



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

BOARD MEETING: April 14, 2026	PROJECT NO: 26-003	PROJECT COST: Original: \$51,283,483
FACILITY NAME: Northwestern Memorial Hospital	CITY: Chicago	
TYPE OF PROJECT: Non-Substantive		HSA: VI

PROJECT DESCRIPTION: The Applicants (Northwestern Memorial Hospital (“NMH”) and Northwestern Memorial Healthcare (“NMHC”)) propose the demolition of an existing underground structure on the site of 330 East Erie Street in Chicago. The underground structure is approximately 3 stories and 70,000 sf. The site is intended for a new patient care tower on the NMH campus. The total demolition project cost is \$51,283,483.

Information on this Application for Permit can be found at this link:

<https://hfsrb.illinois.gov/project.26-003-northwestern-memorial-hospital.html>

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The proposed project is for the demolition of an existing underground structure on the site of 330 East Erie Street in Chicago. The underground structure is approximately 3 stories and 70,000 sf. The main demolition components will include:
 - Installation of a site security fence and pedestrian canopy barricade to maintain pedestrian traffic around the site and to secure the site.
 - Environmental remediation, which will involve the removal and disposal of all hazardous material.
 - Termination of utility lines.
 - Installation of earth retention system and simultaneous excavation of site/demolition of the underground structure and disposal of all debris. Excavation/demolition will occur simultaneously in a phased method as depth progresses. Temporary ramps will be constructed to facilitate material removal, given the depth required to remove the existing structure.
- The site is planned for a new patient care tower on the NMH campus. On September 25, 2025, NMH received State Board approval for a master design permit (not a construction permit) for the new patient care tower (Permit #25-025). NMH has engaged architects/engineers, construction management firms, and specialty consultants to plan and oversee the demolition work. Perkins & Will, based in Chicago, has been selected as the team providing architectural and engineering services for the project. Construction management services are being provided by Power/Ujamaa Construction, headquartered in Chicago. Additions or changes to consultants may occur throughout the project.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The Project is before the State Board because the cost exceeds the capital expenditure minimum of \$17,787,538, and the primary purpose is to remove remnants of the former Lakeside VA hospital basement to prepare the site for a new clinical tower. All costs are considered non-clinical.
- The original Lakeside VA Hospital (formerly known as the VA Lakeside Medical Center) was closed in 2003 and demolished in 2009. Its inpatient services were moved to the Jesse Brown VA Medical Center. The former VA Lakeside Hospital was acquired by NMH in 2008, and demolition of the above-grade structure occurred in 2009, leaving the 3-level basement intact.

PUBLIC HEARING/COMMENT:

- The Staff of the State Board conducted a public hearing on March 6, 2026. The State Board has not received any letters of support or opposition.

SUMMARY

- The Applicants addressed a total of 13 criteria and have successfully addressed them all.



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State Board Staff Report Project #26-003 Northwestern Memorial Hospital

APPLICATION/CHRONOLOGY/SUMMARY	
Applicants	Northwestern Memorial Hospital and Northwestern Memorial Healthcare
Facility Name	Northwestern Memorial Hospital
Location	330 East Erie Street, Chicago, Illinois
Permit Holder	Northwestern Memorial Hospital and Northwestern Memorial Healthcare
Licensee/Operating Entity	Northwestern Memorial Hospital
Owner of Site	Northwestern Memorial Hospital
Application Received	January 14, 2026
Application Deemed Complete	January 15, 2026
Review Period Ends	March 16, 2026
Project Completion Date	July 31, 2026
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes
Expedited Review?	No

I. The Proposed Project

The Applicants (Northwestern Memorial Hospital and Northwestern Memorial Healthcare) propose demolishing an existing underground structure at 330 East Erie Street in Chicago. The underground structure is approximately 3 stories and 70,000 sf. The site is intended for a new patient care tower on the NMH campus. The total demolition project cost is \$51,283,483.

II. Summary of Findings

- A. The State Board Staff finds the proposed project does appear to be in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project does appear to be in conformance with the provisions of Part 1120.

