CERTIFICATE OF PUBLIC ADVANTAGE APPLICATION

INSTRUCTIONS

A. General Instructions

This is an application pursuant to Article 29-F of the Public Health Law ("PHL") and 10 NYCRR Subpart 83-1 for a Certificate of Public Advantage ("COPA"). Article 29-F sets forth the State's policy of encouraging appropriate collaborative arrangements among health care providers who might otherwise be competitors, if the benefits of such arrangements outweigh any disadvantages likely to result from a reduction of competition. The statute requires the Department of Health (the "Department") to establish a regulatory structure allowing it to engage in active state supervision as necessary to promote state action immunity under state and federal antitrust laws.

A COPA issued by the Department pursuant to 10 NYCRR Subpart 83-1 signifies approval of a Cooperative Agreement, as defined therein ("Cooperative Agreement") or of a planning process intended to result in a Cooperative Agreement ("planning process") among health care providers and one or more persons or entities, including other health care providers, and provides conditions that the Department determines to be appropriate in order to ensure that the Cooperative Agreement or planning process and the activities conducted under it are consistent with PHL Article 29-F.

In completing this application, applicants should refer to the regulations issued by the Department pursuant to PHL Article 29-F, 10 NYCRR Subpart 83-1.

If this application is submitted in conjunction with a Project Plan application submitted under the Delivery Reform System Incentive Payment ("DSRIP") Program, applicants also should see the Frequently Asked Questions issued to assist the lead agency of Performing Provider Systems ("PPSs") in completing the COPA application.

The aforementioned materials are available on the Department's website.

In completing this application, please ensure that attachments are numbered and that the numbers are listed in the corresponding place on the application. Please note that this application form should be used for requests for new COPAs. A separate application form will be available from the Department for requests for renewal of expiring COPAs or modification of existing COPAs. In addition, pursuant to 10 NYCRR § 83-1.9, applicants who are issued COPAs will

be required to submit periodic reports to the Department annually and at such other times as the Department requires.

B. Definitions

For purposes of this application, the definitions set forth in 10 NYCRR Subpart 83-1 apply. In addition, the following definitions apply:

1. "Controlling person" means a person which either directly or indirectly, or through one or more intermediaries, possesses the ability to direct or cause the direction of the actions, management or policies of a person, whether through the ownership of voting securities or voting rights, by contract (except a commercial contract for goods or non-management services) or otherwise; but no person shall be deemed to control another person solely by reason of his being a corporate officer or director of such other person (providing such officer or director is not acting in concert with others to represent another corporation). Control shall be presumed to exist if any person directly or indirectly owns, controls or holds with the power to vote 10 percent or more of the voting securities or voting rights of any other person or is a member of a not-for-profit corporation.

2. "Health care provider" shall include, but not be limited to, a facility, agency or program licensed or certified pursuant to Article 28, 36 or 40 of the Public Health Law; a health care professional licensed pursuant to Title 8 of the Education Law or a lawful combination of such health care professionals; or an entity licensed, certified or funded pursuant to Article 16, 31, 32 or 41 of the Mental Hygiene Law.

3. "Health-related subsidiary" means a person:

    a. approved to operate a health care facility or program under either Article 28, 33, 36, 40 or 44 of the Public Health Law or who is approved to operate a facility or program under the Mental Hygiene Law; or

    b. who operates a facility or program outside the State of New York which, if located within New York, would be subject to approval under either Article 28, 33, 36, 40 or 44 of the Public Health Law, the provisions of the Mental Hygiene Law, or Title 8 of the Education Law; and

    c. who is, or will be, either directly or indirectly, or through one or more intermediaries:

        i. controlled by any partnership or corporation, any of the members of which are not natural persons, or any corporation, any of the stock of which is owned by another corporation; or

ii. controlled by any parent corporation of any such partnership or corporation described in subparagraph (i) of this paragraph, through the ability to direct or cause the direction of such health-related subsidiary's actions, management or policies.

4. “Parent corporation” means a corporation which directly or indirectly, or through one or more intermediaries, possesses or will possess the ability to direct or cause the direction of the actions, management or policies of any partnership or corporation, any of the members of which are not natural persons, or any corporation, any of the stock of which is owned by another corporation.

