ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: The Carle Foundation Hospital
Street Address: 611 West Park Street
City and Zip Code: Urbana, IL 61801
County: Champaign Health Service Area: HSA-4 Health Planning Area: D-1

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: The Carle Foundation
Street Address: 611 West Park Street
City and Zip Code: Urbana IL, 61801
Name of Registered Agent: James C. Leonard, MD
Registered Agent Street Address: 611 West Park Street
Registered Agent City and Zip Code: Urbana IL, 61801
Name of Chief Executive Officer: James C. Leonard, MD
CEO Street Address: 611 West Park Street
CEO City and Zip Code: Urbana IL, 61801
CEO Telephone Number: 217-383-3311

Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Collin Anderson
Title: Strategic Planning Coordinator
Company Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-902-5521
E-mail Address: Collin.Anderson@Carle.com
Fax Number:

Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli P.C.
Address: 150 N. Riverside Plaza, Ste. 3000 Chicago, IL 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

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Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: Collin Anderson
Title: Strategic Planning Coordinator
Company Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-902-5521
E-mail Address: Collin.Anderson@Carle.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: The Carle Foundation
Address of Site Owner: 611 West Park Street, Urbana IL, 61801
Street Address or Legal Description of the Site: 611 West Park Street, Urbana IL, 61801 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana IL, 61801
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 **(http://www.hfsrb.illinois.gov)**.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

☐ Substantive

☒ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The Carle Foundation and The Carle Foundation Hospital (the "Applicants") seek authority to construct space in the basement of Carle's hospital campus at 611 West Park Street in Urbana, Illinois to accommodate the following Magnetic Resonance Imaging ("MRI") units as well as its pharmacy (the "Project"). As described in Attachment- 12, the Project includes the addition of a 7 Tesla (7T) MRI, a specialized advanced technology that will primarily be used for research.

Service	Existing Units	Proposed Units
Replacement of MRIs	2	2
Relocation of MRI	1	1
Net New Clinical MRI	0	1
Net New 7 Tesla Research MRI	0	1
Total	**3**	**5**

The Project will include new construction of 8,638 gross square feet of clinical space and 17,462 gross square feet of non-clinical space as well as modernization of 4,197 gross square feet of clinical space for a total of 30,297 gross square feet of space.

While the purchase and installation of a single MRI would not require a CON permit, the Project exceeds the review threshold, as it aggregates the costs associated with multiple MRIs and the modernization of pharmacy space. The Project is non-substantive, as it does not propose to establish a new Category of Service or a new healthcare facility as defined by the Planning Act. Rather, it affects a clinical service that is not a Category of Service.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$219,959	$299,253	$519,212
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$0	$0
Off Site Work	$0	$0	$0
New Construction Contracts	$4,331,687	$6,048,667	$10,380,354
Modernization Contracts	$1,417,293	$0	$1,417,293
Contingencies	$574,898	$605,182	$1,180,080
Architectural/Engineering Fees	$434,809	$591,557	$1,026,367
Consulting and Other Fees	$107,763	$140,080	$247,843
Movable or Other Equipment (not in construction contracts)	$14,550,848	$3,717,576	$18,268,424
Bond Issuance Expense (project related)	$119,043	$64,101	$183,144
Net Interest Expense During Construction (project related)	$79,154	$42,621	$121,775
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$2,452,039	$0	$2,452,039
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	$24,287,492	$11,509,038	$35,796,531
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$12,548,403	$4,936,725	$17,485,128
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$11,739,089	$6,572,313	$18,311,403
Mortgages	$0	$0	$0
Leases (fair market value)	$0	$0	$0
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$0	$0	$0
TOTAL SOURCES OF FUNDS	$24,287,492	$11,509,038	$35,796,531
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs
Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2022

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: The Carle Foundation Hospital			**CITY:** Urbana		
REPORTING PERIOD DATES:	**From:**	1/1/18		**to:** 12/31/18	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	285	19,513	82,039	n/a	285
Obstetrics	35	2,985	9,094	n/a	35
Pediatrics	20	1,103	3,350	n/a	20
Intensive Care	48	1,875	9,263	n/a	48
Comprehensive Physical Rehabilitation	20	371	5,926	n/a	20
Acute/Chronic Mental Illness	0	0	0	n/a	0
Neonatal Intensive Care	25	483	4,343	n/a	25
General Long Term Care	0	0	0	n/a	0
Specialized Long Term Care	0	0	0	n/a	0
Long Term Acute Care	0	0	0	n/a	0
Other ((identify)	0	0	0	n/a	0
TOTALS:	433	26,330	114,015	n/a	433

2019 data will be provided via the Annual Hospital Questionnaire.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of The Carle Foundation * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

James C. Leonard, MD
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of March, 2020

Signature of Notary

Seal

"OFFICIAL SEAL"
Ann E. Beyers
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 01/12/23

SIGNATURE

Matt Kolb
PRINTED NAME

Executive Vice President and System COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of March, 2020

Signature of Notary

Seal

"OFFICIAL SEAL"
Ann E. Beyers
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 01/12/23

*Insert the EXACT legal name of the applicant

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PRINTED NAME

President and CEO
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SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility, relocation of a health care facility, or discontinuation of more than one category of service in a 6-month period. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the planning area.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE: (Not Applicable)

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.

3. Evidence that the shell space is being constructed due to:
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data is available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES: (Not Applicable)

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Sections A-L N-O are not applicable

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **[Indicate the dollar amount to be provided from the following sources]:**

$17,485,128	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$18,311,403	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.

_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$35,796,531	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

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File Number 5274-755-4

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE CARLE FOUNDATION HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* MAY *A.D.* 2019 .

Authentication #: 1912301388 verifiable until 05/03/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

File Number 2932-580-4

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 21ST *day of* JANUARY *A.D.* 2020 .

Authentication #: 2002103110 verifiable until 01/21/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

#20-014

1977 Bond f

Chicago Title Insurance Company

ATTACH THIS TO 2813

To: Mr. Stuart Mamer
30 Main Street
Champaign
Illinois 61820

COMMITMENT FOR TITLE INSURANCE

CHICAGO TITLE INSURANCE COMPANY, a Missouri corporation, herein called the Company, for a valuable consideration, hereby commits to issue its policy or policies of title insurance, as identified in Schedule A, in favor of the proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest covered hereby in the land described or referred to in Schedule A, upon payment of the premiums and charges therefor, all subject to the provisions of Schedules A and B and to the Conditions and Stipulations hereof.

This Commitment shall be effective only when the identity of the proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A hereof by the Company, either at the time of the issuance of this Commitment or by subsequent endorsement.

This Commitment is preliminary to the issuance of such policy or policies of title insurance and all liability and obligations hereunder shall cease and terminate six months after the effective date hereof or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue such policy or policies is not the fault of the Company.

NOTE: This Commitment shall not be valid or binding until signed by an authorized signatory.

SCHEDULE A

Number	Effective Date	Refer Inquiries To
29382, AC	January 31, 1977	Associated Abstract Company 17 Taylor Street Champaign, IL 61820

	Amount:	Proposed Insured:
1. Owners Policy to be issued:	$30,650,000.00	The Carle Foundation
Loan Policy to be issued:	To Come	Illinois Health Facilities Autho a body corporate and Politic and Illinois National Bank of Spring

2. The estate or interest in the land described or referred to in this Commitment and covered herein is a fee simple and title thereto is at the effective date hereof vested in:

THE CARLE FOUNDATION,
AN ILLINOIS NOT-FOR-PROFIT CORPORATION.

3. The land referred to in this Commitment is described as follows:

SEE ADDED PAGES

CHICAGO TITLE INSURANCE COMPANY

LEGAL DESCRIPTION:

TRACT I:

2801 (a) Lot 1 of Busey's Subdivision of Lot E and a portion of Lot B of a Subdivision of the SW¼ of Section 8, in Township 19 North, Range 9 East of the 3rd P.M., in Champaign County, Illinois, as per plat thereof appearing in Plat Book "D" at page 186 as document No. 144810, in the Office of the Recorder of Deeds of Champaign County, Illinois. All of said real estate is bounded on the South by University Avenue, on the East by Orchard Street, on the North by Park Street, and on the West by Coler Avenue, in the City of Urbana, County of Champaign and State of Illinois, excepting therefrom a triangular tract of land out of the Southwest corner thereof, said tract having one side 34 feet in length coinciding with the South line of said Lot 1 and another side of 12 feet in length coinciding with the West line of said Lot 1 and containing 204 square feet, more or less.