III. General Information

The Applicants are Northwestern Memorial Hospital (“NMH”) and Northwestern Memorial Healthcare (“NMHC”). Northwestern Memorial Healthcare is the parent of an integrated nonprofit healthcare organization anchored by Northwestern Memorial Hospital and Northwestern Medical Group, which provides healthcare services to communities in northern Illinois. Northwestern Memorial Healthcare partners with Northwestern University Feinberg School of Medicine to form an academic medical center, branded

Northwestern Medicine. Northwestern Memorial Hospital is the operating entity/licensee and the owner of the real property. This is a non-substantive project subject to a Part 1110 and 1120 review. Financial commitment will occur after the permit is issued.

IV. Health Service Area

Northwestern Memorial Hospital is in Health Service Area VI, the City of Chicago, and Hospital Planning Area **A-01 (HPA-01)**. HPA A-1 includes the City of Chicago Community Areas of Uptown, Lincoln Square, North Center, Lakeview, Lincoln Park, Near North Side, Edison Park, Norwood Park, Jefferson Park, Forest Glen, North Park, Albany Park, Portage Park, Irving Park, Dunning, Montclare, Belmont Cragin, Hermosa, Avondale, Logan Square, O'Hare, and Edgewater. There are nine hospitals in HPA A-01. There is currently a calculated excess of 1,014 medical-surgical beds, 30 intensive care beds, and 90 obstetric beds in HPA A-01.

Table One lists the hospitals in HPA A-01 and their total bed counts. **Table Two** presents the estimated populations for the City of Chicago and the State of Illinois for 2020, 2025, and 2030, along with projected increases or decreases.

TABLE ONE Hospitals in the A-01 Hospital Planning Area		
Hospital	Total Beds	City
Community First Medical Center	296	Chicago
Illinois Masonic Medical Center Campus	451	Chicago
Louis A. Weiss Memorial Hospital *	236	Chicago
Northwestern Memorial Hospital	985	Chicago
Prime Resurrection Medical Center	305	Chicago
Ascension Saint Joseph Hospital - Chicago	332	Chicago
Swedish Hospital	292	Chicago
Thorek Memorial Hospital	132	Chicago
Thorek Memorial Hospital-Andersonville	145	Chicago

TABLE TWO Population Estimate City of Chicago and the State of Illinois				
	2020	2025	2030	% Increase/Decrease 2020 through 2030
Chicago	2,740,074	2,699,173	2,649,877	-3.29%
≥65	349,744	408,264	457,644	30.85%
Illinois	12,785,245	12,780,245	12,775,245	-0.08%
≥65	2,060,629	2,398,232	2,695,534	30.81%

V. Northwestern Memorial Hospital

Northwestern Memorial Hospital currently has 985 inpatient beds. Table Three below presents hospital utilization data for 2024, including average length of stay (“ALOS”), average daily census (“ADC”), and occupancy (“Occ”).

TABLE THREE Northwestern Memorial Hospital 1-1-2024 through 12-31-2024 ⁽¹⁾						
	Beds	Admissions	Days	ALOS	ADC	Occ
Medical Surgical	573	29,362	202,089	6.88	554	96.62%
Obstetric	116	12,122	34,310	2.83	94	81.03%
Intensive Care	139	7,217	38,105	5.28	104	75.11%
AMI	29	780	9,035	11.58	25	85.36%
Neonatal	86	278	2,434	8.82	7	7.75%
Total	943	49,757	285,973	5.75	783	83.08%
1. Northwestern Memorial Hospital was approved to add 42 intensive care beds at the March 2026 State Board Meeting for a total of 181 intensive care beds and a total of 985 acute care beds. Permit #25-030.						

VI. Project Uses and Sources of Funds

The Applicants are funding this project with \$51,283,483 in cash. All costs are considered non-clinical.

TABLE FOUR Project Uses and Sources of Funds	
USES OF FUNDS	Total
Site Preparation	\$49,491,100
Architectural/Engineering Fees	\$69,300
Consulting and Other Fees	\$992,460
Other Costs to Be Capitalized	\$730,623
TOTAL USES OF FUNDS	\$51,283,483
SOURCE OF FUNDS	
Cash and Securities	\$51,283,483
TOTAL SOURCES OF FUNDS	\$51,283,483

VII. Background of the Applicant, Purpose of Project, Safety Net Impact Statement, and Alternatives – Information Requirements

- A. 77 Ill. Adm. Code 1110.110 (a) – Background of the Applicants
- B. 77 Ill. Adm. Code 1110.110 (b) – Purpose of the Project
- C. 77 Ill. Adm. Code 1110.110 (c) – Safety Net Impact
- D. 77 Ill. Adm. Code 1110.110 (d) – Alternatives to the Project

A) **Background of Applicant**

An applicant must demonstrate that it is fit, willing, and able, and has the qualifications, background, and character to adequately provide a proper standard of health care service for the community. [20 ILCS

3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed health care facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within 3 years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest", and "principal shareholder").

