

Request No. EQR2023-002

Date Received _____

Received By _____

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY100 NORTH UNION STREET, SUITE 870 MONTGOMERY,
ALABAMA 36104**RECEIVED****Jun 20 2023**STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY**REQUEST FOR DETERMINATION OF EXEMPTION STATUS
FOR REPLACEMENT OF EXISTING EQUIPMENT**

A filing fee in the amount of \$_____ has been submitted with this application.

Requestor Identification (Check one)

☐

Hospital

☒

Nursing Home

☐

Other (Specify) _____

A.

Diversicare of Montgomery

Name of Requestor

2020 North Country Club Drive

Montgomery

Montgomery

Address

City

County

AL

36106

334-263-1643

State

Zip

Phone Number

B.

Diversicare Healthcare Services, LLC

Name of Facility/Organization (if different from A)

1621 Galleria Boulevard

Brentwood

Williamson

Address

City

County

TN

37027

615-771-7575

State

Zip

Phone Number

C.

Diversicare of Montgomery, LLC

Name of Legal Owner (if different from A or B)

1621 Galleria Boulevard

Brentwood

Williamson

Address

City

County

TN

37027

615-771-7575

State

Zip

Phone Number

D.

Richard Blaylock - Sr Director of Plant Operations

Name and Title of Person Representing Proposal and With Whom SHPDA Should Communicate

1621 Galleria Boulevard

Brentwood

Williamson

Address

City

County

TN

37027

615-294-7512

State

Zip

Phone Number

DESCRIPTION OF EQUIPMENT TO BE REPLACED

A. Manufacturer:

Generac 75 kW 93.7 kVA rating

Diesel Generator

General Motors 5.7 L Engine

(1) 105-amp, Olympian Automatic Transfer Switch

(1) 105-amp, Olympian Automatic Transfer Switch

B. Serial Number:

2020496

C. Model:

95A 02249 S

D. Name of Equipment:

See A above.

E. Fair Market Value of Equipment at Present:

\$0

E. Cost of Equipment (include written price quote):

\$732,653 equipment and material + \$88,714 labor for a total project cost = \$821,367

F. Describe Use of Current Equipment:

Provide emergency power in the case of public power loss to run required Life Safety equipment.

G. Describe Use of Proposed Equipment:

Provide emergency power in the case of public power loss to run required Life Safety equipment and the current air conditioning system and other current electrical systems in the center. No new systems are being added.

H. List any attachments or additional procedures associated with this new equipment not performed by old equipment:

Will run current electrical circuits not currently covered by existing generator - No new circuits or building systems will be added.

DESCRIPTION OF PROPOSED NEW EQUIPMENT

Caterpillar C13 Diesel Generator Set

400kW 500kVA rating Diesel Generator

(1) 1200-amp, Automatic Transfer Switch

(1) 400-amp, Automatic Transfer Switch

(1) 150-amp, Automatic Transfer Switch

Unknown

Caterpillar C13

See A above.

\$732,653.00

- H. Can any procedures be performed with the proposed new equipment that cannot be performed with the replaced equipment? If yes, describe in detail:

NO

- I. Location of Existing Equipment (Include Room Number):

Exterior rear of the building

- J. List specially trained or qualified Personnel necessary for operation of equipment:

Current Maintenance Director who operates existing generator will operate the new generator. No new specialty personnel will be added for new equipment.

- K. What use will be made of old equipment when replaced? (Trade in on new equipment, used as back up, parts, etc.)

Will pay electrical contractor to remove existing equipment that will be used for scrap metal by others.

- L. List job titles of any additional Personnel that will be required to operate the new equipment.

None

- M. Describe any renovation or new construction that will be necessary for the installation of the replacement equipment and cost.

None

- N. Describe any new annual operating cost associated with this project such as maintenance contracts, salaries of new employees hired due to equipment, etc.

Additional fuel costs and preventative maintenance costs that are not new costs but will be more costly as the new equipment is larger.

COST

A. Equipment Costs
Cost of equipment ONLY; do not list lease cost.
(Costs must be supported by price quote on manufacturer's
stationary/letterhead).

\$ 732,653.00

B. Less Trade-In of Old Equipment

-\$ 0

C. Total Cost of Equipment

\$ 732,653.00

Calculation of fee for this Determination:

Multiply dollar amount in COST section (C. Total Cost of Equipment) by one percent (1%) (the application fee for a Certificate of Need);

- Non-Rural Hospitals:
Twenty percent (20%) of the calculation obtained above.
- Rural Hospitals:
Twenty-five percent (25%) of the calculation obtained above.

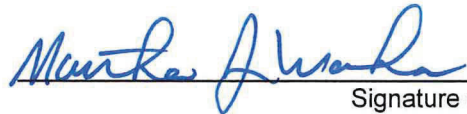
Include manufacturer's literature on old equipment, if available, and on the new equipment.

Include any other information pertinent to the determination.

The Executive Director may request any other information which is relevant to their decision.

CERTIFICATION

I certify that the information provided herein is true and correct and that there is no additional information which would be pertinent to this application which has not been provided. Further, I understand that any misrepresentation on this application or failure to include relevant information may void any favorable determination secured by such misrepresentation or omission.



Signature of Applicant

Matthew J. Weishaar


Printed Name of Applicant

Chief Financial Officer/Secretary

Title of Applicant

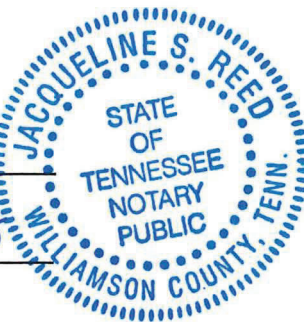
Sworn to and subscribed before me this

9th day of June, 2023.


Notary Public (SEAL)

My Commission Expires

11/10/2025





PRICE QUOTATION

DATE: 5/1/23
 JOB NAME: Diversicare
 JOB LOCATION: Montgomery, AL

We are quoting the ELECTRICAL work complete per plans and specs (section 1600).

BASE BID \$821,367.00

Generator and ATS's	\$329,925.00
Electrical Panels	\$57,154.00
Material and equipment	\$345,574.00
Labor	\$88,714.00

Scope:

1. Includes Scope Letter
2. Includes applicable licenses, permits, and fees.
3. Includes daily clean-up of electrical debris to GC location on site; no broom cleaning.
4. Includes temporary lighting and power per minimum OSHA requirements.
5. Includes concrete work for electrical pole bases, transformer pads, etc.

6. Includes X Excludes Demo of old system
7. Includes X Excludes Power Distribution System per drawings
8. Includes X Excludes Concrete pads per drawings
9. Includes X Excludes Emergency Generator System complete
10. Includes X Excludes Removal of electrical debris and concrete
11. Includes Excludes X Disposal of old generator

12. EXCLUDES any utility company charges.
13. EXCLUDES temporary connections for utility or emergency power.
14. EXCLUDES acceptance of any back-charges other than those mutually agreed upon.
15. EXCLUDES any work not referenced in the electrical plans or specs. We have reviewed the entire set of plans for coordination purposes only.

Thank you for the opportunity to quote this project. Crosby Electric is prepared to provide quality electrical work on this project in a safe and timely manner. Please contact me with any questions.

Shawn Rowe
Project Manager

THE POWER OF POSITIVE THINKING

6012 EAST SHIRLEY LANE, MONTGOMERY, AL 36117

P.O. BOX 240368 (36124)

334.272.2085

FAX 334.272.6768

WWW.CROSBYELECTRIC.COM