



Jay Willsher, FACHE  
Chief Operating Officer  
2701 17<sup>th</sup> Street  
Rock Island, IL 61201  
309-779-5020  
Fax: 309-779-2399  
E-Mail: jay.willsher@unitypoint.org

August 25, 2014

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

**RECEIVED**  
AUG 26 2014  
HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Dear Ms. Avery:

In accordance with 77 Illinois Admin. Code § 1130.760, this is the final completion and cost report for Project # 10-059, Trinity Rock Island Surgical Department Remodeling. The permit was issued on December 14, 2010 with an alteration approved by the Board Chairman at the June 6, 2012 HFSRB meeting and a second alteration approved by the Board at the September 24, 2013 HFSRB meeting. The project is now complete as of July 2, 2014.

Project cost incurred through July 2, 2014 is \$12,202,976 and is 100 percent complete; the source of funds remains unchanged. A schedule comparing sources and uses of funds is included as Attachment A.

By project complete date of July 2, 2014, the following project components have been completed:

- Construction of an addition to the existing hospital building which houses the expansion of the Surgical Suite and several non-clinical areas.
- Expansion of Phase I Recovery.
- Reduction of 1 intensive care bed and modernization of the Surgical Intensive Care Unit's support areas.
- Modernization in Pharmacy.
- Upgrade of HVAC systems within the Surgical Suite and Phase I Recovery.
- Modernization of support space within the Surgical Suite.
- Modernization of space to establish a Phase II Recovery area.
- Upgrade of HVAC systems within the Phase II Recovery area.

There have been no further changes in the scope of the project with regard to size.

I certify 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.

The most recent Application and Certification for Payment for the construction contract, as per from G702 published by the American Institutes of Architects is included as Attachment B.

Sincerely,

**Jay Willsher, FACHE**  
Chief Operating Officer

Enclosures

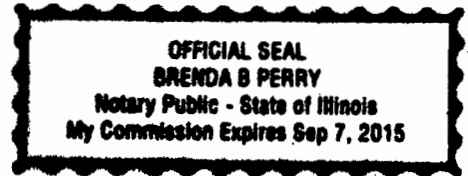
State of Illinois )  
County of Rock Island ) SS.

I, Jay Willsher, Chief Operating Officer, being duly sworn upon  
Name Position

the foregoing application and that all of the information is true and correct to the best of my knowledge and belief.

Jay Willsher  
Affiant's signature

Subscribed and sworn to before me this 25<sup>th</sup> day of August, 2014.



Brenda B. Perry, Notary Public

# APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF 3 PAGES

*Handwritten initials*

TO OWNER Trinity Medical Center  
Iowa Health System  
PO Box 5048  
Rock Island, IL 61204

PROJECT: Trinity Medical Center  
West Campus  
Outpatient Surgery Remodeling  
Projects 2 and 3

APPLICATION NO 31Rev

Distribution to:

OWNER  
 ARCHITECT  
 CONTRACTOR

FROM CONTRACTOR: ESTES CONSTRUCTION  
PO Box 3608  
Davenport, IA 52808

VIA ARCHITECT: Hammell, Green & Abrahamson, Inc.  
701 Washington Avenue  
Minneapolis, MN 55401

PERIOD TO: FINAL  
PAYMENT DUE: 09-11-14  
PROJECT NOS: 846  
HGA COMM. NOS.: 2760-002-00 and 2760-002-07  
CONTRACT DATE 10-22-08

CONTRACT FOR: General Construction

## 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	\$	3,172,329.00
2. Net change by Change Orders	\$	1,209,293.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)	\$	4,381,622.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	4,381,622.00
5. RETAINAGE:		
a. 0 % of Completed Work (Column D + E on G703)	\$	0.00
b. 0 % of Stored Material (Column F on G703)	\$	0.00
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$	4,381,622.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	4,356,622.00
8. CURRENT PAYMENT DUE	\$	25,000.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	0.00

