FRESENIUS KIDNEY CARE

Fresenius Kidney Care
3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

February 11, 2019

RECEIVED
FEB 13 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

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

Re: **Annual Progress Report. Section 1130.760**
Project #17-056, Fresenius Medical Care Galesburg
Permit Holder: Fresenius Medical Care Galesburg, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: $6,864,690

Dear Ms. Avery:

Enclosed please find the annual progress report which summarizes the status of the above-mentioned project.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

FRESENIUS KIDNEY CARE

February 11, 2019

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FEB 13 2019

HEALTH FACILITIES & SERVICES REVIEW BOARD

Annual Progress Report, Section 1130.760

Annual Progress Report. Section 1130.760
Project #17-056, Fresenius Medical Care Galesburg
Permit Holder: Fresenius Medical Care Galesburg, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: $6,864,690

Status of the Project

This project is for the relocation of the 14-station Galesburg facility from 765 N. Kellogg Street, Galesburg to 725 N. Seminary Street, Galesburg.

The project was obligated on March 15, 2018 with the execution of the lease. Construction is complete and the facility is expected to relocate by February 28, 2018 and then will just need Medicare certification to be complete.

Application and Certificate for Payment (AIA G702)

See attached.

Anticipated Completion Date

The project is approximately 90% complete and is expected to be complete prior to December 31, 2019.

FRESENIUS KIDNEY CARE

Sources and Uses of Funds

Project Costs and Sources of Funds

Line Item	Allowance/CON	Realized Costs
Preplanning Costs	N/A	N/A
Site Survey & Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off-site work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization	1,845,116	1,199,498
Contingencies	182,484	0
Architectural/Engineering	198,000	99,513
Consulting and other fees	N/A	N/A
Movable & Other Equipment	384,000	0
Bond Issuance Expense	N/A	N/A
Net Interest Expense during Construction	N/A	N/A
FMV of Leased Space & Equipment	4,255,090	5,324,464
Other Costs to be Capitalized	N/A	N/A
Acquisition of Building or other Property (excluding land)	N/A	N/A
Total Project Costs	**$6,864,690**	
Realized Total Project Costs To Date	**TOTAL**	**$6,623,475**
Cash & Securities	2,609,600	1,299,011
Pledges	N/A	N/A
Gifts & Bequests	N/A	N/A
Bond Issues	N/A	N/A
Mortgages	N/A	N/A
Lease FMV	4,255,090	5,324,464
Gov. Approp	N/A	N/A
Grants	N/A	N/A
Other funds and Sources	N/A	N/A
Total funds	**$6,864,690**	
Total Spent to Date		**$6,623,475**

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO (OWNER): Fresenius Medical Care
PROJECT: Galesburg IL FKC 8628-1

FROM (CONTR.) Cohen Architectural Woodworking
VIA (ARCHITECT):

CONTRACT FOR: Millwork & Installation

APPLICATION NO: 3
PERIOD TO: January 2019
CONTRACTOR'S PROJECT NO: 8628-1-RL-W-GU-16
CONTRACT DATE:

Distribution to:
OWNER: ☐
ARCHITECT ☐
CONTRACTOR ☐
☐

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Orders approved in previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			
Approved this month			
Number	Date Approved		
FMC CO 002	10/19/2018	723.18	
TOTALS		723.18	0
Net change by Change Orders		723.18	

The undersigned Subcontractor certifies that to the best of Subcontractor'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:

By: _____ Date: 1-7-19

DAVID BEADLES
Notary Public - Notary Seal
STATE OF MISSOURI
Phelps County
My Commission Expires: March 29, 2021
Commission #17298584

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM		$ 131,266.00
2. Net change by Change Orders		$ 723.18
3. CONTRACT SUM TO DATE (Line 1 + 2)		$ 131,989.18
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ 131,989.18
5. RETAINAGE:		
a. 10 % of Completed Work (Columns D + E on G703)	$ 13,198.92	
b. 100 % of Stored Material (Column F on G703)		
Total Retainage (Line 5a + 5b or Total in Column I of G703)		$ 13,198.92
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$ 118,790.26
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 118,139.40
8. CURRENT PAYMENT DUE		$ 650.86
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		$ 13,198.92

State of: Missouri County of: Phelps
Subscribed and sworn to before me this 7th day of Jan 2019
Notary Public: DB
My Commission expires: 3-29-21

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 progresssed 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
(Attach explanation if amount certified differs from the amount applied for.)
ARCHITECT:

By: _____ Date: _____

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

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION CONCERNING MECHANICS LIENS ON REVERSE SIDE.

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

TO OWNER: Fresenuis Medical Care - Galesburg JV
821 N. Kellogg Street
Galesburg, IL 61401

PROJECT: 8628-1-RL-W-GU-16

APPLICATION NO: PR #4
APPLICATION TO: 10/10/2018
PERIOD TO: 11/30/18

Distribution to:
- [ ] OWNER
- [ ] ARCHITECT
- [ ] CONTRACTOR
- [ ]
- [ ]

FROM CONTRACTOR:
Tarter Construction, LLC
1012 Ekstam Dr. #1
Bloomington, IL 61704

VIA ARCHITECT:

PROJECT NOS:

CONTRACT FOR:

CONSTRUCTION MANAGER:

CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM		$ $1,066,893.00
2. Net change by Change Orders		$ $616.01
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$ $1,067,509.01
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ $884,811.48
5. RETAINAGE:		
a. 10 % of Completed Work (Column D + E on G703)	$ $88,481.15	
b. ____ % of Stored Material (Column F on G703)	$	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)		$ $88,481.15
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	→	$ $796,330.33
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	→	$ $519,450.73
8. CURRENT PAYMENT DUE		$ $276,879.60
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	$271,178.68

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		$2,478.42
Total approved this Month	$3,094.43	
TOTALS	$3,094.43	$2,478.42
NET CHANGES by Change Order	$616.01	

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:

By: _____ Date: 12/10/18

State of: ILLINOIS County of: McLEAN
Subscribed and sworn to before me this day of
Notary Public:
My Commission expires:

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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.

"OFFICIAL SEAL"
Lois A Detloff
Notary Public, State Of Illinois
My Commission Expires 03/05/22

AMOUNT CERTIFIED . . . . . $ _____

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

ARCHITECT:

By: Lois A. Detloff Date: 12/10/18

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.

THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVE., N.W., WASHINGTON, DC 20006-5292