



Business Plan for the
New Bumi Sehat Clinic
(Healthy Mother Earth Foundation)
Nyuh Kuning, Bali, Indonesia, 2013



Prepared by:
Dr. Kenneth Riener



& Patrick Mayeda





Acknowledgments

Special thanks go to all who supported and contributed information for the development of this business plan.

Ibu Robin Lim, Founder of Bumi Sehat

Oliver Gehlen, Dipl. Ing. Architect, OG architects

Frank Wilson, Honorary Financial Director

Eka Yuliani, Bali Operations Manager

I Made Sandiyasa, Treasurer



Executive Summary

The purpose of this business plan is to demonstrate the viability of Yayasan Bumi Sehat's new birthing and community health clinic to be built on the island of Bali, Indonesia. This clinic will replace the 10-year-old clinic, founded and operated by Ibu Robin Lim, which must move before its lease expires in June 2016.

We have also made an estimate of the amount of donated funds and gifts in kind that will be required to build the new clinic and to fund the necessary equipment based upon a projection of the growth in the number of patients it serves. Briefly, the funds being sought to make this clinic a reality are:

Please note: All tables in this document are in USD

	Required Cash Flow from donations/loans/grants:					
	2014	2015	2016	2017	2018	2019
To Meet Operating Expenses:	\$ 212,786	\$ 261,146	\$ 326,433	\$ 386,883	\$ 386,883	\$ 386,883
To Meet Endowment Targets:	\$ 200,000	\$ 70,000	\$ 67,500	\$ 62,500	\$ -	\$ -
To Meet Capital Investments:	\$ 599,710	\$ 8,521	\$ 10,652	\$ 12,624	\$ 12,624	\$ 12,624
Total Cash Gifts Needed:	\$ 1,012,495	\$ 339,667	\$ 404,584	\$ 462,007	\$ 399,507	\$ 399,507
In-kind Gifts of Equipment:	\$ 344,385	\$ 6,943	\$ 8,521	\$ 10,652	\$ 12,624	\$ 12,624

***HUMAN SERVICES STATISTICS FOR BUMI SEHAT BALI IN 2012**

35,111	Total Patients and Participants Served at Bumi Sehat Bali in 2012
482	Births
4,594	Prenatal Check-ups
893	Postpartum Care w/ Breastfeeding Support; including home visits
917	Neonatal Check-ups
6,363	General Patient Visits for illnesses and injuries
2,915	Acupuncture and Traditional Asian Medicine Treatments
1,088	Alternative Medical Treatments
600	Pediatric Care
416	Ambulance Transports for Emergencies in surrounding communities
52	Reproductive Health Transports
40	HIV/AIDS Testing
1,612	Participants: Capacity Building (7 Seminars for Student Midwives)
579	Patients: Community Health Outreach Clinics with Eyesight Tests and Corrective Glasses
427	Pediatric Check-ups with Nutrition Education for Mothers (Posyandu)
9,918	Participants: Yoga for Elderly with Health Education (Lansia)
2,996	Students: Youth Center Classes in English, Computer & Life Skills
1,213	Participants: Prenatal Yoga (biweekly)
6	Full Educational Scholarships for future Midwives & Nurses

***HUMAN SERVICES STATISTICS FOR BUMI SEHAT ACEH IN 2012**

14,939	Total Patients and Participants Served at Bumi Sehat Aceh in 2012
105	Births
1,774	Prenatal Check-ups
256	Postpartum Care w/ Breastfeeding Support
201	Home Visits
11,744	General Patient Visits for illnesses or injuries; including pediatric care
455	Ambulance Emergency Transport Services
47	Transports for Critical Care
11	Surgeries on Site
171	Prenatal Exercise and Health Education
175	In-patients

2012 TOTAL HUMAN SERVICES FOR BOTH BUMI SEHAT BALI & ACEH: 50,050

2011 TOTAL HUMAN SERVICES FOR BOTH BUMI SEHAT BALI & ACEH: 33,382

Overview

Bumi Sehat has demonstrated an ability to serve its economically limited clientele from a mixture of patient and philanthropic donations, and grants. Its survival and growth through demand is a testimony to the commitment and hard work of Ibu Robin, the Bumi Sehat staff and volunteers. In fact, Bumi Sehat has already raised \$300,000 toward construction of the new clinic. Total construction cost of the new clinic is estimated to be \$892,766.

