**Certificate of Need Application Fee Sheet**

|  |  |
| --- | --- |
| Project ID #  **Internal Use Only** |  |
| Date Received  **Internal Use Only** |  |

There are rows for up to three applicants. If there are more than three applicants, add another row.

|  |  |
| --- | --- |
| Applicant 1 \* |  |
| Applicant 2 \* |  |
| Applicant 3 \* |  |

\* This should match the name provided in Section A, Question 1.

|  |  |
| --- | --- |
| Total Projected Capital Expenditure \* | $ |

\* This should match Form F.1a Capital Cost or Form F.1b Capital Cost for Cost Overrun or Change of Scope.

1. If the Total Projected Capital Expenditure is **less than or equal to $1,000,000**, the application fee is **$5,000**.

2. If the Projected Capital Expenditure is **more than $1,000,000**, the application fee is calculated as follows:

|  |  |  |
| --- | --- | --- |
| a | Total Projected Capital Expenditure \* |  |
| b | Subtract $1,000,000 | $1,000,000 |
| c | Subtotal |  |
| d | Multiply the Subtotal by $0.003 and **round to the nearest whole dollar** |  |
| e | Add $5,000 | $5,000 |
| f | Total Fee Due \*\* |  |

\* This should match Form F.1a Capital Cost or Form F.1b Capital Cost for Cost Overrun or Change of Scope.

\*\* Pursuant to G.S. 131E-182(c), the maximum certificate of need application fee is **$50,000**.

Make checks payable to:

Healthcare Planning and Certificate of Need Section, DHSR, DHHS