



**FRESENIUS
KIDNEY CARE**

Fresenius Kidney Care

3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

June 13, 2018

RECEIVED

JUN 14 2018

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62761

Re: Final Cost Report, Section 1130.770
Project #15-062, Fresenius Kidney Care Belleville
Permit Holder: Fresenius Medical Care of Illinois, LLC, and Fresenius Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Kidney Care Belleville, #15-062, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Connor



FRESENIUS KIDNEY CARE

May 23, 2018

Final Cost Report, Section 1130.770 Fresenius Kidney Care Belleville

Project #15-062, Fresenius Kidney Care Belleville

Permit Holder: Fresenius Medical Care of Illinois, LLC, and Fresenius Medical Care Holdings, Inc.

This project was for the establishment of a 12-station ESRD facility located at 6525 W. Main Street, Belleville. The project was obligated with the execution of the lease on November 1, 2016 and the facility began operations on February 21, 2018. The project was complete upon receipt of the CMS Certification letter on April 27, 2018 with an effective date of April 11, 2018.

Project Costs and Sources of Funds

Project Costs	Allowance/CON	Realized
Modernization	N/A	873,487
Contingencies	N/A	0
Architectural/Engineering	N/A	48,342
Movable & Other Equipment	360,000	307,530
FMV of Leased Space/Equipment	4,558,090*	3,652,465*
Total Project Costs	\$4,918,090	\$4,881,824

* This was originally a turn-key project and all construction/architecture costs were to be paid for by the landlord and paid back over the term of the lease as rent. It was decided after project approval that Fresenius would incur the cost of construction, therefore these costs were removed from the FMV of the leased space.

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

Application and Certificate for Payment (AIA G702)

G-702 attached.



FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care Belleville
Project #15-062

Fresenius Medical Care of Illinois, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Belleville, Project #15-062, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

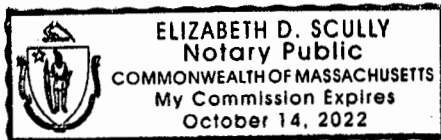
BY: *B. Mello*
Bryan Mello
ITS: Assistant Treasurer

Subscribed and Sworn to before me
this 23rd day of May, 2018

Elizabeth D. Scully
Notary Public

My commission expires: 10/14/22

Seal





FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care Belleville
Project #15-062

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Belleville, Project #15-062, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: *Dorothy Rizzo*
ITS: Dorothy Rizzo
Assistant Treasurer

BY: *Bryan Mello*
ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to before me
this 22 day of May, 2018

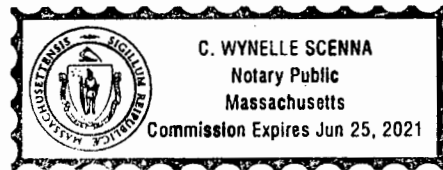
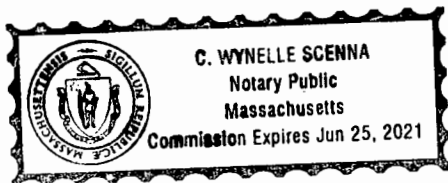
Subscribed and Sworn to before me
this 22 day of May, 2018

C Wynelle Scenna
Notary Public

C Wynelle Scenna
Notary Public

My commission expires: 06/25/2021

My commission expires: 06/25/2021



APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF

TO OWNER: Bio-Medical Applications of Illinois, Inc.
 c/o Fresenius Medical Care NA
 1909 Tyler Street, 8th Floor
 Hollywood, FL 33020

PROJECT: Fresenius Kidney Care Tenant
 6525 W. Main St
 Belleville, IL 62223

APPLICATION NO: -051-3 REVISED
 INVOICE DATE: 4/30/18
 PERIOD FROM: 12/1/17
 TO: 4/30/18

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

ARCHITECT One M Architecture, PLLC
 7024 Foxwork Dr.
 Charlotte, NC 28226

FROM CONTRACTOR:
 Midwest Construction Partners, Inc.
 1300 E. Woodfield Rd., Suite 150
 Schaumburg, IL 60173

