



# Palos Community Hospital

12251 S. 80th Avenue Palos Heights, Illinois 60463 (708) 923-4000

## RECEIVED

*Certified US Mail*

March 4, 2014

MAR 11 2014

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

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

**RE: IHFPB Project #08-075  
Palos Community Hospital, Palos Heights IL  
Annual Progress Report**

Dear Ms. Kendrick:

Please accept this letter as conformance to Section 1130.760, Annual Progress Report, for the above referenced project. The above referenced project was approved on March 10, 2009.

***Section 1130.760, Annual Progress Report:***

1. **Current Project Status:** Approximately 60% of the project has been completed. The project was obligated in April, 2010, within 18 months of permit issuance. The financial resources to fund the project are available; there has been no change to the scope of the project.
2. **Costs:**


Sources of Funds	Permit Approved Amount	Costs Incurred to Date
Pre-planning costs	\$2,600,610	\$1,092,896
Site Survey and Soil Investigation	\$265,000	\$22,259
Site Preparation & Demolition	\$9,169,254	\$9,169,254
Off-Site Improvements	\$5,674,036	\$5,674,036
Construction (New, Modernization & Contingency)	\$272,324,211	\$159,654,859
Architectural/Engineering Fees	\$13,794,804	\$13,020,838

Sources of Funds	Permit Approved Amount	Costs Incurred to Date
Consulting and Other Fees	\$9,667,171	\$9,151,317
Movable or Other Equipment	\$77,962,168	\$28,354,354
Bond Issuance Expense	\$6,000,000	\$2,733,342
Net Interest Expense	\$21,000,000	\$19,382,000
Other Costs to be Capitalized	\$1,981,074	\$1,845,238
<b>Estimated Total Project Cost</b>	<b>\$420,438,329</b>	<b>\$250,100,393</b>

3. Source of Funding: There has been no change in the source of funding for this project.
4. Certification for Payment for construction, as per payment G702 published by the American institute of Architects: See attached.
5. Anticipated Date of Completion: The project's completion date has not changed.

If you require any additional information, please contact me at 708-923-4744.

Sincerely,



Margie Zeglen  
 Director, Planning/Business Development  
 Palos Community Hospital

# APPLICATION AND CERTIFICATION FOR PAYMENT

<b>TO (OWNER):</b> PALOS COMMUNITY HOSPITAL 80th AVENUE & McCARTHY RO PALOS HILLS, IL 604630000 Attn: _____  <b>CONTRACTOR:</b> Pepper Construction Company 18505 West Creek Drive Tinley Park, IL 60477  <b>CONTRACT FOR:</b> General Construction	<b>PROJECT:</b> PCH - Backfill Renovation Project 12251 S. 80th Ave Palos Heights, IL 60463 22091  <b>VIA (ARCHITECT):</b> Matthei & Colin   <b>CONTRACT DATE:</b> _____
<b>APPLICATION NO:</b> 05 (Five)	
<b>PERIOD FROM:</b> 11/1/2013	
<b>PERIOD TO:</b> 11/30/2013	
<b>ARCHITECTS PROJECT NO:</b> _____	

## CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner	\$0.00	\$1,093,390.00
Approved this Month		
C.O. Number		
<b>TOTALS</b>		
Net change by Change Orders	\$0.00	\$1,093,390.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR *Pepper Construction Company*

By: *Lauren Strala* Date: 1/7/2014

## ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above/application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, Schedule of Values, is attached.

1. ORIGINAL CONTRACT SUM..... \$ 75,901,895.00
2. Net change by Change Orders..... \$ (\$1,093,390.00)
3. CONTRACT SUM TO DATE (Line 1 +/- 2)..... \$ 74,808,505.00
4. TOTAL COMPLETED & STORED TO DATE..... \$ 16,368,075.00  
(Column G on Schedule of Values)

5. RETAINAGE:

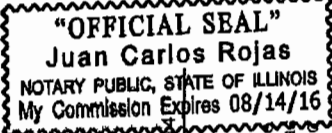
- a. 9 % of Completed Work..... \$ 1,411,504.00  
(Column D + E on Schedule of Values)
- b. % of Stored Material..... \$ 0.00  
(Column F on Schedule of Values)

Total Retainage (Line 5a + 5b or Total in Column 1 on Schedule of Values).....

6. TOTAL EARNED LESS RETAINAGE..... \$ 1,411,504.00  
(Line 4 less Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR

- PAYMENT (Line 6 from prior Certificate)..... \$ 9,148,372.00
8. CURRENT PAYMENT DUE..... \$ 5,808,199.00
9. BALANCE TO FINISH, PLUS RETAINAGE..... \$ 59,851,934.00  
(Line 3 less Line 6)



State of: Illinois County of: Cook  
 Subscribed and sworn to before me this 7 th day of January 2014  
 Notary Public: *Juan Carlos Rojas*  
 My Commission expires: 8/14/16  
 AMOUNT CERTIFIED..... \$

(Attach explanation if amount certified differs from the amount applied for)

ARCHITECT: Matthei & Colin  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.