



Palos Community Hospital

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

RECEIVED

MAR 24 2015

HEALTH FACILITIES &
SERVICES REVIEW BOARD

March 20, 2015

Certified US Mail

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 73% 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	\$2,726,966	\$1,092,896
Site Survey and Soil Investigation	\$265,000	\$22,259
Site Preparation & Demolition	\$9,470,254	\$9,169,254
Off-Site Improvements	\$5,674,036	\$5,674,036

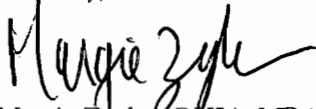
Sources of Funds	Permit Approved Amount*	Costs Incurred to Date
Construction (New, Modernization & Contingency)	\$269,344,211	\$207,955,454
Architectural/Engineering Fees	\$14,125,302	\$13,478,003
Consulting and Other Fees	\$9,667,171	\$9,951,790
Movable or Other Equipment	\$74,961,968	\$31,732,160
Bond Issuance Expense	\$6,000,000	\$2,733,342
Net Interest Expense	\$21,000,000	\$19,742,464
Other Costs to be Capitalized	\$2,531,075	\$1,875,858
Estimated Total Project Cost	\$415,765,983	\$303,427,516

**Reflects alteration to total estimated project cost approved December, 2015 from \$420,438,329 to \$415,765,983.*

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, RHIA, MBA, FACHE
 Director, Planning/Business Development
 Palos Community Hospital

APPLICATION AND CERTIFICATION FOR PAYMENT

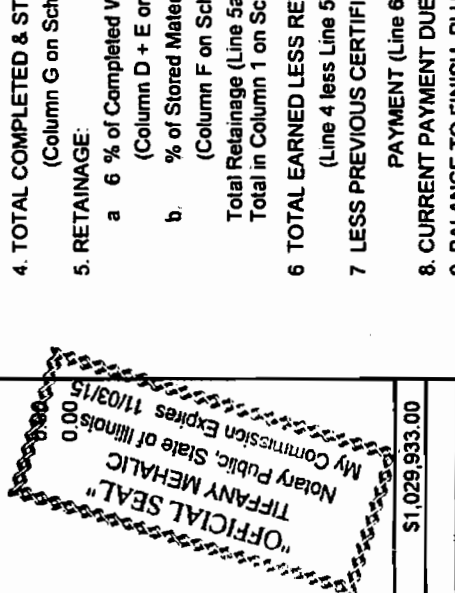
TO (OWNER):
 PALOS COMMUNITY HOSPITAL
 80th AVENUE & MCCARTHY RO
 PALOS HILLS, IL 604630000
 Attn:
CONTRACTOR:
 Pepper Construction Company
 643 North Orleans Street
 Chicago, IL 60654-2833
CONTRACT FOR:
 General Construction

PROJECT:
 PCH - Backfill Renovation Project
 12251 S. 80th Ave
 Palos Heights, IL 60463
 22091
VIA (ARCHITECT):
 Matthei & Colin

APPLICATION NO: 17 (Seventeen)
PERIOD FROM: 12/1/2014
PERIOD TO: 12/31/2014
ARCHITECT'S PROJECT NO.
CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner		\$3,742,605.12	\$1,029,933.00
Approved this Month			
C.O. Number			
18	11/25/2014	100,478.57	
19	12/8/2014	100,933.96	
TOTALS		\$3,944,017.65	\$1,029,933.00
Net change by Change Orders		\$2,914,084.65	



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: [Signature] Date: 1/14/2015

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 \$ 2,914,084.65
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 78,815,979.65
4. TOTAL COMPLETED & STORED TO DATE. \$ 67,692,961.79
 (Column G on Schedule of Values)
5. RETAINAGE:
 - a. 6 % of Completed Work \$ 3,909,328.23
 (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) \$ 3,909,328.23
- 6 TOTAL EARNED LESS RETAINAGE \$ 63,783,633.56
 (Line 4 less Line 5 Total)
- 7 LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 61,319,919.94

8. CURRENT PAYMENT DUE \$ 2,463,713.62
9. BALANCE TO FINISH, PLUS RETAINAGE \$ 15,032,346.09
 (Line 3 less Line 6)

State of Illinois County of Cook
 Subscribed and sworn to before me this 14th day of January 2015

Notary Public: Tiffany Mehalic
 My Commission expires:

AMOUNT CERTIFIED \$ 2,463,713.62
 (Attach explanation if amount certified differs from the amount applied for)

ARCHITECT: [Signature] Date: 1/16/15
 By: [Signature]

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.