



**RECEIVED**

JUN 06 2019

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

June 4, 2019

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

Re: Project Completion, Final Realized Cost Report (Section 1130.770)  
CON Permit #14-056, and CON Permit #17-022  
St. Anthony's Memorial Hospital  
Ambulatory Care Center Development (ACC / POB)

Dear Ms. Avery,

Attached are two attestation / certification letters indicating the approved CON permits related to our Ambulatory Care Center Project have been completed in full compliance with both the approved permits and State Agency requirements. The combined total final realized costs of this Project is \$19,253,631.00. The final capitalized cost is \$331,736.00, or 1.8%, above the aggregate approved project costs in the amount of \$18,921,895.00.

We look forward to working with you and your staff in future endeavors.

Please let me know if you have any questions. I can be reached at [Theresa.Rutherford@hshs.org](mailto:Theresa.Rutherford@hshs.org) or by telephone at 217-347-1494.

Sincerely,

Theresa J. Rutherford  
President and Chief Executive Officer

CC: Mike Constantino, Supervisor, Project Review Section  
Edwin Parkhurst, Jr., PRISM Healthcare Consulting

Enclosures: Final Realized Cost Project Letter, Permit #14-056  
Final Realized Cost Project Letter, Permit #17-022



June 4, 2019

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

Re: Project Completion, Final Realized Cost Report (Section 1130.770)  
CON Permit #17-022, as altered  
St. Anthony's Memorial Hospital  
Ambulatory Care Center (ACC / POB) Project  
Shelled Space Completion

Dear Ms. Avery,

Please accept this project completion attestation / certification letter in reference to the foregoing project. The project was completed on or before March 18, 2019 in full compliance with the permit renewal approved by the State Agency on July 28, 2017.

This final report documentation certifies that:

1. The itemized project capital cost in the amount of \$6,509,156 (see Attachment A) is 3.4% below the approved cost.
2. The final realized costs, as itemized in Attachment A to this attestation, are the total project costs.
3. The project, as completed, is in compliance with all terms of the approved and subsequently altered permit.
4. The enclosed AIA form G702 documents the final construction payout (Attachment B).

To the best of my knowledge we have complied with all Illinois Health Facilities and Services Review Board Requests in developing and completing this project

Please let me know if you have any questions. I can be reached at [Theresa.Rutherford@hshs.org](mailto:Theresa.Rutherford@hshs.org) or by telephone at 217-374-1494.

Sincerely,



Theresa J. Rutherford  
President and Chief Executive Officer

CC: Mike Constantino, Supervisor, Project Review Section  
Edwin Parkhurst, Jr., PRISM Healthcare Consulting

Enclosures: Attachment A – Capitalized Project Cost  
Attachment B – AIA Form G-702

Notarization:

Subscribed and sworn to before me

this 4 day of June 2019

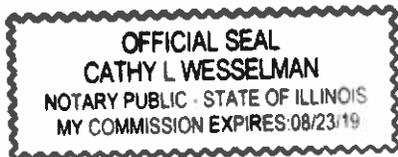
Cathy L. Wesselman

Printed Name

Cathy L. Wesselman

Signature of Notary

Seal



Attachment A  
 CON Permit #17-022  
 Final Realized Cost Report  
 Shelled Space Completion

USE OF FUNDS	APPROVED PROJECT (AS ALTERED)	FINAL EXPENDITURES
Preplanning Costs	*	*
Site Survey and Soil Investigation	*	*
Site Preparation	*	*
Off Site Work	NA	NA
New Construction Contracts (Parking / ACC)	*	*
Modernization Contracts	2,999,892	3,032,785
Contingencies (Allowance)	299,989	235,858
Architectural/Engineering Fees	215,239	159,047
Consulting and Other Fees	176,313	38,816
Movable or Other Equipment (not in construction contracts)	1,363,941	1,212,629
Bond Issuance Expense (project related)	0	0
Net Interest Expense During Construction (project related)	0	0
Fair Market Value of Leased Space or Equipment	NA	NA
Other Costs To Be Capitalized	1,185,446	1,432,478
Acquisition of Building or Other Property (excluding land)	500,000	397,543
<b>TOTAL USES OF FUNDS</b>	<b>6,740,820</b>	<b>6,509,156</b>
SOURCE OF FUNDS **	APPROVED PROJECT (AS ALTERED)	FINAL EXPENDITURES
Cash and Securities	6,740,820	6,509,156
Pledges		
Gifts and Bequests		
Bond Issues (project related)		0
Mortgages (includes FMV Cost)		
Leases (fair market value)		
Governmental Appropriations		
Grants		
Other Funds and Sources		
<b>TOTAL SOURCES OF FUNDS</b>	<b>6,740,820</b>	<b>6,509,156</b>

