AdvocateAuroraHealth
3075 Highland Parkway, Suite 600 | Downers Grove, Illinois 60515 | (630) 572-9393 | advocatehealth.com

July 31, 2020

Ms. Courtney Avery
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62761

Via Fed Ex Overnight

RECEIVED
AUG 05 2020
HEALTH FACILITIES &
SERVICES REVIEW BOARD

RE: Project #12-066 - Advocate Christ Medical Center ("the Project ") **Final Project Report**
Advocate Health and Hospitals Corporation (d/b/a Advocate Christ Medical Center) and Advocate Health Care Network, Construction Project for a Seven-Level Patient Tower

Dear Ms. Avery:

This letter is intended to satisfy Section 1130.770 Project Completion, Final Realized Costs and Cost Overruns by providing you with the required information on Project #12-066. The notice of project completion was submitted on June 11, 2020 indicating the project was completed May 30, 2020. The project was timely completed within the June 30, 2020 "Completion Date" specified in the permit renewal letter. This final report includes the following:

This letter certifies that the project costs represent all the costs required to complete the project and 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.

This also certifies compliance with all the terms of the permit to date, including the project cost, square footage and services.

The final application and certification for payment is shown in the attached G702 forms.

Because this is a project with a cost greater than three times the capital expenditure minimum in place at the time of the permit approval, an audited financial report is included as an attachment.

Please contact me at (630) 929-5577 if you have any questions about this final report.

Sincerely,

Scott Nelson, AIA ACHA
System Vice President, Planning, Design & Construction

SN/md

CC: Richard Heim, President, Advocate Christ Medical Center
Rolla Sweis, Advocate Christ Medical Center
Patrick Lyons, Director, Construction-Regional, Advocate Aurora Health

Attachments:
Final Payment G702 forms
Financial Audit of Project

Notarized:

Name: _____

Commission Expires: _____

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : Advocate Health & Hospitals Corp.

PROJECT : ACMC East Tower

APPLICATION NO.: 41
PERIOD TO : May 31, 2017
PROJECT NO.: 05-52365
CONTRACT DATE : January 04, 2013

FROM : Power Construction Company LLC

ARCHITECT : Cannon Design, Inc.

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Order approved in previous months by Owner		Additions	Deductions
	TOTAL	$127,902,875	$(577,037)
APPROVED THIS MONTH			
Number	Date Approved		
050	06/02/2017	$0	$8,305
052	06/19/2017	$0	$16,677
	TOTALS	$127,902,875	$(602,019)
Net change by Change Orders			$127,300,856

Application is made for payment, as shown below, in connection with the Contract.

1. ORIGINAL CONTRACT SUM .....$	**32,650,108**
2. NET CHANGE BY CHANGE ORDERS.....$	**127,300,856**
3. CONTRACT SUM TO DATE.....$	**159,950,964**
4. TOTAL COMPLETED & STORED TO DATE.....$	**159,950,964**
5. RETAINAGE.....$	**0**
6. TOTAL EARNED LESS RETAINAGE .....$	**159,950,964**
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....$	**159,418,933**
8. CURRENT PAYMENT DUE .....$	**532,031**
9. BALANCE TO FINISH, INCLUDING RETAINAGE.....$	**0**

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 : Power Construction Company LLC

By : *Theresa Jocic*

Date : June 29, 2017

State of : Illinois County of : Cook

Subscribed and sworn to before me this 29th day of June, 2017

Notary Public *Amber Flores*

My commission expires: 29th day of October, 2018

State of Illinois, County of USA

Municipality of Lake, #810535

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....$ 532,031

ARCHITECT : Cannon Design, Inc.

By : *Stephanie Pifko*

Date June 29, 2017

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: Advocate Health Care
2025 Windsor Drive
Oak Brook, IL
60523

PROJECT: ACMC NICU Expansion Phase II
2025 Windsor Drive
Oak Brook, IL
60523 US

APPLICATION NO.:34
PERIOD TO :30-JUN-19
PROJECT NOS.:1500229
INVOICE NO.1500229038

Distribution to:
- [ ] OWNER
- [ ] ARCHITECT
- [ ] CONTRACTOR
- [ ]
- [ ]

FROM CONTRACTOR: Pepper Construction Company
411 Lake Zurich Road
Barrington, IL , 60010-3141

ARCHITECT:

CONTRACT DATE :06-SEP-16

CONTRACT FOR: ACMC NICU Expansion Phase II

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation sheet is attached.

1. ORIGINAL CONTRACT SUM	$	17,825,935.00
2. Net change by change orders	$	-288,110.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	17,537,825.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	17,537,825.00
5. RETAINAGE: Total retainage Column I of G703)	$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	17,537,825.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	17,517,860.97
8. CURRENT PAYMENT DUE	$	19,964.03
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	0.00

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		418,751.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
0000019	03-JUL-2019	0.00	706,861.00
CURRENT TOTAL		0.00	706,861.00
Net Change by Change Orders			-288,110.00

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 : Pepper Construction Company

By : _____ Date : 7-25-19

State of : Illinois

County of : Lake

Subscribed and sworn to before me this 25th day of July

Notary Public: _____

My Commission expires: 8/23/19

OFFICIAL SEAL
LISA SOTTER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 08/23/19

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....$ _____

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

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.