5. “Person” means any individual, firm, partnership, corporation, association, public or private institution, political subdivision, or government agency.

6. “Primary service area” means the lowest number of postal zip codes from which the party draws at least 75 percent of its patients for each health care service or group of health care services provided.

7. “Principal stockholder” means any person or organization that owns, holds or has the power to vote 10 percent or more of the issued and outstanding voting shares of stock of a corporation.

SECTION I – GENERAL INFORMATION

A. Delivery System Reform Incentive Payment (DSRIP) Program

Please check the box to the right if this application for a COPA is being submitted in connection with a Project Plan application submitted under the DSRIP Program. ☐

B. Certificate of Need

Please check the box to the right if this application for a COPA is being submitted in connection with a Certificate of Need (“CON”) application. ☐

C. COPA Applicant Information

For purposes of this application, each party to a Cooperative Agreement or planning process is considered a “COPA Applicant.” Each COPA Applicant must be identified in the application and sign the attached Certification Form.

How many applicants are applying for a COPA? _____

For COPA applications sought by PPSs in conjunction with DSRIP applications, it will be sufficient to enter "PPS" in response to this question.

D. Application Lead Contact

Provide the following information about the lead contact for the application. This individual will be the primary point of contact between the Department and all applicants. This person should be an executive employed by one of the parties to the Cooperative Agreement or planning process, or a consultant retained by one or more of the parties, who will have primary responsibility for responding to Department inquiries. For COPA requests sought by PPSs in conjunction with DSRIP applications, it will be sufficient to enter "PPS Lead Applicant" in response to this question.

Name of Business	
Employer of Lead Contact Person	
Name of Lead Contact Person	
Title of Lead Contact Person	
Street Address	
City	
County	
Zip Code	
Telephone	
E-mail Address	

SECTION II – APPLICANT INFORMATION

Section II must be completed for each COPA Applicant, except in the case of a COPA application submitted in connection with a Project Plan application submitted under the DSRIP Program. In such cases, the PPS Lead Applicant should refer to the Frequently Asked Questions issued by the Department for assistance in completing these sections.

Add additional pages as necessary.

A. COPA Applicant Name

COPA Applicant Name

_____

B. COPA Applicant Contact

Please list the COPA Applicant's chief executive officer, or equivalent official, to whom all official correspondence from the Department about this application should be addressed.

Name of Business	
Name of Chief Executive or Name and Title of Equivalent Official	
Street Address	
City	
County	
Zip Code	
Telephone	
Email Address	

C. Lead Attorney

Please list the COPA Applicant's lead attorney for this application:

Name	
Name of Business	
Street Address	
City	
County	
Zip Code	
Telephone	
E-mail Address	

D. Main Site

COPA Applicant Main Site Name and/or, if applicable, Legal Corporate Name	
Main Site PFI, if applicable	
Medicaid Provider ID, if applicable	
Type of Facility or Organization	

Operating Certificate Number, if applicable	
Street Address	
City	
County	
Zip Code	

E. Extension Sites or Other Office Locations

COPA Applicant's Site or Office Name and/or, if applicable, Legal Corporate Name	
Site or Office PFI, if applicable	
Medicaid Provider ID, if applicable	
Type of Facility or Organization	
Street Address	
City	
County	
Zip Code	

F. Legal Information

Unless otherwise specifically indicated, the required paper copies of legal documentation submitted should be photocopies of fully executed original documents and not the originals themselves. The electronic copies of legal documents should be legible scanned images in PDF format of fully executed original documents.

Whenever a requested legal document has been amended, modified, or restated, all amendment(s), modification(s) and/or restatement(s) should also be submitted.

Attachments to legal schedules should be numbered sequentially for each particular schedule. The list of attachments should be completed for each required schedule, with either the number of the attachment or a check in the "Not Applicable" column. In instances where the "Not Applicable" option is not offered, inclusion of the documentation is mandatory.