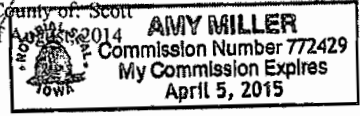
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$1,252,943.00	\$0.00
Total approved this Month	\$0.00	\$43,650.00
<b>TOTALS</b>	<b>\$1,252,943.00</b>	<b>\$43,650.00</b>
<b>NET CHANGES by Change Order</b>	<b>\$1,209,293.00</b>	

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: ESTES CONSTRUCTION

By: Chauncey Remick Date: 08-11-14

State of: Iowa County of: Scott  
Subscribed and sworn to before me this 11th day of August 2014  
Notary Public: Amy Miller  
My Commission expires: April 5, 2015



## 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 ..... \$ 25,000.00

(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: James Stinson Date: AUG. 13, 2014

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.

CAPO01149

*Handwritten signature and date*  
8/12/14

**CONTINUATION SHEET**

AIA DOCUMENT G703

PAGE 2 OF 4 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing

APPLICATION NO: 31Rev

Contractor's signed certification is attached.

APPLICATION DATE: 08-11-14

In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO: FINAL

Use Column I on Contracts where variable retainage for line items may apply.

ARCHITECT'S PROJECT NO: 2760-002-00 & 07

JOB NAME: Outpatient Surgery Remodeling

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D O R E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H % (G ÷ C)	I BALANCE TO FINISH (C - G)	J RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
<b>PROJECT TWO</b>									
Division 01	General Requirements								
	Permits and Fees	18,814.00	18,814.00			18,814.00	100%	0.00	
	Labor	232,920.00	232,920.00			232,920.00	100%	0.00	
	Material	37,346.00	37,346.00			37,346.00	100%	0.00	
	Subcontractor	13,380.00	13,380.00			13,380.00	100%	0.00	
15615	Airborne Contaminants Control	86,516.00	86,516.00			86,516.00	100%	0.00	
24119	Demolition	107,133.00	107,133.00			107,133.00	100%	0.00	
61000	Rough Carpentry	18,197.00	18,197.00			18,197.00	100%	0.00	
64000	Architectural Woodwork	40,854.00	40,854.00			40,854.00	100%	0.00	
81113	Hollow Metal Doors & Frames	21,157.00	21,157.00			21,157.00	100%	0.00	
81423	Impact Resistant Wood Doors	50,363.00	50,363.00			50,363.00	100%	0.00	
81424	Field Apply Acrovyn to 5-0 wide doors	9,163.00	9,163.00			9,163.00	100%	0.00	
Multiple Sections	Auto Oprs., IC/CC Entrances, Glass	21,500.00	21,500.00			21,500.00	100%	0.00	
87100	Finish Hardware	96,481.00	96,481.00			96,481.00	100%	0.00	
Multiple Sections	Gyp Drywall Systems, Acoustical	196,945.00	196,945.00			196,945.00	100%	0.00	
Multiple Sections	Floorcovering	147,050.00	147,050.00			147,050.00	100%	0.00	
Multiple Sections	Painting and Wallcovering	53,444.00	53,444.00			53,444.00	100%	0.00	
101100	Visual Display Surfaces	1,807.00	1,807.00			1,807.00	100%	0.00	
102113	Toilet Partitions	1,371.00	1,371.00			1,371.00	100%	0.00	
102123	Cubicle Curtains	761.00	761.00			761.00	100%	0.00	
102600	Wall & Cornerguards	24,008.00	24,008.00			24,008.00	100%	0.00	
105126	Lockers	30,901.00	30,901.00			30,901.00	100%	0.00	
104400	Fire Protection	650.00	650.00			650.00	100%	0.00	
102813	Toilet Accessories	8,517.00	8,517.00			8,517.00	100%	0.00	
Division 21	Fire Sprinkler Systems	43,180.00	43,180.00			43,180.00	100%	0.00	
Division 22	Plumbing Systems	199,628.00	199,628.00			199,628.00	100%	0.00	
Division 23	HVAC Systems	188,651.00	188,651.00			188,651.00	100%	0.00	
Division 26 and 27	16050 Electrical Systems	206,677.00	206,677.00			206,677.00	100%	0.00	
	Bonds and Insurance	42,953.00	42,953.00			42,953.00	100%	0.00	
	Premium Time Allowance	25,000.00	6,350.00	18,650.00		25,000.00	100%	0.00	
	Preconstruction Margin	38,507.00	38,507.00			38,507.00	100%	0.00	
	Construction Margin	115,523.00	115,523.00			115,523.00	100%	0.00	
<b>PROJECT TWO TOTAL</b>		<b>2,079,397.00</b>	<b>2,060,747.00</b>	<b>18,650.00</b>	<b>0.00</b>	<b>2,079,397.00</b>	<b>100%</b>	<b>0.00</b>	<b>0</b>

