

- A.** I understand that s. 408.040, *Florida Statutes*, provides for a certificate of need to be awarded predicated upon statements made in the application. These statements can be expressed as conditions placed on an awarded certificate of need. I also understand that the requirements for compliance with such conditions appear in Rules 59C-1.013 and 59C-1.021, *Florida Administrative Code*.
- B.** Among the representations I have made in this application, there are items which present special features or address unique circumstances. I have checked one or more specific items below. In so doing, I seek to have one or more conditions placed upon a certificate of need that may be awarded to me. I understand that any conditions become factors upon which an award may be made. I also understand that representatives of the certificate of need office will consider such conditions and commitments in the review of my application. Furthermore, I understand that such commitments may be used to distinguish one applicant from another in making an award.
- C.** I have checked and described the items below which represent special features or address unique circumstances that shall appear as conditions on a certificate of need should one be awarded.
 - ____ 1. Specific site within the sub-district. The parcel or address is as follows:
 - ____ 2. Percent of a particular population subgroup to be served. The population subgroup, along with the percent to be served, is as follows:
 - ____ 3. Special programs, listed as:
 - ____ 4. Other, specified as:
- D.** For each special feature or unique circumstance identified in C., I have described in one (1) page (attached) how conformance to the conditions will be measured. (**Indicate how many pages follow this page**____).
- E.** ____ I do not wish to accept any conditions.
- F.** Notwithstanding my response to either item C. or E. above, I understand that the identification of public policy can necessitate that a certificate of need bear one or more conditions. I fully understand that the Certificate of Need Office may identify one or more conditions as a requirement for awarding a certificate of need.

Signature of Authorized Representative

Date

Please type or print the above name

Title