SAINT ANTHONY
HOSPITAL

RECEIVED

OCT 07 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

October 3, 2013

VIA FEDERAL EXPRESS

Illinois Health Facilities and Services Review Board
525 W. Jefferson, Second Floor
Springfield, Illinois 62761

Attention: Ms. Courtney Avery

Re: Final Cost report, Section 1130.770
Project # 12-090, **SAH DIALYSIS Clinic at 26th Street**
Permit Holder: Saint Anthony Hospital and Saint Anthony Health Ministries
Permit Amount: $3,054,243.00

Dear Ms. Avery:

In accordance with the Health Facilities Planning Procedural Rules (77 Ill.Adm.Code 1130), the SAH Dialysis Clinic at 26th Street respectfully submits this report of final realized costs for the approved project.

I. Current Status of the Project

At the time of the submission of this report, the project is complete. SAH Dialysis Clinic at 26th Street was completed on August 29, 2013.

I hereby certify that there have been no changes in the scope or size of the project or the approved services, and that the project is in compliance with all of the terms of the permit to date, including project cost.

II. Final Realized Costs

The approved permit amount is $3,054,243.00. The final realized costs associated with this project through completion total $2,766,351.48, covering costs associated with the in-center hemodialysis center, including architectural fees, construction costs, equipment and medical and business office supplies. See Table 1. These final realized costs are the total costs required to complete the project.

An itemization of the costs that have been or will be submitted for reimbursement under Title XVIII or XIX are attached as Table 1. No additional or associated costs or capital expenditures related to this project will be submitted for reimbursement under Title XVIII or XIX.

All project costs funded through project completion were funded through cash.

III. Final Application and Certification for Payment

In accordance with 77 Ill.Adm.Code 1130.770, please find the attached final Application and Certification for Payment (the "Certification"), attached as Exhibit 1. The accuracy of the data contained in the Certification is demonstrated through the consistent values of "Total Completed & Stored to Date" listed on line 4 of page 1 and the Modernization Total listed in the Realized Project Costs and Sources of Funds of Table 1.

We appreciate the opportunity to present this information to you. Please do not hesitate to call me at (773) 484 -4015 if you have any questions or require additional information.

Very truly yours,

Aileen Brooks

Aileen Brooks
Vice President General Counsel

Subscribed and Sworn to before me this
3rd day of October, 2013.

Notary Public

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

Table 1

Realized Project Costs and Sources of Funds			
Use of Funds	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$ 9,200.00	$ -	$ 9,200.00
Site Survey and Soil Investigation	$ -	$ -	$ -
Site Preparation	$ -	$ -	$ -
Off Site Work	$ -	$ -	$ -
New Construction Contracts	$ -	$ -	$ -
Modernization Contract	$ 770,842.75	$ 134,804.25	$ 905,647.00
Contingencies	$ 46,884.00	$ -	$ 46,884.00
Architectural/Engineering Fees	$ 68,089.06	$ 11,797.55	$ 79,886.61
Consulting and Other Fees	$ 27,500.00	$ -	$ 27,500.00
Moveable or Other Equipment (not in construction contracts)	$ 399,891.38	$ 22,890.85	$ 422,782.23
Bond Issurance Expenses	$ -	$ -	$ -
Net Interest Expense During Construction	$ -	$ -	$ -
Fair Market Value or Leased Space or Equipment	$ 1,099,221.47	$ 177,293.79	$ 1,276,515.25
Other Costs to be Capitalized	$ -	$ -	$ -
Acquisition of Building or Other Property	$ -	$ -	$ -
Total Uses of Funds			**$ 2,768,415.09**
Source of Funds			$ -
Cash and Securities	$ 2,421,628.66	$ 346,786.43	$ 2,768,415.09
Pledges			$ -
Gifts and Bequests			$ -
Bond Issues			$ -
Mortgages			$ -
Leases			$ -
Governmental Appropriations			$ -
Grants			
Other Funds and Sources			$ -
Total Sources of Funds			$ 2,768,415.09

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

EXHIBIT 1

TO:	**Saint Anthony Hospital** 2875 West 19th Street Chicago, IL 60623	PROJECT: **Little Village Clinic - Dialysis** 3057 - 59 W. 26th Street Chicago, IL 60623	APPLICATION NO:	10	
			PERIOD TO:	**7/30/2013**	☐ OWNER ☑ GENERAL CONTRACTOR ☐ ☐ ☐
FROM:	**DEN Construction Management, LLC** 330 N. Ashland Ave. Chicago, IL 60607	ARCHITECT: **P + W**	PROJECT NO:		
CONTRACT FOR:	**Renovations For Little Village Clinic**		CONTRACT DATE:		

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DELETIONS
Change Orders approved in previous months by Owner			0
Approved this Month			
Number	Date Approved		
		0	0
			0
			0
			0
TOTALS		0	0
Net change by Change Orders		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: DEN Construction Management, LLC

