Northwestern Memorial® HealthCare

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HEALTH FACILITIES & SERVICES REVIEW BOARD

June 2, 2016

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

RE: Annual Progress Report
Project #14-006
Northwestern Lake Forest Hospital
Replacement Facility Construction Project

Dear Ms. Avery:

This report summarizes the current status of the Replacement Facility Construction Project at Northwestern Lake Forest Hospital (NLFH). The project was approved by the HFSRB on June 3, 2014, in the amount of $377,986,895.

The project was obligated on January 16, 2015.

On April 21, 2015, the HFSRB approved an alteration request to increase the total square footage to 499,605 BGSF and the total project cost to $390,407,376.

On May 10, 2016, a second alteration request was approved that increased the total project cost to $397,572,658.

Key Milestones

During the past year of the project (from 6/3/15 to date), key accomplishments include the following:

Construction Phase

- Site and Civil work is 79% complete with all major storm, sanitary, and water infrastructure installed.
- Road and parking lots are 57% complete with main circulatory roads paved and two of the three parking lots substantially complete.

- The concrete structure is complete for the entire building including foundation wall waterproofing, drain tile, and backfill.
- Three of the five landscaping phases are substantially complete around the peripheral of the project.
- The building envelope is 75% complete overall.
- Precast panels are complete.
- Both curtain wall and ribbon window installations are on-going and are approximately 85% complete.
- Roofing material is on-site and is 24% complete overall.
- Interior fit-out is progressing with framing 74% complete and drywall 18% complete for the entire building.
- Door frames are on-site and approximately 90% installed.
- Mechanical, electrical, and plumbing systems are being installed throughout the building with wall rough-in tracking 56% complete and above-ceiling installation at 58% complete.
- All rooftop and air handling units have been installed and have begun commissioning activities.

Key Actions Needed to Be Completed

Action/Milestone	Target Completion Date
Final Pavilion Enclosure Complete	November, 2016
Construction Substantial Completion	June, 2017
Project Close-Out	December, 2018

Sources and Uses of Funds

Attached is a schedule of project expenditures through April 30, 2016. Approximately $169,268,944 has been expended of the $397,572,658 allocated for the project and has been entirely funded from cash and securities. This represents approximately 42.6% of the budget.

Contractual Commitments

NMH has executed contracts for this project. Current total project commitments are $281,484,499.

If you have any questions, please feel free to contact me at (312) 926-8650.

Sincerely,

Bridget S. Orth
Director, Regulatory Planning

cc: Ron Powers, Director, Facility Planning and Construction
Jan Peterson, Finance Manager, Capital Budget and Projects
Simon Jin, Project Accountant, Finance
Tim St. Clair, Project Manager, Facility Planning and Construction

Northwestern Lake Forest Hospital - Replacement Facility
Construction - Project # 14-006

ANNUAL COST REPORT
to the
Illinois Health Facilities and Services Review Board

Northwestern Lake Forest Hospital Permit Project Expenditures

Progress Report: June 3, 2016

	Category		CON Execution Approved Budget	Project to Date (4/30/2016)
USE OF FUNDS				
2	SITE SURVEY AND SOIL INVESTIGATION		$ 135,750	$ -
3	SITE PREPARATION		$ 11,020,000	$ 3,361,092
4	OFF SITE WORK		$ 20,290,892	$ 10,806,476
5	NEW CONSTRUCTION CONTRACTS		$ 200,125,127	$ 132,852,217
7	CONTINGENCIES		$ 19,295,985	$ -
8	ARCHITECTURAL/ENGINEERING FEES		$ 10,435,330	$ 9,710,705
9	CONSULTING & OTHER FEES		$ 14,571,364	$ 3,356,168
10	MOVABLE CAPITAL EQUIPMENT(not in construction contracts)		$ 64,467,025	$ 288,431
11	BOND ISSUANCE EXPENSE (project related)		$ 4,137,000	$ -
12	NET INTEREST EXPENSE DURING CONSTRUCTION(project relat		$ 15,180,000	$ -
14	OTHER COSTS WHICH ARE TO BE CAPITALIZED		$ 37,914,185	$ 8,893,855
	GRAND TOTAL		$ 397,572,658	**$ 169,268,944**
SOURCE OF FUNDS				
16	CASH & SECURITIES		$ 50,709,658	$ 164,447,870
18	GIFTS & BEQUESTS		$ 75,000,000	$ 4,821,074
19	BOND ISSUES (project related)		$ 271,863,000	$ -
25	TOTAL FUNDS		$ 397,572,658	$ 169,268,944
	CON PERMIT AMOUNT		$ 397,572,658	$ 169,268,944
	% COMPLETE	42.6%		