If the COPA Applicant believes this submission contains information which may be excepted from disclosure pursuant to a Freedom of Information Law ("FOIL") request, the applicant may so indicate to the Department and in such case must

identify those sections of the submission. The Department will review the claim and make a determination in the event a FOIL request is received.

1. Organizational Structure and Financial Information

a. Describe the current organizational structure of the COPA Applicant. Please include a description of any controlling person, principal stockholder, health-related subsidiary, and parent corporation of all COPA Applicants.

b. Provide an organizational chart showing the current organizational structure of each COPA Applicant. Attachment # .

c. Provide certified financial statements for each COPA Applicants for the past 3 years. If audited financial statements are available for such time period, please submit. Attachment # .

2. Legal Structure

a. Is the COPA Applicant doing business under an assumed name?
☐ Yes ☐ No

If yes, submit the Certificate of Assumed Name. Attachment # .

b. Is the COPA Applicant a natural person? ☐ Yes ☐ No

If no, type of legal entity:
☐ Sole Proprietor (see 3(a) below)
☐ General or Limited Partnership (see 3(b) below)
☐ Registered Limited Liability Partnership (see 3(c) below)
☐ Not-for-Profit Corporation (see 3(d) below)
☐ Business Corporation (see 3(e) below)
☐ Limited Liability Company (see 3(f) below)
☐ Other (see 3(g) below), specify _____

c. Does the COPA Applicant have any partners, members or stockholders that are not natural persons?

☐ Yes ☐ No

d. For business corporations only: Is the corporation publicly traded?
☐ Yes ☐ No

If yes, submit the most recently filed Securities Exchange Commission Form 10K. Attachment # .

3. Additional Documentation Depending on Type of Legal Entity

Submit the following legal documentation as applicable for the COPA Applicant's type of legal entity.

a. Sole Proprietors

i. Name of Individual Proprietor:

ii. Certificate of Doing Business: Attachment # .

b. General or Limited Partnerships

i. On the following chart, list the partners, partnership interest and percentage ownership for each general or limited partner: Attach additional sheets if necessary.
Attachment # .

Partner Name	Partnership Interest	Percentage Ownership

ii. Partnership Agreement: Attachment # .

iii. Certificate of Doing Business as a Partnership: Attachment # .

c. Registered Limited Liability Partnerships

i. On the following chart, list the partners, partnership interest and percentage ownership for each partner: Attach additional sheets if necessary. Attachment # .

Partner Name	Partnership Interest	Percentage Ownership

ii. Partnership Agreement: Attachment # .

iii. Certificate of Doing Business as a Partnership: Attachment # .

iv. Certificate of Registration: Attachment # .

d. Not-for-Profit Corporations

i. Does the corporation have any members? ☐ Yes ☐ No

If yes, list the names of the members below.

ii. On the following chart, list the names of the officers and directors of the applicant corporation and indicate the position held by each. Attach additional sheets if necessary. Attachment # .

Officer/Director Name	Position Held

iii. Certificate of Incorporation: Attachment # .

iv. Bylaws: Attachment # .

e. Business Corporations

i. On the following chart, list the stockholders, stock interest and percentage of ownership for each stockholder. Attach additional sheets if necessary. Attachment # .

Stockholder Name	Stock Interest	Percentage Ownership

ii. On the following chart, list the names of the officers and directors of the applicant corporation and indicate the position held by each. Attach additional sheets if necessary. Attachment # .

Officer/Director Name	Position Held

iii. Certificate of Incorporation: Attachment # .

iv. Bylaws: Attachment # .

f. Limited Liability Companies

i. On the following chart, list the members, membership interest and percentage of ownership for each member. Attach additional sheets if necessary.
Attachment # .

Member Name	Membership Interest	Percentage Ownership

ii. If applicable, list the managers below.

iii. Articles of Organization: Attachment # .

iv. Operating Agreement: Attachment # .

g. Other, as specified above in 2(b).

i. On the following chart, list the members, membership interest and percentage of ownership for each member. Attach additional sheets if necessary. Attachment # .

Member Name	Membership Interest	Percentage Ownership

ii. List the managers below.

iii. Articles of Organization: Attachment # .

iv. Operating Agreement: Attachment # .