\* See approved CON Permit #14-056

\*\* See Alteration per notification letter dated December 13, 2017

**Attachment B**

**See Following Page**

**McCarthy G-702 Equivalent**

**CON Permit # 17-022**



**Application For Payment**

To Owner : St Anthony Memorial Hospital  
 From Contractor : McCarthy Building Companies, Inc.  
 Contract For :

Project : HSHS St. Anthony's Shell Space Completion  
 Via Architect :

Application No: 22  
 Period To: 05/31/2019  
 Project No: 003917.000  
 Contract Date: 08/25/2017

**Application For Payment Summary**

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	3,032,784.94
2. Net Change by Change Orders	235,857.98
3. CONTRACT SUM TO DATE (Line 1 + 2)	3,268,642.92
4. TOTAL COMPLETED & STORED TO DATE	3,268,642.82
<b>5. RETAINAGE</b>	
a. .00 % of Completed Work	0.00
b. .00 % of Stored Material	0.00
Total Retainage (Lines 5a+5b or Total in Cont. Sheet)	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	3,268,642.82
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 5 from Prior Certificate)	3,268,787.24
8. CURRENT PAYMENT DUE	1875.88
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 Less Line 8)	0.00

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 which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor :  
 By: Date: 5/29/19

State of: Illinois  
 County of: Cook

Subscribed and sworn to (or affirmed) before me on this 29th day of May 20 19 by Eric Hoffman personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public:   
 My Commission Expires March 17, 2023



**Architect's Certificate For Payment**

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 : \$ 1,875.88

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

Architect:  
 By: Date: 5/29/19

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.

Change Order Summary	Additions	Deductions
Total changes in previous applications	235,857.98	0.00
Total approved this application	0.00	0.00
Totals	235,857.98	0.00
Net Changes by Change Order	235,857.98	



June 4, 2019

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

Re: Project Completion, Final Realized Cost Report (Section 1130.770)  
CON Permit #14-056, as altered  
St. Anthony's Memorial Hospital  
Ambulatory Care Center (ACC / POB) Project

Dear Ms. Avery,

Please accept this project completion attestation / certification letter in reference to the foregoing project. The project was completed on or before March 18, 2019 in full compliance with the permit renewal approved by the State Agency on October 30, 2018.

This final report documentation certifies that:

1. The itemized project capital cost in the amount of \$12,744,475.00 (see Attachment A) which is \$563,400.00 above the approved cost or approximately 4.6.%.
2. The final realized costs, as itemized in Attachment A to this attestation, are the total project costs.
3. The project, as completed, is in compliance with all terms of the approved and subsequently altered permit.
4. The enclosed AIA form G702 documents the final construction payout (Attachment B).

To the best of my knowledge we have complied with all Illinois Health Facilities and Services Review Board Requests in developing and completing this project.

Please let me know if you have any questions. I can be reached at [Theresa.Rutherford@hshs.org](mailto:Theresa.Rutherford@hshs.org) or by telephone at 217-347-1494.

