



Juan Morado, Jr.
71 South Wacker Drive, Suite 1600
Chicago, IL 60606
Direct Dial: 312.212.4967
Fax: 312.757.9192
jmorado@beneschlaw.com

June 11, 2020

VIA EMAIL AND FEDEX

Ms. Courtney Avery
Board Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Final Cost Report and Notice of Completion - Vascular Access Centers of Illinois,
Chicago, Project #17-047

Dear Courtney:

On January 9, 2018 the Illinois Health Facilities and Services Review Board (HFSRB) approved Project # 17-047 to establish a single specialty Ambulatory Surgical Treatment Center (ASTC) at 1701 W. Monterey Avenue in Chicago, Illinois. We are happy to report that the project is now complete and we request that you accept this letter as our final cost report consistent with 77 Ill. Admin Code Section 1130.770.

Enclosed you will find a notarized statement from the permit holder certifying that the final realized costs as itemized are the total costs that were required to complete the project as approved by the HFSRB and there are no additional associated costs. Also enclosed is detailed itemization of all project costs and sources of funds which were all expended consistent with the approved application for the project.

If you have any questions or need any additional information regarding the project or this permit renewal request, please feel free to contact me at 312-212-4967.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

Juan Morado, Jr.

**State of Illinois
County of Cook**

Verification Statement

I, P. Kevin Flynn, being first duly sworn, on oath, depose and state as follows:

1. I serve as the Chief Financial Officer for the Vascular Access Center of Illinois at Morgan Park, LLC ("VACI").
2. We filed Certificate of Need application to establish an Ambulatory Surgical Treatment Center.
3. That application was approved by the Health Facilities and Services Review Board as Project #17-047.
4. The project was completed, the facility was surveyed and licensed by the Illinois Department of Public Health on May 21, 2020 (a copied of the license is enclosed).
5. I certify that the final realized costs, are the total costs required to complete the project and that there are no additional associated costs or capital expenditures related to the project.
6. The final realized costs for the project equaled \$1,207,344, consistent with what was approved by the Board.
7. The source of funds for the project amounted to \$468,346 in cash, and \$738,998 in the fair market value of the lease associated with the facility.
8. The graph below accurately reflects a detailed itemization of all project costs and sources of funds.

Project Uses and Sources of Funds			
Use of Funds	Reviewable	Non Reviewable	Total
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$0	\$0
Architectural/engineering Fees	\$0	\$0	\$0
Consulting and Other Fees	\$0	\$75,000	\$75,000
Moveable or Other Equipment	\$393,346	\$0	\$393,346
Fair Market Value of Leased Space/Equipment	\$475,070	\$263,928	\$738,998
Other Costs to be Capitalized	\$0	\$0	\$
Total Use of Funds	\$868,416	\$338,928	\$1,207,344
Sources of Funds			
Cash and Securities	\$393,346	\$75,000	\$468,346
FMV of Leases	\$475,070	\$263,928	\$738,998
Total Source of Funds	\$868,416	\$338,928	\$1,207,344

Under penalties as provided by law pursuant to § 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

P. Kevin Flynn (signature)

6/17/20 (date)

On this 17th day of June, 2020, before me the undersigned notary public, personally appeared P. Kevin Flynn, personally known or proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he signed it voluntarily for its stated purposed.

[Signature]
Signature of Notary

Notary Stamp

