Nevada Certificate of Need Quarterly Progress Report

Nevada Regulation (NAC 439A.465) requires that the holder of a letter of approval for a Certificate of Need (CON) shall provide the Department with quarterly progress reports, beginning with the first calendar quarter following the issuance of the letter of approval and due no later than ***30 days*** after the end of the quarter. These reports are due until completion of the approved project. If more space is needed for the report, please attach addenda.

1. **Approved CON Project Information**

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| --- | --- |
| Current Date: |  |
| Health Care Facility: |  |
| Official Contact Name: |  |
| Official Contact Email: |  |
| Official Contact Phone: |  |
| Date of Commencement of the Project: |  |
| Date Approved by DHHS Director for Project Completion: |  |

1. **Please describe the extent of progress made in complying with the approved timetable, including:**

(1) All deadlines that have passed; and

(2) Whether the required activities completed met the deadline.

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1. **Financial Arrangements**

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| **Are there any financial arrangements that differ from those originally approved? (Circle One)** | **Yes / No** |
| **If yes, include a detailed description of, and the reason for, each difference.** | |

1. **Project Cost**

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| **Actual cost to date for the project:** |  |
| **A revised estimate of the total project cost, including a detailed description and explanation of the differences, if any, between the revised cost and that originally approved**: | |

**5. Outline all the steps taken to ensure compliance with each applicable condition**.

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**6. Outline any material changes in the project, including a detailed description and explanation of each change**.

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| **The projected date of completion of the project**: |

A request for an extension of the approved timetable must be submitted at least 90 days before the required date of completion of the project according to NAC 439A.475. Transfer of interest cannot occur during the timeline of building the facility unless approved by the NVHA Director according to NAC 439A.485.

Quarterly Reports can be sent to the Nevada Health Authority at [Info@nvha.nv.gov](mailto:Info@nvha.nv.gov) or mailed to:

**Nevada Health Authority  
Attn: Certificate of Need  
4070 Silver Sage Drive  
Carson City, NV 89701**