

Edwin Enterprises, LLC
285 South Farnham Street
Galesburg, IL 61401

HAND DELIVERED

October 2, 2014

RECEIVED

OCT 06 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

RE: Manor Court of Carbondale, Project No. 12-049

Dear Ms. Avery:

Pursuant to Section 1130.770, Project Completion, Finalized 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. 12-049 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.

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.

Ms. Courtney Avery
Page 2
October 2, 2014

- 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**.

Additionally, a copy of the facility's IDPH facility license is appended as **EXHIBIT V**.

The project is complete and we are in the certification process for Medicare and Medicaid. We have begun transferring residents but are staging the transfer of residents to allow for the certification process and for the health and wellbeing of the residents and staff (please see Annual Progress Report for project #12-050).

This correspondence is meant to satisfy the requirement for completeness. 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,



Donald E. Fike
President

DEF:vc
Enclosures

EXHIBIT I

Manor Court of Carbondale
Project No. 12-049

	<i>Approved Amount</i>	<i>Expensed Amount</i>	<i>of Approved Amount</i>
Preplanning Costs	\$ 75,000.00	\$ 73,358.00	97.8%
Site Survey & Soil Investigation	\$ 10,000.00	\$ 9,850.00	98.5%
Site Preparation	\$ 25,000.00	\$ 27,155.00	108.6%
New Construction Contracts	\$ 10,942,750.00	\$ 10,940,504.00	99.9%
Contingencies	\$ 765,000.00	\$ 472,108.00	61.7%
Architectural/Engineering Fees	\$ 475,000.00	\$ 420,319.00	88.5%
Consulting and Other Fees	\$ 25,000.00	\$ 24,694.00	98.8%
Movable or Other Equipment	\$ 720,000.00	\$ 754,751.16	104.8%
Other Costs to be Capitalized	\$ 720,000.00	\$ 716,190.00	99.5%
	\$ 13,757,750.00	\$ 13,438,929.16	97.7%

EXHIBIT II

**Edwin Enterprises, LLC
285 South Farnham Street
Galesburg, IL 61401**

HAND DELIVERED

October 2, 2014

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 No. 12-049
Manor Court of Carbondale – 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,

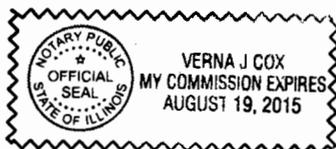
Donald E. Fike

Donald E. Fike
President

State of Illinois
County of Knox

Sworn to before me this
2nd day of October, 2014.

Verna J. Cox
Notary Public



**Edwin Enterprises, LLC
285 South Farnham Street
Galesburg, IL 61401**

HAND DELIVERED

October 2, 2014

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 No. 12-049
Manor Court of Carbondale – 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,

Donald E. Fike

Donald E. Fike
President

DEF:vc

State of Illinois
County of Knox

Sworn to before me this
2nd day of October, 2014.

Verna J. Cox

Notary Public



TO OWNER: Edwin Enterprises, LLC
 285 S. Farnham Street
 Galesburg, IL 61401

PROJECT: 120 Bed Skilled Nursing Home
 2940 W. Westridge Place
 Carbondale, IL

Distribution to:

OWNER
 ARCHITECT
 CONTRACTOR

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

VIA ARCHITECT:

PERIOD TO: 9/30/14
 PROJECT NOS:
 CONTRACT DATE 03/01/2013

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 \$ 13,438,929.16
 2. Net change by Change Orders \$ 0.00
 3. CONTRACT SUM TO DATE (Line 1 ± 2) \$ 13,438,929.16
 4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 13,438,929.16

5. RETAINAGE: a. 0 % of Completed Work \$ 0.00
 (Column D + E on G703)
 b. % of Stored Material \$ 0.00
 (Column F on G703)
 Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ 0.00
 6. TOTAL EARNED LESS RETAINAGE \$ 13,438,929.16
 (Line 4 Less Line 5 Total)
 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 3,069,007.00
 8. CURRENT PAYMENT DUE \$ 10,369,922.16
 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		
Total approved this Month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	

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: 10/02/2014

State of: Illinois
 Subscribed and sworn to before me this 2 day of October, 2014
 Notary Public: *Lori K Mason*
 My Commission expires: June 18, 2016

County of: *Knox*
 "OFFICIAL SEAL"
 Lori K Mason
 Notary Public, State of Illinois
 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: 09/30/14
 PERIOD TO: 09/30/14
 ARCHITECT'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+H)	H % (G ÷ C)	I BALANCE TO FINISH (C - G)	J RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
1	Preplanning Cost	\$73,358.00	\$67,886.00	\$5,472.00		\$73,358.00	100.00%		
2	Site Survey & Soil Investigation	\$9,850.00	\$9,850.00	\$0.00		\$9,850.00	100.00%		
3	Site Preparation	\$27,155.00	\$21,955.00	\$5,200.00		\$27,155.00	100.00%		
4	New Construction Contracts	\$10,940,504.00	\$2,594,471.00	\$8,346,033.00		\$10,940,504.00	100.00%		
5	Contingencies	\$472,108.00	\$0.00	\$472,108.00		\$472,108.00	100.00%		
6	Architectural/Engineering Fees	\$420,319.00	\$359,081.00	\$61,238.00		\$420,319.00	100.00%		
7	Consulting & Other Fees	\$24,694.00	\$15,764.00	\$8,930.00		\$24,694.00	100.00%		
8	Movable or Other Equipment	\$754,751.16	\$0.00	\$754,751.16		\$754,751.16	100.00%		
9	Other Costs to be Capitalized	\$716,190.00	\$0.00	\$716,190.00		\$716,190.00	100.00%		
GRAND TOTALS		\$13,438,929.16	\$3,069,007.00	\$10,369,922.16	\$0.00	\$13,438,929.16	100.00%	\$0.00	\$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 2186583

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
12/22/2014	868E	0052894
LONG TERM CARE LICENSE SKILLED 120		
PROBATIONARY 120 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

UDI#5, LLC

HANOR COURT OF CARBONDALE
2940 W WESTRIDGE PLACE
CARBONDALE IL 62901

EFFECTIVE DATE: 08/25/14
The face of this license has a criminal background. Printed by Authority of the State of Illinois • 4/97 •