



P.O. Box 7005 Quincy, IL
217-223-8400
www.blessinghealthsystem.org

July 11, 2013

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

11-018

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

Dear Ms Avery:

Enclosed please find a completed Project Costs and Sources of Funds form of current expenditure status. Also, please find attached form G702 as required.

The project is approximately 10% complete with the expected target completion date to remain as defined in the Certificate of Need.

Sincerely,

A handwritten signature in cursive script that reads 'Betty J. Kasparie'.

Betty J. Kasparie
Vice President
Corporate Compliance

BJK/lmh

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$10,943.00	\$7,601.00	\$18,544.00
Site Survey and Soil Investigation	\$20,064.00	\$13,936.00	\$34,000.00
Site Preparation	--	\$364,041.51	\$364,041.51
Off Site Work	--	--	--
New Construction Contracts	\$2,815,215.87	\$3,984,489.79	\$6,799,705.66
Modernization Contracts	--	--	--
Contingencies	--	--	--
Architectural/Engineering Fees	\$1,820,182.52	\$1,264,246.83	\$3,084,429.35
Consulting and Other Fees	\$72,302.00	\$50,219.00	\$122,521.00
Movable or Other Equipment (not in construction contracts)	--	\$5,122.70	\$5,122.70
Bond Issuance Expense (project related)	\$93,811.58	\$70,770.14	\$164,581.72
Net Interest Expense During Construction (project related)	\$70,024.91	\$52,825.49	\$122,850.40
Fair Market Value of Leased Space or Equipment	--	--	--
Other Costs To Be Capitalized	--	--	--
Acquisition of Building or Other Property (excluding land)	--	--	--
TOTAL USES OF FUNDS	\$4,902,543.88	\$5,813,252.46	\$10,715,796.34
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$413,816.75	\$660,778.21	\$1,074,594.96
Pledges	--	--	--
Gifts and Bequests	--	--	--
Bond Issues (project related)	\$4,488,727.13	\$5,152,474.25	\$9,641,201.38
Mortgages	--	--	--
Leases (fair market value)	--	--	--
Governmental Appropriations	--	--	--
Grants	--	--	--
Other Funds and Sources	--	--	--
TOTAL SOURCES OF FUNDS	\$4,902,543.88	\$5,813,252.46	\$10,715,796.34
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Project Costs and Sources of Funds

USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning costs	\$10,943	\$7,601	\$18,544
Site Survey and Soils Investigation	\$20,064	\$13,936	\$34,000
Site Preparation	\$0	\$2,518,299	\$2,518,299
Off Site Work			
New Construction Contracts	31,734,795	21,287,171	\$53,021,966
Modernization Contracts	\$0	\$754,912	\$754,912
Contingencies	\$2,928,836	\$2,034,286	\$4,963,122
Architectural/Engineering Fees	\$1,808,883	\$1,256,399	\$3,065,282
Consulting and Other Fees	\$194,639	\$135,191	\$329,830
Movable or Other Equipment (not in construction contracts)	\$1,362,530	\$182,470	\$1,545,000
Bond Issuance Expense (project related)	\$342,000	\$258,000	\$600,000
Net Interest Expense During Construction (project related)	\$2,039,852	\$1,538,835	\$3,578,687
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USE OF FUNDS			\$70,429,642
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			\$33,429,642
Pledges			\$ 7,000,000
Gifts and Bequests			
Bond Issues (project related)			\$30,000,000
Mortgages			
Leases (fair market value)			
Government Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			\$70,429,642

APPLICATION AND CERTIFICATE FOR PAYMENT

Invoice #: 0110044-08

To Owner: BLESSING HOSPITAL
500 North Tenth
Quincy IL 62301

Application No.: 8

Distribution to:
Owner
Architect
Contractor

Period To: 4/30/2013

From Contractor: S. M. Wilson & Co
2185 Hampton Ave.
St. Louis MO 63139

Project Nos: 11000.000

Contract Date: 8/30/2012

Contract For: New Patient Tower

CONTRACTOR'S APPLICATION FOR PAYMENT

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

- | | |
|--|-----------------|
| 1. Original Contract Sum | \$58,196,714.00 |
| 2. Net Change By Change Order | \$0.00 |
| 3. Contract Sum To Date | \$58,196,714.00 |
| 4. Total Completed and Stored To Date | \$7,293,495.36 |
| 5. Retainage: | |
| a. 970% of Completed Work | \$707,703.06 |
| b. 0.00% of Stored Material | \$0.00 |
| Total Retainage | \$707,703.06 |
| 6. Total Earned Less Retainage | \$6,585,792.30 |
| 7. Less Previous Certificates For Payments | \$5,732,537.84 |
| 8. Current Payment Due | \$853,254.46 |
| 9. Balance To Finish, Plus Retainage | \$51,610,921.70 |

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: S.M. Wilson & Co

By: *[Signature]*
Notary Public - Notary Seal
STATE OF MISSOURI
Jefferson County
Notary Public
My Commission expires: July 27, 2016
My Commission # 12411099

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 \$853,254.46

(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: *[Signature]* Date: 08 MAY 13

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.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Change Orders approved previously	0.00	0.00
001	0.00	0.00
002	0.00	0.00
RT036	0.00	0.00
RT037	0.00	0.00
RT038	0.00	0.00
RT039	0.00	0.00
RT040	0.00	0.00
RT041	0.00	0.00
REVTRAN42	0.00	0.00
CURRENT TOTAL	\$0.00	\$0.00
Net Change by Change Orders		\$0.00