(b) A rectangular tract 400.33 feet by 281.6 feet, having frontages of 400.33 feet on Park Street and 281.6 feet on Orchard Street, being part of Lot A of a Survey of the SW¼ of Section 8, Township 19 North Range 9 East of the 3rd P.M., said tract being located at the Northeast corner of Orchard and Park Streets, in the City of Urbana, Champaign County, Illinois.

(c) Lot 1 of M.W. Busey's Heirs Addition to the Town, now the City of Urbana, Illinois, except that part taken for Highway as shown in Common Law No. 63 L 365 being a triangular tract of land out of the Northwest corner of Lot 1 of M.W. Busey's Heir's Addition to the City of Urbana, said tract having one side 17.94 feet in length coinciding with the West Line of said Lot 1 and another side of 18.02 feet in length coinciding with the North Line of said Lot 1, all situated in Champaign County, Illinois.

PART 2837

(d) Lot 12 and the East half of Lot 11 in Block 1 in S.H. Busey's Addition to the Town (Now City) of Urbana, together with the South Half of an alley lying North of said lots, and except that part taken for highway as shown in Common Law No. 63 L 365 being a triangular tract of land out of the Southeast corner of Lot 12 of Block 1 of S.H. Busey's Addition to the City of Urbana, said tract having one side 10 feet in length coinciding with the South line of said Lot 12 and another side of 10 feet in length coinciding with the East line of said Lot 12 all situated in Champaign County, Illinois.

INCLUDES 2813 + 2814

TRACT II:

INCLUDES 2827 — 2828 2829 Lots 9, 10 and 11 of Busey's Subdivision of Lot "E" and a portion of Lot "B" of a Subdivision of the SW¼ of Section 8, Township 19 North, Range 9 East of the 3rd P.M., situated in the City of Urbana in Champaign County, Illinois, and also;

CHICAGO TITLE INSURANCE COMPANY

LEGAL DESCRIPTION (cont.)

That portion of vacated Park Street that lies between the East right-of-way line extended of Coler Avenue and the West right-of-way line extended of Orchard Street, all in the City of Urbana, Illinois, except that portion thereof that is located within 16 feet, North and South of the center line of said street and within two feet below and 17 feet above the elevation of 729.21 feet above sea level, and also except that portion of the North half of said Park Street lying South of and adjacent to Lot 2 of said Busey's Subdivision.

TRACT III:
Lot 5 in Block 1 of S.T. Busey's Third Addition to the Town, now City of Urbana, Illinois, except, Beginning at the Northeast corner of said Lot 5 in Block 1, thence in a Southerly direction along the East line of said Lot 5 a distance of 17.83 feet, thence in a Westerly direction a distance of 42 feet to the East line of a 20 foot alley, thence in a Northerly direction along the East line of said alley a distance of 32.60 feet to the South right of way line of the Wabash Railroad, thence Southeasterly along the South Right of Way line of the Wabash Railroad a distance of 44.62 feet to place of beginning;
Also except, commencing at the Southwest corner of said Lot 5 Block 1, thence North along the West line of said Lot, 91 feet, thence Easterly to a point on the East line of said Lot, 91 feet North of the Southeast corner of said Lot, thence South 91 feet to the Southeast corner of said lot, thence Westerly along the North line of Griggs Street 66 feet to the point of beginning, all situated in Champaign County, Illinois.

TRACT IV:
All that part of Lot 3 of M.W. Busey's Heirs Addition to the Town (now City) of Urbana, lying South of the right of way of the Champaign and Southeastern (now Wabash) Railway, situated in the City of Urbana, in Champaign County, Illinois.

TRACT V:
Part of 2832
Lots 1, 2, 3, and 4 in Block 1 of Simeon H. Busey's Addition to the City of Urbana, Illinois, together with the North one-half of the vacated alley adjoining said lots on the South, all situated in Champaign County, Illinois.

TRACT VI:
Lots 5 and 6 in Block 1 of Simeon H. Busey's Addition to the City of Urbana, Illinois, together with the North Half of the vacated alley lying adjacent thereto, also Lot 7, except the South 80 feet thereof, and Lot 8 except the South 80 feet thereof and also except the East 12 feet thereof, together with the South Half of the vacated alley lying adjacent thereto.

CHICAGO TITLE INSURANCE COMPANY

LEGAL DESCRIPTION(Cont.)

TRACT VII:
Lots 8 and 9 of a Subdivision of a part of the NW¼ of the SW¼ of Section 8, Township 19 North, Range 9 East of the 3rd P.M., situated in Champaign County, Illinois.

TRACT VIII:
Lots 3, 4, 5, and 6 and the North 42 feet of Lot 7 in S.H. Busey's Third Addition to the City of Urbana, situated in the City of Urbana, in Champaign County, Illinois.

TRACT IX:
2809 Lot 2 of M.W. and G.W. Busey's Subdivision of Lot D and part of Lot B of the SW¼ of Section 8, Township 19 North, Range 9 East of the 3rd P.M. situated in the City of Urbana, in Champaign County, Illinois.

TRACT X:
Lot 5 in Block 2 of S.T. Busey's Second Addition to the City of Urbana, situated in the City of Urbana, in Champaign County, Illinois.

2837 TRACT XI:
Lot 10 in M.W. and G.W. Busey's Subdivision of Lot D and part of Lot B of the SW¼ of Section 8, Township 19 North, Range 9 East of the 3rd P.M., situated in the City of Urbana, in Champaign County, Illinois.

TRACT XII:
(a) That portion of Coler Avenue lying South of the South right-of-way line of Park Street and North of a line parallel to and 39 feet South of the South right-of-way line of Park Street and below the elevation of 725.9 feet above sea level and above the elevation of 710.0 feet above sea level; and also

(b) That portion of Coler Avenue that lies South of a line parallel to and 168 feet South of the South right-of-way line of Park Street and North of a line that lies parallel to and 190 feet South of the South right-of-way line of Park Street and below the elevation of 725.9 feet above sea level and above the elevation of 713.5 feet above sea level.

3. Taxes for the years 1976 and 1977.

4. Covenants contained in the Limited Warranty Deed dated August 9, 1976 and recorded September 7, 1976 as document 76 R 17651 that during the period of twenty years after the date of the deed no petroleum products shall be advertised, stored, sold or distributed on the premises conveyed or any part thereof with no forfeiture or reversionary clause. (Affects that portion of Tract I (c) lying within the West Half of Lot One of M. W. Busey's Heirs Addition to the City of Urbana).

5. Covenant and restriction contained in Warranty Deed dated and recorded December 15, 1905 in Book 138 at page 417 as Document 49547 pertaining to the East half of the West half of Lot 1 of M. W. Busey's Heirs Addition to the City of Urbana, that grantees will not build or permit to be built upon this property a building to cost less than $1,200.00 and which contains no forfeiture or reversionary clause. (Affects Tract I (c).

6. Existing easement or easements for public utilities, their successors and assigns, to operate, maintain, renew and reconstruct their facilities as operated and maintained in that portion of premises lying within vacated Park Street. (Affects Tract II).

7. Rights of The City of Urbana, Illinois, by virtue of reservation contained in the Vacation Ordinance passed March 3, 1974 and recorded March 25, 1975 as document 75 R 3787 vacating a portion of Park Street, in easements for maintenance and repair of all sewers and drains and all public service facilities located on or under said street and a surface easement for pedestrian sidewalks on that portion of said street located within 20 feet from the centerline North and South of said street. (Affects Tract II).

