



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

Southcentral Iowa Radiation Center, LLC

Address

404 Jefferson Street, Pella, Iowa 50219

County

Marion

Project Description

Establishment of radiation therapy center

Originally Approved Project Cost

\$14,317,784.00

New Project Cost - if applicable

\$14,520,046.00

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.

10/18/2024

Do you have a cost overrun?

No

Original Completion Date

10/15/2026

Projected Completion Date

1/28/2027

Length of Extension Requested - Up to 12 months

12 Months (maximum allowable)

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

The sitework, foundations, structural steel, and rough in for plumbing and electrical have been completed.

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

n/a

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

n/a

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

Construction contract signed 7/15/2025

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

\$2,266,671.00

Provide a breakdown of all expenditures.

Site work (including tear down of old structure)--\$450,539.00 Construction costs--\$1,729,877

Equipment--\$8, 752.00

Capitalized financing costs--\$77,503.00

Name

Bruce Heifner

Title

CFO

Date of form completion

10/13/2025

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