

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
Health Care Consultant
cfoley@foleyandassociates.com

John P. Kniery
Health Care Consultant
jkniery@foleyandassociates.com

HAND DELIVERED

May 13, 2013

RECEIVED

MAY 14 2013

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Mr. Michael Constantino
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Suite 200
Springfield, Illinois 62761

Re: Asbury Pavilion Nursing and Rehabilitation
Center, Project No. 09-077.

Dear Mr. Constantino:

Pursuant to Section 1130.770, Project Completion, Final Realized Costs and Cost Overruns, we hereby submit the notification of project completion and final costs on the above referenced project.

b)1) Itemization of all projects costs;

Attached as **EXHIBIT I**, is the detailed itemization of the Uses and Sources of Funds by line item showing the amount approved under Project No. 09-077 as well as the amount expended and the percent expended by line item.

b)2) An itemization of those project costs that have been or will be submitted for reimbursement under Titles XVIII and XIX;

Attached as **EXHIBIT I**, is the detailed itemization of the Uses and Sources of Funds by line item showing the project's costs that will be submitted for reimbursement under Titles XVIII and XIX.

b)3) A certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX;

Attached as **EXHIBIT II** is a certified letter attesting that the final realized costs as shown under Exhibit I is complete for submission for reimbursement under Titles XVIII and XIX and that there are no additional or associated costs related to this project that will be submitted for reimbursement under Title XVIII or XIX.

Mr. Michael Constantino

May 13, 2013

Page Two

- b)4) Certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of the Section must be in the form of a notarized statement signed by an authorized representative the permit holder; and

EXHIBIT III is a certified letter stating that the project as approved is in compliance with all terms of the permit including the project cost, square footage, and services.

- b)5) The final Application and certification for Payment for the construction contract, as per the American Institute of Architect form G702 or equivalent;

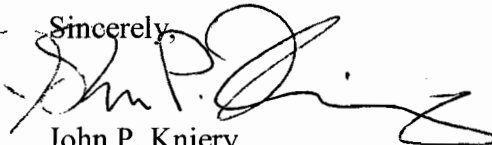
The final Contractor's Application for Payment form G702 (revised) is shown as **EXHIBIT IV**.

- b)6) For permits with a project cost equal to or greater than three times the capital expenditure minimum in place at the time of permit approval, an audited financial report of all project costs and sources of funds.

This item is not germane as the project costs approved is less than three times the capital expenditure minimum.

This correspondence is meant to satisfy the requirement for completeness. Should you or your staff have any questions or concerns, please do not hesitate to contact me. Thank you in advance for your consideration.

Sincerely,



John P. Kniery
Health Care Consultant

ENCLOSURES

C: Joseph Chase
Michael Zahtz
Tom McNulty
Scott Gima
Andrew Buffenbarger

Use of Funds	Approved Amount	Expent to Date	% of Total
Preplanning Costs	\$36,000.00	\$56,532.89	157.04%
Site Survey and Soil Investigation	\$8,000.00	\$10,788.20	134.85%
Site Preparation	\$30,000.00	\$30,000.00	100.00%
Off Site Work	\$10,000.00	\$10,000.00	100.00%
New Construction Contracts	\$3,738,000.00	\$3,444,191.24	92.14%
Modernization Contracts	\$22,000.00	\$22,174.47	100.79%
Contingencies	\$376,000.00	\$184,314.00	49.02%
Architectural/Engineering Fees	\$112,000.00	\$206,995.93	184.82%
Consulting and Other Fees	\$65,000.00	\$227,549.92	350.08%
Movable or Other Equipment	\$525,000.00	\$525,000.00	100.00%
Bond Issuance Expense	\$0.00	\$0.00	
Net Interest Expense During Construction	\$179,000.00	\$233,878.10	130.66%
Fair Market Value of Leased Space or Equipment	\$0.00	\$0.00	
Other Costs to be Capitalized	\$264,000.00	\$150,105.01	56.86%
Acquisition of Building or Other Property	\$0.00	\$0.00	
Total IDPH Regulated Uses of Funds	\$5,365,000.00	\$5,101,529.76	95.09%
Source of Funds	Total		
Cash and Securities	\$1,073,000.00	\$966,529.76	90.08%
Pledges	\$0.00	\$0.00	
Gifts and Bequests	\$0.00	\$0.00	
Bond Issues	\$0.00	\$0.00	
Mortgages	\$4,292,000.00	\$4,135,000.00	96.34%
Leases	\$0.00	\$0.00	
Governmental Appropriations	\$0.00	\$0.00	
Grants	\$0.00	\$0.00	
Other Funds and Sources	\$0.00	\$0.00	
Total Sources of Funds	\$5,365,000.00	\$5,101,529.76	95.09%

EJR ENTERPRISE, INC.
210 AIRPORT RD
NORTH AURORA, IL 60542

HAND DELIVERED

5/10/13

Dale Galassie, Chairman
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Asbury Pavilion Nursing and Rehabilitation
Center, Project No. 09-077- Project
Completion

Dear Mr. Chairman:

Please accept this correspondence as certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX.

Sincerely,



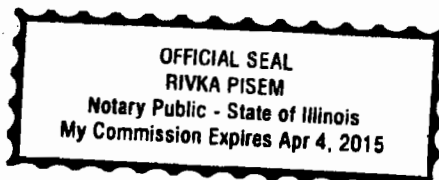
Moshe Kahn

NOTARY



DATE

5/13/13



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210 AIRPORT RD
NORTH AURORA, IL 60542

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Dale Galassie, Chairman
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

**Re: Asbury Pavilion Nursing and Rehabilitation
Center, Project No. 09-077- Project
Completion**

Dear Mr. Chairman:

Please accept this correspondence as certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of this Section.

Sincerely,



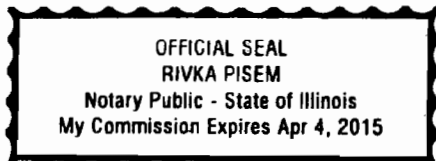
Moshe Kahn

NOTARY



DATE

5/13/13



APPLICATION AND CERTIFICATION FOR PAYMENT

TO OWNER: EJR Enterprises Inc.
 210 Airport Road
 North Aurora, IL 60542

APPLICATION NO: 23

PERIOD TO: February 7, 2013

PROJECT: SKILLED NURSING WING
 210 Airport Road
 North Aurora, IL 60542

FROM CONTRACTOR:

EJR Enterprises Inc.
 210 Airport Road
 North Aurora, IL 60542

CONTRACT FOR: GENERAL CONTRACTING

CONTRACTORS APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	\$ 3,405,952.09
2. Net change by change orders	\$ 563,623.85
3. CONTRACT SUM TO DATE (Line 1+2)	\$ 3,969,575.94
4. TOTAL COMPLETED & STORED TO DATE	\$ 3,969,575.94
5. RETAINAGE	\$ 0.00
6. TOTAL EARNED LESS RETAINAGE	\$ 3,969,575.94
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$ 3,848,132.66
8. CURRENT BALANCE DUE	\$ 121,443.28
9. BALANCE TO FINISH, INCLUDING RETAINAGE	\$ 0.00

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 Payments were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: EJR ENTERPRISES, INC.

By: *Tom McPherson*

Date: 2-12-2013

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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.

AMOUNT CERTIFIED: \$121,443.28

ARCHITECT: *Hessner Architects Inc.*

By: *[Signature]* Date: 2/12/13

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.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$840,120.68	\$228,917.36
Total approved this month	\$0.00	\$47,579.47
TOTALS	\$840,120.68	\$276,496.83
NET CHANGES by Change Order	\$563,623.85	

