



**FRESENIUS  
MEDICAL CARE**

**RECEIVED**

**APR 09 2014**

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

April 2, 2014

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

**Re: Final Cost Report. Section 1130.770**  
**Project:** #11-054, Fresenius Medical Care Northfield  
**Permit Holder:** Fresenius Medical Care of Illinois, LLC and Fresenius Medical Care Holdings, Inc.  
**Permit Amount:** \$3,596,325

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Northfield, #11-054, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright  
Fresenius Medical Care  
Senior CON Specialist

cc: Clare Ranalli



March 10, 2014

**Final Cost Report, Section 1130.770 Fresenius Medical Care Northfield**

**Project:** #11-054, Fresenius Medical Care Northfield  
**Permit Holder:** Fresenius Medical Care of Illinois, LLC and Fresenius Medical Care Holdings, Inc.  
**Permit Amount:** \$3,596,325

This report summarizes the development and final costs of the above-mentioned project. The permit is for the establishment of a 12-station in-center hemodialysis facility located at 480 Central Avenue, Northfield, IL 60093. There have been no changes to the scope and size of this project. The Permit amount is \$3,596,325. Final realized costs were \$3,282,286.

The project was obligated on December 1, 2011 through the execution of the lease for premises. The first patient was dialyzed at the new facility on September 4, 2013. The project was complete on April 1, 2014 with receipt of the CMS Certification letter. The facility's effective CMS Certification date is February 14, 2014.

**Project Costs and Sources of Funds**

<b>Project Costs</b>	<b>Allowance/CON</b>	<b>Realized</b>
Modernization	1,044,000	1,072,896
Contingencies	104,400	27,365
Architectural/Engineering	112,500	104,175
Movable & Other Equipment	296,000	278,425
FMV of Leased Space/Equipment	2,039,425	1,799,425
<b>Total Project Costs</b>	<b>3,596,325</b>	<b>3,282,286</b>
<b>Funding</b>	<b>Allowance/CON</b>	<b>Realized</b>
Cash & Securities	1,316,900	1,482,861
Lease FMV	2,039,425	1,799,425
Other Funds and Sources	240,000*	0*
<b>Total funds</b>	<b>3,596,325</b>	<b>3,282,286</b>

\*Landlord did not contribute 240,000 to be paid back over term of lease. Lease amount was reduced by \$240,000.

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

**Application and Certificate for Payment (AIA G702)**

Final G 702 is attached.

**APPLICATION AND CERTIFICATION FOR PAYMENT**  
AIA DOCUMENT G702/CMa

CONSTRUCTION MANAGER-ADVISER EDITION

PAGE ONE OF 3

<p><b>TO CONTRACTOR:</b> DiNaso &amp; Sons Construction Co., Inc. 4931 W. 171st Street, Unit E Country Club Hills, IL 60478</p>	<p><b>PROJECT:</b> Northfield 480 Central Avenue Northfield, IL 60093 Project: 8590-1-DN-NC-BO-11</p>	<p><b>APPLICATION NO:</b> FINAL #4 <b>PERIOD TO:</b> September 30, 2013</p>	<p><b>Distribution to:</b> <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> ARCHITECT</p>
<p><b>FROM SUBCONTRACTOR:</b> DiNaso &amp; Sons Construction Co., Inc. 4931 W. 171st Street, Unit F Country Club Hills, IL 60478</p>	<p><b>OWNER:</b> Fresenius Medical Care of Illinois, LLC c/o Fresenius Medical Care NC 2219 Hollywood Blvd., Suite 101 Hollywood, FL 33020</p>	<p><b>PROJECT NOS:</b> 8590-1-DN-NC-BO-11 <b>CONTRACT DATE:</b> April 11, 2013</p>	<p><input checked="" type="checkbox"/> CONTRACTOR</p>
<p><b>CONTRACT FOR:</b> General Construction</p>			

**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	\$ 1,072,896.00
2. Net change by Change Orders	\$ 27,365.20
3. CONTRACT SUM TO DATE: (Line 1 ± 2)	\$ 1,100,261.20
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$ 1,100,261.20
5. RETAINAGE:	
a. 0 % of Completed Work (Column D + E on G703)	\$ 0.00
b. 1% 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)	\$ 1,100,261.20
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$ 1,100,261.20
8. CURRENT PAYMENT DUE	\$ 0.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 0.00

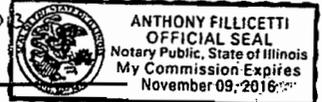
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$27,365.20	\$0.00
Total approved this Month	\$0.00	\$0.00
<b>TOTALS</b>	<b>\$27,365.20</b>	<b>\$0.00</b>
<b>NET CHANGES by Change Order</b>	<b>\$27,365.20</b>	

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: DiNaso & Sons Construction Co., Inc.

By: Charles J. DiNaso Date: October 1, 2013

State of: Illinois County of: Cook  
Subscribed and sworn to before me this 1st day of October, 2013.  
Notary Public: Anthony Fillicetti  
My Commission expires:



**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 ..... \$ 0.00  
(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.)  
CONSTRUCTION MANAGER:

By: \_\_\_\_\_ Date: \_\_\_\_\_  
ARCHITECT:

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.

**Certification Of Cost Report**  
**Fresenius Medical Care Northfield**  
**Project # 11-054**

**Fresenius Medical Care of Illinois, LLC** certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Northfield, Project #11-054, 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 which will be submitted for reimbursement under Title XVIII or XIX.

BY: *B. Mello*

ITS: **Bryan Mello**  
**Assistant Treasurer**

Subscribed and Sworn to  
Before me this 10<sup>th</sup> day of March, 2014

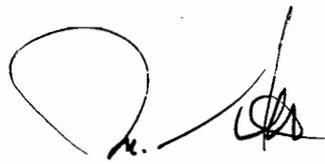
*Jennifer E. Rosa*  
Notary Public  
 JENNIFER E. ROSA  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
January 21, 2016

My commission expires: \_\_\_\_\_

MAR 11 2014

**Certification Of Cost Report**  
**Fresenius Medical Care Northfield**  
**Project # 11-054**

**Fresenius Medical Care Holdings, Inc.** certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Northfield, Project #11-054, 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 which will be submitted for reimbursement under Title XVIII or XIX.

BY:   
\_\_\_\_\_

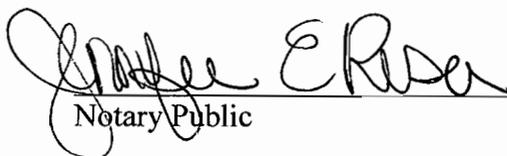
ITS: Vice President and Treasurer

BY:   
\_\_\_\_\_

ITS: **Bryan Mello**  
**Assistant Treasurer**

Subscribed and Sworn to  
Before me this 10<sup>th</sup> day of March, 2014

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\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



**JENNIFER E. ROSA**  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
January 21, 2016

  
\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



**JENNIFER E. ROSA**  
Notary Public  
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