4. Additional Information

a. List and describe the types of health care services currently provided by each COPA Applicant.

b. Describe accreditations and state designations, if any, held by each COPA Applicant.

Section II must be completed for each COPA Applicant. Attach additional pages as necessary.

SECTION III – NATURE AND SCOPE OF ACTIVITIES

A. Cooperative Agreement/Letter of Intent

Please include a copy of the executed Cooperative Agreement or, for a planning process, a detailed Letter of Intent describing the potential Cooperative Agreement. Attachment # .

B. Executive Summary

Please complete a 1-2 page summary of the Cooperative Agreement or, for a planning process, a summary of the Letter of Intent with respect to a potential Cooperative Agreement, together with the agreement's purpose and the expected benefits to the community. Attachment # .

C. Description of the Nature and Scope of Activities

Please complete each of the following Parts, as specified below (please cite data sources).

Please note the page limitations set forth in the header of each Part. Notwithstanding such page limitations, the Department may request applicants to provide additional information or documentation in addition to the information submitted in response to such Parts.

Part One: Current Organization (please limit response to 2 pages)
1A. Describe any existing contractual or other legal relationship(s), if any, among the COPA Applicants.
1B. Identify and describe the types of health care providers currently under common control or ownership of the COPA Applicants. Identify and describe the types of health care providers currently employed, whether under contract or not, by the COPA Applicants.

Part Two: Community Health Needs (please limit response to 5 pages)
2A. Identify and describe the primary service area for each COPA Applicant, including the zip codes included in such primary service area and the available health care services. Generalized designations such as “neighborhood” and “market area” should be avoided.
2B. Describe the current population of the primary service area with special reference to age, gender, race, ethnicity, and language access, as well as economic conditions such as poverty, uninsured/underinsured residents, and unique features.
2C. Based on current trends, what are the projected population changes over the next 5 years for the primary service area and what future challenges do they pose (if any)?
2D. Describe the current health status and future health care needs over the next 5 years of the populations to be served, including, as applicable, the prevalence of chronic disease, behavioral risk factors, and other issues affecting the health of the community; also include information specific to low-income, minority, and medically-underserved populations in the proposed primary service area. This should be based on documented information, such as Prevention Quality Indicators (“PQIs”), Census information, insurance status of the populations, and data on service volume, occupancy and discharges by existing health care providers. Data should be based on the primary service area as identified in 2A above.

2E. Identify health care service gaps in general and with special reference to the low income, minority, and medically underserved populations in the proposed primary service area.
2F. Describe how stakeholders were engaged in conducting the assessment of community health needs.

Part Three: Overview of the Cooperative Agreement or Planning Process (please limit response to 5 pages)
3A. Describe the goals and objectives of the Cooperative Agreement or planning process. Also, describe the nature and scope of activities and cooperation included in or, for a planning process, likely to be included in, a Cooperative Agreement to achieve each goal and objective. Describe how these goals will be achieved.
3B. Provide a description of any consideration, financial or otherwise, passing to any COPA Applicant under the Cooperative Agreement or planning process.
3C. Describe in detail the new entities and organizational structure, if any, under the Cooperative Agreement or planning process. Please include a description of any controlling person, principal stockholder, health-related subsidiary, and parent corporation of the new organizational structure.
3D. List and describe the types of services that will be provided by each new entity identified in 3C above.
3E. Describe the plan for clinical integration among the COPA Applicants, including a timeline for implementation. Also describe how the Cooperative Agreement or planning process and clinical integration plan will protect or enhance the quality of care delivered by the COPA Applicants.
3F. List and describe accreditations and state designations (if any) that will be sought under the Cooperative Agreement or planning process by each COPA Applicant.
3G. Identify any services, facilities, organizations, or other resources that will be created, eliminated, enhanced, down-sized, shared, or relocated under the Cooperative Agreement or planning process.

3H. List and describe all COPA Applicants that are experiencing financial distress and may be forced to cease operations or eliminate a health care service in the absence of such Cooperative Agreement or planning process.
3I. Describe how the objectives and activities of the Cooperative Agreement or planning process contribute to advancing the Community Health Improvement Plan developed in conjunction with the New York State 2013-17 Prevention Agenda, if applicable.
3J. Provide a timeline for the Cooperative Agreement or planning process, including identification of major milestones.

