



Advocate BroMenn Medical Center

1304 Franklin Avenue || Normal, IL 61761 || T 309.454.1400 || advocatehealth.com
Mailing Address: P.O. Box 2850 || Bloomington, IL 61702-2850

November 26, 2013

Via Overnight Courier

Ms. Courtney Avery
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62761

RE: Project #10-038

RECEIVED

NOV 27 2013

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Final Project Report

Advocate Health and Hospital Corporation
dba Advocate BroMenn Medical Center
Three Story Construction Project for Medical Office Building

Dear Ms. Avery:

This letter is intended to satisfy Section 1130.770 Project Completion, Final Realized Costs and Cost Overruns by providing you with the required information on Project #10-038. The notice of project completion was submitted on August 23, 2013 indicating the project was completed as of August 23, 2013. The project was timely completed within the August 31, 2013 "Completion Date" specified in the permit renewal letter dated September 20, 2012. This final report includes the following:

- An itemization of all project costs is included as an attachment.
- This letter certifies that the project costs represent all the costs required to complete the project and 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.
- This also certifies compliance with all the terms of the permit to date, including the project cost, square footage and services.
- The final application and certification for payment is shown in the attached G702 form.
- Because this is a project with a cost less than three times the capital expenditure minimum in place at the time of the permit approval, no audit is required.

Please contact me at (309) 268-2030 or Al Manshum at (630) 929-5575 if you have any questions about this final report.

Sincerely,



Robert S. Miller, FACHE
Vice President Operations
Advocate BroMenn Medical Center

CC: Colleen Kannaday, President, Advocate BroMenn Medical Center
Al Manshum, VP Design and Construction, Advocate Health Care
Patrick Lyons, Director, Construction-Regional, Advocate Health Care
Sonja Reece, Director, Health Facilities Planning

Attachments

Itemization of Project costs
Final Payment G702 form

Notarized:

Subscribed before me this 26th day of November 2013.

Vivian L. Downing





Advocate Health Care

Planning, Design, and Construction

Advocate BroMenn Medical Center Medical Office Building Project

Project Costs

Use of Funds	Final Costs Incurred	In Permit
Preplanning Costs	\$0	\$0
Site Survey & Soil Investigation	\$14,600	\$7,250
Site Preparation	\$557,051	\$970,288
Off-Site Work	\$0	\$0
New Construction Contracts	\$14,963,268	\$15,528,527
Modernization Contracts	\$0	\$0
Contingencies	\$0	\$824,941
Architectural/Engineering Fees	\$907,479	\$610,000
Consulting and Other Fees	\$525,537	\$597,750
Movable or Other Equipment (Not in Construction Contracts)	\$1,891,945	\$3,098,670
Bond Issuance Expense (Project Related)	\$0	\$432,748
Net Interest Expense During Construction (Project Related)	\$0	\$1,986,316
Fair Market Value of Leased Space or Equipment	\$0	\$0
Other Costs to Be Capitalized	\$0	\$0
Acquisition of Building or Other Property (Excluding Land)	\$0	\$0
Estimated Total Project Cost	\$18,859,880	\$24,056,490

APPLICATION AND CERTIFICATE FOR PAYMENT

Invoice #: C13204a

Application No. 28

To Owner: **ADVOCATE BROMENN MEDICAL CEN** Project: **ABMC East Side MOB**
 P.O. Box 2850
 Bloomington IL 61702-2850

Copies: Distribution to:
 Construction Manager
 Architect
 Owner
 Owner's Representative

Period To: 8/1/2013

From Contractor: **P. J. HOERR, INC.**
 Bryan Schaffer, Project Manager
 107 N. Commerce Place
 Peoria, IL 61604

Via: **ADVOCATE HEALTH & HOSPITALS CORP**
 Tim Bassett
 1304 Franklin Ave
 Normal, IL 61761

PIHI Project No: 7704
 Contract Date: October 04, 2010
 Customer Ref: PO # 90004529-0-CC
 90005017-0-CC

Contract For: **Construction Manager**

CONTRACTOR'S APPLICATION FOR PAYMENT

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.

1. Original Contract Sum \$ 15,704,106.00
2. Net Change By Change Order \$ (217,084.96)
3. Contract Sum To Date \$ 15,487,021.04
4. Total Completed and Stored To Date \$ 15,487,021.04

5. Retainage:
- | | | |
|----------------------------|-----------|-------------|
| a. 0.0% of Completed Work | \$ | 0.00 |
| b. 0.0% of Stored Material | \$ | 0.00 |
| Total Retainage | \$ | 0.00 |
6. Total Earned Less Retainage \$ 15,487,021.04
 7. Less Previous Certificates For Payment \$ 15,487,021.04
 8. **Current Payment Due** **\$ 0.00**
 9. Balance To Finish, Plus Retainage \$ 0.00

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	\$ 0.00	\$ (217,084.96)
Total Approved this Month	\$ 0.00	\$ 0.00
TOTALS	\$ 0.00	\$ (217,084.96)
Net Changes By Change Order		\$ (217,084.96)

CONTRACTOR: **P. J. HOERR, INC.**

By: 
 Bryan Schaffer, Project Manager

Date: 08/01/2013

State of: **ILLINOIS**

County of: **Peoria**

Subscribed and sworn to before me this 1st day of August, 2013

Notary Public:  **Witella L. Reagan**

OFFICIAL SEAL
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES 1-4-15

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

AMOUNT CERTIFIED **\$ 0.00**

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT / OWNERS' REPRESENTATIVE:

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.