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October 16, 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Courtney Avery
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

**RE: Project # 10-061 Hoopeston Regional Health Center
Notice of Project Completion and Final Realized Cost Report**

Dear Ms. Avery;

Project 10-061, Hoopeston Community Memorial Nursing Home, was approved on March 21, 2011. On November 4, 2011 the Illinois Health Facilities and Services Review Board ("the Board") approved a request to alter the project. The alteration increased the cost of the project to \$6,520,356 and decreased the gross square footage of the project to 35,865. The other components of the project were not changed as a result of the alteration.

Project 10-061 was obligated on August 15, 2011, as was communicated to Board staff in the Annual Progress Report dated March 22, 2012.

This letter and attachments are provided pursuant to Section 1130.770 c) of the Board rules and provide the required report of all project costs, sources of funds, certifications, and the final Application and Certification for Payment for the construction contract (the American Institute of Architects form G702) for Project 10-061.

Itemization and Certification of Project Costs and Sources of Funding

The project incurred total costs in the amount of \$6,519,468. The Project Costs table below provides an itemized listing showing the Approved Permit Amount and the Actual Cost.

**Hoopeston Community
Memorial Hospital**
701 East Orange
Hoopeston, IL 60942
Tel: 217 . 283 . 5531
Fax: 217 . 283 . 4062

**Charlotte Ann Russell
Medical Center**
801 East Orange
Hoopeston, IL 60942
Tel: 217 . 283 . 5644
Fax: 217 . 283 . 7432

**Hoopeston Community
Memorial Nursing Home**
701 East Orange
Hoopeston, IL 60942
Tel: 217 . 283 . 8247
Fax: 217 . 283 . 6406

**Country Terrace
Apartments**
705 East Orange
Hoopeston, IL 60942
Tel: 217 . 283 . 9215
Fax: 217 . 283 . 9215



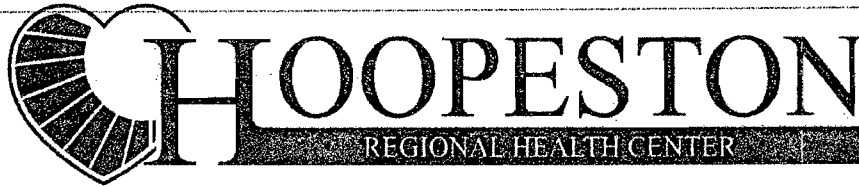
PROJECT COSTS	Approved Permit Amount	Actual Cost
Preplanning Costs		
Site Survey and Soil Investigation	\$ 4,500	\$ 4,500
Site Preparation		
Off Site Work		
New Construction Contracts	\$ 5,471,114	\$ 5,522,523
Modernization Contracts		
Contingencies	\$ 270,000	\$ 78,766
Architectural/Engineering Fees	\$ 300,560	\$ 318,979
Consulting and Other Fees	\$ 68,400	\$ 63,577
Movable or Other Equipment (not in construction contracts)	\$ 272,782	\$ 332,251
Bond Issuance Expense (project related)	\$ 78,000	\$ 126,000
Net Interest Expense During Construction (project related)		\$ 72,872
Fair Market Value of Leased Space or Equipment		
Other Costs To Be Capitalized	\$ 55,000	
Acquisition of Building or Other Property (excluding land)		
TOTAL PROJECT COSTS	\$ 6,520,356	\$ 6,519,468

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The Project Sources of Funds table below provides a listing of the sources of funding of the project.

PROJECT SOURCES OF FUNDS	Original Amount	Funds Expended to Date
Cash and Securities	\$ 520,356	\$ 623,468
Pledges		
Gifts and Bequests		
Bond Issues (project related)		
Mortgages	\$ 6,000,000	\$ 5,896,000
Leases (fair market value)		
Governmental Appropriations		
Grants		
Other Funds and Sources		
TOTAL FUNDS	\$ 6,520,356	6,519,468

This letter certifies that the reported 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 Titles XVIII or XIX.

Certification of Compliance

This letter certifies that the project is in compliance with all of the terms of the permit.

Application and Certification for Payment

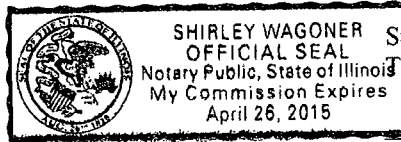
The final Application and Certification for Payment, form G702 published by the American Institute of Architects, for the construction contract for the project is attached.

Audit Financial Report

An audit financial report of the project costs and sources of funds is not required because the project cost is not equal to or greater than three times the capital expenditure minimum in place at the time of permit approval.

Very Truly Yours,

Harry Brockus
CEO, Hoopeston Regional Health Center



Subscribed and Sworn before me
this 16 Day of October 2012

My commission expires: 4/26/15

cc: Michael Constantino, Health Facilities and Services Review Board

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APPLICATION AND CERTIFICATE FOR PAYMENT
AIA DOCUMENT G702

PAGE ONE OF THREE PAGES

PROJECT: Hoopeston Nursing Facility
 APPLICATION NO: 11
 DISTRIBUTION TO: Owner
 ARCHITECT: Architect
 CONTRACTOR: Contractor

TO: Hoopeston Regional Health Center
 701 E. Orange Street
 Hoopeston, IL 60942

FROM CONTRACTOR:
 Carlson Brothers, Inc.
 17250 New Lenox Road
 Joliet, IL 60433

CONTRACT DATE: 07/18/11

CONTRACT FOR: General Construction

OWNER: Hoopeston Regional Health Center

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$ 7,258,000.00
2. Net change by Change Orders (\$1,736,477.42)
3. CONTRACT SUM TO DATE (Line 1 + 2) \$5,522,522.58
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 5,522,522.58
5. RETAINAGE:
 - a. 10% of Completed Work (Column D + E on G703) \$ 552,252.26
 - b. 10% of Stored Material (Column F on G703) \$ 0.00
6. TOTAL EARNED LESS RETAINAGE \$5,522,522.58
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$5,258,838.75
8. CURRENT PAYMENT DUE \$263,683.83
9. BALANCE TO FINISH, INCLUDING RETAINAGE \$ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months	\$15,345.15	\$1,889,826.25
Total approved this Month	\$38,003.68	\$0.00
TOTALS:	\$153,348.83	\$1,889,826.25
NET CHANGES by Change Order:	(\$1,736,477.42)	

CONTRACTOR: Carlson Brothers, Inc.
 By: *[Signature]*

State of IL County of Case
 Subscribed and sworn to before me this 31st day of July, 2012.
 Notary Public: *[Signature]*



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data furnished by the Contractor, I, the Architect, certify 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 \$263,683.83
 (A brief explanation of amount certified differs from amount applied for, listed as figures on this Application and on the Continuation Sheet that changed to conform to the amount certified.)

ARCHITECT: *[Signature]*
 By: *[Signature]*

Date: 8/14/12

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.

USDA Architect

By: *[Signature]*

Date: 8/14/12

Owner: (if applicable) *[Signature]*

Date: 8/14/12