

Hawthorne Inn of Princeton, LLC
285 South Farnham Street
Galesburg, IL 61401

RECEIVED

OCT 11 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

HAND DELIVERED

October 8, 2013

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Suite 200
Springfield, IL 62761

RE: Manor Court of Princeton, Project No. 11-065

Dear Ms. Avery:

Pursuant to Section 1130.770, Project Completion, Final Realized Costs and Cost Overruns, we hereby submit the notification of project completion and final costs on the above-referenced project.

b)1) Itemization of all project costs;

Attached as **EXHIBIT I**, is the detailed itemization of the Uses and Sources of Funds by line item showing the amount approved under Project No. 11-065 as well as the amount expended and the percent expended by line item.

b)2) An itemization of those project costs that have been or will be submitted for reimbursement under Titles XVIII and XIX;

Attached as **EXHIBIT I**, is the detailed itemization of the Uses and Sources of Funds by line item showing the project's costs that will be submitted for reimbursement under Titles XVIII and XIX.

b)3) A certification that the final 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;

Attached as **EXHIBIT II** is a certified letter attesting that the final realized costs as shown under Exhibit I is complete for submission for reimbursement under Titles XVIII and XIX and that there are no additional or associated costs related to this project that will be submitted for reimbursement under Title XVIII or XIX.

Ms. Courtney Avery
Page 2
October 8, 2013

- 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 the Section must be in the form of a notarized statement signed by an authorized representative of the permit holder; and

EXHIBIT III is a certified letter stating that the project as approved is in compliance with all terms of the permit including the project cost, square footage, and services.

- b)5) The final Application and Certification for Payment for the construction contract, as per the American Institute of Architect form G702 or equivalent;

The final Contractor's Application for Payment form G702 (revised) is shown as **EXHIBIT IV**.

This correspondence is meant to satisfy the requirement for completeness. Additionally, a copy of the facility's IDPH facility license is appended as **EXHIBIT V**. Should you or your staff have any questions or concerns, please do not hesitate to contact me. Thank you in advance for your consideration.

Sincerely yours,


John M. Crock


John Thompson

Enclosures

**Manor Court of Princeton
Project No. 11-065**

	Approved Amount	Expensed Amount	% of Approvd Amount
Preplanning	\$ 35,000.00	\$ 35,000.00	100
Site Survey and Soil Investigation	\$ 15,000.00	\$ 15,000.00	100
Site Preparation	\$ 100,000.00	\$ 100,000.00	100
New Construction Contracts	\$ 1,884,500.00	\$ 1,884,500.00	100
Contingencies	\$ 100,000.00	\$ 99,789.00	100
Architecural/Engineering Fees	\$ 120,000.00	\$ 120,000.00	100
Consulting and Other Fees	\$ 50,000.00	\$ 50,000.00	100
Movable or Other Equipment	\$ 175,000.00	\$ 175,000.00	100
Fair Market Value of Leased Space or Equipment	\$ 481,021.00	\$ 481,021.00	100
	\$ 2,960,521.00	\$ 2,960,310.00	100

Hawthorne Inn of Princeton, LLC
285 South Farnham Street
Galesburg, IL 61401

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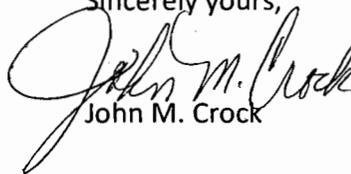
Ms. Courtney Avery
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Project Number 11-065
Manor Court of Princeton – Project Completion

Dear Ms. Avery:

Please accept this correspondence as certification that the final 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.

Sincerely yours,

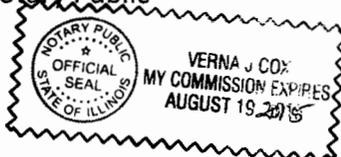

John M. Crock


John Thompson

State of Illinois
County of Knox

Sworn to before me this
8th day of October, 2013

Verna J. Cox
Notary Public



Hawthorne Inn of Princeton, LLC
285 South Farnham Street
Galesburg, IL 61401

HAND DELIVERED

October 8, 2013

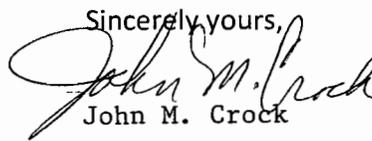
Ms. Courtney Avery
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Project Number 11-065
Manor Court of Princeton – Project Completion

Dear Ms. Avery:

Please accept this correspondence as 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.