Northwestern Memorial Hospital has a five-star overall quality rating on the Medicare Compare website. The Applicants attest that no adverse action was taken against the Applicants' facility during the three years before the filing of this application. The Applicants authorize HFSRB and IDPH to access any documents necessary to verify the information submitted, including, but not limited to, official records of IDPH or other State agencies, licensing or certification records of other states, when applicable, and records of nationally recognized accreditation organizations. The Applicants have demonstrated that they are fit, willing, and able and possess the necessary qualifications, background, and character to provide proper healthcare services to the community.

B) Purpose of the Project

The applicant shall document that the project will provide health services that improve the healthcare or well-being of the population to be served in the market area. The applicant shall define the planning area, market area, or other relevant area, as the applicant determines.

The Applicants propose this project to meet growing patient needs for high-acuity services, improve the patient experience, and create a central hub for one of the world's best comprehensive cancer networks. The proposed project expedites the opening of the new patient care tower and reduces the overall project cost. The Applicants state that significant site preparation work is required at the future patient care tower site before construction can begin. The former VA Lakeside Hospital was acquired by NMH in 2008, and demolition of the above-grade structure occurred in 2009, leaving the 3-level basement intact. The Applicants state that the old caissons from the VA hospital are below the basement. NMH needs to know the exact location of these caissons to inform the structural design of the new building so that new caisson locations do not conflict with the existing caissons (and other below-grade conflicts). Additionally, demolition/excavation for this site will take 6-9 months longer than for a typical site, increasing costs and delaying the opening of the new tower.

The Applicants state that by beginning the below-grade excavation/demolition during the planning stage, potential risks can be identified early enough to plan/account for them, including:

- Identify if any substantial shift of the existing remaining structure has occurred that is significant enough to necessitate a secondary or supplemental retention system to facilitate excavation.
- Uncover actual soil conditions that may differ from soil borings that impact the performance of the underground earth retention system.
- The buried debris and structure have been subjected to 16+ years of groundwater infiltration. It is necessary to locate where water may be collecting to validate the de-watering strategy.

- While extensive records research and GPR locating have occurred on-site, there is still the possibility of uncovering existing utilities that may remain underground in or around the site.

Beginning the demolition early also saves time and money:

- The sooner capital begins being spent on the scope that is known as demolition/excavation, the less escalation will have to be accounted for in the overall budget because the project will be completed sooner. Two to four percent on a project of this size equates to significant cost savings.
- Performing the demolition/excavation work concurrent with the planning phase optimizes the schedule by leveraging summer/fall weather for highly weather-dependent work.

C) Safety Net Impact Statement

All health care facilities, except skilled and intermediate long-term care facilities licensed under the Nursing Home Care Act, shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). Safety net services are offered by healthcare providers or organizations that deliver care to individuals with barriers to mainstream healthcare, including those without insurance, those unable to pay, individuals with special needs, individuals with ethnic or cultural characteristics, or those living in geographic isolation. [20 ILCS 3960/5.4]

This project is non-substantive; a Safety Net Impact Statement is not required.

D) Alternatives to the Proposed Project

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served.

The Applicants considered one alternative to the proposed project, and that was rejected.

Alternative #1: Defer demolition until the Construction CON is approved

The Applicants state that the demolition/excavation work will be included in the Construction CON to be submitted in Fall 2026. This alternative would result in demolition/excavation activities beginning 4-5 months after the construction CON approval, due to increasing lead times for the required earth-retention materials and the City of Chicago's demolition permitting process. This alternative was rejected due to the higher cost and impact on the schedule.

Advantages

- Lower financial risk to NMH in the event the Construction CON is not approved.

