NorthShore
University HealthSystem

1301 Central Street
Evanston, Il 60201

August 12, 2015, 2015

RECEIVED
AUG 17 2015
HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

SUBJECT: Project #: 14-017 Skokie Hospital
Annual Progress Report
Project Title: Skokie Hospital Modernization and new construction
Permit Holder: NorthShore University HealthSystem, 1301 Central, Evanston, Illinois 60201

Dear Ms. Avery:

This is our 1st 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 July 31, 2015 total $58,015,736.54.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 December 31, 2017.

- Construction projects for the Conference Rooms, Lobby addition, GI Lab and Surgery Pavilion are complete and awaiting IDPH review.
- The 4th and 5th floor renovations are complete.
- The 3rd floor renovations are 95% complete with equipment still to be installed.
- The surgery addition Phase II and ICU projects are out for bidding and the rest of the projects are still being designed.

The project remains on schedule as outlined in the application.

The required AIA forms G702s are attached.

If we can provide you any further information at this time, please contact me at 847-570-5217 or via e-mail at kagarwal@northshore.org

Sincerely,

Kajal Agarwal
Senior Director Accounting, Finance
NorthShore University Health System

OFFICIAL SEAL
ROBERT W. WATKINS JR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/26/17

Integrated Facilities Solutions, Inc.

Project Number: 14-017
Project Title: 14-017 Skokie Hospital Modernization and new construction
Subject: Annual C.O.N. Progress Report
Permit Holder: NorthShore University HealthSystem
Date: July 31, 2015

	Projected	Total Costs Incurred as of: 7/31/15	Available Balance as of 7/31/15	Estimated Costs to Completion	Variance From Approved
Preplanning Costs	$ 400,000	$ 374,571.46	$ 25,428.54	$ -	$ 25,428.54
Site Survey & Soil Investigation	$ -	$ -	$ -	$ -	$ -
Site Preparation	$ -	$ -	$ -	$ -	$ -
Off-site Work	$ -	$ -	$ -	$ -	$ -
New Construction Contracts	$ 35,985,772	$ 27,724,476.02	$ 8,261,295.98	$ 8,260,000.00	$ 1,295.98
Modernization Contracts	$ 42,456,201	$ 16,472,881.69	$ 25,983,319.31	$ 25,983,000.00	$ 319.31
Contingencies	$ 3,412,815	$ -	$ 3,412,815.00	$ 3,412,815.00	$ -
Architectural/Engineering Fees	$ 6,690,000	$ 2,295,501.17	$ 4,394,498.83	$ 4,394,000.00	$ 498.83
Consulting and Other Fees	$ 3,500,000	$ 2,073,477.77	$ 1,426,522.23	$ 1,426,000.00	$ 522.23
Movable or Other Equipment	$ 14,168,575	$ 8,388,511.93	$ 5,780,063.07	$ 5,780,000.00	$ 63.07
Other Costs to be Capitalized	$ 700,000	$ 686,316.50	$ 13,683.50	$ 28,000.00	$ (14,316.50)
Total	$ 107,313,363	$ 58,015,736.54	$ 49,297,626.46	$ 49,283,815.00	$ 13,811.46

Cash and Securities	$ 107,313,363.00
Pledges	
Gifts and Bequests	
Bond Issues (project related)	
Mortgages	
Leases (fair market value)	
Governmental Appropriations	
Grants	
Other Funds and Sources	
TOTAL FUNDS	$ 107,313,363.00

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem

PROJECT : Skokie Hosp 3FL Patient Remodel

APPLICATION NO.: 8
PERIOD TO : 06-30-2015
PROJECT NO.: 81872
CONTRACT DATE : 08-27-2014

FROM: Power Construction Company, LLC

ARCHITECT : Eckenhoff Saunders

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	0	0
APPROVED THIS MONTH	0	0
Total Job To Date	0	0

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

1. ORIGINAL CONTRACT SUM .....$	7,262,723
2. NET CHANGE BY CHANGE ORDERS.....$	0
3. CONTRACT SUM TO DATE.....$	7,262,723
4. TOTAL COMPLETED & STORED TO DATE.....$	6,448,040
5. RETAINAGE.....$	644,806
6. TOTAL EARNED LESS RETAINAGE .....$	5,803,234
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....$	5,236,596
8. CURRENT PAYMENT DUE .....$	566,638
9. BALANCE TO FINISH, INCLUDING RETAINAGE..$	1,459,489

