

1301 Central Street
Evanston, IL 60201
www.northshore.org

(847) 570-5065
(847) 570-5240 Fax

RECEIVED

APR 20 2016

HEALTH FACILITIES &
SERVICES REVIEW BOARD

April 19, 2016

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

SUBJECT: Permit #: 13-075 Highland Park Hospital
Annual Progress Report
Project Title: Highland Park Hospital Major Modernization Project
Permit Holder: NorthShore University Health System, 1301 Central, Evanston, IL 60201

Dear Ms. Avery:

This is our 2nd annual progress report for the above project.

The scope and financing of the project remains as outlined in the CON Application approved by the Illinois Health Facilities and Services Review Board.

Costs incurred through March 31, 2016 total \$30,251,294.14. The attached spreadsheet outlines these costs by category and provides projections to the project's completion.

The project is moving forward on schedule.

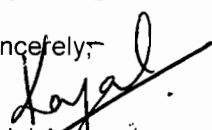
- The West addition is 100% complete and occupied.
- The Surgical Pavilion is 60% complete: the building is enclosed, exterior masonry is being finished and electrical, mechanical and plumbing rough-ins are in progress.
- Radiology renovation is still in design.

The project remains on schedule as outlined in the application.

The required AIA forms G702 are attached.

If we can provide you any further information at this time, please contact me at 847-570-5217 or via e-mail at kagarwal@northshore.org.

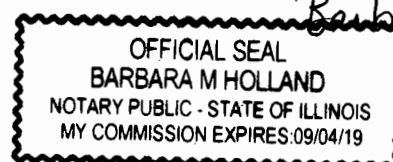
Sincerely,


Kajal Agarwal
Senior Director, Finance
NorthShore University Health System

State of Illinois
County of Cook

Signed and sworn to before me on
April 19, 2016 by Kajal Agarwal,

Barbara M. Holland, Notary





**Integrated
Facilities
Solutions, Inc.**

Project Number: 13-075
Project Title: 13-075 Highland Park Hospital Major Modernization Project
Subject: Annual C.O.N. Progress Report
Permit Holder: NorthShore University HealthSystem
Date: March 31, 2016

	Projected	Total Costs Incurred as of: 4/1/2016	Available Balance as of 4/1/2016	Estimated Costs to Completion	Variance From Approved
Preplanning Costs	\$ 735,000.00	\$ 688,594.31	\$ 46,405.69	\$ -	\$ 46,405.69
Site Survey & Soil Investigation	\$ 50,000.00	\$ 39,572.08	\$ 10,427.92	\$ 10,141.00	\$ 286.92
Site Preparation	\$ 937,900.00	\$ 510,824.00	\$ 427,076.00	\$ 427,000.00	\$ 76.00
Off-site Work	\$ 955,000.00	\$ 183,047.49	\$ 771,952.51	\$ 771,000.00	\$ 952.51
New Construction Contracts	\$ 19,101,930.00	\$ 8,063,506.38	\$ 11,038,423.62	\$ 11,000,000.00	\$ 38,423.62
Modernization Contracts	\$ 20,189,345.00	\$ 11,534,348.88	\$ 8,654,996.12	\$ 8,650,000.00	\$ 4,996.12
Contingencies	\$ 1,729,890.00	\$ -	\$ 1,729,890.00		\$ 1,729,890.00
Architectural/Engineering Fees	\$ 3,577,761.00	\$ 3,148,014.39	\$ 429,746.61	\$ 429,000.00	\$ 746.61
Consulting and Other Fees	\$ 4,184,000.00	\$ 3,591,213.34	\$ 592,786.66	\$ 590,000.00	\$ 2,786.66
Movable or Other Equipment	\$ 21,508,895.00	\$ 2,424,980.47	\$ 19,083,914.53	\$ 19,000,000.00	\$ 83,914.53
Other Costs to be Capitalized	\$ 525,000.00	\$ 67,192.80	\$ 457,807.20	\$ 457,000.00	\$ 807.20
Total	\$ 73,494,721.00	\$ 30,251,294.14	\$ 43,243,426.86	\$ 41,334,141.00	\$ 1,909,285.86

