## Nursing Facility Transformation Program Application

ATTACHMENT C: FINANCIAL PLAN

Please create an excel file with similar information to the format in the following pages.

Nursing Facility Transformation Program - Grant Application
Attachment C Financial Plan - Tab A Capital Investment for New Business/Capacity
Applicant:

|  | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Capital Investment |  |  |  |  |  |  |  |  |  |
| Transformation Grant |  |  |  |  |  |  |  |  |  |
| Other Grant funding |  |  |  |  |  |  |  |  |  |
| Describe other sources of investment |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Total Investment Funds | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |


|  | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Capital/Startup Expenses |  |  |  |  |  |  |  |  |  |
| Construction costs |  |  |  |  |  |  |  |  |  |
| Technical assistance and consulting |  |  |  |  |  |  |  |  |  |
| IT Infrastructure costs |  |  |  |  |  |  |  |  |  |
| Licensing and Fees |  |  |  |  |  |  |  |  |  |
| Training/ professional development |  |  |  |  |  |  |  |  |  |
| Market research |  |  |  |  |  |  |  |  |  |
| Coummunity outreach |  |  |  |  |  |  |  |  |  |
| Furniture and equipment |  |  |  |  |  |  |  |  |  |
| Payments to partners for startup costs |  |  |  |  |  |  |  |  |  |
| Financing Costs |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Describe other expenses as needed |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Total Expenses | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

## Nursing Facility Transformation Program - Grant Application

## Attachment C Financial Plan - Tab B New Business/Capacity Ongoing Operations

Enter the revenue required to support ongoing operations once grant funds have been expended.
Enter the expenses associated with ongoing operations, including allocated fixed costs from the main facility

| Applicant: |  |
| :--- | :--- |


|  | Q1 2021 | Q2 2021 | Q3 2021 | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 | Q4 2022 | Q1 2023 | Q2 2023 | Q3 2023 | Q4 2023 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Revenue Projections |  |  |  |  |  |  |  |  |  |  |  |  |
| \# users -Medicaid |  |  |  |  |  |  |  |  |  |  |  |  |
| Revenue per user 0 Medicaid |  |  |  |  |  |  |  |  |  |  |  |  |
| \# users - Medicare |  |  |  |  |  |  |  |  |  |  |  |  |
| Revenue per user - Medicare |  |  |  |  |  |  |  |  |  |  |  |  |
| \# users - Other (specify) |  |  |  |  |  |  |  |  |  |  |  |  |
| Revenue per user - Other (specify) |  |  |  |  |  |  |  |  |  |  |  |  |
| include detail on income from parte | s if applic |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Revenue |  |  |  |  |  |  |  |  |  |  |  |  |


|  | Q1 2021 | Q2 2021 | Q3 2021 | Q4 2021 | Q1 2022 | Q2 2022 | Q3 2022 | Q4 2022 | Q1 2023 | Q2 2023 | Q3 2023 | Q4 2023 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Expense Projections |  |  |  |  |  |  |  |  |  |  |  |  |
| Salaries |  |  |  |  |  |  |  |  |  |  |  |  |
| Fringe |  |  |  |  |  |  |  |  |  |  |  |  |
| Consultants |  |  |  |  |  |  |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |
| Contractual Costs |  |  |  |  |  |  |  |  |  |  |  |  |
| Payments to Partners |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Direct Costs |  |  |  |  |  |  |  |  |  |  |  |  |
| Allocated Fixed Costs to new business |  |  |  |  |  |  |  |  |  |  |  |  |
| Indirect Cost |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Expenses |  |  |  |  |  |  |  |  |  |  |  |  |



