



Health and Human Services

## Certificate of Need Extension Request

Certificate of Need extensions are required for projects not completed within one year from the original approval. According to our records this project has not been completed. Please complete this form and submit it no less than 30 days prior to the expiration of your Certificate of Need - either original approval date or most recent extension date. If this project has been completed, or will be completed by the expiration of the approval, please inform this office and include the completion date and final dollar total for the project. Thank you for your cooperation.

**Applicant**

Manawa Healthcare, LLC

**Address**

3620 S 24th Street, Council Bluffs, Iowa 51501

**County**

Pottawattamie

**Project Description**

Establishment of a 96-bed behavioral health hospital

**Originally Approved Project Cost**

\$64,500,000.00

**New Project Cost - if applicable****Cost Overrun information**

641 IAC 202.14(2) - An increase in the actual cost of the project over and above that originally approved shall automatically generate a rereview by the council if the increase exceeds the originally approved amount by:

- a. Fifteen percent for projects up to \$999,999.99;
- b. Twelve percent for projects from \$1,000,000.00 to \$4,999,999.99;
- c. Eight percent for projects \$5,000,000.00 and over.

An increase in the approved cost that falls below the above percentages shall be reported to the department.

**Original Approval Date - Date the CON meeting was held.**

11/17/2023

**Do you have a cost overrun?**

No

**Original Completion Date**

1/31/2026

**Projected Completion Date**

1/31/2026

**Length of Extension Requested - Up to 12 months**

6 Months

**Describe the work completed to date and the work yet to be completed.**

Foundations and vertical construction items are complete. The building has been enclosed and interior construction is ongoing. Installation of finishes has begun.

**Explain any completion delays from the date projected in your application and describe what those delays have been.**

None.

**Have any aspects of your project changed since approval (projected costs, number of beds, services, ownership, location, etc.)? If so, please explain.**

No.

**On what date(s) did you sign (or do you anticipate signing) necessary contracts and/or financing agreements. Please provide a list.**

The construction agreement with Graham Construction was signed on May 9, 2024.

**How much of the approved amount have you spent to date?**

\$38,720,394.00

**Provide a breakdown of all expenditures.**

Cost spent to date is \$38,720,395 Please see the below breakdown of expenses.

Construction: \$29,978,158

Architectural / Engineering Fees: \$2,117,678

Equipment/Fees/Testing/Inspections \$856,558

Land Purchase \$5,768,000

Total Spend: \$38,720,394

**Name**

David Burd

**Title**

President & CEO Methodist Jennie Edmundson

**Date of form completion**

10/7/2025

**Phone**

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*December 2020*