Disadvantages

- Impact on structural design due to the inability to identify the exact locations of the caissons currently beneath the existing structure.
- Cost escalation in both labor and materials (2-4% per year if the work is not completed).
- Existing conditions would not be confirmed until demolition/excavation is underway, hindering NMH's ability to identify potential risks early enough to plan and account for them, including:

- Determining whether any substantial shift in the remaining structure is significant enough to necessitate a secondary or supplemental retention system to facilitate excavation.
- Uncovering actual soil conditions that may differ from soil borings and that impact the performance of the underground earth retention system.
- Validating the dewatering strategy, as the buried debris and structure have been subjected to 16+ years of groundwater infiltration.
- While extensive records research and GPR locating have occurred onsite, there is a possibility of uncovering existing utilities that may remain underground in or around the site.
- Inefficient use of time: the demolition/excavation scope is defined and being performed. Concurrent demolition/excavation work with the design will save 9-12 months on the total project schedule.

VIII. Size of Project, Project Utilization

- A) 77 Ill. Adm. Code 1110.120 (a) – Project Size
- B) 77 Ill. Adm. Code 1110.120 (b) – Projected Utilization

These criteria do not apply to this project.

XI. Financial Viability and Economic Feasibility

- A) Criterion 77 Ill. Adm. Code 1120.120 – Availability of Funds
- B) Criterion 77 Ill. Adm. Code 1120.130 – Financial Viability
- C) Criterion 77 Ill. Adm. Code 1120.140 (a) – Reasonableness of Financing Arrangements
- D) Criterion 77 Ill. Adm. Code 1120.140 (b) – Terms of Debt Financing
- E) Criterion 77 Ill. Adm. Code 1120.140 (c) – Reasonableness of Project Costs
- F) Criterion 77 Ill. Adm. Code 1120.140 (d) – Direct Operating Costs
- G) Criterion 77 Ill. Adm. Code 1120.140 (e) – Effect of the Project on Capital Costs

- A) Availability of Funds**
- B) Financial Viability**
- C) Reasonableness of Financing Arrangement**
- D) Terms of Debt Service**

The Applicants are funding this project with \$ in cash. The Applicants provided proof of an AA+ Bond Rating from Standard & Poor's Ratings Service (dated August 2024), evidence of an Aa2/Stable Bond Rating from Moody's Investors Service (dated August 2024), and Audited Financial Statements for 2023 and 2024. The Applicants have met the financial viability waiver and the reasonableness of the financing arrangement. The debt financing terms do not apply to this project because the Applicants are not funding it with debt. Table Five below displays Northwestern Memorial Healthcare's audited information for 2023 and 2024. Table Six displays Northwestern Memorial Hospital's financial information for the years 2020 through 2024.

TABLE FIVE
Northwestern Memorial Healthcare
Audited as of August 31, 2023, and 2024
(in thousands)

	2024	2023
Cash	\$332,319	\$680,384
Current Assets	\$2,901,835	\$2,991,526
Total Assets	\$19,805,927	\$18,143,465
Current Liabilities	\$2,358,943	\$2,343,965
Total Liabilities	\$5,762,706	\$5,702,245
Patient Service Revenue	\$8,883,682	\$8,095,920
Total Revenue	\$9,559,585	\$8,668,186
Operating Expenses	\$9,219,859	\$8,302,112
Operating Income in Excess of Expenses	\$339,726	\$366,074
Other Income	\$8,383	\$15,487
Revenue and Gains in Excess of Expenses and Losses	\$1,582,115	\$1,136,086

TABLE SIX
Five Years of Data from Medicare Cost Reports
for Northwestern Memorial Hospital, Chicago

	2020	2021	2022	2023	2024
Total Patient Revenue	\$7,596,288,666	\$9,175,579,287	\$9,899,784,540	\$10,976,219,351	\$12,128,265,170
Less Contractual Allowance	\$5,804,279,359	\$6,951,355,935	\$7,709,703,462	\$8,596,022,970	\$9,531,395,524
Net Patient Revenue	\$1,792,009,307	\$2,224,223,352	\$2,190,081,078	\$2,380,196,381	\$2,596,869,546
Operating Expenses	\$2,237,104,704	\$2,449,776,841	\$2,561,152,752	\$2,817,697,168	\$3,008,806,438
Net Income from Patient Services	(\$440,095,397)	(\$225,553,489)	(\$371,071,674)	(\$437,500,787)	(\$411,936,792)
Other Income	\$595,602,659	\$423,871,222	\$600,506,106	\$627,371,762	\$708,226,803
Net Income	\$155,507,262	\$198,317,740	\$229,434,435	\$189,870,976	\$296,290,011
Operating Margin ⁽¹⁾	-24.56%	-10.14%	-16.94%	-18.38%	-15.86%

1. Operating Margin = Net Income from Patient Services ÷ Net Patient Revenue

Northwestern Memorial Healthcare has an “A” or better bond rating from Moody’s Rating and S&P Global Ratings.