8. Rights of Illinois Power Company, an Illinois corporation, its successors and assigns, by virtue of Easement dated January 10, 1968 and recorded February 5, 1968 in Book 868 at page 176 as document 772446 made by Orace Cuppernell and Dorothy Cuppernell granting the right to erect, operate and maintain electric transmission and distribution lines and appurtenant equipment through All that part of a strip of land 40 feet in width which extends over, across, through and lies within the East 60 feet of the West 120 feet of Lot 3 of M. W. Busey's Heirs Addition to the Town (now City) of Urbana, Illinois; the centerline of said 40-foot strip being described as beginning on the North line of said Lot 3 at a point 85 feet East of the Northwest corner thereof; thence extending Southeasterly to a point of exit on the East line of the above described tract of land, said point being 10 feet South of the Northeast corner of the East 60 feet of the West 120 feet of said Lot 3; (Affects Tract IV).

9. Rights of Illinois Power Company, an Illinois corporation, its successors and assigns, by virtue of Easement dated June 22, 1968 and recorded March 17, 1969 in Book 898 at page 533 as document 789822 made by Enos L. Phillips and others granting the right to erect, operate and maintain electric transmission and distribution lines and appurtenant equipment through The Northeasterly 30 feet of even width off of that part of Lot 3 of M. W. Busey's Heirs Addition of Town Lots to Urbana, Illinois, which lies Southwesterly of and contiguous to the Southwesterly right of way line of the Norfolk and Western Railroad, Except the West 120 feet of said Lot 3; (Affects Tract IV).

10. Rights of Illinois Power Company, an Illinois corporation, its successors and assigns, by virtue of Easement dated January 9, 1969 and recorded March 17, 1969 in Book 898 at page 535 as document 789823 made by Carle Clinic Association granting the right to erect, operate and maintain electric transmission and distribution lines and appurtenant equipment through That part of the West 60 feet of Lot 3 of M. W. Busey's Heirs' Addition to Urbana, Illinois, described as follows, to-wit:
Beginning at the Northwest corner of said Lot 3; thence extending Southeasterly to a point on the East line of the above described West 60-foot tract, said point being 15 feet South of the Northeast corner thereof; thence North along said East line to the North line of said Lot 3; thence West to the point of beginning; and also through the Northeasterly 30 feet of even width off of that part of Lot 3 of M. W. Busey's Heirs Addition of Town Lots to Urbana, Illinois, which lies Southwesterly of and contiguous to the Southwesterly right-of-way line of the Norfolk and Western Railroad, except the West 120 feet of said Lot 3. (Affects Tract IV).

11. Rights of Illinois Power Company, an Illinois corporation, its successors and assigns, by virtue of Easement dated April 1, 1975 and recorded May 16, 1975 in Book 1052 at page 895 as document 75 R 6499 made by Carle Clinic Association granting the right to construct, operate and maintain an electric substation and appurtenant equipment on a certain parcel of land located within that part of Lot 3 of M. W. Busey's Heirs Addition to the City of Urbana, which lies Southwesterly and contiguous to the Southwesterly right of way line of the Norfolk and Western Railroad, said Addition to the City of Urbana being a part of the SW¼ of the SW¼ of Section 8, Township 19 North, Range 9 East of the Third Principal Meridian; said rights and easement shall be located on said part of Lot 3 within the boundaries described as follows, to wit: Beginning at the Northeast corner of said part of Lot 3, thence extending South along the East property line to a point, said point being 51 feet South of said corner, thence deflecting Northwesterly and extending on a course parallel to said railroad right of way line to a point, said point being 47 feet West of said East property line and also 51 feet South of aforesaid right of way, thence deflecting Northerly and extending 25 feet on a course parallel to said East property line, thence deflecting Northeasterly and extending to a point on said right of way line, said point being 51 feet Northwesterly of Northeast corner of said part of Lot 3, thence deflecting Southeasterly and extending along aforesaid right of way to point of beginning.
(Affects IV).

12. Rights of the City of Urbana, Illinois by reservation of easements upon and under alley vacated by Ordinance dated October 9, 1975 and recorded October 14, 1975 in Book 1065 at page 82 as document 75 R 15526 for repair or replacement of all sewers and drains and all public service facilities located on or under the surface of any part of said vacated alley, also rights of public utilities, their successors and assigns in and to existing easements to operate, maintain, renew and reconstruct their facilities.
(Affects Tract I (d), V and VI).
NOTE: Survey furnished us shows existing ten-inch sanitary line running through the portion of premises lying within the above vacated alley.

13. Rights of the City of Urbana, Illinois by reservation of easements under in and between portions of vacated Coler Avenue vacated by Ordinance dated October 9, 1975 and recorded October 14, 1975 in Book 1065 at page 85 as document 75 R 15527 for maintenance, repair or replacement of all sewers and drains and all public service facilities located on or under the surface of any part of said portion of said street and also rights of public utilities, their successors and assigns, in and to existing easements and to operate, maintain and renew and reconstruct their facilities.
(Affects Tract XII).

14. Lease made by The Carle Foundation, an Illinois corporation not for pecuniary profit, to Carle Clinic Association, an unincorporated association, dated September 1, 1975 demising a portion of Tract I (a) of the premises for a term of years effective September 1, 1975 and ending April 1, 2003 as disclosed by Memorandum of Lease dated September 1, 1975 and recorded October 27, 1975 in Book 1065 at page 884 as document 75 R 16198 and all rights thereunder of and all acts done or suffered thereunder by said lessee or by any party claiming by, through or under said lessee.

15. Mortgage dated October 1, 1975 and recorded November 3, 1975 in Book 1066 at page 387 as document 75 R 16573 made by The Carle Foundation, an Illinois not-for-profit corporation, to Illinois Health Facilities Authority, a body corporate and politic, to secure a note for $22,500,000.00.
NOTE: The rights of Illinois Health Facilities Authority under the mortgage insured have been assigned to Illinois National Bank of Springfield, as Trustee by document 75 R 16574 in Book 1066 at page 458.

16. Rights of the United States of America and the State of Illinois or either of them to recover any public funds advanced under either or both the provisions of the Hill-Burton Act or the Illinois Hospital Construction Act.

CHICAGO TITLE INSURANCE COMPANY

29382, AC

(17) Security interest of Illinois Health Facilities Authority, secured party as disclosed by Financing Statement filed November 3, 1975 as document 75 R 16575 and as File No. 75 F 2611, executed by The Carle Foundation, an Illinois not-for-profit corporation, debtor, securing certain chattels on the land.
NOTE: Contained in said instrument is a recitation assigning said security interest to Illinois National Bank of Springfield.

(18) Trust indenture dated October 1, 1975 and recorded November 3, 1975 in Book 1066 at page 458 as document 75 R 16574 made by Illinois Health Facilities Authority to Illinois National Bank of Springfield as trustee, to secure mortgage revenue bonds, series 1975, in the aggregate amount of $22,500,000.00.

CHICAGO TITLE INSURANCE COMPANY

By Robert S. Hutchens
Authorized Signatory

RSH/bm
2/3/77

File Number 5274-755-4

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE CARLE FOUNDATION HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* MAY *A.D.* 2019 .

Authentication #: 1912301388 verifiable until 05/03/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

File Number 2932-580-4

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

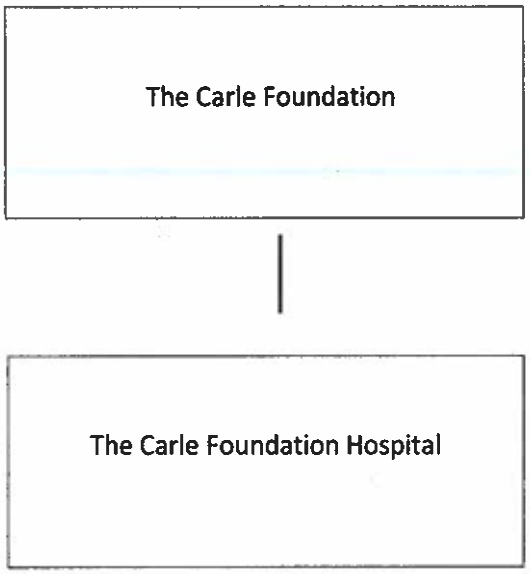
THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 21ST *day of* JANUARY *A.D.* 2020 .