Part Four: Impact on the Health Care Primary Service Area (please limit response to 10 pages, exclusive of attachments)	
4A. Identify the benefits and disadvantages expected to result from the Cooperative Agreement or planning process, and discuss how the likely benefits resulting from the Cooperative Agreement or planning process outweigh any disadvantages likely to result from the Cooperative Agreement or planning process, including, but not limited to, any negative impact on competition.	
4B. Explain the Cooperative Agreement's or planning process' projected impact on health care utilization, spending, and the costs and prices of health care services in the relevant primary service area.	
Impact on Health Care Utilization	
(i)	Identify all health care providers in the primary service area that compete with the COPA Applicants with respect to each health care service or relevant group of health care services to be provided under the Cooperative Agreement or planning process.
(ii)	Describe the impact of the Cooperative Agreement or planning process on the utilization of health care services in the primary service area, including reducing PQI admissions, hospital admissions and readmissions and preventable Emergency Department visits.
(iii)	Describe how the Cooperative Agreement or planning process will improve the utilization of health care provider resources and equipment.
(iv)	Describe the impact of the Cooperative Agreement or planning process on efficiency in the delivery of health care services (e.g., reducing

	unnecessary or preventable utilization; level of quality, availability and efficiency of health care services; etc.).
Impact on Spending, and the Costs and Prices of Health Care Services	
(v)	Describe the anticipated impact of the Cooperative Agreement or planning process on reimbursement rates and service arrangements.
(vi)	Describe how the Cooperative Agreement or planning process will lower aggregate costs and improve efficiency in the delivery of health care services (e.g., reducing unnecessary administrative or capital costs, etc.).
(vii)	Describe the implementation of any payment methodologies that will be used to control excess utilization and costs and improve outcomes.
(viii)	Describe any increased aggregate costs or prices of health care in the community or region, which may result from the Cooperative Agreement or planning process.
(ix)	Provide the share of services for each health care service or relevant group of health care services in the primary service area that will be provided by each COPA Applicant under the Cooperative Agreement or planning process; provide the underlying data. To calculate the share of services within the primary service area, use the method set forth in the Appendix to the Federal Trade Commission and Department of Justice Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program (http://www.justice.gov/atr/public/health_care/276458.pdf
(x)	Identify any health care services in which the COPA Applicants will have a 31 percent or greater share of services within the primary service area as calculated in response to 4B(ix) above.
(xi)	For each calculation in 4B(ix) above, COPA Applicants may submit an attestation form that their shares of health care services fall within the primary service area safety zone as defined by the Federal Trade Commission and Department of Justice Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program (http://www.justice.gov/atr/public/health_care/276458.pdf); provide the underlying data.
4C. Describe how the Cooperative Agreement or planning process will improve the nature or distribution of health care services in the primary service area.	

(i)	Describe the extent to which the Cooperative Agreement or planning process will preserve or expand health care services in the primary service area (as described in 2A above) that would be at risk of elimination in the absence of such Cooperative Agreement or planning process.
(ii)	How will the Cooperative Agreement or planning process expand access to care for low-income, minority, and medically-underserved populations?
(iii)	Describe the extent to which the Cooperative Agreement or planning process will eliminate unnecessary health care services.
(iv)	Describe how the Cooperative Agreement or planning process is intended to enhance the quality of care provided by COPA Applicants.
(v)	Describe any benefits and/or efficiencies which will be created through the Cooperative Agreement or planning process in the primary service area.
4D. Describe the impact of the Cooperative Agreement or planning process on physicians, allied health professionals, other health care providers, or other persons furnishing goods or services to, or in competition with, other health care providers and the potential for adverse health system quality, accessibility and cost consequences.	
4E. Describe the dynamics of the primary service area, including the availability of suitable and accessible health care services and the level of competition in the primary service area, the likelihood that other health care providers will enter or exit the primary service area, the health care workforce and the existence of unique challenges such as difficulties in recruitment and retention of health care professionals, all with special reference to primary care providers.	
4F. Describe the availability of other arrangements, if any, that would have a less restrictive impact on competition in the primary service area and achieve the same benefits or a more favorable balance of benefits over disadvantages attributable to any reduction in competition. Also, please explain why those arrangements were not pursued.	
4G. Describe other benefits or disadvantages pertaining to quality, access and cost identified in the course of review.	

