NorthShore
University HealthSystem

Office of Finance

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

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

April 12, 2017

RECEIVED

APR 14 2017

HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

SUBJECT: Project #: 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, Illinois 60201

Dear Ms. Olson:

This is our 3rd 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 February 28, 2017 total $53,173,044. The attached spreadsheet outlines these costs by category and provides projections to the project's completion.

The project is on schedule to be completed by June 30, 2019.

- The Radiology West addition is completed.
- The Surgery Pavilion is about 80% complete; phase 1 is complete; phase 2 will be complete in June 2017; phase 3 in January 2018, and phase 4 in April 2018.

The project remains on schedule as outlined in the application.

The required AIA forms G707s are attached.

If we can provide you any further information at this time, please contact me at 847-570-5089 or via e-mail at BLewin@northshore.org.

Sincerely,

Brent Lewin
Senior Director - Finance
NorthShore University Health System

State of Illinois
County of Cook
Signed before me on April 12, 2017
by Brent Lewin
Ellen Daniel, Notary

OFFICIAL SEAL
ELLEN DANIEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/16/19

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:	February 28, 2017

	Projected	Total Costs Incurred as of: 2/28/2017	Available Balance as of 2/28/2017	Estimated Costs to Completion	Variance From Approved
Preplanning Costs	$ 735,000.00	$ 670,228.20	$ 64,771.80	$ -	$ 64,771.80
Site Survey & Soil Investigation	$ 50,000.00	$ 42,997.63	$ 7,002.37	$ -	$ 7,002.37
Site Preparation	$ 937,900.00	$ 841,041.68	$ 96,858.32	$ 25,000.00	$ 71,858.32
Off-site Work	$ 955,000.00	$ 263,200.07	$ 691,799.93	$ 35,000.00	$ 656,799.93
New Construction Contracts	$ 19,101,930.00	$ 15,833,883.00	$ 3,268,047.00	$ 4,000,000.00	$ (731,953.00)
Modernization Contracts	$ 20,189,345.00	$ 16,231,758.78	$ 3,957,586.22	$ 850,000.00	$ 3,107,586.22
Contingencies	$ 1,729,890.00		$ 1,729,890.00		$ 1,729,890.00
Architectural/Engineering Fees	$ 3,577,761.00	$ 3,352,285.14	$ 225,475.86	$ 130,000.00	$ 95,475.86
Consulting and Other Fees	$ 4,184,000.00	$ 4,311,266.40	$ (127,266.40)	$ 1,120,000.00	$ (1,247,266.40)
Movable or Other Equipment	$ 21,508,895.00	$ 11,463,099.10	$ 10,045,795.90	$ 9,000,000.00	$ 1,045,795.90
Other Costs to be Capitalized	$ 525,000.00	$ 163,284.00	$ 361,716.00	$ -	$ 361,716.00
Total	$ 73,494,721.00	$ 53,173,044.00	$ 20,321,677.00	$ 15,160,000.00	$ 5,161,677.00

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

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: Northshore University HealthSystem
2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: Highland Park Hospital Surgery Pavilion
2650 Ridge Avenue
Evanston, IL
60201-0000 US

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

ARCHITECT:

CONTRACT FOR: Highland Park Hospital Surgery Pavilion

APPLICATION NO.:22
PERIOD TO :31-DEC-16
PROJECT NOS.:1401610
INVOICE NO.1401610022

CONTRACT DATE :06-AUG-14

Distribution to:
- [ ] OWNER
- [ ] ARCHITECT
- [ ] CONTRACTOR
- [ ]
- [ ]

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**	$	27,677,288.00
2. **Net change by change orders**	$	967,873.00
3. **CONTRACT SUM TO DATE** (Line1 +/- 2)	$	28,645,161.00
4. **TOTAL COMPLETED & STORED TO DATE** (Column G on G703)	$	24,229,087.28
5. **RETAINAGE:** Total retainage Column I of G703)	$	855,006.45
6. **TOTAL EARNED LESS RETAINAGE** (Line 4 less Line 5 Total)	$	23,374,080.83
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT** (Line 6 from prior Certificate)	$	22,993,200.93
8. **CURRENT PAYMENT DUE**	$	380,879.90
9. **BALANCE TO FINISH, INCLUDING RETAINAGE** (Line 3 less Line 6)	$	5,271,080.17

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		944,288.00	-101,849.00
APPROVED THIS MONTH			
Number	Date Approved		
0000009	29-DEC-2016	86,836.00	
0000010	20-JAN-2017	38,598.00	
CURRENT TOTAL		125,434.00	0.00
Net Change by Change Orders			967,873.00

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: Date : 1-20-17

State of :

County of :

Subscribed and sworn to before me this ____ day of ____

"OFFICIAL SEAL"
Jacklyn Kowalski
Notary Public, State of Illinois
My Commission Expires June 29, 2019

Notary Public: Jacklyn Kowalski

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..$ 380,879.90

(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 :

By: Date : 1/20/2017

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: Northshore University HealthSystem
2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: NUH - Highland Park Hospital Radiology Renovation
2650 Ridge Avenue
Evanston, IL
60201-0000 US

APPLICATION NO.:10
PERIOD TO :31-JAN-17
PROJECT NOS.:1401888
INVOICE NO.1401888010
CONTRACT DATE :10-FEB-15

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐
☐

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

ARCHITECT:

CONTRACT FOR: NUH - Highland Park Hospital Radiology Re

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	$	3,794,396.00
2. Net change by change orders	$	0.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	3,794,396.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	2,880,620.73
5. RETAINAGE: Total retainage Column I of G703)	$	144,031.05
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	2,736,589.68
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	2,260,651.73
8. CURRENT PAYMENT DUE	$	475,937.95
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	1,057,806.32

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

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 : ______ Date : 1-19-17

State of : ______

County of : ______

"OFFICIAL SEAL"
Jacklyn Kowalski
Notary Public, State of Illinois
My Commission Expires June 29, 2019

Subscribed and sworn to before me this ______ day of ______

Notary Public: Jacklyn Kowalski

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..........$ 475,937.95

(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:

By: ______ Date : 1/20/2017

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.

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: Northshore University HealthSystem
2650 Ridge Avenue
Evanston, IL
60201-0000

PROJECT: Highland Park Hospital West Addition & OR Building
2650 Ridge Avenue
Evanston, IL
60201-0000 US

APPLICATION NO.:17
PERIOD TO :30-JUN-16
PROJECT NOS.:1108874
INVOICE NO.1108874017

CONTRACT DATE :09-JUL-14

Distribution to:
- [ ] OWNER
- [ ] ARCHITECT
- [ ] CONTRACTOR
- [ ]
- [ ]

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

ARCHITECT:

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	$	235,030.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	7,881,985.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	7,881,985.00
5. RETAINAGE: Total retainage Column I of G703)	$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	7,881,985.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	7,495,580.78
8. CURRENT PAYMENT DUE	$	386,404.22
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	0.00

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		454,225.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
0000003	05-MAY-2016	0.00	219,195.00
CURRENT TOTAL		0.00	219,195.00
Net Change by Change Orders			235,030.00

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 : 6-23-16

State of : Illinois

County of : Cook

Subscribed and sworn to before me this 23 day of June

Notary Public: [signature]

My Commission expires: 7-27-2019

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..$ 386,404.22

(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 :

By : [signature] Date : 6/24/2016

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.