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**CONTINUATION SHEET**

AIA DOCUMENT G703

PAGE 3 OF 4 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing

APPLICATION NO: 31Rev

Contractor's signed certification is attached.

APPLICATION DATE: 08-11-14

In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO: FINAL

Use Column I on Contracts where variable retainage for line items may apply.

ARCHITECT'S PROJECT NO: 2760-002-00 & 07

JOB NAME: Outpatient Surgery Remodeling

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)		H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		% (G + C)			
<b>PROJECT THREE</b>									
Division 01	General Requirements								
	Labor	94,776.00	94,776.00			94,776.00	100%	0.00	
	Material	14,358.00	14,358.00			14,358.00	100%	0.00	
	Subcontractor	1,450.00	1,450.00			1,450.00	100%	0.00	
15615	Airborne Contaminants Control	13,440.00	13,440.00			13,440.00	100%	0.00	
24119	Demolition	48,712.00	48,712.00			48,712.00	100%	0.00	
61000	Rough Carpentry	9,183.00	9,183.00			9,183.00	100%	0.00	
64000	Architectural Woodwork	63,138.00	63,138.00			63,138.00	100%	0.00	
81113	8110 Hollow Metal	3,905.00	3,905.00			3,905.00	100%	0.00	
81423	8210 Wood Doors	24,663.00	24,663.00			24,663.00	100%	0.00	
Multiple Sections	Auto Oprs., IC/CC Entrances, Glass	40,380.00	40,380.00			40,380.00	100%	0.00	
87100	Finish Hardware	26,646.00	26,646.00			26,646.00	100%	0.00	
Multiple Sections	Gyp Drywall Systems, Acoustical	126,435.00	126,435.00			126,435.00	100%	0.00	
Multiple Sections	Floorcovering	50,500.00	50,500.00			50,500.00	100%	0.00	
Multiple Sections	Painting and Wallcovering	24,295.00	24,295.00			24,295.00	100%	0.00	
101100	10100 Visual Display Boards	558.00	558.00			558.00	100%	0.00	
102123	10190 Cubicle Curtains	1,094.00	1,094.00			1,094.00	100%	0.00	
102600	10260 Wall and Cornerguards	15,608.00	15,608.00			15,608.00	100%	0.00	
102813	10800 Toilet Accessories	3,096.00	3,096.00			3,096.00	100%	0.00	
Division 21	15300 Fire Sprinkler Systems	47,372.00	47,372.00			47,372.00	100%	0.00	
Division 22	15400 Plumbing	44,433.00	44,433.00			44,433.00	100%	0.00	
Division 23	15500 HVAC Systems	125,200.00	125,200.00			125,200.00	100%	0.00	
Division 26 and 27	Electrical Systems	197,846.00	197,846.00			197,846.00	100%	0.00	
	Business Liability Insurance	9,785.00	9,785.00			9,785.00	100%	0.00	
	Premium Time Allowance	25,000.00	0.00	25,000.00		25,000.00	100%	0.00	
	Preconstruction Margin	20,265.00	20,265.00			20,265.00	100%	0.00	
	Construction Margin	60,794.00	60,794.00			60,794.00	100%	0.00	
<b>PROJECT THREE TOTAL</b>		1,092,932.00	1,067,932.00	25,000.00	0.00	1,092,932.00	100%	0.00	0

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PAGE 4 OF 4 PAGES

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APPLICATION DATE: 08-11-14

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PERIOD TO: FINAL

Use Column I on Contracts where variable retainage for line items may apply.

