



VIA FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RECEIVED

JUN 24 2019

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Springfield Central Cost Report (Project No. 16-036)

Dear Mr. Constantino:

On behalf of DaVita Inc. and DVA Renal Healthcare, Inc. d/b/a Springfield Center Dialysis (collectively, "DaVita"), I am writing to submit the project cost report for Project No. 16-036. On January 24, 2017, the Illinois Health Facilities and Services Review Board ("State Board") approved DaVita's application for a certificate of need permit to discontinue its existing 21 station dialysis clinic located at 932 North Rutledge Street, Springfield, Illinois and to establish a 21 station dialysis clinic located at 600 North Grand Avenue West, Springfield, Illinois (the "Replacement Facility"). DaVita treated its first dialysis patient at the Replacement Facility February 19, 2018. The permit completion date was March 31, 2019.

For your review, DaVita submits the following information as its realized cost report for the relocation of Illini Renal Dialysis:

1. Final Realized Project Costs

Springfield Central Dialysis Final Realized Project Costs		
	Approved	Expended
New Construction Contracts	\$1,695,116	\$1,113,670
Contingencies	\$110,000	\$0
Architectural /Engineering Fees	\$139,104	\$99,624
Consulting and Other Fees	\$109,500	\$13,512
Movable or Other Equipment (not in construction contracts)	\$802,044	\$784,169
Fair Market Value of Lease Space and Equipment	\$2,268,496	\$2,268,496
ESTIMATED TOTAL PROJECT COST	\$5,124,260	\$4,279,471

2. Certification of Realized Costs and Compliance

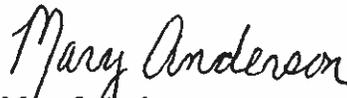
Pursuant to 77 Ill. Admin. Code §1130.770, DaVita certifies the realized costs, as itemized, are the total costs incurred to date to complete the project and that if any subcontractors need to be paid directly in the future in order to extinguish one or more subcontractor liens, no such additional associated capital expenditures related to the project shall be submitted for reimbursement for any federal or state health care insurance program. I further certify DaVita has complied with all of the terms of the permit to date and all information submitted in this cost report for the facility is true and correct.

3. Final Application and Certification for Payment

Due to contract issues between the general contractor for the Replacement Facility and its subcontractors, the final G702 is not available.

If you have any questions or need any additional information related to the Project, please feel free to contact Anne Cooper at 312-873-3606 or acooper@polsinelli.com.

Sincerely,



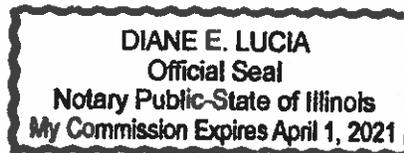
Mary J. Anderson
Division Vice President
DaVita Inc.

SUBSCRIBED AND SWORN

to before me this 21st day of
June, 2019



My commission expires: 4-1-21



cc: Dave Schrader, DaVita Inc.