

May 22, 2019

Ms. Kathy Olson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

**RECEIVED**

MAY 23 2019

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

SUBJECT: Project #: 13-075 Highland Park Hospital  
Annual Progress Report  
Project Title: Highland Park Hospital Major Modernization Project  
Permit Holder: NorthShore University Health System, 1301 Central, Evanston,  
Illinois 60201

Dear Ms. Olson:

This is our 5<sup>th</sup> annual progress report for the above project.

The scope and financing of the project remains as outlined in the CON Application approved by the Illinois Health Facilities and Services Review Board.

Costs incurred through May 22, 2019 total \$68,903,836.87. The attached spreadsheet outlines these costs by category and provides projections to the project's completion.

The project is on schedule to be completed by June 30, 2019.

- The Radiology West addition is completed.
- The Radiology Renovation is Complete and Occupied.
- Phase 1, 2, 3 and 4 of the Surgery Pavilion are complete.
- Phase 5 should be complete by June 30, 2019.

The project remains on schedule as outlined in the application.

The required AIA forms G707s are attached.

If we can provide you any further information at this time, please contact me at 847 492-6904 or via e-mail at JAaron@northshore.org.

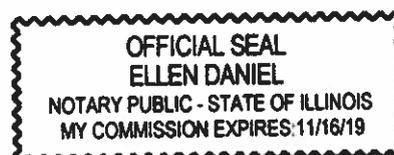
Sincerely,

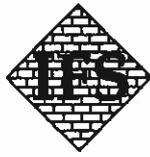


John Aaron  
Senior Director, Finance Group  
NorthShore University HealthSystem

State of Illinois  
County of Cook  
Signed before me on May 22, 2019  
by John Aaron.

Ellen Daniel  
Notary Public





# Integrated Facilities Solutions, Inc.

May 22, 2019

John Aaron  
Senior Director, Asset Managementt Department  
NorthShore University HealthSystem  
1301 Central Street  
Evanston, IL 60201

Re: Annual progress report - CON 13-075 Highland Park Hospital - Major modernization project including new construction of clinical/non-clinical areas

Dear Mr. Aaron,

On behalf of NorthShore University HealthSystem, Integrated Facilities Solutions, Inc, (IFS) has reviewed the above CON project.

Based on the records provided by NorthShore, dated May 22, 2019 the actual costs paid to date on the above project is \$64,571,339.87 in direct project costs and \$4,332,497.00 in capital equipment costs for a total expenditure of \$68,903,836.87. The attached spreadsheet outlines the project costs by category and provides projections to the project's completion. We have confirmed that the direct project cost of \$64,571,339.87 spent as of the above date accord with IFS records.

The project is on schedule to be completed by June 30, 2019. The Radiology West addition is completed. The Radiology Renovation is Complete and Occupied. Phase 1, 2, 3 and 4 of the Surgery Pavilion are complete. Phase 5 should be completed by June 30, 2019.

Sincerely,

Angelo Roncone  
President  
Integrated Facilities Solutions, Inc.





**Project Number:** 13-075  
**Project Title:** 13-075 Highland Park Hospital Major Modernization Project  
**Subject:** Annual C.O.N. Progress Report  
**Permit Holder:** NorthShore University HealthSystem  
**Date:** May 22 2019

