applicant's current service area, if applicable.</i>		

Planning Area (if applicable):		
SSDR # <input type="checkbox"/>	Neonatal Intensive Care # <input type="checkbox"/>	HPA # <input type="checkbox"/> Inpatient Physical Rehabilitation # <input type="checkbox"/>
New Service? <input type="checkbox"/>	Expanded Service? <input type="checkbox"/>	Total Projected Cost <input style="width: 50px;" type="text"/>

Proposed Service Area (List All Counties you propose to serve, if applicable)					

Signature: (Print Name **and** Sign) _____

Date: m/d/yyyy