SWEDISHAMERICAN
A DIVISION OF UW HEALTH

Administration Office
1401 East State Street
Rockford, IL 61101
779.696.4002
779.696.2463 Fax

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 19, 2019

Mr. 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

Re: Final Realized Costs Report for Project # 17-030
Project #17-030 SwedishAmerican Hospital / Medical Office Building

Dear Mr. Constantino,

Construction of the above-referenced Project was completed on August 22, 2019. Pursuant to 77Ill. Admin. Code 1130.770(d), on behalf of SwedishAmerican Hospital, SwedishAmerican Health System Corporation, and University of Wisconsin Hospitals and Clinics Authority, collectively the "Permit Holders", I hereby certify as follows:

1. The Permit Holders realized costs of **$25,123,882** to complete the Project – which was less than the approved permit amount of **$25,266,473** allowed pursuant to the alteration request approved by the Review Board on August 6, 2019. See Exhibit A, attached hereto, for a detailed itemization of the Project's costs and sources of funds;

2. Exhibit A Sets forth the total costs required to complete the Project and there are no additional or associated costs or capital expenditures related to the Project;

3. The Permit Holders have complied with all terms of the permit to date, including project cost, square footage, and services. See Exhibit B, attached hereto, for a detailed itemization of the Project's square footage and services;

4. The Permit Holders were provided the attached AIA G702 Application and Certificate for Payment from its General Contractor for the Project. See Exhibit C attached hereto.

If you have any questions, please feel free to contact me at (779) 696-4005.

Sincerely,

Jedediah L. Cantrell, FACHE, MBA, RHIA
Vice President, Operations

LINDA S MARTZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Aug 27, 2022

Subscribed and Sworn Before me
this 19 day of November, 2019.

Linda S Martz
Notary Public

Exhibit A

SwedishAmerican Hospital Project# 17-030 Creekside Medical Office Building

Project Costs and Sources of Funds

	CON 17-030 per Alteration (Approved Budget)			CON 17-030 As Built (Committed Actual)		
Use of Funds	Reviewable	Non-Reviewable	Total	Reviewable	Non-Reviewable	Total
Preplanning Costs	5,733	78,831	84,564	6,036	82,986	89,022
Site Survey	1,218	16,747	17,965	1,218	16,747	17,965
Site Preparation	124,307	1,709,134	1,833,442	100,656	1,383,952	1,484,608
Off Site Work	-	-	-	-	-	-
New Construction Contracts	1,222,431	16,783,633	18,006,064	1,251,791	17,211,199	18,462,989
Modernization Contracts	-	-	-	-	-	-
Contingencies	16,973	233,027	250,000	-	-	-
Architectural/Engineering Fees	112,444	1,546,015	1,658,459	114,124	1,569,115	1,683,239
Consulting and Other Fees	18,824	258,822	277,646	18,350	252,296	270,646
Moveable and Other Equipmer	212,779	2,925,554	3,138,333	211,225	2,904,189	3,115,414
Total Costs	1,714,710	23,551,763	25,266,473	1,703,399	23,420,483	25,123,882
Source of Funds						
Cash and Securities	1,714,710	23,551,763	25,266,473	1,703,399	23,420,483	25,123,882
Total Funds	1,714,710	23,551,763	25,266,473	1,703,399	23,420,483	25,123,882

Exhibit B

SwedishAmerican Hospital - CON #17-030							
Creekside Medical Office Building							
	Units		State Standard		Proposed GSF		As Built GSF
			Per Unit	Total			
Radiology	2		1300 dgsf	2,600dgsf	1,450 dgsf		1,450 dgsf
Ultrasound	2		900 dgsf	1,800 dgsf	817 dgsf		817 dgsf
Exam Rooms	89		800 dgsf	69,600 dgsf	66,063 dgsf		66,063 dgsf
Lab w draw stations	1		None	None	2,545 dgsf		2,545 dgsf

Exhibit C

APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE 1

TO (OWNER): Swedish American Health System
#2020 1401 East State Street
Rockford, IL 61104

PROJECT: Swedish American
New Northeast Clinic
3505 N. Bell School Road
Rockford, Illinois 61114

APPLICATION NO: 19 - Final
PERIOD TO: 10/31/2019
PO #: PO C101679
JOB NO: 17290
CONTRACT DATE: 4/12/2018

Distribution to:
X OWNER
X ARCHITECT
X CONTRACTOR

FROM (CONTRACTOR): Scandroli Construction Co
855 North Madison Street
Rockford, IL 61107

VIA (ARCHITECT): PG Architecture Design/Build
2601 Reid Farm Road
Rockford, Illinois 61114

CONTRACT FOR: Construction of New Building

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY

Change Orders approved in previous TOTAL		ADDITIONS $237,403.12	DEDUCTIONS
Approved this Month			
Number	Date Approved		
TOTAL		$237,403.12	$0.00
Net change by Change Orders		$237,403.12	

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: Scandroli Construction Co.

By: Joseph Scandroli, President Date: November 8, 2019

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet(s) attached

1. ORIGINAL CONTRACT SUM ..... $ 19,707,199.0
2. Net change by Change Orders ..... $ 237,403.1
3. CONTRACT SUM TO DATE (Line 1+2) ..... $ 19,944,602.1
4. TOTAL COMPLETED AND STORED TO DATE ..... $ 19,944,602.1
   (Column G total on Continuation Sheet(s))
5. RETAINAGE:
   a. 0% of Completed Work $ 0.00
   Column D+E total on Continuation Sheet(s)
   b 5% of Stored Material $ 0.00
   Column F total on Continuation Sheet(s)
   Total Retainage (Line 5a+5b or
   Column I total on Continuation Sheet(s) ..... $ -
6. TOTAL EARNED LESS RETAINAGE ..... $ 19,944,602.1
   (Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior certificate) ..... $ 18,794,740.1
8. CURRENT PAYMENT DUE ..... $ 1,149,862.0
9. BALANCE TO FINISH, PLUS RETAINAGE ..... $ 0.0
   (Line 3 less Line 6)

State of: Illinois County of: Winnebago
Subscribed and sworn to me this 8th day of November, 2019.
Notary Public: J. R. Redieske
My Commission expires: 3/12/20

OFFICIAL SEAL
JENNIFER R. REDIESKE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 03/12/2020

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 ..... $ 1,149,862.01
(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT:
By: Date: 11.13.19