	Projected	Total Costs Incurred as of: 5/22/2019	Available Balance as of 5/22/2019	Estimated Costs to Completion	Variance From Approved
Preplanning Costs	\$ 735,000.00	\$ 688,594.31	\$ 46,405.69	\$ -	\$ 46,405.69
Site Survey & Soil Investigation	\$ 50,000.00	\$ 46,963.80	\$ 3,036.20	\$ -	\$ 3,036.20
Site Preparation	\$ 937,900.00	\$ 1,043,657.68	\$ (105,757.68)	\$ -	\$ (105,757.68)
Off-site Work	\$ 955,000.00	\$ 273,789.07	\$ 681,210.93	\$ -	\$ 681,210.93
New Construction Contracts	\$ 19,101,930.00	\$ 22,737,310.92	\$ (3,635,380.92)	\$ -	\$ (3,635,380.92)
Modernization Contracts	\$ 20,189,345.00	\$ 19,064,501.54	\$ 1,124,843.46	\$ 230,000.00	\$ 894,843.46
Contingencies	\$ 1,729,890.00		\$ 1,729,890.00	\$ 150,000.00	\$ 1,579,890.00
Architectural/Engineering Fees	\$ 3,577,761.00	\$ 3,588,980.33	\$ (11,219.33)	\$ -	\$ (11,219.33)
Consulting and Other Fees	\$ 4,184,000.00	\$ 5,128,532.96	\$ (944,532.96)	\$ 100,000.00	\$ (1,044,532.96)
Movable or Other Equipment	\$ 21,508,895.00	\$ 15,772,483.71	\$ 5,736,411.29	\$ 50,000.00	\$ 5,686,411.29
Other Costs to be Capitalized	\$ 525,000.00	\$ 559,036.75	\$ (34,036.75)	\$ -	\$ (34,036.75)
<b>Total</b>	<b>\$ 73,494,721.00</b>	<b>\$ 68,903,851.07</b>	<b>\$ 4,590,869.93</b>	<b>\$ 530,000.00</b>	<b>\$ 4,060,869.93</b>

Cash and Securities \$ 73,494,721.00  
 Pledges  
 Gifts and Bequests  
 Bond Issues (project related)  
 Mortgages  
 Leases (fair market value)  
 Governmental Appropriations  
 Grants  
 Other Funds and Sources  
**TOTAL FUNDS \$ 73,494,721.00**



**Integrated  
Facilities  
Solutions, Inc.**

## Commitment Invoices Report

<b>Project</b>	<b>Total Invoiced</b>
061024 - HP Surgery Pavilion	\$50,734,228.53
090709 - HP Radiology Remodel	\$5,516,261.72
140303 - HP Radiology West Addition & Phase 1	\$8,364,650.23
	<b>\$64,615,140.48</b>
<b>CON Category</b>	
	<b>Total Invoiced</b>
01 - Pre-Planning	\$688,594.31
2 - Site Survey & Soil Investigation	\$46,963.80
03 - Site Preparation	\$1,043,657.68
04 - Off-Site Work	\$273,789.07
05 - New Construction	\$22,737,310.92
06 - Modernization Contracts	\$19,064,501.54
08 - Architect/Engineering Fees	\$3,588,980.33
09 - Consulting and Other Fees	\$5,128,532.96
10 - Moveable or Other Equipment	\$15,772,483.71
11 - Other Costs to be Capitalized	\$559,036.75
<b>Total</b>	<b>\$68,903,851.07</b>

# APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: NorthShore University HealthSystem PROJECT: Highland Park Hospital Surgery Pavilion

2650 Ridge Avenue  
Evanston, IL  
60201

2650 Ridge Avenue  
Evanston, IL  
60201-0000 US

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

ARCHITECT:

CONTRACT FOR: Highland Park Hospital Surgery Pavilion

APPLICATION NO: 49  
PERIOD TO: 30-APR-19  
PROJECT NOS.: 1401610  
INVOICE NO. 1401610049  
CONTRACT DATE: 06-AUG-14

Distribution to:  
 OWNER  
 ARCHITECT  
 CONTRACTOR

## 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 ..... \$ 27,677,288.00
2. Net change by change orders ..... \$ 4,946,587.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2) ..... \$ 32,623,875.00
4. TOTAL COMPLETED & STORED TO DATE ..... \$ 32,449,526.74  
(Column G on G703)
5. RETAINAGE:  
Total retainage (Column I of G703) ..... \$ 449,798.02  
(Line 4 less Line 5 Total) ..... \$ 31,999,728.72
6. TOTAL EARNED LESS RETAINAGE ..... \$
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT  
(Line 6 from prior Certificate) ..... \$ 31,961,224.97
8. CURRENT PAYMENT DUE ..... \$ 38,503.75  
(Line 3 less Line 6) ..... \$ 624,146.28
9. BALANCE TO FINISH, INCLUDING RETAINAGE. \$

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		5,048,438.00	-161,848.00
APPROVED THIS MONTH			
Number	Date Approved		
CURRENT TOTAL		0.00	0.00
Net Change by Change Orders			4,946,587.00

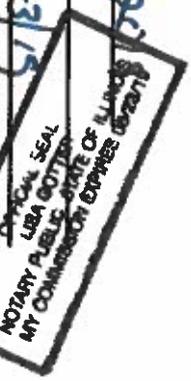
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for work for which previous Certificates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