Moody’s Rating states, in part: Northwestern Memorial HealthCare’s (Aa2, stable) growing market position, single operating model, and financial discipline will enable it to execute strategies effectively while maintaining a strong financial position despite industry pressures. A deep analytical approach to management, combined with a well-defined culture, will enable NMHC to manage operating and strategic risks effectively. A leading brand and affiliation with Northwestern University's Feinberg School of Medicine (FSM) will underpin further growth, particularly in high-acuity services. The system's locations will provide growth opportunities and contribute to a comparatively favorable payer mix. Manageable near-term capital plans will help maintain a strong investment position: leverage will remain moderate,

particularly given the system's fully funded pension plan and modest operating lease obligations. Operating performance will be solid but below historical levels due to investments in the workforce to accommodate growing volumes. Market-related risks include competition from several large healthcare systems and academic medical centers, as well as a dominant insurer.

S&P Global Ratings states in part: The ratings reflect our view of NMHC's strong market position as a key provider in the highly competitive Chicagoland market. We believe management will continue to focus on improving efficiency, expanding access to care, and aligning services across ambulatory facilities as part of its growth strategy. NMHC holds a prominent position in a competitive market, led by a management team focused on strategic growth and pioneering initiatives such as telehealth and artificial intelligence. The organization also benefits from numerous Northwestern University entities, including the Feinberg School of Medicine. In addition, NMHC has sustained solid operational performance, although it is lower than historically and has exceptional balance sheet metrics despite continued industry pressures, including elevated labor costs and inflation. Management has maintained financial discipline while also continuing to execute on the system's growth strategy. The team has a proven track record of integrating new entities into the system and enhancing operations within a short timeframe. As a system, this has enabled NMHC to operate more like a system than a federation of hospitals. Its most recent acquisition was Palos Community Hospital in January 2021, a 425-bed hospital in Palos Heights, which is a strategic growth area for NMHC.

E) Reasonableness of Project Costs

All costs are non-clinical. The State Board does not have standards for non-clinical costs.

F) Direct Operating Costs

G) Effect of the Project on Capital Costs

There are no services in the proposed project. The project is for demolition.

CHARITY CARE INFORMATION

Northwestern Memorial Hospital (“NMH”) is a 985-bed adult acute-care, nationally ranked academic medical center (AMC) in downtown Chicago that provides a full range of adult inpatient and outpatient services within an educational and research environment. For the 14th consecutive year, NMH has been named to the Best Hospitals Honor Roll by U.S. News & World Report, 2025 - 2026. For more than 150 years, NMH and its predecessor institutions have served all residents of Chicago. The commitment to provide health care, regardless of patients' ability to pay, traces back to the founding principles of our predecessors and remains integral to our mission to put patients first. NMH serves a large, complex, and diverse area, with patients coming from the City of Chicago and surrounding counties.

NMH is among the few hospitals in the United States designated as a significant teaching hospital by the Association of American Medical Colleges (AAMC). The AAMC reports that while major teaching hospitals comprise a small percentage of acute-care, general-service hospitals in the United States, they provide a disproportionate share of charity care and Medicaid inpatient services.

As an AMC, NMH serves as a major referral center with specialized expertise. NMH serves patients who cannot receive necessary care elsewhere, resulting in a patient population that is often more complex, sicker, and more vulnerable than the general population.

To achieve health equity for those we serve, NMH continually works to overcome structural inequities and bias and to improve coordination and connection to community resources. To best address the diverse needs of our patients, NMH routinely works with trusted health and social service partners in the Chicagoland area to advance key community-based initiatives. For many years, NMH has worked with multiple federally qualified health centers (FQHCs) and free clinics to address access-to-care concerns and support other community health initiatives.

NMH is the 7th-largest charity care provider and the 3rd-largest provider of care to Medicaid beneficiaries in Illinois. NMH's commitment to patients with Medicaid has continued to grow: over six years, the volume of Medicaid inpatient days at NMH has increased by 55.9%, the number of Medicaid admissions has risen by 22.5%, and the volume of Medicaid outpatient care has increased by 153%. Along with some of the area's safety-net hospitals, NMH has been among the top providers of care under the Medicaid program in Illinois for more than 15 years.

