Hospital Sisters
HEALTH SYSTEM

Breese, IL
HSHS St. Joseph's Hospital

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

O'Fallon, IL
HSHS St. Elizabeth's Hospital

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois 62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org
Sponsored by
Hospital Sisters Ministrie

RECEIVED
FEB 6 2019
HEALTH FACILITIES &
SERVICES REVIEW BOARD

February 7, 2019

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

Re: Con Permit # 16-053
HSHS St. John's Hospital Women's and Children's Health Center Building
Permit Renewal Request (Section 1130.740)

Dear Ms. Avery,

Please accept this permit renewal request for approved project # 16-053.

On March 14, 2017 the IHFSRB approved the permit application for this project with a $48,377,826 capitalized project cost. Subsequently, the project was financially obligated / committed (Section 1130.720) in 2017 as outlined in our notification letter dated January 30, 2019.

The subject building was completed and occupied in January 2019, earlier than contemplated. The estimated capitalized cost expenditures are currently estimated to be $45,653,231.00.

The approved project completion date is March 31, 2019. However, due to the fact an independent third-party CPA audit is required (Section 1130.770 (d) (5)), we do not expect it to be completed until July. Hence, we respectfully request a four (4) month permit renewal until July 12, 2019 to complete the required audit and subsequently file the final realized cost report (Section 1130.770), as required.

Our application processing fee in the amount of $500.00 (Section 1130.230) is enclosed: Check number 00157520.

If you have any questions, I can be reached by email at amy.bulpitt@hshs.org or by phone at (217) 814-8336.

Sincerely,

Amy Bulpitt
Vice President and General Counsel

CC: Mike Constantino, Supervisor, Project Review Section
Ed Parkhurst, PRISM Healthcare Consulting