



Fresenius Medical Care

August 29, 2012

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

RECEIVED
AUG 29 2012
HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: Alteration, Permit #10-063, Fresenius Medical Care Lakeview

Dear Ms. Avery:

I am writing to request an alteration of the above mentioned project. The alteration relates only to project scope. The cost of the project will decrease. The original permit is for the addition of 8 stations to the facility. The permit holder will now be adding only 4 stations.

After receiving a permit and as the applicant reviewed the proposed floor plans, it decided that adding 8 stations would displace needed office areas. Reducing the addition of stations to only 4 will address the need and will also allow for continued office access at this time. There are no other changes to the size or scope of the project.

The following pages are replacement pages for the original application this change related to this alteration. These include:

- Page 5 Project Costs and Sources of Funds
- Page 35 Attachment 9 - Cost Space Requirements

Enclosed is an alteration fee in the amount of \$1,000. Thank you for your consideration.

Sincerely,

Lori Wright
Senior CON Specialist
Phone 708-498-9121

cc: Clare Ranalli

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds				
USE OF FUNDS		CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs		N/A	N/A	N/A
Site Survey and Soil Investigation		N/A	N/A	N/A
Site Preparation		N/A	N/A	N/A
Off Site Work		N/A	N/A	N/A
New Construction Contracts		N/A	N/A	N/A
Modernization Contracts		642,000	N/A	642,000
Contingencies		60,000	N/A	60,000
Architectural/Engineering Fees		50,000	N/A	50,000
Consulting and Other Fees		N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)		150,000	N/A	150,000
Bond Issuance Expense (project related)		N/A	N/A	N/A
Net Interest Expense During Construction (project related)		N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	311,621 67,125	378,746	N/A	378,746
Other Costs To Be Capitalized		N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)		N/A	N/A	N/A
TOTAL USES OF FUNDS		1,280,746		1,280,746
SOURCE OF FUNDS		CLINICAL	NONCLINICAL	TOTAL
Cash and Securities		840,250	N/A	840,250
Pledges		N/A	N/A	N/A
Gifts and Bequests		N/A	N/A	N/A
Bond Issues (project related)		N/A	N/A	N/A
Mortgages		N/A	N/A	N/A
Leases (fair market value)		378,746	N/A	378,746
Governmental Appropriations		N/A	N/A	N/A
Grants		N/A	N/A	N/A
Other Funds and Sources		61,750*	N/A	61,750*
TOTAL SOURCES OF FUNDS		1,280,746	N/A	1,280,746
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.				

*Total construction costs are \$702,000, however \$61,750 will be funded through Tenant Improvement Allowances from the landlord that will be spread out over the term of the lease.

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	1,280,746	5,400	7,870		5,170		
					5,170		
Total Clinical	1,280,746	5,400	7,870				
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	1,280,746	5,400	7,870		5,170		
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

THIS IS WATERMARKED PAPER TO PREVENT FALSIFICATION

Fresenius Management Services, Inc.
One Westbrook Corp. Ctr. Ste. 1000
Westchester, IL 60154
(708) 498-9400

Fresenius Medical Care

DATE: 08/07/2012
CHECK NO: 0006332059

NET AMOUNT

PAY *****1,000.00*

NOT VALID AFTER 90 DAYS

PAY
One thousand and 00/100 Dollars

TO THE ORDER OF
ILLINOIS DEPT OF PUBLIC HEALTH
FACILITIES PLANNING BOARD
525 WEST JEFFERSON STREET
SPRINGFIELD IL 62761

Michael Brown

Wells Fargo Bank, N.A.

#10-063 Fresenius Medical Care Lakeview

⑆0006332059⑆ ⑆053101561⑆ ⑆207990001155⑆

PLEASE DETACH BEFORE DEPOSITING

VENDOR NO.# 172886

PAGE 1 OF 1

0006332059

INVOICE#	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT AMT	NET AMOUNT
4188-080212	08/02/2012	4188 LAKEVIEW CON PERMIT ALTERATION #10-063	1,000.00	0.00	1,000.00
TOTALS			\$1,000.00		\$1,000.00