Cash and Securities \$ 73,494,721.00
Pledges
Gifts and Bequests
Bond Issues (project related)
Mortgages
Leases (fair market value)
Governmental Appropriations
Grants
Other Funds and Sources
TOTAL FUNDS \$ 73,494,721.00

PAGE 1 OF 5 PAGES

PROJECT: Highland Park Hospital Surgery Pavilion

2650 Ridge Avenue
Evanston, IL
60201-0000 US

ARCHITECT

CONTRACT DATE: 05-AUG-14

Distribution to:

☐	OWNER
☐	ARCHITECT
☐	CONTRACTOR
☐	
☐	

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

1. ORIGINAL CONTRACT SUM	\$	27,677,288.00
2. Net change by change orders	\$	151,029.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$	27,828,317.00
4. TOTAL COMPLETED & STORED TO DATE	\$	14,607,049.87
(Column G on G703)		
5. RETAINAGE:		
Total retainage Column I of G703)	\$	1,185,512.52
6. TOTAL EARNED LESS RETAINAGE	\$	13,421,537.35
(Line 4 less Line 5 Total)		
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT		
(Line 6 from prior Certificate)	\$	11,654,777.25
8. CURRENT PAYMENT DUE	\$	1,766,760.10
9. BALANCE TO FINISH, INCLUDING RETAINAGE.		
(Line 3 less Line 6)	\$	14,406,779.65

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by owner		151,029.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
CURRENT TOTAL		0.00	0.00
Net Change by Change Orders			151,029.00

Contractor: ~~Pender Construction Company~~

Date 2-20-19

County of _____

Subscribed and sworn to before me this day of

Notary Public

My Commission expires:

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 quantity of Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED

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

ARCHITECT:

By: Mark Anderson

Date: 2/24/2016

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.

OFFICIAL SEAL
PATRICIA KELLY HAMPTON
NOTARY PUBLIC, STATE OF ILLINOIS
DU PAGE COUNTY
MY COMMISSION EXPIRES 8/24/2019

PAGE 1 OF 3 PAGES

PROJECT NUH - Highland Park Hospital Radiology Renovation

2650 Ridge Avenue
Evanston, IL
60201-0000 US

ARCHITECT:

Distribution to:

☐ OWNER

☐ ARCHITECT

☐ CONTRACTOR

☐

☐

CONTRACT DATE:10-FEB-15

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- OFFICIAL SEAL
PATRICIA KELLY HAMPT
NOTARY PUBLIC, STATE OF
DU PAGE COUNTY
MY COMMISSION EXPIRES 8

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APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE 1 OF 4 PAGES

TO OWNER: Northshore University HealthSystem

PROJECT: Highland Park Hospital West Addition & OR Building

2650 Ridge Avenue
Evanston, IL
60201-0000

2650 Ridge Avenue
Evanston, IL
60201-0000 US

FROM CONTRACTOR: Pepper Construction Company
411 Lake Zurich Road
Barrington, IL, 60010-3141

ARCHITECT:

APPLICATION NO.: 15
PERIOD TO: 31-DEC-15
PROJECT NOS.: 1108874
INVOICE NO. 1108874015
CONTRACT DATE: 09-JUL-14

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR

CONTRACT FOR: Highland Park Hospital West Addition & OR

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 \$ 7,646,955.00
2. Net change by change orders \$ 454,225.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2) \$ 8,101,180.00
4. TOTAL COMPLETED & STORED TO DATE \$ 7,661,592.04
5. RETAINAGE:
(Column G on G703) \$ 194,053.94
Total retainage Column I of G703) \$ 7,467,538.10
6. TOTAL EARNED LESS RETAINAGE \$
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
(Line 4 less Line 5 Total) \$ 7,445,577.23
8. CURRENT PAYMENT DUE \$ 21,960.87
(Line 6 from prior Certificate) \$
9. BALANCE TO FINISH, INCLUDING RETAINAGE \$ 633,641.90
(Line 3 less Line 6)

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		454,225.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
CURRENT TOTAL		0.00	0.00
Net Change by Change Orders			454,225.00

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: Pepper Construction Company

By: [Signature] Date: 12-22-15

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____

Notary Public: [Signature]

My Commission expires: _____



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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 21,960.87
(Attach explanation if amount certified differs from the amount applied for. Initial figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: [Signature]

By: [Signature] Date: 12/23/2015

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.