By: _____ Date: 9/25/13

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

1.	**ORIGINAL CONTRACT SUM**		$ 905,647
2.	**Net change by Change Orders**		$ -
3.	**CONTRACT SUM TO DATE** (Line 1 + 2)		$ 905,647
4.	**TOTAL COMPLETED & STORED TO DATE** (Column G on G703)		$ 905,647
5.	**RETAINAGE:**		
	a. 10 % of Completed Work (Column D +E on G703)	$ -	
	b. % of Stored Material (Column F on G703)	$ -	
	Total Retainage (Line 5a + 5b or Total in Column I of G703)		$ -
6.	**TOTAL EARNED LESS RETAINAGE** (Line 4 less Line 5 Total)		$ 905,647
7.	**LESS PREVIOUS CERTIFICATES FOR PAYMENT** (Line 6 from prior Certificate)		$ 858,763
8.	**CURRENT PAYMENT DUE**		$ 46,884
9.	**BALANCE TO FINISH, PLUS RETAINAGE** (Line 3 less Line 6)		$ -

State of: **Illinois** County of: Cook

Subscribed and sworn to before me this 25 day of 9 of 2013

Notary Public: _____

My commission expires: 12/05/15

OFFICIAL SEAL
MAYRA A. VEGA
Notary Public - State of Illinois
My Commission Expires Dec 05, 2015

AMOUNT CERTIFIED $ 46,884

(Attach Explanation if amount certified differs from the amount applied for.)

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.

CERTIFICATE OF 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 indicated, the quality of the Work is in accordance with the contract Documents, and the contractor is entitled to payment of the AMOUNT CERTIFIED.

APPLICATION AND CERTIFICATE FOR PAYMENT (AIA G703)

DENCO
330 N. Ashland Ave.
CHICAGO, IL 60607

PROJECT: SAH Little Village Clinic - Dialysis

APPLICATION NO: 10
APPLICATION DATE: 7/30/13
PERIOD TO: 7/30/13

ITEM	DESCRIPTION OF WORK	VALUE OF WORK	WORK COMPLETED PREVIOUS	WORK COMPLETED THIS PERIOD	STORED MATL	COMPLETED TO DATE AMOUNT	COMPLETED TO DATE %	BALANCE TO FINISH	RETENTION
1	Concrete	6,500	6,500	0	0	6,500	100%	0	0
2	Masonry	5,000	5,000	0	0	5,000	100%	0	0
3	Metal Fabrications/Structural Steel	3,250	3,250	0	0	3,250	100%	0	0
4	Casework/Countertops	55,830	55,830	0	0	55,830	100%	0	0
5	Finish Hardware/HM Frames/Doors	11,291	11,291	0	0	11,291	100%	0	0
6	Power Door Operators/Alum Doors	8,543	8,543	0	0	8,543	100%	0	0
7	Drywall/Carpentry/Acoustical Ceilings	160,425	160,425	0	0	160,425	100%	0	0
8	Resilient Flooring	52,223	52,223	0	0	52,223	100%	0	0
9	Painting	18,207	18,207	0	0	18,207	100%	0	0
10	Fire Protection	11,678	11,678	0	0	11,678	100%	0	0
11	Plumbing	195,793	195,793	0	0	195,793	100%	0	0
12	DI Box Access Panels	2,622	2,622	0	0	2,622	100%	0	0
13	HVAC	85,602	85,602	0	0	85,602	100%	0	0
14	Electrical	135,778	135,778	0	0	135,778	100%	0	0
15	Dumpsters	1,325	1,325	0	0	1,325	100%	0	0
16	Periodic Cleanup	1,301	1,301	0	0	1,301	100%	0	0
17	Final Cleaning	936	936	0	0	936	100%	0	0
18	MEP Cut/Patch	365	365	0	0	365	100%	0	0
19	Postage & Messenger	571	571	0	0	571	100%	0	0
20	Temporary Fire Extinguishers	217	217	0	0	217	100%	0	0
21	Temp Heat/Exhaust/Dehumidifier	418	418	0	0	418	100%	0	0
22	Temporary Facilities	539	539	0	0	539	100%	0	0
23	OSHA Supplies / Safety Maintenance	424	424	0	0	424	100%	0	0
24	General Conditions	71,273	71,273	0	0	71,273	100%	0	0
25	Fee	17,816	17,816	0	0	17,816	100%	0	0
26	Preconstruction Fee	2,142	2,142	0	0	2,142	100%	0	0
27	GC Insurance	8,694	8,694	0	0	8,694	100%	0	0
28	Construction Contingency	46,884	0	46,884	0	46,884	100%	0	0
29	**Project Total**	**905,647**	**858,763**	**46,884**	**0**	**905,647**	**100%**	**0**	**0**