Northwestern Memorial HealthCare saw an increase in financial assistance volume in FY24, driven by multiple factors:

- Internal enhancements, including improvements to NM's electronic medical record (EMR) system, financial assistance module, increased availability of applications at check-in, and proactive outreach, streamlined the financial assistance process.
- NMHC increased collaboration and outreach with community clinical providers.
- Illinois paused enrollment for the HBIA and HBIS programs, and the Illinois Medicaid redetermination process drove more patients to apply for financial assistance.

NMHC Community Benefit

During FY24, NMHC contributed \$1.58 billion in community benefits. NMHC is committed to this work as part of its mission to improve people's lives through advances in medicine. In fact, NM has added community partnerships as a pillar in its new NM2035 Strategic Plan. This reflects the belief that strong collaboration with communities and community-based organizations can help build stronger, healthier communities and individuals. The major components of the \$1.58 billion in community benefits include:

- ▶ \$1.19 billion in government-sponsored indigent healthcare (unreimbursed costs of Medicaid and Medicare).

- ▶ \$85.7 million in charity care, at cost.

- ▶ \$97.4 million in education, at cost. This includes the unreimbursed education costs of NMHC's medical residency, fellowship, and internship programs.

- ▶ \$52.4 million in bad debt, at cost. An essential part of NMHC's commitment to providing quality, accessible healthcare is covering expenses for expected but not received payments.

- ▶ \$70.0 million in research, at cost. NMHC provides support to advance medical and scientific research and academic pursuits.

- ▶ \$51.9 million in subsidized health services, at cost. This includes the uncompensated costs of providing behavioral health services, health education, and information and programs that positively impact community wellness.

- ▶ \$6.1 million in other community benefits. NMHC provides community benefits through donations to charitable and community organizations, volunteer efforts, language assistance, and translation services for patients and their families, and more.

Northwestern Memorial Hospital

	<u>FY22</u>	<u>FY23</u>	<u>FY24</u>
Net Patient Revenue	\$2,345,327,470	\$2,539,910,545	\$2,760,549,566
Charity Care Amount	\$131,577,275	\$104,857,959	\$183,378,970
Cost of Charity Care	\$22,566,771	\$18,653,662	\$32,448,804

Project Costs and Sources of Funds

Site Preparation - (\$49,491,100)-this includes:

- Demolition
- Installation of site barriers for safety/security
- Installation of the earth retention system
- Simultaneous excavation/demolition of soil and existing below-grade structure
- Removal/disposal of soil and existing structure
- Environmental remediation as applicable
- Termination of existing utility lines
- Utility Coordination

Architectural / Engineering Fees - (\$69,300) - this includes:

- Construction Administration Phase Services:
- Advise and consult during the Demolition Phase
- Attend weekly job progress meetings
- Provide on-site representation to review progress/quality of Work
- Respond to unforeseen conditions that arise during Demolition
- Review and analyze requests for Change Orders

Consulting and Other Fees - (\$992,460) - this includes:

- Charges for the services of various types of consulting and professional experts including:
- Geotechnical services - \$62,040
- Vibration and dust monitoring - \$292,600
- Pre/Post Construction Surveys - \$379,320
- Environmental testing and consulting - \$203,500
- Safety consultant - \$55,000

Other Costs to Be Capitalized - (\$730,623)- this includes:

- Permits and Fees: CON, City Building and Street Closures - \$170,995
- Insurance - \$559,628

Anticipated project construction start date:	June 2026
Anticipated midpoint of construction date:	February 2027
Anticipated project construction substantial completion date:	October 2027
Anticipated project completion date:	July 31, 2028

Northwestern Memorial HealthCare Open CON/COE Permits

- CON #22-046: NM Bronzeville Medical Office Building
- CON #22-047: Northwestern Medicine Lake Forest Hospital
- CON #24-006: NM Cancer Center Warrenville
- CON #24-027: NM Huntley Medical Office Building
- CON #24-039: Midland Surgical Center - Addition of GI
- CON #25-025: NMH New Tower Master Design Project
- CON #25-030: NMH Gaiter 14/15 Beds
- CON #25-033: NM LFH Open Heart Surgery
- CON #25-047: NM McHenry Cancer Center