A closer look at the figures shows that the key to building the new clinic is the US\$599,710 in additional donations needed to complete the project. The donations required for Operating Expenses will grow as the new, larger clinic is fully equipped and staffed. We assume that, as a greater number of clients are served, it will be possible to attract a concomitantly increasing level of donations.

In addition to cash donations for construction of the new clinic, Bumi Sehat anticipates in-kind gifts of equipment and furnishings totaling \$133,915. The remainder of the \$344,385 In-kind gifts of equipment is a \$210,470 anticipated donation to equip the new facility with a range of sustainability features—solar electric generation, hybrid backup generation and battery storage for uninterrupted electric power, rainwater collection system, and on-site blackwater treatment. While highly desirable, these features are not indispensable to the construction and operation of the new clinic.

The estimate of funds to create and grow an Endowment Fund is based upon the assumption that potential donors approached for operating-cost donations may feel more comfortable donating to fund an endowment, which will support ongoing operations in perpetuity. Our financial projections do not include any revenue from these endowments, though they will begin to generate funding at some point in the future.

We have assumed that most of the furnishings and medical equipment will be donated. Whether these are donated by the manufacturers, or perhaps donated by better-funded facilities, which are replacing older, but serviceable equipment, it has proven easier to obtain donations of equipment than of cash.

Principal Financial Projections

In order to generate the estimates of required donations or other permanent financing given above, we started with Bumi Sehat's 2013 operating budget. We assumed that the new, larger clinic would begin operations in December 2013, so that 2014 costs would equal 110% of 2013 levels. We assumed that total activity would increase at 25% per year thereafter until it reached 200% of the 2014 level.

Income Statements

As seen below, all costs and revenues are projected to increase at the same rate, except for depreciation, which is based upon the initial cost of the building and equipment being depreciated. But given that depreciation is a non-cash expense, it does not affect cash flow. (The cash flow occurs when the building is built, or the equipment is purchased.)

In order to support this higher level of activity, most of the asset accounts will have to grow proportionately, and as more assets are acquired, their cost must be met with cash flow generated from patient and philanthropic donations, and from grants.

It is worthwhile to note that, although total costs exceed total revenues, the difference is due to depreciation expense, which is a non-cash write-down of fixed assets such as buildings and equipment. The building is estimated to last 30 years before refurbishment is necessary, which allows for a great deal of time to prepare for the next facility. Equipment will gradually wear out or become obsolete, so fund-raising to upgrade equipment will play an important role for Bumi Sehat's advancement staff.

Income Statement	2014	2015	2016	2017	2018	2019
Revenues:						
Donations from patients/clients	\$ 23,643	\$ 31,918	\$ 39,897	\$ 47,286	\$ 47,286	\$ 47,286
Donations from other sources	\$ 212,786	\$ 287,261	\$ 359,076	\$ 425,571	\$ 425,571	\$ 425,571
Total Revenues:	\$ 236,429	\$ 319,178	\$ 398,973	\$ 472,857	\$ 472,857	\$ 472,857
Expenses:						
Operating Expenses	\$ 139,747	\$ 188,659	\$ 235,824	\$ 279,495	\$ 279,495	\$ 279,495
Salaries (All)	\$ 96,681	\$ 130,520	\$ 163,150	\$ 193,362	\$ 193,362	\$ 193,362
Operating Expenses Total	\$ 236,429	\$ 319,178	\$ 398,973	\$ 472,857	\$ 472,857	\$ 472,857
Depreciation	\$ 39,538	\$ 39,538	\$ 39,538	\$ 39,538	\$ 39,538	\$ 39,538
Total Costs	\$ 275,967	\$ 358,717	\$ 438,512	\$ 512,395	\$ 512,395	\$ 512,395

Balance Sheets

The projected Balance Sheets shed further light on the challenges facing Bumi Sehat in future years. As the level of services grow, so will the need for more equipment, and a greater level of donations to cover the increasing investment in supplies and equipment.

