

 **Oregon Health Authority**

**Capitol Project Reporting Form (CPR-1)**

Reporting Entity Identification and Contact

**Facility**

 **Name**:

 **Federal Tax ID#:**

 **Address**:

 **City:**       **State:**       **Zip Code:**

**Individual completing form**

 **Name**:

 **Title**:

 **Email**:

 **Phone**:

 **Fax #:**

*If address is different than facility listed above, please provide:*

 **Address**:

 **City:**       **State:**       **Zip Code:**

Capital Project Qualitative Information

**1. Provide a brief description of the project.**

**2. Proposed start date:**

**3. Date of approval by board:**

**4. Expected completion date:**

**5. What is the expected project cost?**

**6. Describe the expected benefits to the community that your facility serves. Include both direct financial benefits such as charity care as well as qualitative benefits such as access to care and quality improvements. Attach additional pages if needed.**

**7. In what ways may this project negatively impact the community that your facility serves? Include direct cost such as bonds as well as indirect impacts such as service interruptions. Attach additional pages if needed.**

**8. How has your facility evaluated the need for this project within the community that you serve?**

**9. Are the medical services created by this project already available in the community that your facility serves?**

Public Notice and Comment

**1. Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.**

**2.** Describe your facility’s method of collecting and reviewing public comments on the capital project. Attach additional pages if needed.

|  |  |
| --- | --- |
| **\*Signature:** |        |
| **Date:** |        |

*\*Entry of name connotes signature*

**Please email the completed form to:** HDD.Admin@dhsoha.state.or.us

Health System Research and Data

Health Analytics

500 Summer St. NE E-64

Salem, OR 97301

503-945-6710