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HEALTH FACILITIES &
SERVICES REVIEW BOARD www.StClarasRehab.com

HAND DELIVERED

July 9, 2018

Mr. Michael Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Suite 200
Springfield, Illinois 62761

Re: St. Clara's Manor, Logan County
Project No. 16-014

Dear Mr. Constantino:

Pursuant to Section 1130.770, Project Completion, Final Realized Costs and Cost Overruns, we hereby submit the notification of project completion and final costs on the above referenced project.

d)1) Itemization of all projects costs;

Attached, as **EXHIBIT I**, is the detailed itemization of the Uses and Sources of Funds by line item showing the amount approved under Project No. 16-014, as well as the amount expended, and the percent expended by line item.

d)2) A certification that the final realized costs, as itemized, 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;

Attached, as **EXHIBIT II**, is a certified letter attesting that the final realized costs, as shown under Exhibit I, are the total costs required to complete the project and that there are not additional or associated costs or capital expenditures related to the project.

d)3) A certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of this Section must be in the form of a notarized statement signed by an authorized representative of the permit holder;

Also provided in **EXHIBIT II** is an attestation that the Project is in compliance with all terms of the permit to date.

Mr. Michael Constantino
July 9, 2018
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- d)4) The final Application and Certification for Payment for the construction contract, as per the American Institute of Architect form G702 or equivalent; and

The final Contractor's Application for Payment form G702 (revised) is shown as **EXHIBIT III**.

- d)5) For permits with a project cost equal to or greater than three times the capital expenditure minimum in place at the time of permit approval, an audited financial report of all project costs and sources of funds.

The capital expenditure threshold in 2016 was \$7,320,061. In accordance with Exhibit I, the project costs are below three times the capital expenditure minimum. Therefore, this item is not applicable.

This correspondence is meant to satisfy the requirement for completeness. Additionally, a copy of the facility's IDPH facility license is appended as **EXHIBIT IV**. Should you or your staff have any questions or concerns, please do not hesitate to contact me. Thank you in advance for your consideration.

Sincerely,



Mike Blake

ENCLOSURES

St. Clara's Manor #16-014
Project Completion

Final Realized Project Costs

PROJECT COSTS AND SOURCES OF FUNDS

Use of Funds	COST	Expended to Date	% Expended
Preplanning Costs	\$ 72,956	\$ 19,142.00	26%
Site Survey and Soil Investigation	\$ 163,500	\$ 5,146.75	3%
Site Preparation	\$ 651,589		0%
Off Site Work	\$ 1,000		0%
New Construction Contracts	\$ 14,820,195	\$ 16,118,291.00	109%
Modernization Contracts	\$ -	\$ -	
Contingencies	\$ 1,481,579	\$ 400,526.89	27%
Architectural/Engineering Fees	\$ 1,382,389	\$ 1,000,800.50	72%
Consulting and Other Fees	\$ 607,540	\$ 620,738.42	102%
Movable or Other Equipment	\$ 915,952	\$ 1,850,414.31	202%
Bond Issuance Expense	\$ 219,921	\$ 224,657.00	102%
Net Interest Expense During Construction	\$ 314,461	\$ 171,867.00	55%
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	
Other Costs to be Capitalized	\$ -	\$ -	
Acquisition of Building or Other Property	\$ -	\$ -	
Total Uses of Funds	\$ 20,631,082	\$ 20,411,584	99%
Source of Funds			
Cash and Securities	\$ 5,000,000	\$ 6,241,584	125%
Pledges	\$ -	\$ -	
Gifts and Bequests	\$ -	\$ -	
Bond Issues	\$ -	\$ -	
Mortgages	\$ 15,631,082	\$ 14,170,000	91%
Leases	\$ -	\$ -	
Governmental Appropriations	\$ -	\$ -	
Grants	\$ -	\$ -	
Other Funds and Sources	\$ -	\$ -	
Total Sources of Funds	\$ 20,631,082	\$ 20,411,584	99%

EXHIBIT I

July 9, 2018

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

**Re: Certification of Final Costs and
Compliance – St. Clara’s Manor,
Proj. No. 16-014**

Dear Ms. Avery:

I hereby certify, pursuant to 77 Ill. Admin. Code §1130.770, d)2), that the final costs are the total costs required to complete the construction of St. Clara’s Manor (the “Project”) and that there are no additional or associated costs or capital expenditures related to the Project.