CONTRACT F General Construction CONTRACT DATE: 5/1/2017

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 \$ 758,545.00
- 2. Net change by Change Orders \$ 39,643.09
- 3. CONTRACT SUM TO DATE (Line 1 ± 2) \$ 798,188.09
- 4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 798,188.09
- 5. RETAINAGE:
 - a. 10 % of Completed Work (Column D + E on G703) \$ -
 - b. % of Stored Material (Column F on G703) \$ -
 - Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ -
- 6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) \$ 798,188.09
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 597,225.58
- 8. CURRENT PAYMENT DUE \$ 200,962.51
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ -

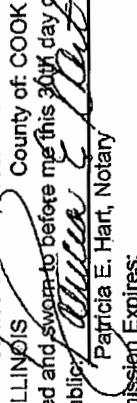
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved	\$ 39,643.09	
TOTALS	\$ 39,643.09	\$ -
NET CHANGES by Change Order	\$	\$ 39,643.09

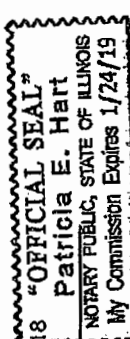
AIA DOCUMENT G702 - APPLICATION AND CERTIFICATION FOR PAYMENT - 1992 EDITION - AIA THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVE., N.W., WASHINGTON, DC 20006-5092

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.

CONTRACT Midwest Construction Partners, Inc.

By:  Date: 4/30/18
 James O'Brien, President
 County of: COOK

State of: ILLINOIS
 Subscribed and sworn to before me this 30th day of April, 2018
 Notary Public: 
 Patricia E. Hart, Notary
 My Commission Expires: 1/24/19



ARCHITECTS CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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 \$

(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:

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.

RESA BARNES
 DIV ADMIN
 JUN 0 1 18
 RECS-North Central
 RECEIVED

APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER): Fresenius Medical Care PROJECT: Belleville IL FMC 100257

FROM (CONTR.): Cohen Architectural VIA (ARCHITECT):
Woodworking

CONTRACT FOR: Millwork & Installation

AIA DOCUMENT G702

APPLICATION NO: 5
PERIOD TO: Mar 2018
CONTRACTOR'S: ARCHITECT
PROJECT NO: CONTRACTOR
CONTRACT DATE:

Distribution to:
OWNER:
ARCHITECT
CONTRACTOR

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner			
Approved this month	TOTAL		
Number			
CO2,3,4,5,6	9034.59		
TOTALS	9034.59		0
Net change by Change Orders	9034.59		

The undersigned Subcontractor certifies that to the best of Subcontractor'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:



Date: 3-15-18
DAVID BEADLES
Notary Public - Notary Seal
STATE OF MISSOURI
Phelps County
My Commission Expires: March 29, 2021
Commission #17298584

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.

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION CONCERNING MECHANICS LIENS ON REVERSE SIDE.

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

1. ORIGINAL CONTRACT SUM \$ 66,264.00 ✓
2. Net change by Change Orders \$ 9,034.59 ✓
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 75,298.59
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 75,298.59
5. RETAINAGE:
 - a. 0 % of Completed Work (Columns D + E on G703)
 - b. 100 % of Stored Material (Column F on G703)

Total Retainage (Line 5a + 5b or Total in Column I of G703)

\$ -

\$ 75,298.59

6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)

\$ 67,768.73 ✓

\$ 7,529.86 ✓

\$ -

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)

\$ 67,768.73 ✓

\$ 7,529.86 ✓

\$ -

8. CURRENT PAYMENT DUE (Line 7 less Line 6)

\$ -

9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)

\$ -

\$ -

State of: Missouri County of: Phelps
Subscribed and sworn to before me this 15th day of March 2018
Notary Public: *DAB*
My Commission expires: 3-29-21

AMOUNT CERTIFIED

(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.