AIA® Document G702™ – 1992

Application and Certificate for Payment

TO OWNER:
Advocate Health & Hospitals Corp.
3075 Highland Parkway, Suite 600
Downers Grove, Illinois 60515

FROM CONTRACTOR:
Michuda Construction, Inc.
18505 West Creek Drive, Suite 1A
Tinley Park, Illinois 60477

PROJECT:
Christ PCICU-16 Bed Renovation
4440 West 95th St.
Oak Lawn, Illinois 60453, Cook County

VIA ARCHITECT:
Matthei & Colin Associates
332 South Michigan, Suite 614
Chicago, Illinois 60604

APPLICATION NO: 12
PERIOD TO: 11/30/19
CONTRACT FOR: 180.233 - General Construction
CONTRACT DATE: 11/16/18
PROJECT NOS: 180233

Distribution to:
OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
FIELD ☐
OTHER ☐

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		$ 3,322,655.00
2. Net change by Change Orders		$ 660,399.00
3. CONTRACT SUM TO DATE (Line 1+2)		$ 3,983,054.00
4. TOTAL COMPLETED AND STORED TO DATE (Column G on G703)		$ 3,983,054.00
5. RETAINAGE:		
a. 0.0% of Completed Work (Column D + E on G703)	$ 0.00	
b. 0.0% 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)		$ 3,983,054.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 3,767,424.13
8. CURRENT PAYMENT DUE		$ 215,629.87
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	$660,399.00	$0.00
Total approved this Month	$0.00	$0.00
TOTALS	$660,399.00	$0.00
NET CHANGES by Change Order		$ 660,399.00

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: Michuda Construction, Inc.

By: Josef Michuda Date: December 02, 2019

State of: Illinois County of: Will

Subscribed and sworn to before me this December 02, 2019

Notary Public: Sharon Schuetz

My Commission expires: 06/03/21, #626907

State of Illinois, Municipality of New Lenox, Will County

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 ..... $ 215,629.87

(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.)

ARCHITECT: Matthei & Colin Associates

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.

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Advocate Health Care Network and
Advocate Health and Hospital Corporation

d/b/a/ Advocate Christ Medical Center

Illinois Health Facilities and Services Review Board
Seven-Level Tower
IHFSRB Project #12-066
Project Costs Report

For the Period December 10, 2012 to May 30, 2020

(With Independent Auditors' Report Thereon)

Odell Hicks & Company LLC
Certified Public Accountants
180 N. Stetson Avenue
Suite 2401
Chicago, IL 60601

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Advocate Health and Hospitals Corporation and
To the Illinois Health Facilities and Services Review Board:

We have audited the accompanying Project Costs Report of Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a/ Advocate Christ Medical Center which comprise the project costs for the period from December 10, 2012 through May 30, 2020 and the related notes (Report).

Management's Responsibility for the Project Costs Report

Management is responsible for the preparation and fair presentation of the Report for the purpose of complying with the terms of the Illinois Health Facilities Planning Act; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the Report based on our audit. We conducted our audit of the Report in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Report. The procedures selected depend on the auditor's judgment, including assessment of the risks of material misstatement of the Report, whether due to fraud or error. In making these risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the Report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

The accompanying Report was prepared for the purpose of complying with the terms of the Illinois Health Facilities Planning Act and is not intended to be a complete presentation of Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a/ Advocate Christ Medical Center financial position in conformity with accounting principles generally accepted in the United States of America.

In our opinion, the Report referred to above presents fairly, in all material respects and in accordance with the aforementioned guidelines, the project costs of Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a/ Advocate Christ Medical Center as of May 30, 2020 and for the period from December 10, 2012 through May 30, 2020.

Odell Hicks & Company LLC

Odell Hicks & Company LLC

Chicago, Illinois
July 21, 2020

ADVOCATE HEALTH CARE NETWORK AND
ADVOCATE HEALTH AND HOSPITAL CORPORATION
d/b/a ADVOCATE CHRIST MEDICAL CENTER
Illinois Health Facilities and Services Review Board
Seven-Level Tower
IHFSRB Project #12-066
Project Costs Report

Period from December 10, 2012 - May 30, 2020

	CON Permit Original	Final Funds Expended	Difference
Costs			
Preplanning Costs	$ 4,370,500	$ 4,284,165	$ 86,335
Site Survey and Soil Investigation	263,400	202,075	61,325
Site Preparation	1,540,000	1,923,023	(383,023)
Off Site Work	4,583,000	4,019,885	563,115
New Construction Contracts	140,474,500	144,274,510	(3,800,010)
Modernization Contracts	29,397,568	40,841,100	(11,443,532)
Contingencies	16,678,705	-	16,678,705
Architectural/Engineering Fees	10,834,629	11,379,873	(545,244)
Consulting and Other Fees	9,916,000	7,256,768	2,659,232
Movable Capital Equipment	44,282,000	42,004,048	2,277,952
Other Costs to be Capitalized	21,791,566	9,205,356	12,586,210
Total Construction Related	$ 284,131,868	$ 265,390,803	$ 18,741,065
Bond Issuance Costs	2,150,600	408,659	1,741,941
Net Interest Expense During Construction	13,707,723	3,307,671	10,400,052
Total Finance Related	15,858,323	3,716,330	12,141,993
Total Project Costs	$ 299,990,191	$ 269,107,133	$ 30,883,058

ADVOCATE HEALTH CARE NETWORK AND
ADVOCATE HEALTH AND HOSPITAL CORPORATION
d/b/a ADVOCATE CHRIST MEDICAL CENTER
Illinois Health Facilities and Services Review Board
Seven-Tower Project
IHFSRB Project #12-066
Project Costs Report

Period from December 10, 2012 – May 30, 2020

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center was issued a permit to construct a seven-level tower. The permit for this Project was granted December 10, 2012. The project is for adult intensive care, obstetrics, and neonatal intensive care. On October 30, 2018 the permit was renewed until June 30, 2020. Also, on October 30, 2018, a permit alteration was granted to add 17 ICU beds and decreased Neonatal ICU beds by 3. The anticipated final cost did not exceed the original approved permit amount. The project was originally budgeted for $299,990,191. However the actual cost of the project was $269,107,133, $30,883,058 less than the budget.