Balance Sheet						
	2014	2015	2016	2017	2018	2019
Assets						
Current Assets						
Cash (1 month expenses)	\$ 20,281	\$ 24,890	\$ 31,113	\$ 36,875	\$ 36,875	\$ 36,875
Pledges Receivable	\$ 2,200	\$ 2,700	\$ 3,375	\$ 4,000	\$ 4,000	\$ 4,000
Receivables	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Inventory	\$ 110	\$ 135	\$ 169	\$ 200	\$ 200	\$ 200
Prepaid expenses	\$ 2,200	\$ 2,700	\$ 3,375	\$ 4,000	\$ 4,000	\$ 4,000
Total Current Assets	\$ 24,791	\$ 30,425	\$ 38,032	\$ 45,075	\$ 45,075	\$ 45,075
Total Non-current Assets:						
Funded Endowments	\$ 200,000	\$ 270,000	\$ 337,500	\$ 400,000	\$ 400,000	\$ 400,000
Land	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000
Bldg and other Improvements	\$ 892,767	\$ 892,767	\$ 892,767	\$ 892,767	\$ 892,767	\$ 892,767
Less: Acc. Depr.	\$ (22,319)	\$ (44,638)	\$ (66,957)	\$ (89,277)	\$ (111,596)	\$ (133,915)
Net Improvements	\$ 870,447	\$ 848,128	\$ 825,809	\$ 803,490	\$ 781,171	\$ 758,852
Equipment	\$ 133,915	\$ 140,858	\$ 149,379	\$ 160,031	\$ 172,655	\$ 185,279
Less: Acc. Depr.	\$ (6,696)	\$ (13,391)	\$ (20,087)	\$ (26,783)	\$ (33,479)	\$ (40,174)
Net Equipment	\$ 127,219	\$ 127,467	\$ 129,292	\$ 133,248	\$ 139,176	\$ 145,104
Sustainability concept Eq.	\$ 210,470	\$ 210,470	\$ 210,470	\$ 210,470	\$ 210,470	\$ 210,470
Less: Acc. Depr.	\$ (10,524)	\$ (21,047)	\$ (31,571)	\$ (42,094)	\$ (52,618)	\$ (63,141)
Net Sustainability Eq.	\$ 199,947	\$ 189,423	\$ 178,900	\$ 168,376	\$ 157,853	\$ 147,329
Total Non-current Assets:	\$ 2,455,804	\$ 2,481,660	\$ 2,508,173	\$ 2,533,946	\$ 2,501,164	\$ 2,468,382
Total Assets:	\$ 2,480,595	\$ 2,512,085	\$ 2,546,204	\$ 2,579,020	\$ 2,546,239	\$ 2,513,457
Liabilities and Net Assets						
Current Liabilities						
Short-term bank borrowing	\$ 11,000	\$ 13,500	\$ 16,875	\$ 20,000	\$ 20,000	\$ 20,000
Accounts Payable (1 month)	\$ 11,646	\$ 14,292	\$ 17,865	\$ 21,174	\$ 21,174	\$ 21,174
Accrued Wages and Salaries (2 weeks)	\$ 3,867	\$ 4,746	\$ 5,933	\$ 7,031	\$ 7,031	\$ 7,031
Total Current Liabilities	\$ 26,513	\$ 32,539	\$ 40,673	\$ 48,205	\$ 48,205	\$ 48,205
Non-Current Liabilities						
Mortgage or other long-term borrowing:	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
Other long-term liabilities	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Total Long-term liabilities	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000
Total Liabilities	\$ 38,513	\$ 44,539	\$ 52,673	\$ 60,205	\$ 60,205	\$ 60,205
Net Assets						
Unrestricted Reserves	\$ 55,000	\$ 67,500	\$ 84,375	\$ 100,000	\$ 100,000	\$ 100,000
Temporarily Restricted Reserves	\$ 1,197,613	\$ 1,165,018	\$ 1,134,001	\$ 1,105,114	\$ 1,078,200	\$ 1,051,285
Permanently Restricted Reserves	\$ 1,189,468	\$ 1,235,029	\$ 1,275,155	\$ 1,313,701	\$ 1,307,834	\$ 1,301,966
Net Assets	\$ 2,442,082	\$ 2,467,547	\$ 2,493,531	\$ 2,518,815	\$ 2,486,033	\$ 2,453,252
Liabilities plus Reserves = Total Assets	\$ 2,480,595	\$ 2,512,085	\$ 2,546,204	\$ 2,579,020	\$ 2,546,239	\$ 2,513,457