Sincerely,



Theresa J. Rutherford  
President and Chief Executive Officer

CC: Mike Constantino, Supervisor, Project Review Section  
Edwin Parkhurst, Jr., PRISM Healthcare Consulting

Enclosures: Attachment A – Capitalized Project Cost  
Attachment B – AIA Form G-702

Notarization:

Subscribed and sworn to before me

this 4 day of June 2019

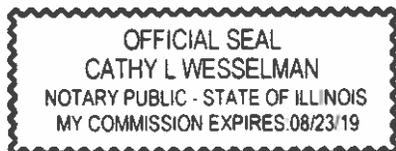
Cathy L. Wesselman

Printed Name

Cathy L. Wesselman

Signature of Notary

Seal



Attachment A WITH  
 Altered CON Permit 14-056  
 Final Realized Cost Report  
 (ACC with Shell)

USE OF FUNDS	APPROVED PROJECT (AS ALTERED)	FINAL REALIZED COST
Preplanning Costs	41,000	47,332
Site Survey and Soil Investigation	80,000	7,349
Site Preparation	40,000	8,250
Off Site Work	0	0
New Construction Contracts (Parking / ACC)	6,923,828	8,320,892
Modernization Contracts (EMC)	0	248,344
Contingencies (Allowance)	657,763	657,763
Architectural/Engineering Fees	606,530	202,755
Consulting and Other Fees	92,898	54,377
Movable or Other Equipment (not in construction contracts)	2,454,511	1,912,868
Bond Issuance Expense (project related)	0	0
Net Interest Expense During Construction (project related)	0	0
Fair Market Value of Leased Space or Equipment	NA	NA
Other Costs To Be Capitalized	1,284,545	1,284,545
Acquisition of Building or Other Property (excluding land)	0	0
<b>TOTAL USES OF FUNDS</b>	<b>12,181,075</b>	<b>12,744,475</b>
SOURCE OF FUNDS **	APPROVED PROJECT (AS ALTERED)	FINAL EXPENDITURES
Cash and Securities	12,181,075	12,744,475
Pledges		
Gifts and Bequests		
Bond Issues (project related)		
Mortgages (includes FMV Cost)		
Leases (fair market value)		
Governmental Appropriations		
Grants		
Other Funds and Sources		
<b>TOTAL SOURCES OF FUNDS</b>	<b>12,181,075</b>	<b>12,744,745</b>

HSHS SAE Project 14-056  
Final Realized Cost and Project Completion Letter Draft  
May 15, 2019  
Page 4 of 5

**Attachment B**

**See Following Page**

**McCarthy G-702 Equivalent**

**CON Permit # 14-056**



**Application For Payment**

To Owner : St Anthony Memorial Hospital  
 From Contractor : McCarthy Building Companies, Inc.  
 Contract For :

Project : HSBS St. Anthony's Ambulatory Care Center Project  
 Via Architect :

Application No: 22  
 Period To: 05/31/2019  
 Project No: 003917.000  
 Contract Date: 08/25/2017

**Application For Payment Summary**

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

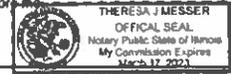
1. ORIGINAL CONTRACT SUM	8,320,892.08
2. Net Change by Change Orders	248,343.94
3. CONTRACT SUM TO DATE (Line 1 + 2)	8,569,236.00
4. TOTAL COMPLETED & STORED TO DATE	8,569,236.00
5. RETAINAGE	
a. .00 % of Completed Work	0.00
b. .00 % of Stored Material	0.00
Total Retainage (Lines 5a+5b or Total In Cont. Sheet)	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	8,569,236.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from Prior Certificate)	8,185,017.66
8. CURRENT PAYMENT DUE	384,218.34
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 Less Line 8)	0.00

Change Order Summary	Additions	Deductions
Total changes in previous applications	271,897.95	23,654.01
Total approved this application	0.00	0.00
Totals	271,897.95	23,654.01
Net Changes by Change Order	248,343.94	

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 which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor : \_\_\_\_\_  
 By: [Signature] Date: 5/29/19

State of: Illinois  
 County of: Coles  
 Subscribed and sworn to (or affirmed) before me on this 29th day of May 2019, by Eric Hoffman, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.  
 Notary Public [Signature]  
 My Commission Expires: March 17, 2023



**Architect's Certificate For Payment**

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 : \$ 384,218.34

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

Architect: \_\_\_\_\_  
 By: [Signature] Date: 5/29/19

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.