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 : Megan Eel Date : 06-29-2015

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 29th day of June, 2015

Notary Public Theresa Jocic

OFFICIAL SEAL
THERESA J. JOCIC
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires July 14, 2018

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.....$ 566,638.00

ARCHITECT

By : Date : 6.30.15

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
2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: Skokie Hospital Surgery Pavilion
2650 Ridge Avenue
Evanston, IL
60201-0000 US

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

ARCHITECT:

CONTRACT FOR: Skokie Hospital Surgery Pavilion

APPLICATION NO.:17
PERIOD TO :30-JUN-15
PROJECT NOS.:1300019
INVOICE NO.1300019017

CONTRACT DATE :10-NOV-13

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	$	25,153,466
2. Net change by change orders	$	1,627,353
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	26,780,819
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	25,564,253
5. RETAINAGE: Total retainage Column I of G703)	$	1,421,228
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	24,143,025
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	23,773,704
8. CURRENT PAYMENT DUE	$	369,321
9. BALANCE TO FINISH, INCLUDING RETAINAGE . (Line 3 less Line 6)	$	2,637,794

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		1,731,597	-244,579
APPROVED THIS MONTH			
Number	Date Approved		
0000007	18-JUN-2015	140,334	
CURRENT TOTAL		140,334	0
Net Change by Change Orders			1,627,353

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: 6-30-15

State of :

County of :

Subscribed and sworn to before me this _____ day of _____

"OFFICIAL SEAL"
CHARLOTTE R. SMITH
Notary Public, State of Illinois
My Commission Expires 08/30/16

Notary Public: [signature]

My Commission expires:

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.....$ 369,321.00

(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: [signature] Date: 7/7/15

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 : NorthShore University HealthSystem

PROJECT : Skokie Hosp 4FL Patient Rm Renov

APPLICATION NO.: 14
PERIOD TO : 12-31-2014
PROJECT NO.: 81426
CONTRACT DATE : 07-31-2013

FROM: Power Construction Company, LLC

ARCHITECT : Eckenhoff Saunders

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	39,320	0
APPROVED THIS MONTH	0	0
Total Job To Date	39,320	0

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

1. ORIGINAL CONTRACT SUM .....$	4,131,228
2. NET CHANGE BY CHANGE ORDERS.....$	39,320
3. CONTRACT SUM TO DATE.....$	4,170,548
4. TOTAL COMPLETED & STORED TO DATE.....$	4,170,548
5. RETAINAGE.....$	0
6. TOTAL EARNED LESS RETAINAGE .....$	4,170,548
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....$	4,143,085
8. CURRENT PAYMENT DUE .....$	27,463
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: Megan Lul Date : 01-15-2015

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 15th day of January, 2015

OFFICIAL SEAL
REGINALD F. EMILIANO
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/26/18

Notary Public [signature]

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.....$ 27,463.00

ARCHITECT:

By: [signature] Date : 1/16/15

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
2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: Skokie Hospital Conference Center
2650 Ridge Avenue
Evanston, IL
60201-0000 US

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

ARCHITECT:

CONTRACT FOR: Skokie Hospital Conference Center

APPLICATION NO.:6
PERIOD TO :30-JUN-15
PROJECT NOS.:1400735
INVOICE NO.1400735006

CONTRACT DATE :14-OCT-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	$	461,421
2. Net change by change orders	$	540
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	461,961
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	447,561
5. RETAINAGE: Total retainage Column i of G703)	$	44,740
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	402,821
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	394,002
8. CURRENT PAYMENT DUE	$	8,819
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	59,140

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		540	0
APPROVED THIS MONTH			
Number	Date Approved		
CURRENT TOTAL		0	0
Net Change by Change Orders			540

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 : 7-2-15

State of :

County of :

Subscribed and sworn to before me this ____ day of ____

Notary Public: [signature]

"OFFICIAL SEAL"
CHARLOTTE R. SMITH
Notary Public, State of Illinois
My Commission Expires 08/30/16

