

## Roate, George

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**From:** Richard Prebil [Richard.Prebil@gallitanooconnor.com]  
**Sent:** Monday, December 19, 2011 12:13 PM  
**To:** Roate, George  
**Subject:** RE: Project 11-111 IVF Center at RMI  
**Attachments:** 2011.12.19 CON APPLICATION REVISED NEW 05-01-10 FORM 5.pdf

Oops. It is only a million dollar error. Please find attached a new 5.

I also checked Attachment 7, page 101, and it was correctly stated there.

**Richard L. Prebil**  
Richard L. Prebil, P.C.  
[richard.prebil@gallitanooconnor.com](mailto:richard.prebil@gallitanooconnor.com)  
257 E. Main Street, Suite 300  
Barrington, IL 60010  
Tel: 224.633.5022  
Fax: 224.633.5001  
Cell: 847.602.9121

*Affiliated with*  
**Gallitano & O'Connor LLP**  
[www.gallitanooconnor.com](http://www.gallitanooconnor.com)

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DEC 19 2011

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

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**From:** Roate, George [mailto:George.Roate@Illinois.gov]  
**Sent:** Monday, December 19, 2011 12:03 PM  
**To:** Richard Prebil  
**Subject:** RE: Project 11-111 IVF Center at RMI

We just re-checked the project costs page, and the line items do not total up to \$1,366,238.82. We'll need you to submit a corrected project costs page.

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**From:** Richard Prebil [mailto:Richard.Prebil@gallitanooconnor.com]  
**Sent:** Monday, December 19, 2011 11:53 AM  
**To:** Roate, George  
**Subject:** RE: Project 11-111 IVF Center at RMI

Thanks.

Could you also check to assure that the application fee was based on the correct number?

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**From:** Roate, George [mailto:George.Roate@Illinois.gov]  
**Sent:** Monday, December 19, 2011 11:49 AM  
**To:** Richard Prebil  
**Subject:** RE: Project 11-111 IVF Center at RMI

Please see attached.

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**From:** Richard Prebil [mailto:Richard.Prebil@gallitanooconnor.com]  
**Sent:** Monday, December 19, 2011 10:56 AM  
**To:** Roate, George  
**Subject:** RE: Project 11-111 IVF Center at RMI

Thanks for your review. I see that the project cost in the attached Notice seems to be \$14,803,282, which doesn't seem to be correct.

Thanks.

**Richard L. Prebil**  
**Richard L. Prebil, P.C.**  
[richard.prebil@gallitanooconnor.com](mailto:richard.prebil@gallitanooconnor.com)  
257 E. Main Street, Suite 300  
Barrington, IL 60010  
Tel: 224.633.5022  
Fax: 224.633.5001  
Cell: 847.602.9121

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**From:** Roate, George [mailto:George.Roate@Illinois.gov]  
**Sent:** Monday, December 19, 2011 9:35 AM  
**To:** Richard Prebil  
**Subject:** Project 11-111 IVF Center at RMI

Good morning:  
Please see attached. A paper copy will follow.

George Roate  
Illinois Department of Public Health  
Office of Health Systems Development  
525 West Jefferson 2nd Floor  
Springfield, Illinois 62761  
Phone: (217) 782-3516  
Fax: (217) 785-4111

**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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,213,220.08	\$153,018.74	\$1,366,238.82
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$1,213,220.08</b>	<b>\$153,018.74</b>	<b>\$1,366,238.82</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,213,220.08	\$153,018.74	\$1,366,238.82
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$1,213,220.08</b>	<b>\$153,018.74</b>	<b>\$1,366,238.82</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			