As the above projections show, building a new facility to house Bumi Sehat will present a huge challenge for Ibu Robin and her staff, but the need is great, and Ibu Robin has demonstrated a total commitment to improving the situation facing pregnant women, children and those in need of healthcare, in Bali and post-tsunami Aceh, Indonesia. Their plan is ambitious, but feasible, and will produce a high return on investment in the form of healthier mothers and children, which will in turn lessen poverty and misery, and improve the economic and living situation of the residents of this area.

Introduction

According to the World Health Organization, Indonesia has one of the highest maternal and infant mortality rates in Southeast Asia. However, a more in-depth study conducted in 1987: Maternal Mortality in Bali, Indonesia, done by Dr. Inne Susante, Dr. I.B. Asawa and Judith A. Fortney Ph.D. (in cooperation with the School of Medicine, Udayana University, Denpasar Bali, and the National Family Planning Coordinating Board, Family Health International, NC, USA), found that the actual maternal mortality ratio was twice as high as the WHO reported rate (at 718 maternal deaths per 100,000 live births). The study found that postpartum hemorrhage was the leading cause of maternal death, accounting for 49% of the maternal deaths. Hemorrhage is largely due to malnutrition. The economic conditions currently present in Bali increase the risk of pregnant women eating less nutritious food, and getting fewer meals per day.

Families under financial strain are less likely to seek prenatal care and risk assessment for their pregnant members. Doctors and midwives are finding women of compromised health presenting themselves in labor, having had little or no prenatal care, poorly nourished and at greater risk for complications during delivery, for both mother and baby. Bumi Sehat sees patients day and night, and perceives an urgent need for educational and birth services to address the problem of increased maternal and infant risks due to the economic and health status in both Bali and Aceh.

Bumi Sehat runs four different types of programs to ensure that continuity of health and wellness care is available for the communities it serves:

- Culturally Appropriate Birthing Services
- General Health Services
- Educational Development and Capacity Building
- Community Outreach

Bumi Sehat is a not-for-profit foundation dedicated to “family health, gentle maternal healthcare, and infant survival with an emphasis on breastfeeding as the best start for all babies born in Indonesia.” Bumi Sehat was founded in 1995 in the village of Nyuh Kuning, Bali, and now operates another clinic in Gampong Cot, West Aceh; site of tsunami devastation in 2004. Bumi Sehat is dedicated to providing health and education services free of charge to those who cannot afford to pay for these services.

In order to expand its operations to cover more of the unmet needs for its services, especially childbirth, Bumi Sehat is seeking funding of approximately US\$891,848 for building a new, larger clinic in Nyuh Kuning, Bali. They are also seeking sustaining grants and donations or endowments in addition to the cost of construction for the new facility.

