

# FAX TRANSMISSION

**GERIATRIC  
AT PROCTOR**

**BEHAVIORAL HEALTH SERVICES  
HOSPITAL**

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Knoxville Avenue

11-063

**To:** George Roate, IDPH **Date:** 9/2/2011 12:45 PM

**Fax #:** 217-7854111 **Pages:** 2

**From:** Mark Hicks, LCSW

**Subject:** "Completion Date" page 6.

**COMMENTS:** Thanks!

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If you did not receive all the pages of this transmission (the number indicated includes the transmittal form, please call (708) 915-5456.

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.  Estimated start-up costs and operating deficit cost is \$ <u>\$409,327.89.</u>

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:  <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> None or not applicable</span> <span><input type="checkbox"/> Preliminary</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Schematics</span> <span><input checked="" type="checkbox"/> Final Working</span> </div>
Anticipated project completion date (refer to Part 1130.140): <u>End of 4th quarter (Dec. 31, 2011)</u>
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Project obligation will occur after permit issuance.

**State Agency Submittals**

Are the following submittals up to date as applicable: <input type="checkbox"/> Cancer Registry <input type="checkbox"/> APORS <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input type="checkbox"/> All reports regarding outstanding permits <b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>
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