4H. If the parties were or will be required to make notification of this transaction to the Federal Trade Commission and the Department of Justice pursuant to the Hart-Scott-Rodino Antitrust Improvements Act, provide a copy of the Hart-Scott-Rodino filing once the filing has been made.
4I. If the parties are not required to provide notification of this transaction as set forth in 4H above, provide the following information (documents responsive to the items below should be limited to those produced up to one year before the filing date of this application): Any memorandum, study, survey, analysis or report prepared by or for the chief executive officer, board or directors or board of trustees of any COPA Applicant, or an equivalent officer or board exercising similar functions for a COPA Applicant, for the purpose of evaluating or analyzing market shares, competition, competitors, markets, potential for growth or expansion into the primary service area that specifically relate to the Cooperative Agreement or planning process. This does not include ordinary course documents and/or financial data shared in the course of due diligence. Attachment # .

Part Five: Business Plan (please limit response to 3 pages, exclusive of attachments)
5A. Provide projected cost savings to the COPA Applicants and efficiencies over a 5 year period and describe how they will be achieved; include reductions in administrative and capital costs and improvements in the utilization of health care provider resources and equipment.
5B. Provide pro forma financial statements for the first day of operation of any new entity which will be formed to carry out the objectives of the Cooperative Agreement or planning process, if applicable. Attachment # .
5C. Project a 5 year budget and cash flow analysis for any new entity and describe the proposed activities of the new entity under the Cooperative Agreement or planning process. Attachment # .
5D. Describe the financial arrangements among the COPA Applicants, including but not limited to asset purchases, loans, donations, compensation under management or service agreements, joint purchasing agreements, shared risk or shared savings arrangements, obligated group financing programs, etc.

Part Six: **Proposed Monitoring and Supervision** (please limit response to 3 pages)
6A. Describe how progress related to the Cooperative Agreement or planning process will be measured. What variables will be monitored?
6B. Describe any reporting requirements for reviewing progress towards program goals.
6C. Describe any conditions that may be included within the Cooperative Agreement or planning process to ensure that competitive benefits continue to outweigh any disadvantages and any negative impact on competition, and to ensure that program goals are met.
6D. Propose targets for reducing aggregate health care costs and achieving savings.
6E. Propose targets for reducing PQI admissions, readmissions, and sub-optimal emergency department use and activities to achieve targets.
6F. Propose targets for expansion of primary care and recruitment and retention of needed health care professionals, especially in primary care.
6G. Describe how the COPA Applicant will implement an internal monitoring plan to ensure that competitive benefits continue to outweigh any disadvantages and any negative impact on competition, to ensure that program goals are met. Include information related to how the COPA applicant will monitor proposed targets identified in 6D, 6E and 6F above. Also, include identification of barriers and strategies to resolve issues, and how such monitoring plan will be used to help generate the information needed for purposes of providing periodic reports to the Department pursuant to 10 NYCRR § 83-1.9(b).
6H. Describe how conditions imposed and/or monitoring by the Department could mitigate the potential disadvantages of a Cooperative Agreement or planning process.

D. Cooperative Agreement or Letter of Intent

Please provide a copy of the Cooperative Agreement, any related agreements or side letters (including a description of any oral agreements) or, in the case of a planning process, the Letter of Intent and any related agreements or side letters (including a description of any oral agreements). Attachment # .

E. Governing Body Resolution

Each COPA Applicant must submit a copy of the resolution signed by the board of directors, partners, LLC managers or members, or any other governing body of a legal entity, as applicable, authorizing the Cooperative Agreement or planning process and the submission of this application. Attachment # .