Contractor: Pepper Construction Company  
By: [Signature] Date: 4-18-19

State of: Illinois  
County of: Lake

Subscribed and sworn to before me this 18th day of April 2019

Notary Public: [Signature]  
My Commission expires: 08/23/15



## 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 ..... \$ 38,503.75  
(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: [Signature] Date: 4/25/2019

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: Northshore University HealthSystem

PROJECT: NUH - Highland Park Hospital Radiology Renovation

2650 Ridge Avenue  
Evanston, IL  
60201

2650 Ridge Avenue  
Evanston, IL  
60201-0060 US

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

ARCHITECT:

APPLICATION NO.: 20

PERIOD TO: 30-NOV-17

PROJECT NOS.: 1401888

INVOICE NO.: 1401888020

CONTRACT DATE: 10-FEB-15

Distribution to:

OWNER

ARCHITECT

CONTRACTOR

## 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 ..... \$ 3,794,396.00
2. Net change by change orders ..... \$ 349,040.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2) ..... \$ 4,143,436.00
4. TOTAL COMPLETED & STORED TO DATE ..... \$ 4,143,436.00  
(Column G on G703)
5. RETAINAGE:  
Total retainage Column I of G703) ..... \$ 0.00
6. TOTAL EARNED LESS RETAINAGE ..... \$ 4,143,436.00  
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT ..... \$ 3,765,635.25  
(Line 6 from prior Certificate)
8. CURRENT PAYMENT DUE ..... \$ 377,800.75  
(Line 6 minus Line 7)
9. BALANCE TO FINISH, INCLUDING RETAINAGE ..... \$ 0.00  
(Line 3 less Line 6)

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		260,640.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
0000003	19-OCT-2017	89,400.00	
<b>CURRENT TOTAL</b>		<b>89,400.00</b>	<b>0.00</b>
<b>Net Change by Change Orders</b>		<b>89,400.00</b>	<b>349,040.00</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: Pepperc Construction Company

By: [Signature] Date: 11-21-17

State of: CO

County of: CO

Subscribed and sworn to before me this 21 day of November

Notary Public: [Signature]

My Commission expires: 1/31/21



## ARCHITECTS 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 ..... \$ 377,800.75

(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: [Signature]

By: [Signature] Date: 11/22/2017

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: Northshore University Health System  
 2650 Ridge Avenue  
 Evanston, IL  
 60201-0000

PROJECT: Highland Park Hospital West Addition & OR Building  
 2650 Ridge Avenue  
 Evanston, IL  
 60201-0000 US

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

ARCHITECT:

APPLICATION NO.: 17  
 PERIOD TO : 30-JUN-16  
 PROJECT NOS.: 1108874  
 INVOICE NO.: 1108874017  
 CONTRACT DATE: 09-JUL-14

Distribution to:  
 OWNER  
 ARCHITECT  
 CONTRACTOR

CONTRACT FOR: Highland Park Hospital West Addition & OR

## 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 ..... \$ 7,846,955.00
2. Net change by change orders ..... \$ 235,030.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2) ..... \$ 7,881,985.00
4. TOTAL COMPLETED & STORED TO DATE ..... \$ 7,881,985.00  
 (Column G on G703)
5. RETAINAGE:  
 Total retainage Column I of G703) ..... \$ 0.00
6. TOTAL EARNED LESS RETAINAGE ..... \$ 7,881,985.00  
 (Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT  
 (Line 6 from prior Certificate) ..... \$ 7,495,580.78
8. CURRENT PAYMENT DUE ..... \$ 386,404.22  
 (Line 3 less Line 6)
9. BALANCE TO FINISH, INCLUDING RETAINAGE ..... \$ 0.00  
 (Line 3 less Line 6)

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		454,225.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
00000003	05-MAY-2016	0.00	219,195.00
<b>CURRENT TOTAL</b>		0.00	219,195.00
Net Change by Change Orders			235,030.00

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: [Signature] Date: 6-23-16

State of: Illinois

County of: Cook

Subscribed and sworn to before me this 23 day of June

Notary Public: [Signature]

My Commission expires: 7-27-2019

## 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 ..... \$ 386,404.22

(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: [Signature]

By: [Signature] Date: 6/24/2016

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.