Authentication #: 2002103110 verifiable until 01/21/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

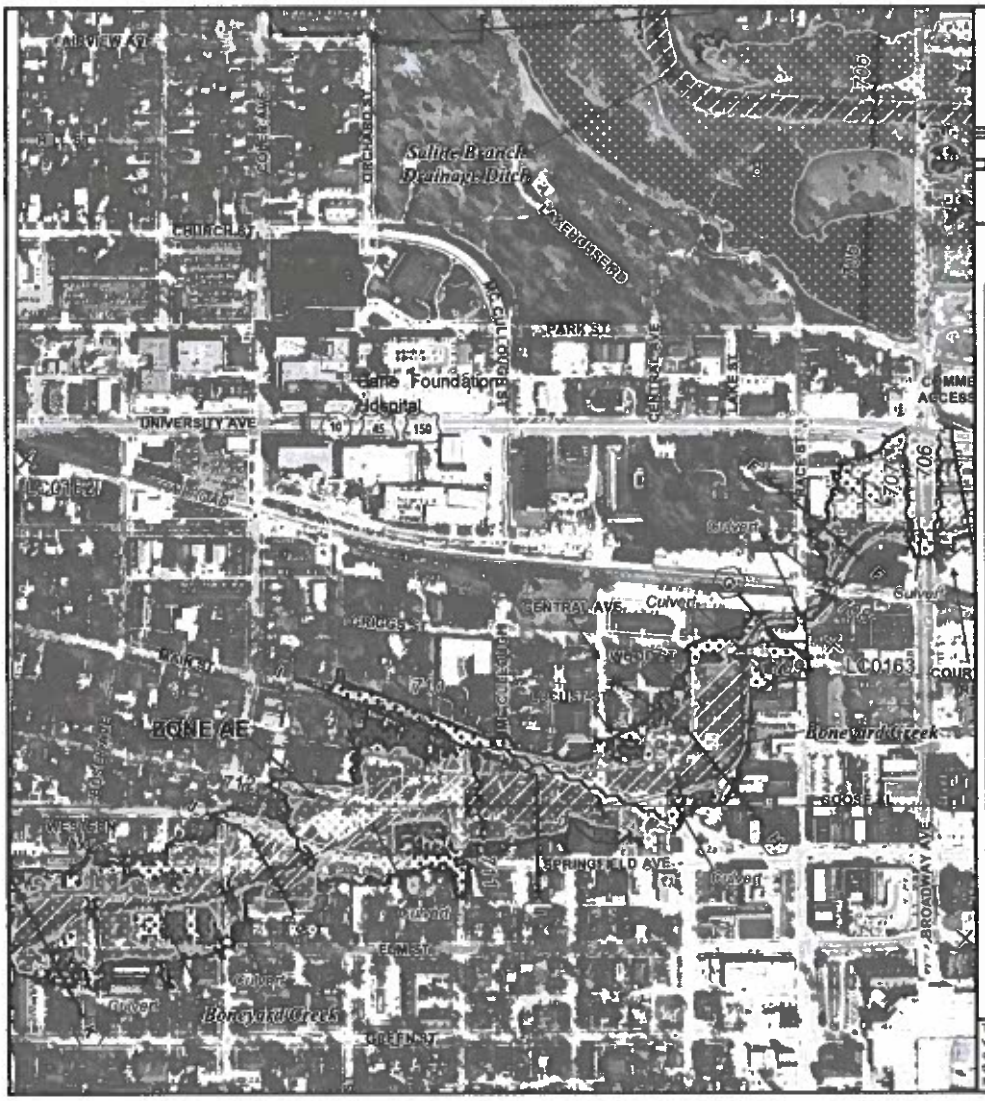
Entity Chart



Flood Plain Requirements

The site of the proposed project complies with the requirements of Illinois Executive Order #2005-5. The Carle Foundation Hospital is located at 611 West Park Street, Urbana, IL 61801. Please see the attached Flood Plain Insurance Rate Map (FIRM) documenting that the project site is not located in a Special Flood Hazard Area.

Attachment-5



MAP SCALE 1" = 500'

0 500 1000 FEET

METERS

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0427D

FIRM

FLOOD INSURANCE RATE MAP

CHAMPAIGN COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 427 OF 625

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
CHAMPAIGN COUNTY	170894	0427	D
URBANA, CITY OF	170055	0427	D

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

MAP NUMBER
17019C0427D

EFFECTIVE DATE
OCTOBER 2, 2013

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Historic Resources Preservation Act Requirements

The Applicants propose development of space within an existing hospital campus located at 611 W. Park St. in Urbana, Illinois. A letter from the Illinois Historic Preservation Agency stating that the proposed project complies with the requirements of the Historic Resources Preservation Act is included as part of this Attachment-6.

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

JB Pritzker, Governor
Colleen Callahan, Director

FAX (217) 524-7525

Champaign County
Urbana
CON - Renovation for a Radiology Unit
611 W. Park St.
SHPO Log #008040519

June 12, 2019

Collin Anderson
Carle Foundation Hospital
611 W. Park St.
Urbana, IL 61801

Dear Mr. Anderson:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please call 217/782-4836.

Sincerely,

Robert F. Appleman
Deputy State Historic
Preservation Officer

Project Costs			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Preliminary Design	$67,782	$92,218	$160,000
Precon Budgets	$152,176	$207,036	$359,212
Total	**$219,959**	**$299,253**	**$519,212**
Site Survey and Soil Investigation	**$0**	**$0**	**$0**
Site Preparation	**$0**	**$0**	**$0**
Off Site Work	**$0**	**$0**	**$0**
New Construction Contracts	**$4,331,687**	**$6,048,667**	**$10,380,354**
Modernization Contracts	**$1,417,293**	**$0**	**$1,417,293**
Contingencies	**$574,898**	**$605,182**	**$1,180,080**
Architectural/Engineering Fees			
Architectural Engineering	$169,547	$230,668	$400,215
Mechanical/Plumbing Engineering	$130,278	$177,244	$307,522
Electrical Engineering	$86,422	$117,578	$204,000
Structural Engineering	$42,207	$57,423	$99,630
Code Review	$6,355	$8,645	$15,000
Total	**$434,809**	**$591,558**	**$1,026,367**
Consulting and Other Fees			
IDPH Permits	$4,800		$4,800
City Permits	$66,484	$90,452	$156,936
Special Inspections	$15,781	$21,469	$37,250
Consultants	$20,698	$28,159	$48,857
Total	**$107,763**	**$140,080**	**$247,843**

Project Costs			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Movable or Other Equipment (not in construction contracts)			
Equipment General	$14,149,238	$3,171,186	$17,320,424
Furniture	$158,865	$216,135	$375,000
Security Access/Cameras	$52,955	$72,045	$125,000
IT/Telecom	$169,456	$230,544	$400,000
Signs/Wayfinding	$20,335	$27,665	$48,000
Total	**$14,550,849**	**$3,717,575**	**$18,268,424**
Bond Issuance Expense (project related)	**$119,043**	**$64,101**	**$183,144**
Net Interest Expense During Construction (project related)	**$79,154**	**$42,621**	**$121,775**
Fair Market Value of Leased Space or Equipment	**$0**	**$0**	**$0**
Other Costs To Be Capitalized			
Net Book Value of Assets to be Transferred from Existing Location	$1,217,039		$1,217,039
Shielding	$1,235,000		$1,235,000
Total	**$2,452,039**	**$0**	**$2,452,039**
Acquisition of Building or Other Property (excluding land)	**$0**	**$0**	**$0**
TOTAL USES OF FUNDS	**$24,287,494**	**$11,509,037**	**$35,796,531**

*The MRI component of this project along with the non-clinical space is New Construction, because a material amount of the work to be done involves elements that are typically involved in new construction. For example, the proposed site within the basement of Carle's hospital campus does not have any underground utilities (e.g. power, hot/cold water loop, drain line), lacks HVAC ventilation and has a rock floor that must be covered in concrete.