Additionally, as an authorized representative I hereby certify, pursuant to 77 Ill Admin. Code §1130.770, d)3), that to the best of my knowledge the Project is in compliance with all terms of the permit to date, including project cost, square footage, services, etc..

Sincerely,



MICHAEL R. BLAKE

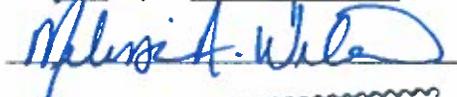
Printed Name

SVP- FACILITIES

Title

Notarization:

Subscribed and sworn to before me
this 16th day of July 2018



Signature of Notary

SEAL



EXHIBIT II

APPLICATION AND CERTIFICATE FOR PAYMENT

Application No. 17 Invoice #: C18139

To Owner: ST. CLARA'S SENIOR SERVICES, INC.
 200 5TH Street
 Lincoln IL 62656

Project: St. Clara's Manor Skilled Nursing Facility
 Site: 1450 Castle Manor Drive
 Lincoln, IL 62656

Period To: 4/30/2018
 FTH Project No: 70153
 Contract Date:

From Contractor: P. J. HOERR, INC.
 Max Dittler, Project Manager
 107 N. Commerce Place
 Peoria, IL 61604
 Contract For: New Construction

Wz: WORN JERABEK WILSTE ARCHITECTS, P.C.
 Heidi Wang
 401 W Superior, Suite 400
 Chicago, IL 60654

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 \$ 16,118,291.00
- 2. Net Change By Change Order \$ 389,086.95
- 3. Contract Sum To Date \$ 16,507,377.95
- 4. Total Completed and Stored To Date \$ 16,507,377.95

- 5. Retainage:
 - a. 0.0% of Completed Work \$ 0.00
 - b. 0.0% of Stored Material \$ 0.00

- Total Retainage \$ 0.00
- 6. Total Earned Less Retainage \$ 16,507,377.95
- 7. Less Previous Certificates For Payment \$ 16,483,352.17
- 8. Current Payment Due \$ 24,025.78
- 9. Balance To Finish, Plus Retainage \$ 0.00

CHANGE ORDER SUMMARY		
	Additions	Deductions
Total changes approved in previous months by Owner	\$ 365,061.17	\$ 0.00
Total Approved this Month	\$ 24,025.78	\$ 0.00
TOTALS	\$ 389,086.95	\$ 0.00
Net Changes By Change Order	\$ 389,086.95	

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: P. J. HOERR, INC.

By: [Signature] Max Dittler, Project Manager
 Date: 04/19/2018

State of: ILLINOIS County of: Peoria
 Subscribed and sworn to before me this 19th day of April, 2018
 Notary Public: Vitella L. Reagan
 My Commission expires: January 04, 2019
 OFFICIAL SEAL
 VITELLA L. REAGAN
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES 1-4-19

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.

AMOUNT CERTIFIED \$24,025.78

(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 / OWNER'S REPRESENTATIVE:

By: [Signature] Date: 4.30.2018

This Certificate is not negotiable. THE AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance of payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

EXHIBIT III

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D. Issued under the authority of
DIRECTOR The State of Illinois
 Department of Public Health

EXPIRATION DATE	ID NUMBER
02/12/2019	0054890
LONG TERM CARE LICENSE SKILLED 106	CATEGORY BGBE
UNRESTRICTED	106 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ST CLARA'S MANOR

ST CLARA'S REHAB & SENIOR CARE
1450 CASTLE MANOR DRIVE
LINCOLN IL 62656

EFFECTIVE DATE: 06/14/08

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

EXHIBIT IV