



Certificate of Need Program
PO Box 47852
Olympia WA, 98504-7852
360-236-2955

Lease of Part or All of a Hospital Instructions

The department will use the information in your application to determine if your project meets the applicable review criteria. These criteria are included in state law and rules. ([RCW 78.38.115](#), [WAC 246-310-210](#), [WAC 246-310-220](#), [WAC 246-310-230](#), and [WAC 246-310-240](#).)

- Include a table of contents for major application sections and appendices.
- Number all pages consecutively.
- Make the narrative information complete and to the point.
- Cite all data sources.
- Provide copies of articles, studies, etc., cited in the application.
- Provide detailed descriptions of assumptions used for all projections.
- Use non-inflated dollars for all cost projections
- Do not include a general inflation rate for these dollar amounts.
- Do include current contract cost increases such as union contract staff salary increases. You must identify each contractual increase in the description of assumptions in the application.
- Do not include a capital expenditure contingency.

If you have questions, call (360) 236-2955

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.