This facility could also become a template for similar facilities to be built elsewhere in Indonesia. (Talks have begun in the Philippines to emulate the Bumi Sehat model of safe, culturally appropriate care.) It is assumed that the construction of each future facility would involve the local community, and would derive its funding from sources which are unique to the specific site. For instance, some villages may be near an existing or proposed mine site, and the firm developing the mine might be willing to support the facility as a way to gain the support of the local community.

“I imagine a world in which all humans are born with an intact capacity to love, and I am willing to devote my life to making it happen.” --Robin Lim

History

In 1994, based out of her home in Nyuh Kuning village, Ibu Robin Lim began providing free health services for pregnant women and children under five in the area of Ubud, Bali. The demand grew exponentially as knowledge of her services spread among the many in need and attracted others to join with her in support of her initiative in providing care for women and children of need. In 1995, Robin and the Bumi Sehat board of trustees founded her first non-profit organization for mother and child health, which would later evolve into Yayasan Bumi Sehat.

On May 29, 2003, the Jakarta Post reported that birth related maternal mortality in Indonesia was 'officially' recorded as 373 per 100,000 births; the highest among countries in the ASEAN. Ibu Robin and her team, along with business and community leaders, moved forward to formalize their institution which, in addition to providing pre-, peri- and postnatal birthing care, would also provide social and health education services to improve the quality of health for mothers and children through prenatal clinics, furthering youth education programs and educational grants for aspiring midwives, services for the elderly, emergency medical and disaster relief, and environmental programs for cleaner communities.

Robin Lim's vision for a gentle birth and human development and aid organization became legally incorporated in 2005 under the name "Yayasan Bumi Sehat Nyuh Kuning Village" in accordance with the laws and regulations of Indonesia. Yayasan Bumi Sehat's main office and headquarters is located in Nyuh Kuning Village, Ubud, in the District of Gianyar, Bali, Indonesia.

In 2012, Bumi Sehat recorded 50,050 incidences of health, human services and educational opportunities realized by their two by-donation community health centers in Bali and Aceh, Indonesia. Midwifery services to ensure safe, culturally appropriate births are at the heart of Bumi Sehat and their clinics welcome approximately 600 new babies into the world each year.

Legal Structure

In January 2005, the institution was established by license through the Notary became legally incorporated under the name "Yayasan Bumi Sehat Nyuh Kuning Village" through Decree Law with the Human Rights Minister and registered in the Gianyar Regency of Social Affairs and the Social Department of the Province of Bali.

Mission

Our mission is to reduce maternal/child morbidity and mortality and to support the health and wise development of communities. Toward this goal, we provide general health services, emergency care, prenatal, postpartum, birth services and breastfeeding support, in addition to education, environmental programs and disaster relief. Yayasan Bumi Sehat is devoted to working in partnership with people to help them to improve their quality of life and in promoting peace.

Management

Robin Lim (“Mother Robin” or “Ibu Robin”) is a midwife and founder of Yayasan Bumi Sehat (Healthy Mother Earth Foundation) health clinics. She was awarded the 2011 CNN Hero of the Year award by the CNN news network for helping thousands of low-income women in Indonesia with healthy pregnancy and birth services and in 2006 was awarded the Alexander Langer International Award for her compassionate efforts in disaster relief for the peoples devastated by the 2004 tsunami in Aceh, Indonesia. Lim is a U.S. citizen, mother of eight children, and author of many books related to infant and maternal health, poetry, Indonesian medicinal botanicals and a novel on the history of her family. She became a midwife after several personal tragedies, including the deaths of her sister and her baby, both from complications during pregnancy, and the loss of her best friend who was one of the midwives who delivered one of her own children. Lim is a Certified Professional Midwife with the North American Registry of Midwives, and a member of Ikatan Bidan Indonesia (Indonesian Midwives Association).

Site

The new facility will be located near the existing clinic in Nyuh Kuning, Ubud, Bali.