ARCHITECT'S PROJECT NO: 2760-002-00 & 07

JOB NAME: Outpatient Surgery Remodeling

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)		H % (G + C)	I BALANCE TO FINISH (C - G)	J RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD						
<b>CHANGE ORDERS</b>										
	Change Order No. 01	23,377.00	23,377.00			23,377.00	100%	0.00		
	Change Order No. 02	1,048,729.00	1,048,729.00			1,048,729.00	100%	0.00		
	Change Order No. 03	27,421.00	27,421.00			27,421.00	100%	0.00		
	Change Order No. 04	82,231.00	82,231.00			82,231.00	100%	0.00		
	Change Order No. 05	3,267.00	3,267.00			3,267.00	100%	0.00		
	Change Order No. 06	5,236.00	5,236.00			5,236.00	100%	0.00		
	Change Order No. 07	13,262.00	13,262.00			13,262.00	100%	0.00		
	Change Order No. 08	11,501.00	11,501.00			11,501.00	100%	0.00		
	Change Order No. 09	17,853.00	17,853.00			17,853.00	100%	0.00		
	Change Order No. 10	17,329.00	17,329.00			17,329.00	100%	0.00		
	Change Order No. 11	2,737.00	2,737.00			2,737.00	100%	0.00		
	Change Order No. 12	(43,650.00)	0.00	(43,650.00)		(43,650.00)	100%	0.00		
	<b>CHANGE ORDER TOTAL</b>	<b>1,209,293.00</b>	<b>1,252,943.00</b>	<b>(43,650.00)</b>	<b>0.00</b>	<b>1,209,293.00</b>	<b>100%</b>	<b>0.00</b>	<b>0</b>	
	<b>PROJECT THREE TOTAL</b>	<b>1,092,932.00</b>	<b>1,067,932.00</b>	<b>25,000.00</b>	<b>0.00</b>	<b>1,092,932.00</b>	<b>100%</b>	<b>0.00</b>	<b>0</b>	
	<b>PROJECT TWO TOTAL</b>	<b>2,079,397.00</b>	<b>2,060,747.00</b>	<b>18,650.00</b>	<b>0.00</b>	<b>2,079,397.00</b>	<b>100%</b>	<b>0.00</b>	<b>0</b>	
	<b>PROJECT TOTAL</b>	<b>4,381,622.00</b>	<b>4,381,622.00</b>	<b>0.00</b>	<b>0.00</b>	<b>4,381,622.00</b>	<b>100%</b>	<b>0.00</b>	<b>0</b>	

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CONTRACTOR'S AFFIDAVIT

STATE OF IOWA,       ss.  
COUNTY OF SCOTT

**August 11, 2014**

**Michelle Breneman**, being duly sworn on **his** oath deposes and says that **he** is Vice President of Estes Construction, the contractor for the GENERAL CONSTRUCTION WORK for the building erected for **Trinity Medical Center** on the premises described as follows, to-wit:

**Trinity Medical Center – West Campus  
Outpatient Surgery Remodeling – Projects 2 and 3  
2701 - 17<sup>th</sup> Street  
Rock Island, Illinois**

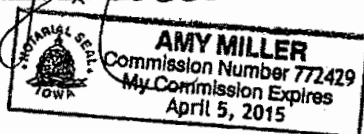
All the bills for labor and material are fully paid and discharged. That **she** makes this affidavit for the purpose of procuring from **Trinity Medical Center**, a **FINAL** payment of **\$25,000.00** upon contract for said labor or material or both.

Given under our hand this **11th day of August, 2014**.

*Michelle Breneman*

Subscribed and sworn to before me this **11th day of August, 2014**.

