



701 North First Street • Springfield, Illinois 62781-0001  
ChooseMemorial.org • Phone (217) 788-3000

**RECEIVED**

MAY 28 2015

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

May 20, 2014

Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street - Second Floor  
Springfield, Illinois 62702

RE: CON #14-054 to establish 10-bed adult AMI unit at Passavant Area Hospital

Dear Ms. Avery:

The Illinois Health Facilities and Services Review Board approved CON #14-054 on January 27, 2015 for the establishment of a 10-bed adult Acute Mental Health unit at Passavant Area Hospital in Jacksonville, Illinois.

Passavant Area Memorial Hospital has received a \$1,000,000 donation to help fund this project. Therefore a revised sources and uses of funds statement for this project is attached to this letter.

Please feel free to contact me at 217-788-3529 or [johnson.mitch@mhsil.com](mailto:johnson.mitch@mhsil.com) if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Mitchell L. Johnson".

Mitchell L. Johnson  
Senior Vice President and Chief Strategy Officer  
Memorial Health System

Enclosures

## Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$1,224,066	\$1,274,976	\$2,499,042
Contingencies	\$121,715	\$126,778	\$248,493
Architectural/Engineering Fees	\$150,000	\$61,560	\$211,560
Consulting and Other Fees	\$120,000	\$0	\$120,000
Movable or Other Equipment (not in construction contracts)	\$400,000	\$0	\$400,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$2,015,781</b>	<b>\$1,463,314</b>	<b>\$3,479,095</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$1,015,781	\$1,463,314	\$2,479,095
Pledges			
Gifts and Bequests	\$1,000,000		\$1,000,000
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$2,015,781</b>	<b>\$1,463,314</b>	<b>\$3,479,095</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			