My Commission expires:

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.....$ 8,819.00

(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: [signature] Date : 7/7/15

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 : NorthShore University HealthSystem

PROJECT : Skokie Hosp 4FL Infra Upgrade

APPLICATION NO.: 15
PERIOD TO : 12-31-2014
PROJECT NO.: 81425
CONTRACT DATE : 07-31-2013

FROM: Power Construction Company, LLC

ARCHITECT : Eckenhoff Saunders

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	99,457	0
APPROVED THIS MONTH	0	0
Total Job To Date	99,457	0

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

1. ORIGINAL CONTRACT SUM .....$	3,994,609
2. NET CHANGE BY CHANGE ORDERS.....$	99,457
3. CONTRACT SUM TO DATE.....$	4,094,066
4. TOTAL COMPLETED & STORED TO DATE.....$	4,094,066
5. RETAINAGE.....$	0
6. TOTAL EARNED LESS RETAINAGE .....$	4,094,066
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....$	4,083,764
8. CURRENT PAYMENT DUE .....$	10,302
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: Megan Lul Date : 01-06-2015

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 06th day of January, 2015

"OFFICIAL SEAL"
Juan Carlos Rojas
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 08/14/16

Notary Public

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.....$ 10,302.00

ARCHITECT :

By: Date : 1/12/15

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
2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: Skokie Hospital Lobby Renovations
2650 Ridge Avenue
Evanston, IL
60201-0000 US

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

ARCHITECT:

CONTRACT FOR: Skokie Hospital Lobby Renovations

APPLICATION NO.:17
PERIOD TO :30-JUN-15
PROJECT NOS.:1300014
INVOICE NO.1300014017

CONTRACT DATE :10-NOV-13

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	$	5,000,000
2. Net change by change orders	$	156,926
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	5,156,926
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	5,112,610
5. RETAINAGE: Total retainage Column I of G703)	$	220,245
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	4,892,365
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	4,850,721
8. CURRENT PAYMENT DUE	$	41,644
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	264,561

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		156,926	0
APPROVED THIS MONTH			
Number	Date Approved		
CURRENT TOTAL		0	0
Net Change by Change Orders			156,926

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: 7-2-15

State of : _____

County of : _____

Subscribed and sworn to before me this _____ day of _____

Notary Public: _____

"OFFICIAL SEAL"
CHARLOTTE R. SMITH
Notary Public, State of Illinois
My Commission Expires 08/30/18

My Commission expires: _____

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.....$ 41,644.00

(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: 7/7/15

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 CERTIFICATION FOR PAYMENT

TO (OWNER): NORTHSHORE UNIV HEALTH 2650 RIDGE AVENUE EVANSTON , IL 602010000 Attn: Todd Jabaay	PROJECT: Skokie Hospital - Admin Demo & Site 9600 Gross Point Road Skokie, IL 60076 22172	APPLICATION NO: 07 (Seven) PERIOD FROM: 8/1/2014 PERIOD TO: 3/31/2015
CONTRACTOR: Pepper Construction Company 643 North Orleans Street Chicago, IL 60654-2833	VIA (ARCHITECT): Eckenhoff Saunders Architects	ARCHITECT'S PROJECT NO:
CONTRACT FOR: General Construction		CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Orders approved in previous months by Owner		ADDITIONS $159,379.00	DEDUCTIONS $102,478.00
Approved this Month			
C.O. Number			
	TOTALS	$159,379.00	$102,478.00
Net change by Change Orders		$56,901.00	

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: 3/27/2015

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, Schedule of Values, is attached.

1. ORIGINAL CONTRACT SUM		$ $2,517,895.00
2. Net change by Change Orders		$ $56,901.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2)		$ $2,574,796.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Schedule of Values)		$ $2,574,796.00
5. RETAINAGE:		
a. 0 % of Completed Work (Column D + E on Schedule of Values)	$ $0.00	
b. % of Stored Material (Column F on Schedule of Values)	$ $0.00	
Total Retainage (Line 5a + 5b or Total in Column I on Schedule of Values)		$ $0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$ $2,574,796.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ $2,559,796.00
8. CURRENT PAYMENT DUE		$ $15,000.00
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6)		$ $0.00

State of: Illinois County of: Lake

Subscribed and sworn to before me this 27 th day of March 2015

Notary Public:

My Commission expires:

AMOUNT CERTIFIED $ 15,000.00

(Attach explanation if amount certified differs from the amount applied for)

ARCHITECT: Eckenhoff Saunders Architects

By: Date: 7/7/15

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 the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

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.