Active CON Permits

The Carle Foundation has one active permit:

CON 18-014: Carle Sugicenter: Danville

- The CON permit for project 18-014 was approved on July 24, 2018.
- An annual progress report was submitted on August 1, 2019.
- The project completion date of record is December 31, 2020.

Renderings

MRI Suite

Control Room

Cost Space Requirements

The Applicants propose to develop space to accommodate MRI and pharmacy services.

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area (list below)	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable							
MRI Services	$22,708,470	0	8,638	8,638	0	0	0
Pharmacy	$1,579,022	4,197	4,197	0	4,197	0	0
Total Reviewable	**$24,287,492**	**4,197**	**12,835**	**8,638**	**4,197**	**0**	**0**
Non-Reviewable							
Non-Clinical (Mechanical, Circulation, Admin)	$11,509,038	0	17,462	17,462	0	0	0
Total Non-Clinical	**$11,509,038**	**0**	**17,462**	**17,462**	**0**	**0**	**0**

*The space below the first floor where the MRI and non-clinical space will be developed is effectively an unfinished crawl space with gravel flooring designed to provide easy access to the electric and duct work supporting the first floor spaces. Unlike a three foot crawl space, it does have height that will allow the dug-out space to be built for functional use.

Section 1110.130 Discontinuation

The Applicants do not propose the discontinuation of a healthcare facility or a category of service. Therefore this section is not applicable.

611 West Park Street, Urbana, IL 61801

Debra Savage, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Attachment 11 - Background of Applicant

Dear Chair Savage:

The following information addresses the four points of the subject criterion 1110.230:

1. The healthcare facilities owned or operated by The Carle Foundation include:

   The Carle Foundation Hospital
   License Identification Number: 003798
   Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO

   Richland Memorial Hospital, DBA Carle Richland Memorial Hospital
   License Identification Number: 004788
   Accreditation Identification Number: HFAP ID: 175621

   Hoopeston Community Memorial Hospital, DBA Carle Hoopeston Regional Health Center
   License Identification Number: 004200
   Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO

   Champaign SurgiCenter, LLC
   License Identification Number: 7002959

   Carle SurgiCenter – Danville
   License Identification Number: 7002439

2. Proof of current licensure and accreditation is attached.

3. There have been no adverse actions taken against the health care facilities owned or operated by the applicants during the three years prior to the filing of this application.

4. This letter serves as authorization permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any

documentation or information which the State Board or Agency finds pertinent to this subsection.

Sincerely,

James C. Leonard, M.D.
President and CEO

Attachments

Notarization:

Subscribed and sworn to before
me this 12th day of March, 2020.

Ann E. Beyers
Signature of Notary

seal

"OFFICIAL SEAL"
Ann E. Beyers
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 01/12/23

Illinois Department of PUBLIC HEALTH

HF 119066

DISPLAY THIS PART IN A CONSPICUOUS PLACE

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2020		0003798

General Hospital

Effective: 01/01/2020

The Carle Foundation Hospital
611 West Park Street
Urbana, IL 61801

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

Exp. Date 12/31/2020
Lic Number 0003798

Date Printed 10/17/2019

The Carle Foundation Hospital

611 West Park Street
Urbana, IL 61801

Attachment- 11
FEE RECEIPT NO.
52

HF 119457

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
1/31/2021		0004788

General Hospital

Effective: 02/01/2020

Richland Memorial Hospital
800 East Locust Street
Olney, IL 62450

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/31/2021

Lic Number 0004788

Date Printed 12/6/2019

Richland Memorial Hospital

800 East Locust Street
Olney, IL 62450

FEE RECEIPT NO.

#20-014

HF 118257

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
6/30/2020		0004200

Critical Access Hospital

Effective: 07/01/2019

Hoopeston Community Memorial Hospital
dba Carle Hoopeston Regional Health Center
701 E Orange St

Hoopeston, IL 60942

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

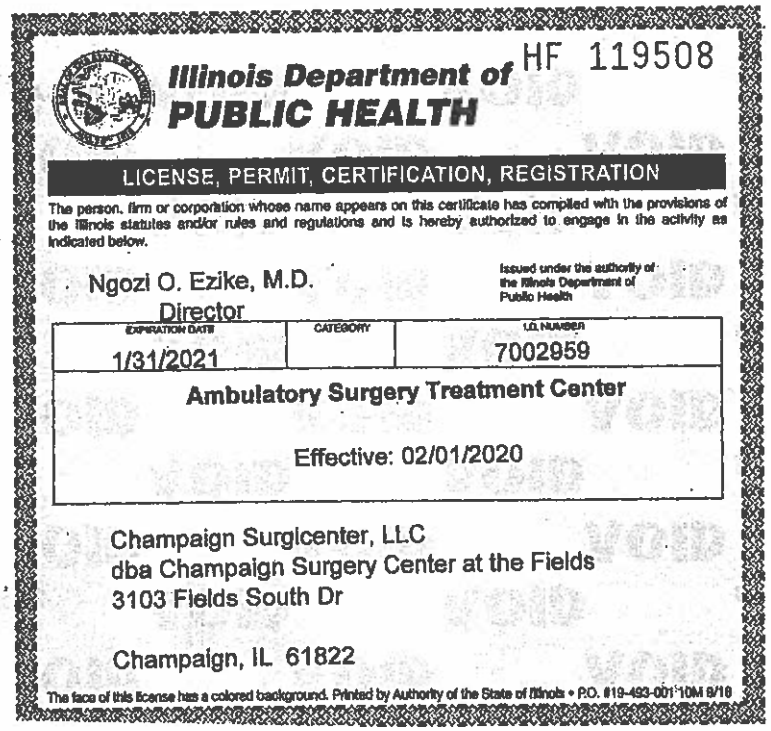
Exp. Date 6/30/2020

Lic Number 0004200

Date Printed 5/13/2019

Hoopeston Community Memorial Hosp
dba Carle Hoopeston Regional Health
701 E Orange St
Hoopeston, IL 60942

FEE RECEIPT NO.



HF 119508

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
1/31/2021		7002959

Ambulatory Surgery Treatment Center

Effective: 02/01/2020

Champaign Surgicenter, LLC
dba Champaign Surgery Center at the Fields
3103 Fields South Dr

Champaign, IL 61822

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 8/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/31/2021

Lic Number 7002959

Date Printed 12/12/2019

Champaign Surgicenter, LLC
dba Champaign Surgery Center at the
3103 Fields South Dr
Champaign, IL 61822-3743

FEE RECEIPT NO.

HF 118383

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
7/31/2020		7002439

Ambulatory Surgery Treatment Center

Effective: 08/01/2019

Carle Surgicenter
2300 N Vermilion
Danville, IL 61832

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO #19-493-001 10M 9/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 7/31/2020

Lic Number 7002439

Date Printed 6/12/2019

Carle Surgicenter

2300 N Vermilion
Danville, IL 61832-1735

FEE RECEIPT NO.

CERTIFICATE OF ACCREDITATION

Certificate No.:	Initial date:	Valid until:
267775-2018-AHC-USA-NIAHO	6/29/2018	6/29/2021

This is to certify that:

Carle Foundation Hospital

611 W. Park St., Urbana, IL 61801

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:
DNV GL - Healthcare
Katy, TX

Patrick Horine
Chief Executive Officer

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

AWARD OF ACCREDITATION

CARLE RICHLAND MEMORIAL HOSPITAL

OLNEY, IL

Expiration Date: September 12, 2022

This organization has met the applicable requirements of Acute Care Hospital and is therefore fully accredited by HFAP, a program of AAHHS.