Sincerely yours,

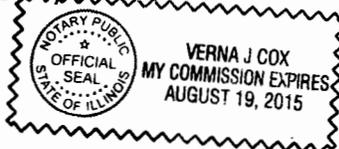

John M. Crock


John Thompson

State of Illinois
County of Knox

Sworn to before me this
8th day of October, 2013

Verna J. Cox
Notary Public



APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF TWO

TO OWNER: Frances House
285 S. Farnham Street
Galesburg, IL 61401

PROJECT: Wing Addition
Princeton, IL

APPLICATION NO: Final

Distribution to:

FROM CONTRACTOR: RFMS Construction
285 S. Farnham Street
Galesburg, IL 61401

OWNER
 ARCHITECT
 CONTRACTOR

CONTRACT FOR: Wing Addition

PERIOD TO: 9/30/13

PROJECT NOS:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$	2,960,521.00
2. Net change by Change Orders	\$	(211.00)
3. CONTRACT SUM TO DATE (Line 1 ± 2)	\$	2,960,310.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	2,960,310.00
5. RETAINAGE:		
a. % of Completed Work (Column D + E on G703)	\$	0.00
b. % of Stored Material (Column F on G703)	\$	0.00
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$	2,960,310.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	2,772,249.94
8. CURRENT PAYMENT DUE	\$	188,060.06
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		(\$211.00)
Total approved this Month	\$0.00	
TOTALS		(\$211.00)
NET CHANGES by Change Order		(\$211.00)

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: *M. K. Mason*

Date: 10/7/13

State of: Illinois
Subscribed and sworn to before me this 7th day of October
Notary Public: *S. K. Mason*
My Commission expires: 6/18/2016



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

AIA DOCUMENT G703

PAGE 2 OF 2 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing

Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: Final
 APPLICATION DATE: 9/30/13
 PERIOD TO: 9/30/13
 ARCHITECT'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)						
1	General Contractor	1,884,500.00	1,712,493.00		172,007.00		1,884,500.00	100.00%	
2	Infrastructure	115,000.00	109,575.00		5,425.00		115,000.00	100.00%	
3	FF & E	175,000.00	172,525.08		2,474.92		175,000.00	100.00%	
4	Preplanning Cost	35,000.00	35,000.00				35,000.00	100.00%	
5	Architect & Engineering Fees	120,000.00	116,659.66		3,340.34		120,000.00	100.00%	
6	Design Services & Consulting	50,000.00	47,613.93		2,386.07		50,000.00	100.00%	
7	Leased space/equipment	481,021.00	481,021.00				481,021.00	100.00%	
8	Contingency	99,789.00	97,362.27		2,426.73		99,789.00	100.00%	
GRAND TOTALS		\$2,960,310.00	\$2,772,249.94		\$188,060.06	\$0.00	\$2,960,310.00	100.00%	\$0.00

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity



State of Illinois 2149821
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

Issued under the authority of
 The State of Illinois
 Department of Public Health

EXPIRATION DATE	CATEGORY	ID. NUMBER
06/15/2014	BGBE	0047324
LONG TERM CARE LICENSE SKILLED 125		
UNRESTRICTED 125 TOTAL BEDS		

BUSINESS ADDRESS
 LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF PRINCETON
 140 NORTH SIXTH STREET
 PRINCETON IL 61356
 EFFECTIVE DATE: 09/27/13

The form of this license is a document printed by authority of the State of Illinois • 497 •

DISPLAY THIS PART IN A
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
 IDENTIFICATION

State of Illinois 214982

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATIC

EXPIRATION DATE	CATEGORY	ID. NUMBER
06/15/2014	BGBE	0047324
LONG TERM CARE LICENSE SKILLED 125		
UNRESTRICTED 125 TOTAL B		

REGION 2

09/27/13

MANOR COURT OF PRINCETON
 140 NORTH SIXTH STREET
 PRINCETON IL 61356

FEE RECEIPT NO.