



March 19, 2012

R E C E I V E D
MAR 20 2012
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Janis Sigman, Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Kennewick Public Hospital District (KPHD), hereby submits a letter of intent proposing to amend Certificate of Need #1418 due to a change in financing.

In accordance with WAC, the following information is provided:

Description of the Extent of Services Proposed:

KPHD was issued CN #1418 which approved the relocation of 74 existing beds currently located at our Auburn Street campus to our new Southridge location. No change is proposed with the amendment application.

Estimated Cost of the Proposed Project:

CN #1418 had an approved capital expenditure of \$112,378,100. At this time, there is no change in the approved the capital expenditure with the amendment application.

Description of the Service Area:

The approved service area for this project was Benton and Franklin Counties. No change in service area is proposed with the amendment application.

Sincerely,

Glen Marshall
Superintendent/Chief Executive Officer