



CROSSROADS

COMMUNITY HOSPITAL

by **FedEX**

"Caring People, Caring for People"

January 8, 2013

RECEIVED

JAN 14 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson
Springfield, IL 62761

**RE: Final Realized Cost Report
Project # 10-056
Crossroads Community Hospital
Mt. Vernon, Illinois
Major Modernization Project**

Dear Ms. Avery:

Please be advised that the above-referenced project was completed on September 1, 2012; and that it was completed consistent with all terms of the Permit, including the project's costs and sources of funds, square footage, and services as approved by the State Board. Attached are: 1) a comparison the approved costs and funding to those incurred, 2) confirmation of the final payment and 3) and a copy of the Final Application and Certification for Payment for the construction component of the project.

Please be advised that the undersigned hereby certify that:

- all of the identified project costs have been submitted for reimbursement under Title XVIII and XIX;
- the identified costs are the total costs required to complete the project;
- there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII and XIX.

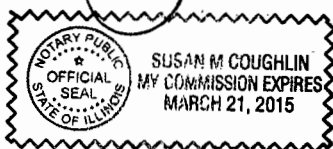
Sincerely,

M. Edward Cunningham
Chief Executive Officer

Notary

this 8th day of January, 2013.

Seal:



**Comparison of Approved Project Costs and Sources of Funds
to
Realized Project Costs and Sources of Funds to be Submitted for Reimbursement
under Title XVIII and XIX**

	Approved per Permit	Realized Amount
Project Costs:		
Preplanning Costs	\$125,000	\$45,906
Site Survey & Soil Investigation	\$25,000	\$9,000
Site Preparation	\$450,000	\$770,247
Off-Site Work		
New Construction Contracts	\$13,587,898	\$14,862,460
Modernization Contracts	\$3,622,216	\$257,188
Contingencies	\$1,680,000	\$0
Architectural/Engineering Fees	\$1,590,000	\$1,171,701
Consulting and Other Fees	\$250,000	\$241,067
Movable or Other Equipment	\$1,700,000	\$2,035,946
Bond Issuance Expense		
Net Interest Expense During Const.	\$0	\$579,784
FMV of Leased Space or Equip.		
Other Costs to be Capitalized		
Acquisition of Building or Other Property (excl. land)		
TOTAL PROJECT COST	\$23,030,114	\$19,973,299
Sources of Funds		
Cash and Securities	\$23,030,114	\$19,973,299
Gifts and Bequests		
Bond Issues (project related)		
Mortgages		
Leases (fair market value)		
Government Appropriations		
Grants		
Other Funds and Sources		
TOTAL FUNDS	\$23,030,114	\$19,973,299

DECLARATION AND CERTIFICATE FOR PAYMENT

TO: Hart Freeland Roberts, INC.
9237 Ward Parkway Suite 108
Kansas City, MO 64114

PROJECT: Patient Tower Addition at Crossroads Community Hospital
National Healthcare of Mt. Vernon, Inc. (DE) PERIOD TO: October 31, 2012
d/b/a Crossroads Community Hospital JOB # 3753

DISTRIBUTE TO:
Architect
Owner
Contractor

FROM: HOAR CONSTRUCTION, LLC
Two Metroplex Drive,
Suite 400
Birmingham, AL 35209

ARCHITECT: Hart Freeland Roberts, INC.
9237 Ward Parkway Suite 108
Kansas City, MO 64114

CONTRACT DATE: May 6, 2011

APPLICATION NO. 16

CONTRACT FOR: NEW CONSTRUCTION

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADD	DEDUCT
Orders approved in previous months			
TOTAL	789,375		0
Approved this month			
Order #	Date Approved		
6	20-Sep-12	98,864	
7	14-Nov-12	119,162	
TOTALS		1,007,401	0
Change by Change Orders			1,007,401

I, the undersigned Contractor, certify 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: *[Signature]* HOAR CONSTRUCTION, LLC
DATE: October 31, 2012

1. Original Contract Sum \$ 14,788,420
2. Net change by change orders \$ 1,007,401
3. Contract sum to date (line 1+2) \$ 15,795,821
4. Total completed & Stored to date (Column G) \$ 15,795,821
 - a. Less Material Payments made by Owner \$
 - b. TOTAL COMPLETED less Owner Material Payments \$ 15,795,821
5. Retainage:
 - a. See Sheet 2 of 3 \$ 0
 - (Column D + E + F)
 - b. Less Retainage for Owner \$ 0



Total Retainage (5a+5b) \$ 0
6. Total earned less retainage (Line 4 Less Line 5) \$ 15,795,821
7. Less previous certificates for payment (line 6 previous certificates) \$ 15,397,125
8. Current Payment Due \$ 398,696
9. Balance to finish, plus retainage (Line 3 less line 6) \$ 0

State of: Tennessee
Subscribed and sworn to before me this: *[Signature]* day of *October*, 2012
Notary Public: *Beverly C. Summitt*
My Commission expires: *9-9-2013*

ARCHITECT'S CERTIFICATE FOR PAYMENT

I, the Architect, certify 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: \$ 398,696.00
(Attach explanation if amount certified differs from the amount applied for.)
DEVELOPER: National Healthcare of Mt. Vernon, Inc. (DE)
By: *[Signature]* Date: *11-30-12*
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.