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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Mr. Mike Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield IL 62761
Mike.Constantino@illinois.gov

January 29, 2013

Via email and mail

Re: Proctor Hospital
Project Completion
Project #11-063 Proctor Health Care

Dear Mr. Constantino:

As required by 77 Illinois Administrative Code 1130, Section 1130.770 Project Completion, Final Realized Costs and Cost Overruns, the attached information is submitted.

All project costs included in this submittal are the CON Reviewable Project Costs.

1. Itemization of all project costs;
See Attachment A.
2. An itemization of those project costs that have been or will be submitted for reimbursement under Titles VIII and XIX;
No reimbursement to be applied for
3. A certification that the realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX;
See Attachment B.
4. Certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of this Section must be in the form of a notarized statement signed by an authorized representative of the permit holder;
See Attachment C.



5. The final Application and Certification for payment for the construction contract, as per the American Institute of Architects Form G702 or equivalent;

Utilized progressive billing per individual sub-contractors

6. For permits with a project cost equal to or greater than three times the capital expenditure minimum in place at the time of permit approval, an audited financial report of all project costs and sources of funds.

Not Applicable

Should you or your staff have questions or require further information, please contact me at 309-691-1022 (office), 309-573-2859 (blackberry), or angie.moore@proctor.org.

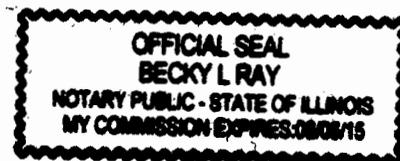
Sincerely,

Angela K. Moore
Executive Director of Behavioral Health
Proctor Hospital

Paul E. Macek
President and CEO
Proctor Hospital

Notary Seal

Notary Seal





Proctor Hospital
Project Completion
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Attachment A

PROJECT COSTS AND SOURCES OF FUNDS

Line Item	Allowance/CON	Realized Costs
Preplanning Costs	\$3,000	\$3,000
Site Survey & Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off-Site Work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization	\$447,259	\$447,259
Contingencies	\$50,741	\$50,741
Architectural/Engineering	\$45,000	\$45,000
Consulting & Other Fees	\$25,000	\$25,000
Movable & Other Equipment	\$68,993	\$41,774
Bond Issuance Expense	N/A	N/A
Net Interest Expense during Construction	N/A	N/A
FMV of Leased Space & Equipment	N/A	N/A
Other Costs to be Capitalized	N/A	N/A
Acquisition of Building or Other Property (Excluding Land)	N/A	N/A
Total Project Costs	\$639,993	\$612,774
Realized Total Project Costs to Date		
Cash and Securities	\$639,993	N/A
Pledges	N/A	N/A
Gifts & Bequests	N/A	N/A
Bond Issues	N/A	N/A
Mortgages	N/A	N/A
Lease FMV	N/A	N/A
Gov. Approp.	N/A	N/A
Grants	N/A	N/A
Other Funds & Sources	N/A	N/A
Total Funds	\$639,993	N/A
Total Spent to Date		\$612,774



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Attachment B

This is to certify that the realized costs of \$612,774.00 for CON Project #11-063 are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX.

Angela K. Moore
Executive Director of Behavioral Health
Proctor Hospital

Paul E. Macek
President and CEO
Proctor Hospital

Notary Seal

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Attachment C

Facility Square Footage Analysis

			<u>Difference</u>	
			<u>CON – Final built</u>	
	<u>CON</u>	<u>Final Built</u>	<u>Sq Ft</u>	<u>%</u>
<u>Reviewable</u>				
Patient Care	6,960	6,960	0	0
<u>Non-Reviewable</u>				
Associated Mechanical Space	1,100	1,100	0	0
Total Square Footage	8,060	8,060	0	0