CHAIR, AAHHS BOARD OF DIRECTORS

CHIEF EXECUTIVE OFFICER, AAHHS

CERTIFICATE OF ACCREDITATION

Certificate No.:	Initial date:	Valid until:
188047-2018-AHC-USA-NIAHO	12/19/2018	12/19/2021

This is to certify that:

Carle Hoopeston Regional Health Center

701 E. Orange, Hoopeston, IL 60942

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:
DNV GL - Healthcare
Katy, TX

Patrick Horine
Chief Executive Officer

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

Section III, Purpose of the Project, and Alternatives – Information Requirements

Purpose of Project

The Applicants propose to develop space within Carle's main hospital campus to accommodate MRI and pharmacy services. As detailed below, the Project will address existing demand, improve the location and layout of MRI services and reduce scanning times and improve imaging quality by upgrading technology that has reached the end of its useful life. While the purchase and installation of a single MRI would not require a CON permit, the Project exceeds the review threshold, as it aggregates the costs associated with multiple MRIs.

1. **Document that the Project will provide health care services that improve the health care or well-being of the market area population to be served.**

The purpose of this project is to maintain the appropriate scope and location of imaging services using the state-of-the-art technology necessary to improve access and quality of care for patients in the broad geographic area served by Carle. Carle Foundation Hospital is a 433 bed tertiary care hospital, a Level 1 trauma center, and a primary stroke center. It is the primary safety net hospital for the region, and is an IDPH designated Regional Hospital Coordinating Center, which is a hospital that serves as a centralized coordination center to address the challenges of emergency events such as catastrophic events related to weather, accidents or terrorism. Sufficient access to MRI imaging is essential to support the wide array of inpatient and outpatient services that Carle provides, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort. The Project will improve access to these MRI services and, in doing so, improve the overall well-being of the communities Carle Foundation Hospital serves.

The Project would address the following:

A. Demand warrants an additional clinical MRI, but the existing footprint of the radiology department will not allow for expansion of the equipment fleet

To address existing demand, the Project proposes to add one net new clinical MRI unit. Adding this MRI within the existing radiology space is not feasible, as the current footprint cannot accommodate an additional MRI room. Accordingly, space will be developed to allow for the necessary expansion of the MRI fleet. In addition to improving patient access, additional MRI capacity will allow Carle Foundation Hospital to reduce its average length of stay, as some inpatient discharges are delayed until the following day while a patient awaits an MRI scan.

B. Replacing existing MRIs in their current locations would require significant downtime on highly utilized machines

The Project includes the replacement of two MRIs that are at end-of-life. Since there are not any unused MRI rooms within the existing radiology footprint, the Applicants would need to shutdown each MRI during installation to replace them in place. Doing so would result in up to two months of downtime for each MRI and adversely impact patient care and access.

C. New equipment will allow for reduced scanning times and higher imaging quality

Due to ongoing advances in imaging technology, all providers replace their imaging equipment over time. In this instance, doing so will reduce scanning times and improve imaging quality. For example, patients will not need to spend as much time on the MRI table, which will reduce anxiety and increase satisfaction. Improved scanning times will also allow for additional appointment slots to improve patient access and operational efficiency. Furthermore, new technology will enable additional scans not available on existing machines. In particular, cardiac MRI imaging will improve with updated technology.

D. The layout of the proposed MRI space will reduce staffing expenses and improve workflows

The layout of the proposed space will allow MRI Technologists to cover two rooms in the event of an emergency medical intervention (e.g. a code). Accordingly, as opposed to the current staffing ratio of two Techs per MRI room, only one Tech will be required per room in the new space. This improved staffing efficiency will provide ongoing cost savings.

The new layout will also improve workflows from prep to treatment to recovery. For example, patients are currently screened in the same room as the MRI magnet, which increases the risk associated with metal implants. The new space will allow screenings to occur in a separate room, which will improve patient safety.

E. The location of the new MRI space will improve wayfinding and reduce transport times

Carle's MRI space is currently located away from its inpatient bed towers. Accordingly, wayfinding is suboptimal, as outpatients and staff transporting inpatients must walk down a long basement hallway past the cafeteria in order to access the department. Conversely, the proposed new MRI space will be directly below Carle's bed towers. This new location will improve wayfinding, reduce intrahospital transport times and decrease late and missed appointments.

F. The 7 Tesla (7T) MRI will offer patients leading-edge clinical imaging and foster scholarship and innovation

In addition to conventional MRIs, the Project also includes the addition of a 7T MRI, which will offer the highest magnetic field imaging strength approved by the Food and Drug Administration for clinical use. This 7T is so advanced that there are currently only five of them in use in the United States. Images from the 7T will allow doctors and patients to make more informed decisions about treatment choices and can uncover abnormalities undetected by conventional, lower-strength MRI systems. It will initially be used to treat patients with seizure disorders, multiple sclerosis, traumatic brain injuries, brain tumors and knee disorders; however, there is enormous potential for additional clinical applications in the future.

In addition to some limited scanning clinical diagnostic purposes, the 7T will primarily be used for research. In this capacity, the 7T will foster scholarship, discovery, and innovation that has the potential to translate to incredible societal benefits. Carle and third-party

academic and other research and development institutions will work to better understand the brain's organization, function, and plasticity, for both healthy people and those impacted by injury and disease. The 7T MRI scanner will provide a platform for Illinois to lead in the development of ultra-high-field neuroimaging technologies.

2. **Define the planning area or market area, or other, per the applicant's definition.**

A map of the Carle Foundation Hospital service area is attached as Attachment 12A. Carle Foundation Hospital serves a 26 county region extending from Kankakee County in the north to Edwards County in southern Illinois and as far west as Christian County and east to the Indiana border.

3. **Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.**

As discussed in greater detail above, the Project would address the following issues:

- Demand warrants an additional clinical MRI, but the radiology department's existing footprint will not allow for expansion of the MRI fleet.
- Replacing existing MRIs in their current locations would require significant downtime on highly utilized machines.
- New equipment will allow for reduced scanning times and higher imaging quality.
- The layout of the proposed MRI space will reduce staffing expenses and improve workflows.
- The location of the new MRI space will improve wayfinding and reduce transport times.
- The 7 Tesla MRI will offer patients leading-edge clinical imaging and foster scholarship and innovation.

4. **Cite the sources of the information provided as documentation.**

Carle performs ongoing internal utilization studies. The source of this information includes internal reports as well as information reported to IDPH. Illinois Health Facilities and Services Review Board, individual hospital profiles 2014-2018 *available at* https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx (last visited February 4, 2020).

5. **Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.**

As discussed in greater detail above, developing space to accommodate MRI services will improve quality of care and efficiency. It will also ensure continued access to care for residents of Champaign and surrounding counties.

6. **Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

Carle's prevailing objectives are to maintain access to MRI services for patients and to improve the quality and operational efficiency of these services. Specifically, the goals of the Project are:

- To address existing demand for MRI services.
- To improve efficiency by reducing staffing requirements, decreasing scanning times and improving workflows.
- To improve quality and safety by aligning the facility with contemporary standards.
- To offer leading-edge clinical imaging and foster scholarship and innovation.

These goals can be achieved at the time of project completion.

ATTACHMENT 12-A

Carle's Service Area

Alternatives to the Proposed Project

The Applicants propose to develop space within their existing hospital campus to accommodate MRI services. The Applicants believe that the proposed project is the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative consists of a comparison of the proposed project to alternative options.

The Applicants have considered the following alternatives:

A) Project of Lesser Scope: Do Nothing ($0)

This option would not allow for the planned addition of a net new MRI to accommodate existing demand. Furthermore, it would not improve efficiency by reducing staffing requirements, decreasing scanning times, improving workflows and addressing the area's poor accessibility. Doing nothing would also not allow for the addition of a 7T MRI to be used for advanced research.

Under this option, patient access, quality, patient satisfaction and operational efficiency would be adversely affected. For these reasons, this alternative was rejected.

B) Proposed: Develop Space for MRI Services ($35,796,531)

The Applicants ultimately decided to develop space in the hospital to accommodate the relocation, replacement and addition of MRIs. The chosen option will improve access, efficiency and quality of care by providing expanded state-of-the-art facilities that promote patient satisfaction and operational efficiency.

Size of Project

The Applicants propose to develop space within their existing hospital campus to accommodate MRI services. Pursuant to Section 1110 of the Administrative Code, the state standard is 1,800 gsf per MRI for a total of 9,000 gsf for five MRIs. The gross square footage of the proposed MRI space is 8,638 gsf. Accordingly, the size of the ASTC meets the State standard.