Programs and Services

All of Bumi Sehat's programs are designed in the context of:

- ❑ Economic factors: Largely dependent on tourism, Bali spiraled downward after the two Bali bombings and continues to decline as a result of the global economic crisis. In Aceh, the Tsunami destroyed vital infrastructure, leaving the survivors jobless and homeless. A lack of resources directly affects the family's health status in addition to precluding access to private facilities, as well as limiting access and successful outcomes with unreliable public services.
- ❑ Poor maternal nutrition: Newer high-yield varieties of rice are lacking in essential nutrients, which can affect mom and baby alike. Poor nutrition may lead to hemorrhage, threatening the lives of new mothers. Babies malnourished while developing are at risk for low birth weight and a cascade of ill effects.
- ❑ High cesarean section rates: Cesarean sections, which are costly and can lead to infections, along with a cascade of complications, are occurring at alarmingly high rates in hospitals in Indonesia.

Given the economic realities of the patients, Bumi Sehat provides all in-house services regardless of ability to pay and, in extraordinary cases, will also pay for a patient's care at an outside facility if they cannot afford to do so. To support the growing population of patients, Bumi Sehat is building a new facility in Ubud. Components of the facility are outlined below.

The Clinic consists of 4 Buildings or Wings

The Administrative and Medical Wing

The main entrance building has two floors. Downstairs are the following facilities: reception, waiting area, pharmacy, first care treatment room, doctors and sterilization room, storage rooms, kitchen and cafeteria, public toilets, laundry and drying area. Upstairs are offices, a meeting room, and two multipurpose rooms. The ground floor will be 413m² and the first floor at 206m².

The Delivery Wing

The Delivery wing has 3 delivery rooms, one midwife room and a check up room. Each delivery room has an attached bathroom with a bathtub. Size: 170m² (1,830 ft²)

The Patient Wing

The Patient wing is opposite the "delivery" wing and has 4 recovery rooms, each with 3 beds and attached bathroom. Size: 110m² (1,184ft²)

The Alternative Medicine Wing

The alternative medicine building has two stories. Downstairs there are about 10 beds for alternative treatments, such as acupuncture. The Yoga and meeting hall upstairs can accommodate about 40 people and is connected to the downstairs by a wheelchair accessible ramp. Ground floor: 177m² (1,905 ft²)
First floor: 145m² (1,561ft²)

A major bamboo roof structure spans over the entrance building and the two wings. This structure is independent from the civil structure of the building and the wings.

The materials and the chosen structural designs make the buildings much more earthquake resistant.

The alternative medicine building is made entirely out of bamboo. Bamboo is a low cost, yet excellent building material, both for its environmentally friendly sustainability and for its earthquake resistant factor.

Our architect and support team have also designed for simplicity to keep cost down and to facilitate a speedy completion of construction. The structure will employ “B Panel” composite walls, making it earthquake resistant, and the floors will be finished with composite tiles for easy care. The major part of the building will be covered with high quality clay tiles. The alternative medicine building will be covered with several layers of Bamboo shingles. The cost of construction of these four Clinic Buildings is estimated at \$600,000.

Other technical structures are:

- Generator Room
- Security Station
- Pergola for Bumi Sehat Ambulance

Total cost of construction for the technical Buildings are estimated at \$5,000.

External Works

In addition to the three buildings, the site will be enhanced to support the facility. Parking and pathways will be built. A 2.6m high boundary wall behind the clinic will be constructed. Two shorter walls will be constructed behind the bale and on the west side of the parking. Trash containment area, sewerage treatment plant (SPT), and grease trap will be installed to keep the facility clean. A shrine will be installed for cultural purposes. The cost of all External Works is estimated at \$62,812. The cost of each entity included in External Works is outlined in the financial projections found in the addendum of this business plan.

Marketing Plan

There is no need to market the clinic's services, since word of mouth assures that the clinic will operate at full capacity at all times. Bumi Sehat is also known through its active campaign of producing birthing and health related educational materials that it distributes throughout the country for free. Ibu Robin and Bumi Sehat has also been a frequent subject for Indonesian television.