*Amy Miller*, Notary Public



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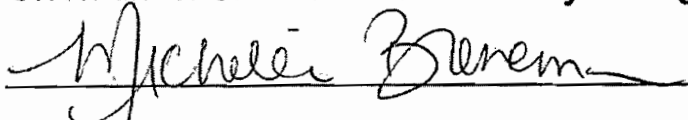
STATE OF IOWA ss.  
COUNTY OF SCOTT

**August 11, 2014**

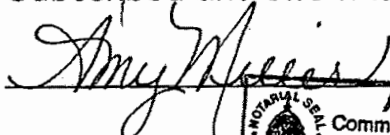
TO WHOM IT MAY CONCERN:

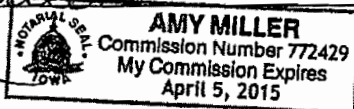
Whereas, we the undersigned ESTES CONSTRUCTION, have been employed by **Trinity Medical Center**, to furnish GENERAL CONSTRUCTION WORK for the Building known as **Trinity West Center – Outpatient Surgery Remodeling – Projects 2 and 3**, City of **Rock Island**, State of **Illinois**. Now, therefore, know ye, that **Michelle Breneman, Vice President** of Estes Construction, the undersigned for and in consideration of the sum of **\$25,000.00** and other good and valuable considerations, the receipt whereof is hereby acknowledged, do hereby waive and release any and all lien, or claim or right to lien on said above described building and premises under the Statutes of the State of Illinois relating to Mechanic's Liens, on account of labor or materials, or both, furnished or which May be furnished, by the undersigned to or on account for said building or premises.

Given under our hands this **11th day of August, 2014**.



Subscribed and sworn to before me this **11th day of August, 2014**.

 \_\_\_\_\_, Notary Public





ATTACHMENT A  
TRINITY ROCK ISLAND  
IHFSRB PROJECT #10-059  
07/02/14

**PROJECT COSTS AND SOURCE OF FUNDS**

	PER CON PERMIT 12/14/10	PER ALTERATION 5/14/12	PER ALTERATION 9/24/13	FINAL COST
Preplanning Costs	\$ 66,121	\$ 66,121	\$ 66,121	\$ 66,121
Site Survey and Soil Investigation	\$ 23,850	\$ 23,850	\$ 23,850	\$ 23,850
Site Preparation	\$ 170,100	\$ 170,100	\$ 170,100	\$ 170,100
Off Site Work	\$ -	\$ -	\$ -	\$ -
New Construction Contracts	\$ 4,562,420	\$ 4,562,420	\$ 4,562,420	\$ 4,562,420
Modernization Contracts	\$ 4,612,354	\$ 4,891,554	\$ 5,206,260	\$ 5,085,040
Contingencies	\$ 245,000	\$ 245,000	\$ 245,000	\$ -
Architectural/Engineering Fees	\$ 759,462	\$ 774,215	\$ 888,188	\$ 853,797
Consulting and Other Fees	\$ 311,337	\$ 353,133	\$ 293,349	\$ 294,722
Movable or Other Equipment (not in construction contracts)	\$ 1,055,169	\$ 1,093,146	\$ 1,125,529	\$ 1,093,534
Bon Issuance Expense (project related)	\$ -	\$ -		
Net Interest Expense During Construction (project related)	\$ -	\$ -		
Fair Market Value of Leases Space of Equipment	\$ -	\$ -		
Other Costs to be Capitalized	\$ 69,143	\$ 69,143	\$ 72,093	\$ 53,390
Acquisition of building or Other Property (excluding land)	\$ -	\$ -		
<b>ESTIMATED TOTAL PROJECT COST</b>	\$ 11,874,956	\$ 12,248,682	\$ 12,652,910	\$ 12,202,974

**SOURCES OF FUNDS**

	PER CON PERMIT 12/14/10	PER ALTERATION 5/14/12	PER ALTERATION 9/24/13	COSTS INCURRED TO DATE
Cash and Securities	\$ 11,874,956	\$ 12,248,682	\$ 12,652,910	\$ 12,202,974