SIZE OF PROJECT				
DEPARTMENT / SERVICE	PROPOSED BGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
MRI	8,638	9,000	362	Yes

Project Services Utilization

The Applicants propose to develop space within Carle's main hospital campus to accommodate the MRI services shown below. Section 1100 Appendix B of the Administrative Code documents the associated utilization standards. For the purposes of this Certificate of Need application, utilization is projected to remain at historical levels. The projected utilization supports the proposed equipment, consistent with the HFSRB's utilization standards.

Modality	Proposed Units	Historical Utilization 12/1/18-11/30/19	Projected Utilization	State Standard Per Unit	State Standard for Proposed Units	Met Standard?
Diagnostic Imaging Equipment						
Conventional MRI	4	8,413	8,310	2,500 procedures	7,500 procedures	Yes
Research Imaging Equipment						
7 Telsa Research MRI*	1	See Above	103	n/a	n/a	Yes

*The 7 Tesla Research MRI will be used for hospital-based research. While the majority of its function is for research activity, the projected utilization above is for the clinical usage expected while the machine is used for patient care.

Unfinished or Shell Space

The proposed project does not entail unfinished or shell space, so this section is not applicable.

Section VII Service Specific Review Criteria

This is project does not involve any of the following services. Therefore the associated sections are not applicable.

- Medical/Surgical, Obstetric, Pediatric and Intensive Care
- Comprehensive Physical Rehabilitation
- Acute Mental Illness and Chronic Mental Illness
- Open Heart Surgery
- Cardiac Catheterization
- In-Center Hemodialysis
- Non-Hospital Based Ambulatory Surgery
- Selected Organ Transplantation
- Kidney Transplantation
- Subacute Care Hospital Model
- Community-Based Residential Rehabilitation Center
- Long Term Acute Care Hospital

Section V, Service Specific Review Criteria
Clinical Service Areas Other than Categories of Services
Criterion 1110.270

Service	# Existing Key Rooms	# Proposed Key Rooms
MRI	3	4
Research MRI	0	1

1. Necessary Expansion

   The Applicants propose to develop space to accommodate MRI services. As described in further detail in Attachment 12, the Project is necessary to address existing demand as well as to improve quality, operational efficiency and patient satisfaction.

2. Utilization- Service or Facility

   As shown in Attachment 15, the proposed MRI units will meet the State standard for utilization. Accordingly, the Project is necessary to meet existing demand for imaging services.

Section 1120.120 Availability of Funds

The Applicants have the following bond rating:

- AA- from Standard & Poor's Rating Services (August 30, 2019), included as part of Attachment-33

The Applicants, therefore, are not required to address Section 1120.120 Availability of Funds.

S&P Global
Ratings

Research

Summary:

Carle Foundation, Illinois; Joint Criteria; System

Primary Credit Analyst:
Suzie R Desai, Chicago (1) 312-233-7046; suzie.desai@spglobal.com

Secondary Contact:
Allison Bretz, Chicago (1) 303-721-4119; allison.bretz@spglobal.com

Table Of Contents

Rationale

Outlook

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Summary:

Carle Foundation, Illinois; Joint Criteria; System

Credit Profile		
Carle Foundation ICR		
Long Term Rating	AA-/Stable	Current

Rationale

S&P Global Ratings' issuer credit rating (ICR) on the Carle Foundation (Carle FD), Ill., is 'AA-', and its long-term rating and underlying rating on various issuances of the Illinois Finance Authority's bonds issued for Carle FD is 'AA-'.

S&P Global Ratings' dual rating is 'AAA/A-1+' on Carle FD's series 2009B and 2009C variable-rate demand bonds (VRDBs), reflecting the application of our joint criteria using our low-correlation methodology. The long-term component of the rating reflects the long-term rating on Carle FD and the letters of credit (LOCs) provided by The Northern Trust Co. We based the short-term component of the rating on the liquidity provided by The Northern Trust Co. The LOCs expire March 18, 2024.

Carle FD's joint criteria rating for its series 2009E and 2016B is 'AA+/A-1', reflecting the application of our joint criteria using our low-correlation methodology. The long-term component of the rating reflects the long-term rating on Carle FD and the LOCs provided by JPMorgan Chase Bank. We based the short-term component of the rating on the liquidity provided by JPMorgan Chase Bank. The LOCs with JP Morgan expire Dec. 20, 2023.

The 'AA-' credit rating incorporates Carle FD's healthy enterprise profile, reflecting its integrated delivery system that includes a large multispecialty physician group and an insurance plan, as well as its very solid market share and competitive position in central Illinois along with its expanding share in the regional, largely rural, market. Carle continues to invest in certain service lines and areas to ensure that its position remains strong, as OSF Healthcare entered the market a couple of years ago. While that entry has had no material impact to date, we believe OSF Healthcare is committed to the broader service area and could eventually be a stronger competitor. We view the integrated business platform as an attractive model that, in our view, positions Carle FD very well for changes to value-based payments. This position has also contributed toward Carle FD's historically solid financial profile. Carle FD continues to face some risk from Illinois as a provider of Medicaid services, but also as an insurance provider to state employees; however, it continues to manage that challenge with minimal effect on the balance sheet to date. The rating also reflects a positive holistic adjustment that incorporates Carle FD's very healthy balance sheet relative to medians, its increasing emphasis on research and education, and its position as a market leader and key partner for many other rural providers in the region.

After healthy operating margins in fiscal years 2017 and 2018, operating margin has weakened through interim 2019 (although some of this was budgeted) with increased reliance on investment income to generate healthy maximum annual debt service (MADS) coverage this year. Industry pressures coupled with ongoing strategic investments in

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some of the regional communities and recently acquired facilities have led management to budget a lighter 2.4% margin in 2019 (down slightly from the 2018 budget of 2.8%, which Carle FD greatly exceeded). Margins could remain in that 2.5%-3.5% range over the medium term, which we view as reasonable for the rating, but could affect the credit rating, particularly if the margins remain on the lighter side and any meaningful additional debt is issued over the next few years.

Specifically, the 'AA-' rating reflects our view of Carle FD's:

- Continued growth of the system inpatient market share and patient volumes in the Champaign-Urbana hub, increasing to 58.8% in 2018 compared with 31.1% for OSF Healthcare's facilities, as well as a comprehensive and tertiary service profile with strength in key service lines such as oncology, neurosciences, and cardiology that contribute to its more than 23.1% market share for the broader region's 1.4 million residents;
- Solid financial profile, reflecting historically strong MADS coverage with unrestricted reserves to long-term debt at almost 300% and healthy cash on hand at slightly less than 300 days, despite the large insurance presence, which maintains a different capital structure; and
- Health Alliance Medical Plans (HAMP), which is a strategic asset within the CHA Holding Inc. subsidiary, allowing Carle FD to expand and diversify beyond its hospital footprint and gain strong experience with population health management.

Partly offsetting the above strengths, in our view, are Carle FD's:

- Weakening operating margins in interim 2019 (from recent years' highs) but which management expects will reach budgeted levels by year end given some conservatism in the first half of the year;
- Exposure to delayed payments from the state for its employees who are insured through HAMP, although Carle FD has effectively managed these delayed payments through a line of credit and state programs that help manage those receivables, so the effect has been largely muted; and
- Potentially evolving market dynamics relating to OSF Healthcare's recent acquisitions in close proximity to Carle FD's main acute care facility as well as OSF Healthcare's continued investment in a broad region that has only modest demographic and economic trends.

For more information see our full analysis published Aug. 30, 2019 on RatingsDirect.

Outlook

The stable outlook reflects our view of Carle FD's strong business position and healthy balance sheet as well as our expectation that operating margins should remain within the 2.5%-3.5% area over the next few years. The stable outlook also reflects our belief that management will continue to build on Carle FD's business position, both in Champaign-Urbana and in the broader region. Management continues to invest in its markets with some increased focus on the outlying areas, and while there is no imminent debt issuance, the team continues to evaluate its debt structure and ongoing capital needs.