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702 (Instructions on reverse side) PAGE ONE OF ___ PAGES

TO (OWNER):
Northwestern Lake Forest Hospital
660 North Westmoreland Road
Lake Forest, IL 60045-1659

FROM (CONTRACTOR):
Turner Construction Company
55 E Monroe Street
Chicago, IL 60603

CONTRACT FOR: Northwestern Lake Forest Hospital

PROJECT:
NW Lake Forest Hospital Replacement
1000 North Westmoreland Road
Lake Forest, IL 60045-1659

VIA (ARCHITECT):
Gensler
11 East Madison Street
Chicago, IL 60602

APPLICATION NO: **15**
APPLICATION DATE: 04/20/16
PERIOD TO: 04/30/16
PROJECT NO: 150057
CONTRACT DATE: 1/16/2015
OWNERS REFERENCE NO.: 3500115419
Invoice #150057-15

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, AIA Document G703, is attached.

CHANGE ORDER SUMMARY

	ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner		
TOTAL	8,052,236.00	354,067.00
Approved this Month		
Number / Date Approved	0.00	0.00
TOTALS	8,052,236.00	354,067.00
Net Change by Change Orders	7,698,169.00	

1. ORIGINAL CONTRACT SUM		$ 213,667,335.00
2. Net change by Change Orders		$ 7,698,169.00
3. CONTRACT SUM TO DATE (LINE 1+2)		$ 221,365,504.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ 130,344,394.65
5. RETAINAGE:		
a. _5.93___% of Completed Work (Column D+E on G703)	7,725,393.63	
b. _10.00__% of Stored Material (Column F on G703)	15,495.10	
Total Retainage (Line 5a +5b or Total in Column I of G703)		$ 7,740,888.73
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$ 122,603,505.92
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior certificates)		$ 113,489,956.11
8. CURRENT PAYMENT DUE		$ 9,113,549.81
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6)		$ 98,761,998.08

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: Turner Construction Co.

By: _____ Date: _____

State of: County of:
Subscribed and sworn to before me this ____ day of _____, 2016.
Notary Public:
My Commision 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 the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... $ _____
(Attach explanation if amount certified differs from the amount applied for.)
ARCHITECT:
By _____ Date: _____

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

Invoice #: 48711

To Owner: Northwestern Memorial HealthCare
660 North Westmoreland Rd.
Lake Forest, IL 60045-9989

Project: 2054. Northwestern Lake Forest Hospital - Design Build Expansion

Application No.: 10

Period To: 2/29/2016

Distribution to: Owner, Architect, Contractor

From Contractor: Mechanical, Inc
PO Box 690
Freeport, IL 61032

Via Architect: Proteus Group

Project Nos: 14-029.01 / PO#3500121208

Contract For: CEP

Contract Date:

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		$19,249,716.00
2. Net Change By Change Order		-$44,345.00
3. Contract Sum To Date		$19,205,371.00
4. Total Completed and Stored To Date		$14,202,159.57
5. Retainage:		
a. 10.00% of Completed Work	$1,415,525.96	
b. 10.00% of Stored Material	$4,690.00	
Total Retainage		$1,420,215.96
6. Total Earned Less Retainage		$12,781,943.61
7. Less Previous Certificates For Payments (Off Site)		$10,806,476.32
8. Current Payment Due		$1,975,467.29
9. Balance To Finish, Plus Retainage		$6,423,427.39

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	$0.00	$44,345.00
Total Approved this Month	$0.00	$0.00
TOTALS	$0.00	$44,345.00
Net Changes By Change Order	**-$44,345.00**	

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

CONTRACTOR: Mechanical, Inc

By: _____ Date: March 21, 2016

State of: ILLINOIS County of: LAKE
Subscribed and sworn to before me this day of March, 2016
Notary Public:
My Commission expires: 11/24/2016

OFFICIAL SEAL
CARISA BUCKLEY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/24/16

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

AMOUNT CERTIFIED $1,975,467.29

(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:

By: _____ Date: 04/08/2016

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.

Ken Pan 3/9/16