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## COMPREHENSIVE & EXTENDED CARE FACILITIES APPLICATION

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### PROOF OF FINANCIAL ABILITY TO OPERATE

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Facility Name:

Date:

#### BEGINNING PRO FORMA BALANCE SHEET

#### ASSETS

##### CURRENT ASSETS

CASH  
ACCOUNTS RECEIVABLE  
INVENTORY  
INTERCOMPANY

##### TOTAL CURRENT ASSETS

##### FIXED ASSETS

LAND  
LAND IMPROVEMENTS  
BUILDING & IMPROVEMENTS  
FURNITURE & EQUIPMENT

##### LESS ACCUM DEP

##### NET FIXED ASSETS

##### OTHER ASSETS

FINANCING COSTS  
START UP COSTS

##### TOTAL OTHER ASSETS

##### **TOTAL ASSETS**

#### LIABILITIES

##### CURRENT LIABILITIES

ACCOUNTS PAYABLE  
CURRENT PORTION-LTD  
NOTE PAYABLE  
OTHER LIABILITIES

##### TOTAL CURRENT LIABILITIES

##### LONG-TERM LIABILITIES

LONG-TERM DEBT

##### TOTAL LONG-TERM LIABILITIES

##### PAID IN CAPITAL

##### TOTAL EQUITY

##### **TOTAL**

Facility Name:

Date:

**ENDING PRO FORMA BALANCE SHEET**

ASSETS

CURRENT ASSETS

CASH

ACCOUNTS RECEIVABLE

INVENTORY

INTERCOMPANY

TOTAL CURRENT ASSETS

FIXED ASSETS

LAND

LAND IMPROVEMENTS

BUILDING & IMPROVEMENTS

FURNITURE & EQUIPMENT

LESS ACCUM DEP

NET FIXED ASSETS

OTHER ASSETS

FINANCING COSTS

START UP COSTS

TOTAL OTHER ASSETS

**TOTAL ASSETS**

LIABILITIES

CURRENT LIABILITIES

ACCOUNTS PAYABLE

CURRENT PORTION-LTD

NOTE PAYABLE

OTHER LIABILITIES

TOTAL CURRENT LIABILITIES

LONG-TERM LIABILITIES

LONG-TERM DEBT

TOTAL LONG-TERM LIABILITIES

PAID IN CAPITAL

TOTAL EQUITY

**TOTAL**

Facility Name:

Period:

FROM

TO

<b>PROJECTED STATEMENT OF REVENUES AND EXPENSES</b>													
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	1 <sup>ST</sup> MONTH	2 <sup>ND</sup> MONTH	3 <sup>RD</sup> MONTH	4 <sup>TH</sup> MONTH	5 <sup>TH</sup> MONTH	6 <sup>TH</sup> MONTH	7 <sup>TH</sup> MONTH	8 <sup>TH</sup> MONTH	9 <sup>TH</sup> MONTH	10 <sup>TH</sup> MONTH	11 <sup>TH</sup> MONTH	12 <sup>TH</sup> MONTH	TOTAL
OCCUPANCY PERCENTAGE													
PATIENT DAYS													
<b>REVENUES:</b>													
PRIVATE													
MEDICAID													
ANCILLARY													
OTHER/HMO/INS													
OTHER													
GROSS REVENUES													
CONTRACTUAL ADJUSTMENTS													
NET REVENUES													
<b>EXPENSES:</b>													
ADMINISTRATIVE													
PROPERTY													
PLANT OPERATOIN													
DIETARY SERVICE													
LAUNDRY & LINEN													
HOUSEKEEPING													
NURSING													
TOTAL EXPENSES													
N.H. INCOME (LOSS)													

Facility Name:

Period: FROM

TO

**PROJECTED STATEMENT OF REVENUES AND EXPENSES**

	1ST MONTH	2ND MONTH	3RD MONTH	4TH MONTH	5TH MONTH	6TH MONTH	7TH MONTH	8TH MONTH	9TH MONTH	10TH MONTH	11TH MONTH	12TH MONTH	TOTAL
<b>ADMINISTRATIVE:</b>													
SALARY-ADMIN													
SALARY-OTHER													
SALARY-OTHER													
MGMT FEES													
OTHER ADMIN													
BENEFITS													
TOTAL ADMINISTRATIVE													
<b>PROPERTY:</b>													
DEPRECIATION													
AMORTIZATION													
INTEREST													
RENT													
TAXES													
INSURANCE													
TOTAL PROPERTY													
<b>PLANT OPERATION:</b>													
SALARIES													
UTILITIES													
OTHER PLANT OP													
TOTAL PLANT OPERATIONS													
<b>DIETARY SERVICES:</b>													
SALARIES													
RAW FOOD													
OTHER													
TOTAL DIETARY SERVICES													
<b>LAUNDRY &amp; LINEN:</b>													
SALARIES													
OTHER													
TOTAL LAUNDRY & LINEN													
<b>HOUSEKEEPING:</b>													
SALARIES													
OTHER													
TOTAL HOUSEKEEPING													
<b>NURSING:</b>													
SALARIES													
OTHER													
ACTIVITIES & SS													
OTHER PAT CARE													
TOTAL NURSING COSTS													
<b>TOTAL COSTS</b>													

Facility Name:

Period:

FROM

TO

**STATEMENT OF CASH FLOWS**

	1 <sup>ST</sup> MONTH	2 <sup>ND</sup> MONTH	3 <sup>RD</sup> MONTH	4 <sup>TH</sup> MONTH	5 <sup>TH</sup> MONTH	6 <sup>TH</sup> MONTH	7 <sup>TH</sup> MONTH	8 <sup>TH</sup> MONTH	9 <sup>TH</sup> MONTH	10 <sup>TH</sup> MONTH	11 <sup>TH</sup> MONTH	12 <sup>TH</sup> MONTH	TOTAL
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**FUNDS AVAILABLE:**

CASH BEGINNING													
NET INC FROM OPER													

SUBTOTAL													
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**ADD:**

DEPRE/AMORT													
DECREASE IN INV													
INCREASE IN A/P													
INCREASE IN ACC LIAB													

TOTAL ADDITIONS													
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TOTAL FUNDS AVAILABLE													
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**DEDUCT:**

DEBT SERVICE													
INCREASE IN A/R													
INCREASE IN INV													

TOTAL USAGE													
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CASH AVAIL AT END OF MONTH													
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