



September 24, 2020

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson, 2<sup>nd</sup> Floor  
Springfield, Illinois 62702

Re: IHFSRB Project #18-031  
Anderson Surgery Center, LLC

Dear Ms. Avery:

This letter is being submitted in accordance with 77 Ill. Adm. Code 1130.770(a) and (d) as both a Notice of Project Completion and a Report of Project Completion and Final Realized Costs for the above-referenced project. The project was granted a CON permit at the December 4, 2018, meeting of the Illinois Health Facilities and Services Review Board.

You may recall that this permit is to establish and construct an Ambulatory Surgical Treatment Center (ASTC) in Edwardsville.

The permit was granted for a total project cost of \$7,685,382. The sources of funds were approved for \$4,685,382 in cash and securities and a bank loan and/or equipment lease of \$3,000,000.

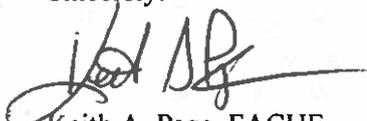
The project has been brought to a conclusion and is "complete." The ASTC is licensed, and the first patient was treated on August 13, 2020.

1. The project's final realized cost is \$6,650,820, as shown on the attached copy of Page 5 (handwritten Page 8) of the CON application, which has an itemized listing of all project total costs and sources of funds.
2. The final project costs, as itemized, are 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 project as completed is in compliance with all terms of the permit, including project cost, square footage, services, etc.
4. In addition, I have attached the final Application and Certification for Payment for the construction contract (AIA Form G702) for the construction project for the building in which this ASTC is located.

As stated in the approved CON application, the Anderson Surgery Center is located in leased space that occupies part of the building, and the CON permit included the pro rata costs of constructing the ASTC's portion of the building as well as the build-out of the space for the ASTC.

Please feel free to contact Andrea Rozran of Diversified Health Resources (312-266-0466 or [arozran@diversifiedhealth.net](mailto:arozran@diversifiedhealth.net)) if you have any questions or need additional information.

Sincerely,



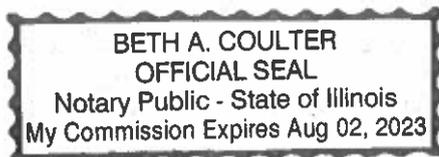
Keith A. Page, FACHE  
President & CEO

cc: Lisa Klaustermeier  
Andrea R. Rozran

enclosures

Notary Public: Beth A. Coulter

Date: 9-24-2020



ANDERSON SURGERY CENTER, LLC  
IHFSRB PROJECT #18-031  
FINAL PROJECT COSTS AND SOURCES OF FUNDS

PROJECT COSTS	APPROVED COSTS PER CON PERMIT	TOTAL PROJECT COSTS EXPENDED
Preplanning Costs	\$21,820	\$21,820
Site Survey and Soil Investigation	\$2,514	\$1,265
Site Preparation	\$10,180	\$10,180
Off Site Work	\$386,234	\$386,234
New Construction Contracts	\$3,495,126	\$3,495,126
Modernization Contracts	\$0	\$0
Contingencies	\$349,512	\$0
Architectural/Engineering Fees	\$250,265	\$250,265
Consulting and Other Fees	\$175,263	\$134,730
Movable or Other Equipment (not in construction contracts)	\$2,809,706	\$2,224,900
Bond Issuance Expense (project related)	\$0	\$0
Net Interest Expense During Construction (project related)	\$184,762	\$126,300
Fair Market Value of Leased Space or Equipment	\$0	\$0
Other Costs to be Capitalized	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0
<b>TOTAL PROJECT COSTS</b>	<b>\$7,685,382</b>	<b>\$6,650,820</b>

SOURCES OF FUNDS	APPROVED TOTAL PER CON PERMIT	TOTAL ACTUAL SOURCES OF FUNDS
Cash and Securities	\$4,685,382	\$3,970,618
Pledges		
Gifts and Bequests		
Bond Issues (project related)		
Mortgages/Bank Loan	\$3,000,000	\$2,680,202
Leases (fair market value)		
Governmental Appropriations		
Grants		
Other Funds and Sources-Line of Credit from Commercial Bank		
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$7,685,382</b>	<b>\$6,650,820</b>

# APPLICATION AND CERTIFICATE FOR PAYMENT

Document G702

Page One of Pages

**TO (OWNER):**  
 Anderson Real Estate LLC  
 6800 State Route 162  
 Maryville, IL 62062

**PROJECT:**  
 Anderson Ambulatory Surgery Center & Pediatric Clinic  
 Edwardsville, Illinois

**FROM (CONTRACTOR):**  
 THE KORTE COMPANY  
 12441 U S Highway 40  
 Highland, IL 62249

**VIA (ARCHITECT):**  
 Korte Design Inc.  
 12441 US Highway 40  
 Highland, IL 62249

**CONTRACT FOR:** General Construction Work

## CONTRACTOR'S APPLICATION FOR PAYMENT

**APPLICATION NO.:** Sixteen (16) **Distribution to:**  
 OWNER  
 ARCHITECT  
 CONTRACTOR

**PERIOD TO:** 8/6/2020

**PROJECT NUMBER:** 40740

**CONTRACT DATE:** 8/13/18

### CHANGE ORDER SUMMARY

Change Orders approved in Previous months by Owner	ADDITIONS	DEDUCTIONS
TOTAL	\$393,080.64	(\$15,065.33)
Approved this Month		
Number	Date Approved	
OCO #7		(\$234,635.50)
<b>Net Change by Change Orders</b>	<b>TOTAL \$393,080.64</b>	<b>(\$249,700.83)</b>
		<b>\$143,379.81</b>

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:** KORTE CONSTRUCTION COMPANY  
 d.b.a The Korte Company

### ARCHITECTS 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.

By: *[Signature]* Date: 8/6/2020

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

1. ORIGINAL CONTRACT SUM ..... \$ 8,776,600.00
2. Net change by Change Orders ..... \$ 143,379.81
3. CONTRACT SUM TO DATE (Line 1+2) ..... \$ 8,919,979.81
4. TOTAL COMPLETED AND STORED TO DATE (Column G on G703) ..... \$ 8,919,979.81
5. RETAINAGE:
  - a. 10% of Completed Work (Column D + E on G703) ..... \$0.00
  - b. 0% of Stored Materials (Column F on G703) ..... \$0.00

6. TOTAL EARNED LESS RETAINAGE (Total in Column I of G703) ..... \$ 8,919,979.81
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) ..... \$ 8,373,666.06
8. CURRENT PAYMENT DUE ..... \$ 546,313.75
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6) ..... \$ 0.00

State of: Illinois County of: Madison  
 Subscribed and sworn to before me  
 Notary Public: Kathleen A. Teipe  
 My Commission expires: August 4, 2020  
 AMOUNT CERTIFIED ..... \$ 546,313.75

(Attach explanation if amount certified differs from the amount applied for.)  
 ARCHITECT: *[Signature]* Date: 8/6/20

By: *[Signature]* Date: 8/6/20  
 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.