OFFICIAL SEAL
PATRICK J OMALLEY JR
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 07/09/2018

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem

PROJECT : Skokie Hosp. 5FL PC Renovation

APPLICATION NO.: 16
PERIOD TO : AUG/15/2014
PROJECT NO.: 81412
CONTRACT DATE : SEP/18/2012

FROM: Power Construction Company, LLC

ARCHITECT : Eckenhoff Saunders

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	290,168	0
APPROVED THIS MONTH	64,030	4,744
Total Job To Date	354,198	4,744

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

1. ORIGINAL CONTRACT SUM .....$	7,350,438
2. NET CHANGE BY CHANGE ORDERS.....$	349,454
3. CONTRACT SUM TO DATE.....$	7,699,892
4. TOTAL COMPLETED & STORED TO DATE.....$	7,699,892
5. RETAINAGE.....$	0
6. TOTAL EARNED LESS RETAINAGE .....$	7,699,892
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....$	7,619,383
8. CURRENT PAYMENT DUE .....$	80,509
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 _____ Date : AUG/20/2014

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 20th day of August, 2014

"OFFICIAL SEAL"
Juan Carlos Rojas
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 08/14/16

Notary Public _____

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.....$ 80,509.00

ARCHITECT

By : _____ Date : 8/20/14

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
2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: Skokie Hospital GI Lab Relocation
2650 Ridge Avenue
Evanston, IL
60201-0000 US

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

ARCHITECT:

CONTRACT FOR: Skokie Hospital GI Lab Relocation

APPLICATION NO.:7
PERIOD TO :30-JUN-15
PROJECT NOS.:1400734
INVOICE NO.1400734007

CONTRACT DATE :14-OCT-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	$	2,718,716
2. Net change by change orders	$	30,065
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	2,748,781
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	2,578,554
5. RETAINAGE: Total retainage Column I of G703)	$	256,990
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	2,321,564
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	2,309,437
8. CURRENT PAYMENT DUE	$	12,127
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	427,217

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		30,065	0
APPROVED THIS MONTH			
Number	Date Approved		
CURRENT TOTAL		0	0
Net Change by Change Orders			30,065

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 : 7-2-15

State of : _____

County of : _____

Subscribed and sworn to before me this _____ day of _____

"OFFICIAL SEAL"
CHARLOTTE R. SMITH
Notary Public, State of Illinois
My Commission Expires 08/30/16

Notary Public: Charlotte R Smith

My Commission expires: _____

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.....$ 12,127.00

(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 : 7/7/15

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 : NorthShore University HealthSystem

PROJECT : Skokie Hosp Inpatient Pharmacy

APPLICATION NO.: 8 Revision: 1
PERIOD TO : JUN/30/2014
PROJECT NO.: 81427
CONTRACT DATE : SEP/04/2013

FROM: Power Construction Company, LLC

ARCHITECT : Eckenhoff Saunders

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	57,596	0
APPROVED THIS MONTH	8,460	0
Total Job To Date	66,056	0

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

1. ORIGINAL CONTRACT SUM .....$	956,659
2. NET CHANGE BY CHANGE ORDERS.....$	66,056
3. CONTRACT SUM TO DATE.....$	1,022,715
4. TOTAL COMPLETED & STORED TO DATE.....$	1,022,715
5. RETAINAGE.....$	0
6. TOTAL EARNED LESS RETAINAGE .....$	1,022,715
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....$	898,299
8. CURRENT PAYMENT DUE .....$	124,416
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 : Mga Lu Date : JUL/09/2014

State of : Illinois County of: Cook

Subscribed and sworn to before me
This 09th day of July, 2014

"OFFICIAL SEAL"
Juan Carlos Rojas
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 08/14/16

Notary Public

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.....$ 124,416

ARCHITECT :

By : Date : 07.17.2014

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.