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Downside scenario

We could lower the ratings or revise the outlook to negative if Carle FD's operating performance--adjusted to eliminate one-time items--remains at interim 2019 levels or is affected by heightened competition. Given that Carle FD could have lighter performance than recent years, any notable increase in debt could have an impact to the rating. Last, we could consider a negative rating action if Carle FD experiences a sharp decline in unrestricted reserves.

Upside scenario

While not expected given Carle FD's primary focus in a broad but limited economic and demographic area and less geographic diversity, we could raise the rating if Carle FD consistently demonstrates much stronger operating margins and MADS coverage over a longer period that is more consistent with fiscal 2017 and fiscal 2018 levels. In addition, we would take a favorable view of a broader geographic presence, either through health plan or provider network, in conjunction with maintenance of healthy financial performance and balance-sheet metrics consistent with those of recent years.

Ratings Detail (As Of August 30, 2019)		
Illinois Finance Authority, Illinois		
Carle Foundn, Illinois		
Illinois Finance Authority (Carle Foundn) rev bnds		
Long Term Rating	AA+/A-1	Current
Unenhanced Rating	AA-(SPUR)/Stable	Current
Illinois Fin Auth (Carle Foundn) hosp VRDB ser 2009B		
Unenhanced Rating	AA-(SPUR)/Stable	Current
Long Term Rating	AAA/A-1+	Current
Illinois Fin Auth (Carle Foundn) hosp VRDO 2009C		
Unenhanced Rating	AA-(SPUR)/Stable	Current
Long Term Rating	AAA/A-1+	Current
Illinois Fin Auth (Carle Foundn) hosp VRDO 2009E		
Unenhanced Rating	AA-(SPUR)/Stable	Current
Long Term Rating	AA+/A-1	Current
Series 2011A		
Unenhanced Rating	AA-(SPUR)/Stable	Current

Many issues are enhanced by bond insurance.

Certain terms used in this report, particularly certain adjectives used to express our view on rating relevant factors, have specific meanings ascribed to them in our criteria, and should therefore be read in conjunction with such criteria. Please see Ratings Criteria at www.standardandpoors.com for further information. Complete ratings information is available to subscribers of RatingsDirect at www.capitaliq.com. All ratings affected by this rating action can be found on S&P Global Ratings' public website at www.standardandpoors.com. Use the Ratings search box located in the left column.

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Section 1120.130 Financial Viability

The Applicants have the following bond rating:

- AA- from Standard & Poor's Rating Services (August 30, 2019), included as part of Attachment-33

The Applicants, therefore, are not required to address Section 1120.130 Financial Viability.

Section 1120.140 Economic Feasibility
A. Reasonableness of Financing Arrangements

The Applicants have the following bond rating:

- AA- from Standard & Poor's Rating Services (August 30, 2019), included as part of Attachment-33

The Applicants, therefore, are not required to address Section 1120.140 (a) Reasonableness of Financing Arrangements.

Carle
611 West Park Street, Urbana, IL 61801-2595

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Conditions of Debt Financing

To Whom It May Concern:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(b) that the selected form of debt financing the project will be the lowest net cost available.

Sincerely,

James C. Leonard, M.D.
President and CEO

Notarization:

Subscribed and sworn to before

me this 12th day of March, 2020.

Signature of Notary

seal

"OFFICIAL SEAL"
Ann E. Beyers
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 01/12/2

Attachment- 36b

1120.140 Economic Feasibility
C. Reasonableness of Project and Related Costs

The Applicants seek to develop space to accommodate MRI and pharmacy services.

The table below shows the cost and gross square foot allocation for all clinical departments impacted by the proposed project.

Cost and Gross Square Feet by Department of Service									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost / sf		Gross sf		Gross sf		Const $ (A x C)	Mod $ (B x E)	
	New	Mod	New	Circ	Mod	Circ			
MRI	$501.47		8,638				$4,331,687		$4,331,687
MRI Contingency	$50.15		8,638				$433,169		$433,169
Pharmacy		$337.69			4,197			$1,417,293	$1,417,293
Pharmacy Contingency		$33.77			4,197			$141,729	$141,729
Total Clinical	$551.62	$371.46	8,638		4,197		$4,764,856	$1,559,022	$6,323,878

The values in column C reflect the total gross square footage

Circulation is 23.1% of the gross square footage.

The following is documentation regarding whether the estimated project costs are reasonable and in compliance with the state standards, as defined in Section 1120.140 (C) of the Administrative Code,

1. Preplanning costs are 1.1% of the sum of new construction, modernization, contingency, and equipment costs, which is under the state standard of 1.8%. Therefore, this item is compliant with the state standard.

2. New construction and contingency costs are $551.62 per gsf, compared with the standard of $557.75/gsf. Therefore, this item is compliant with the state standard.

3. Modernization and contingency costs are $371.46 per gsf, compared with the standard of $390.43/gsf. Therefore, this item is compliant with the state standard.

4. The new construction contingency is 10% of new construction contracts, compared with the state standard of 10% for projects in the schematics stage. Therefore, this item is compliant with the state standard.

5. The modernization contingency is 10% of modernization contracts, compared with the state standard of 10-15% for projects in the schematics stage. Therefore, this item is compliant with the state standard.

6. Architectural and Engineering Fees are 6.9% of new construction and modernization contracts and contingencies. This is within the state standard of a

1120.140 Economic Feasibility
C. Reasonableness of Project and Related Costs

range of 6.11% - 9.17% for a construction and contingency budget under $7,000,000. Therefore, this item is compliant with the state standard.

7. Movable or Other Equipment (Not in Construction Contracts) costs total $14,550,848. There is no state standard for MRI equipment.

Section 1120.140 Economic Feasibility
D. Projected Operating Costs
E. Total Effect of the Project on Capital Costs

The Applicants seek to develop space to accommodate MRI services.

The table below provides information regarding costs as they relate to 8,413 units of service.

Line 5 of the table addresses criterion 1120.140(d), Projected Operating Costs.

Line 4 of the table addresses criterion 1120.140(e), Total Effect of the Project on Capital Costs.

Review Criteria Relating to Economic Feasibility		
1	Units of Service (2022 Projected)	8,413
2	Total Capital Cost (2022 Projected)	$4,077,776
3	Total Operating Cost (2022 Projected)	$2,433,795
4	Capital Cost per Unit of Service	$484.70
5	Operating Cost per Unit of Service	$289.29

Section IX, Safety Net Impact Statement

This project is non-substantive. Accordingly, this criterion is not applicable.

Charity Care Information

Charity care figures for The Carle Foundation Hospital for the latest three audited fiscal years are provided in the table below:

The Carle Foundation Hospital

Charity Care				
		2016	2017	2018
1	Net Patient Revenue	$723,353,000	$783,720,000	$821,613,000
2	Amount of Charity Care (charges)	$96,109,671	$98,860,547	$107,874,527
3	Cost of Charity Care	$17,876,187	$19,081,957	$20,642,677
4	Ratio of the cost of Charity Care to Net Patient Revenue	2.5%	2.4%	2.5%

#20-014

611 West Park Street, Urbana, IL 61801-2595

RECEIVED
MAR 19 2020
HEALTH FACILITIES & SERVICES REVIEW BOARD

Via Federal Express

Collin Anderson
(217) 902-3521
Collin.Anderson@Carle.com

Mr. Michael Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, Illinois 62761

Re: Certificate of Need Application

Dear Mike:

The Carle Foundation and The Carle Foundation Hospital, as co-applicants, hereby submit the attached Certificate of Need application to construct space within Carle's main hospital campus in Urbana, Illinois to accommodate MRI services. For your review, I have attached the following:

1. An original and one copy of the completed application for permit
2. A check for $2,500 for the application processing fee

Thank you for your time and consideration of the co-applicants' application for permit. If you have any questions or need any additional information to complete your review of the application for permit, please feel free to contact Kara Friedman or me as needed.

Sincerely,

Collin Anderson
Strategic Planning Coordinator
The Carle Foundation Hospital