Fund-raising continues to be a constant effort to gather donations from around the world, as well as within Indonesia. In addition, it is hoped that various international organizations dedicated to women's health and infant survival and health will commit to funding some or all of Bumi Sehat's activities. Bumi Sehat has proven itself to be capable of providing high quality care with optimum outcomes at minimal cost. This model would be very effective if cloned and implemented throughout Indonesia as part of a national effort and, by extension, throughout those parts of the world where pregnant women cannot receive adequate prenatal, perinatal, and postnatal care, and where access to community health services are limited.

Schedule

The current schedule estimates occupancy of the new clinic in September 2014. It will take a while to get the facility fully operational, but the overall level of activity for 2014 is expected to be about 110% of 2013 projections. Total activity, along with costs, is expected to rise at a rate of 25% per year, until the clinic reaches capacity at about 200% of the present clinic's activity.

Financial Plan

We have developed a financing plan that estimates the total up-front investment required to build the proposed facility, and the ongoing cost of operating the facility. Although the functions of Bumi Sehat are viewed by the community, Ibu Robin, and the board and volunteers of Bumi Sehat as holistically integrated, they can be broken down into several distinct services provided by the facility. Donors may be interested in supporting one, but not all, of the activities of the community. For instance, safe childbirth may appeal to different potential donors than would, say, midwifery training. Separating out the cost of the different functions may help in the fund-raising process, allowing potential donors the ability to donate to the activity that they are most interested in supporting. Other sources of funding could include memberships, sales of goods and services, grants from international institutions or national governments, and private donations.

We have received detailed cost estimates for construction of the proposed facility. In order to estimate the start-up cost and operating cost for each of the services provided by Bumi Sehat, we have made several assumptions, as listed below. When-if we receive better information, we can update our analysis in order to provide a more accurate projection of the cost to build, start and operate this facility. Construction Cost and Proforma Financial projections can be found in the Appendix.

Addendum

Project : New Bumi Sehat Clinic, Nyuh Kuning

Subject : Summary

Location : Ubud, Gianyar - Bali

FOREX 8985

NO	DESCRIPTION	UNIT	QUANTITY	TOTAL IDR	US Dollars USD
A	PRELIMINARIES	Ls	1	66,550,000	\$ 7,407
B	HOSPITAL	Ls	1	3,333,142,734	\$ 370,967
C	ALTERNATIVE MEDICINE BUILDING	Ls	1	1,421,629,864	\$ 158,223
D	BALE	Ls	1	48,961,064	\$ 5,449
E	SECURITY	Ls	1	39,487,677	\$ 4,395
F	EXTERNAL WORKS				
a	Cut & Fill Works	Ls	1	156,377,415	\$ 17,404
b	Parking Area	Ls	1	85,472,256	\$ 9,513
c	Path Way	Ls	1	55,303,747	\$ 6,155
d	Boundary Wall	Ls	1	218,713,260	\$ 24,342
e	Shrine	Ls	1	7,621,451	\$ 848
f	Garbage	Ls	1	2,514,737	\$ 280
g	Miscellaneous Works	Ls	1	38,344,298	\$ 4,268
G	MEP	Ls	10%	1,642,235,500	\$ 182,775 MEP estimate
GRAND TOTAL				7,116,354,004	\$ 792,026
CONSTRUCTION OVER HEAD 10 %				711,635,400	\$ 79,203
TOTAL				7,827,989,404	\$ 871,229
VAT (PPn 10 %)				782,798,940	\$ 87,123
VAT (Pph final 2 %)				By Owner	
TOTAL				8,610,788,344	\$ 958,352
ROUNDED OFF				8,610,788,000	\$ 958,351

Note: The above price does not include:

- VAT (PPh)

- Interior works

- Landscape and hardscape

Monday, February 4, 2013

1,000,000 Indonesian Rupias =USD 102.56

1,000,000 US Dollar (USD) = 9,750,000,000 Indonesian Rupiah (IDR)



Feb 2013 R1