



Capitol Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility

Name: Lake Health District
Federal Tax ID#: 93-0577593
Address: 700 South J Street
City: Lakeview **State:** OR **Zip Code:** 97630

Individual completing form

Name: Cheryl Cornwell
Title: CFO
Email: ccornwell@lakehealthdistrict.org
Phone: 541 947 7285
Fax #: 541 947 2114

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.

Remodel existing clinic building and add another building to add clinic space

2. Proposed start date: September 2017

3. Date of approval by board: August 3 2017

4. Expected completion date: December 2018

5. What is the expected project cost? 4,819,483

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.

Added space for providers to see patients, better efficiency in flow of patients from admitting to check out

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.

Financed through Washington Federal Bond, not impact to tax payers

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

Patient feedback, time to see a provider, number of walk-ins turned away

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

Services are all the same, only capacity is expanded

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.

www.lakehealthdistrict.org

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

Public meeting advertised according to state law

*Signature:	<i>Cheryl Cornwell</i>
Date:	9-14-17

**Entry of name connotes signature*

Please **email** the completed form to: OHA.HealthAnalyticsDataSubs@state.or.us

Health System Research and Data
Health Analytics
500 Summer St. NE E-64
Salem, OR 97301
503-945-6710