F. Notice

Each COPA Applicant to the Cooperative Agreement or planning process is required to conspicuously post on its public website a description of such Cooperative Agreement or Letter of Intent and the contemplated activities under the Cooperative Agreement or the planning process, with a link to the Department's public website.

Please provide a copy of the description of the Cooperative Agreement or planning process that will be used to provide public notice. Attachment # .

If a COPA applicant does not have a public website, describe how public notice will be issued.

Also, please provide copies of any press release the parties have issued or plan to issue related to the Cooperative Agreement or planning process. Attachment # .

SECTION IV – CERTIFICATE OF NEED APPLICATIONS

A. Certificate of Need ("CON") Applications Already Submitted

If one or more CON or limited review applications have been submitted in connection with this COPA application, provide the application number(s), the name(s) of the CON applicant(s), and the date(s) of submission. Please attach additional sheets as necessary.

CON or Limited Review Application(s) Submitted	
Application Number	Name of applicant:
	Brief description of project:
	Date of submission:
Application Number	Name of applicant:
	Brief description of project:
	Date of submission:
Application Number	Name of applicant:

	Brief description of project:
	Date of submission:

B. CON Applications to Be Submitted

If one or more CON or limited review applications will be submitted in connection with this COPA application, provide the name(s) of the prospective CON applicant(s) and the expected date(s) of submission. Please attach additional sheets as necessary.

CON or Limited Review Application(s) To Be Submitted	
	Name of proposed applicant:
	Brief description of proposed project:
	Expected submission date:
	Name of proposed applicant:
	Brief description of proposed project:
	Expected submission date:
	Name of proposed applicant:
	Brief description of proposed project:
	Expected submission date:

SECTION V – FEES AND COSTS

A. Application Fee

A fee of $5,000 is payable to the New York State Department of Health and must be submitted with this application.

B. Other Costs

Applicants will be responsible for paying the actual costs and expenses incurred by the State for any experts needed by the Department to conduct its review of the application, including but not limited to the costs associated with retention of any accounting, technical or legal assistance determined necessary to review the application and monitor the Cooperative Agreement or planning process. The Department will provide applicants with an estimate of costs.

No decision regarding the issuance of a COPA will be announced until the applicants have paid all application fees and other costs as required.

SECTION VI - CERTIFICATION

Each applicant must execute the *Certificate of Public Advantage: Certification Form* annexed to the application, include the *Acknowledgment and Attestation* annexed thereto.

In the case of a COPA application submitted in connection with a Project Plan application submitted under the DSRIP Program, the PPS Lead Applicant should refer to the Frequently Asked Questions issued by the Department for assistance in completing the Certificate.

CERTIFICATE OF PUBLIC ADVANTAGE APPLICATION: CERTIFICATION FORM

The undersigned hereby assures and certifies that:

- it is the intent of the parties to enter into the Cooperative Agreement or a planning process intended to result in a Cooperative Agreement ("planning process") as presented in this application;
- the parties hereby apply for a Certificate of Public Advantage to govern the Cooperative Agreement or planning process;
- there are no agreements, side letters or oral agreements entered into by the parties in connection with the Cooperative Agreement other than those disclosed in the application;
- the Cooperative Agreement will be developed and maintained in full compliance with all applicable local, State, and Federal laws, rules, regulations, and ordinances;
- the parties will comply with the representations made in the application in the development and implementation of the parties' Cooperative Agreement pursuant to 10 NYCRR, Chapter II-L-83-1, and
- the information included in this application and all attachments are correct to the best of our knowledge and belief and that it is our intent to carry out the Cooperative Agreement or planning process as described.

Applicant: _____

Name of Responsible Officer: _____

Title of Officer: _____

Address, including County:

_____

_____

_____

** If additional applicants, please attach additional sheets to this application, including notarized Acknowledgment and Attestation.

Acknowledgement and Attestation

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant:

_____.

I further certify that the information contained in this application and its accompanying schedule and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with Article 29-F of the Public Health Law and implementing regulations, 10 NYCRR, Chapter II-L-83-1.

Signature of Officer:	
Date:	

New York, Name of County

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the ___ day of _____, 20__.

Notary Public:
My Commission Expires: