NorthShore
University HealthSystem

Office of Finance

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

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

June 7th, 2018

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

Permit: #14-017 – Skokie Hospital (Completion & Final Cost Report)
Project: Skokie Hospital Modernization and New Construction
Permit Holder: NorthShore University HealthSystem, 1301 Central, Evanston, Illinois 60201

Dear Ms. Avery:

This is a report on project completion and final realized cost for the above referenced project. This project was approved by the State Board on April 25, 2014 and involves a major modernization project at Northshore University Health System – Skokie Hospital. Included with this letter is the detailed itemization of expenditures by project cost component and certification of the expenditures and sources of funds. The approved permit amount was $ 107,313,363.00. The final realized cost of this project is $97,181,098.52 which is $10,132,264.48 or 9.4% below the approved permit amount. These costs have been audited by external audit firm Baker Tilly and a letter of audit has been attached.

Pursuant to sections 1130.770 of the Illinois Administrative Code, this letter certifies that the final realized cost referenced above is the total cost required to complete the project and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

Pursuant to section I 130.770(d)(4), this letter certifies that the project referenced above is in compliance and changes in cost and square footage were approved by the Illinois Health Facilities and Services Review Board under Permit # 14-017.

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

Sincerely,

Brent Lewin
Senior Director, Finance
NorthShore University HealthSystem

State of Illinois
County of Cook
Signed before me on June 7, 2018
by Brent Lewin.
Ellen Daniel
Notary Public

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

BAKER TILLY
Baker Tilly Virchow Krause, LLP
Ten Terrace Ct, PO Box 7398
Madison, WI 53707-7398
tel 608 249 6622
fax 608 249 8532
bakertilly.com

June 6, 2018

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

Permit: #14-017- Skokie Hospital (Completion & Final Cost Report)
Project: Skokie Hospital Modernization and new construction
Permit Holder: Northshore University Health System, 1301 Central, Evanston, Illinois 60201

This is a report on Project completion and final realized cost for the above referenced project. This project was approved by the State Board on April 25, 2014, and involves a major modernization project at Northshore University Health System - Skokie Hospital. Included with this letter is the detailed itemization of expenditures by project cost component and certification of the expenditures and sources of funds. The approved permit amount was $107,313,363. The final realized cost of this project is $97,181,098.52 which is $10,132,264.48 or 9.4% below the approved permit amount. These costs have been audited and a letter of audit has been attached.

Pursuant to sections 1130.770 of the Illinois Administrative Code, this letter certifies that the final realized cost referenced above is the total cost required to complete the project and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

Pursuant to section I 130.770(d)(4), this letter certifies that the project referenced above is in compliance and changes in cost and square footage were approved by the Illinois Health Facilities and Services Review Board under Permit # 14-017.

The Statement of Compliance with all terms of the permit is shown below and the required AIA Forms G702 is attached.

Sincerely,

Anthony D. Ollmann, CPA, CCA
Firm Director

Project Number: 14-017
Project Title: Skokie Hospital Modernization & New Construction
Subject: Final Cost Report
Permit Holder: Northshore University Health System
Date: June 6, 2018

	Projected	Total Costs Incurred as 6/30/2018	Available Balance as of 6/30/2018	Estimated Costs to Completion	Variance From Approved
Preplanning Costs	$ 400,000	$ 372,664.61	$ 27,335.39	$ -	$ 27,335.39
Site Survey & Soil Investigation	$ -	$ -	$ -	$ -	$ -
Site Preparation	$ -	$ -	$ -	$ -	$ -
Off-site Work	$ -	$ -	$ -	$ -	$ -
New Construction Contracts	$ 35,985,772	$ 36,366,285.66	$ (380,513.66)	$ -	$ (380,513.66)
Modernization Contracts	$ 42,456,201	$ 38,963,937.80	$ 3,492,263.20	$ -	$ 3,492,263.20
Contingencies	$ 3,412,815	$ -	$ 3,412,815.00	$ -	$ 3,412,815.00
Architectural/Engineering Fees	$ 6,690,000	$ 4,341,830.39	$ 2,348,169.61	$ -	$ 2,348,169.61
Consulting and Other Fees	$ 3,500,000	$ 4,484,512.15	$ (984,512.15)	$ -	$ (984,512.15)
Movable or Other Equipment	$ 14,168,575	$ 12,070,682.91	$ 2,097,892.09	$ -	$ 2,097,892.09
Other Costs to be Capitalized	$ 700,000	$ 581,185.00	$ 118,815.00	$ -	$ 118,815.00
Total	$ 107,313,363	$ 97,181,098.52	$ 10,132,264.48	$ -	$ 10,132,264.48

Cash and Securities	$ 107,313,363
Pledges	
Gifts and Bequests	
Bond Issues (project related)	
Mortgages	
Leases (fair market value)	
Governmental Appropriations	
Grants	
Other Funds and Sources	
Total Funds	**$ 107,313,353**

To: Kathy Olson

From: Tony Ollmann, CPA, CCA, Firm Director

Subject: Certificate of Need Close-Out – Project #14-017: Northshore University Health System – Skokie Hospital Modernization and New Construction

Scope:

The Certificate of Need (CON) close out review for the Northshore University Health System – Skokie Hospital Modernization and New Construction was conducted by Baker Tilly as part of the compliance component of Northshore's Internal Audit Department's annual audit work plan.

The objectives of this review were:

- To determine if charges to be reported to the Illinois Health Facilities and Services Review Board are substantiated by appropriate supporting documentation;
- To determine if expenses were properly recorded for the project and CON account category;
- To determine if expenses were properly approved;
- To determine the mathematical accuracy and consistency of invoices;
- To determine that applicable construction progress payments included accurate application for payment documents (i.e., previous payment calculations), were properly notarized, and lien waivers.

In order to accomplish our objectives, we:

- Reviewed, on a test basis, expenditures identified on the project general ledger report to ensure existence of appropriate supporting documentation;
- Reviewed supporting documentation for proper approval where applicable. (Note: starting in April of 2014, all invoices were approved electronically);
- Determined that the items sampled were properly included on the appropriate usage line in the Draft Close Out Report;
- Confirmed that reconciling items were appropriately and logically supported.

Conclusions:

In our opinion, based on our review of $93,879,426.21 (96.6%) in payments made for the Skokie Hospital Modernization and New Construction Project, we confirm that the $97,181,098.52 in CON charges to be reported to the Illinois Health Facilities Services Review Board by the June 29, 2018 required submission date, were substantiated by comprehensive and appropriate supporting documentation. Our review did not identify any material inconsistencies in expenses incurred, paid and recorded.

3rd FL Remodel C120207SK

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem
PROJECT : Skokie Hosp 3FL Patient Remodel
APPLICATION NO.: 15
PERIOD TO : 06-30-2016
PROJECT NO.: 81872
FROM: Power Construction Company, LLC
ARCHITECT : Eckenhoff Saunders
CONTRACT DATE : 08-27-2014

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	58,441	205,300
APPROVED THIS MONTH	0	0
Total Job To Date	58,441	205,300

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

1. ORIGINAL CONTRACT SUM	$	7,262,723
2. NET CHANGE BY CHANGE ORDERS	$	-146,859
3. CONTRACT SUM TO DATE	$	7,115,864
4. TOTAL COMPLETED & STORED TO DATE	$	7,115,864
5. RETAINAGE	$	0
6. TOTAL EARNED LESS RETAINAGE	$	7,115,864
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate)	$	7,109,968
8. CURRENT PAYMENT DUE	$	5,896
9. BALANCE TO FINISH, INCLUDING RETAINAGE	$	0

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 : POWER CONSTRUCTION COMPANY, LLC

By: Megan Lee Date : 07-07-2016

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 07th day of July, 2016

OFFICIAL SEAL
AMBER FLORES
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires October 28, 2018

Notary Public Amber Flores

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..... $ 5,896

ARCHITECT:

By: Date : 8/22/16

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.

4th Floor Infrastructure C120204SK

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem
PROJECT : Skokie Hosp 4FL Infra Upgrade
APPLICATION NO.: 15
PERIOD TO : 12-31-2014
PROJECT NO.: 81425
FROM: Power Construction Company, LLC
ARCHITECT : Eckenhoff Saunders
CONTRACT DATE : 07-31-2013

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	99,457	0
APPROVED THIS MONTH	0	0
Total Job To Date	99,457	0

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

1. ORIGINAL CONTRACT SUM	$	3,994,609
2. NET CHANGE BY CHANGE ORDERS	$	99,457
3. CONTRACT SUM TO DATE	$	4,094,066
4. TOTAL COMPLETED & STORED TO DATE	$	4,094,066
5. RETAINAGE	$	0
6. TOTAL EARNED LESS RETAINAGE	$	4,094,066
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate)	$	4,083,764
8. CURRENT PAYMENT DUE	$	10,302
9. BALANCE TO FINISH, INCLUDING RETAINAGE	$	0

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 : POWER CONSTRUCTION COMPANY, LLC

By: Megan Lind Date : 01-06-2015

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 06th day of January, 2015

"OFFICIAL SEAL"
Juan Carlos Rojas
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 08/14/16

Notary Public

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 $ 10,302.00

ARCHITECT :

By: Date : 1/12/15

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.

Ambulatory Surg (ASU) C1306025K

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem PROJECT : SH ASU

FROM: Power Construction Company,LLC ARCHITECT : Eckenhoff Saunders

APPLICATION NO.: 13
PERIOD TO : 12-31-2017
PROJECT NO.: 81887
CONTRACT DATE : 10-21-2016

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	0	220,000
APPROVED THIS MONTH	0	573,850
Total Job To Date	0	793,850

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

1. ORIGINAL CONTRACT SUM .....$	9,722,300
2. NET CHANGE BY CHANGE ORDERS.....$	-793,850
3. CONTRACT SUM TO DATE.....$	8,928,450
4. TOTAL COMPLETED & STORED TO DATE.....$	8,928,450
5. RETAINAGE.....$	0
6. TOTAL EARNED LESS RETAINAGE .....$	8,928,450
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....$	8,758,552
8. CURRENT PAYMENT DUE .....$	169,898
9. BALANCE TO FINISH, INCLUDING RETAINAGE..$	0

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 : Power Construction Company,LLC

By : Megan Zich Date : 01-05-2018

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 05th day of January, 2018

OFFICIAL SEAL
AMBER FLORES
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires October 29, 2018

Notary Public Amber Flores

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.....$ 169,898

ARCHITECT :

By : Date : 1·11·18

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.

Bsmnt Sppt Seer Space IFS 100213

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: NORTHSHORE UNIVERSITY HEALTH SY
1301 CENTRAL AVE
EVANSTON, IL
60201 UNITED STATES

PROJECT: NorthShore Univ - Skokie Hospital Basement
9900 Gross Point Rd
Skokie, IL
60076 UNITED STATES

AIA Document G702

APPLICATION NO.:5
PERIOD TO :31-AUG-16
PROJECT NOS.:116042
INVOICE NO.201600312
CONTRACT DATE :25-MAR-16

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐
☐

FROM CONTRACTOR: Bulley & Andrews LLC
1795 W. Armitage Avenue
Chicago, IL, 60622 USA

ARCHITECT:

CONTRACT FOR: NorthShore Univ - Skokie Hospital Basement

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	$	1,704,975.00
2. Net change by change orders	$	128,892.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	1,833,867.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	1,833,867.00
5. RETAINAGE: Total retainage Column I of G703)	$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	1,833,867.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	1,395,495.00
8. CURRENT PAYMENT DUE	$	438,372.00
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		12,161.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
PCI0002	15-AUG-2016	116,731.00	
CURRENT TOTAL		116,731.00	0.00
Net Change by Change Orders			128,892.00

AIA DOCUMENT G702 - APPLICATION AND CERTIFICATE FOR PAYMENT
THE AMERICAN INSTITUTE OF ARCHITECTS 1735 NEW YORK AVENUE NW WASHINGTON DC 20006

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 : Bulley & Andrews LLC
By: [signature] Date: 8/31/16

State of: Illinois
County of: Cook

Official Seal
Yekaterina Rzaglina
Notary Public State of Illinois
My Commission Expires 11/12/2017

Subscribed and sworn to before me this 31st day of August
Notary Public: Yekaterina Rzaglina

My Commission expires: 11/12/2017

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.....$ 438,372.00
(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: 9.29.16

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.

Conf CTR Admin Bldg C091268 SK

APPLICATION AND CERTIFICATE FOR PAYMENT

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

PROJECT: Skokie Hospital Conference Center
2650 Ridge Avenue
Evanston, IL
60201-0000 US

APPLICATION NO.: 8
PERIOD TO :31-DEC-15
PROJECT NOS.:1400735

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐
☐

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

ARCHITECT:

CONTRACT DATE :14-OCT-14

CONTRACT FOR: Skokie Hospital Conference Center

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	$	461,421.00
2. Net change by change orders	$	540.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	461,961.00
4. TOTAL COMPLETED & STORED TO DATE (Column I on G703)	$	455,853.39
5. RETAINAGE: Total retainage Column K of G703)	$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	455,853.39
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	426,166.07
8. CURRENT PAYMENT DUE	$	29,687.32
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	6,107.61

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		540.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
CURRENT TOTAL		0.00	0.00
Net Change by Change Orders			540.00

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: 12/23/15

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..... $ 29,687.32

(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: 12/28/15

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.

Elevator Tower C120513 SK

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem
PROJECT : SH Elevator Tower (120513)
APPLICATION NO.: 15
PERIOD TO : 09-30-2017
PROJECT NO.: 81884
FROM: Power Construction Company, LLC
ARCHITECT : Eckenhoff Saunders
CONTRACT DATE : 05-11-2016

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	135,934	0
APPROVED THIS MONTH	0	0
Total Job To Date	135,934	0

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

1. ORIGINAL CONTRACT SUM ....$	2,728,033
2. NET CHANGE BY CHANGE ORDERS....$	135,934
3. CONTRACT SUM TO DATE....$	2,863,967
4. TOTAL COMPLETED & STORED TO DATE....$	2,863,967
5. RETAINAGE....$	0
6. TOTAL EARNED LESS RETAINAGE ....$	2,863,967
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate)....$	2,642,457
8. CURRENT PAYMENT DUE ....$	221,510
9. BALANCE TO FINISH, INCLUDING RETAINAGE..$	0

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 : POWER CONSTRUCTION COMPANY, LLC

By : Megan Sub Date : 09-26-2017

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 26th day of September, 2017

OFFICIAL SEAL
AMBER FLORES
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires October 29, 2018

Notary Public Amber Flores

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....$ 221,510

ARCHITECT : 10.19.17

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.

ICU C130601 SK

APPLICATION AND CERTIFICATE FOR PAYMENT

TO : NorthShore University HealthSystem
PROJECT : SH ICU Renovation
APPLICATION NO.: 12 Revision: 1
PERIOD TO : 01-31-2017
PROJECT NO.: 81882
CONTRACT DATE : 11-06-2015

FROM: Power Construction Company, LLC
ARCHITECT : Eckenhoff Saunders

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	564,970	0
APPROVED THIS MONTH	4,761	0
Total Job To Date	569,731	0

Application is made for payment, as shown below, in connection with the Contract

1. ORIGINAL CONTRACT SUM ....$	3,844,492
2. NET CHANGE BY CHANGE ORDERS....$	569,731
3. CONTRACT SUM TO DATE....$	4,414,223
4. TOTAL COMPLETED & STORED TO DATE....$	4,414,223
5. RETAINAGE....$	0
6. TOTAL EARNED LESS RETAINAGE ....$	4,414,223
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate)....$	4,124,112
8. CURRENT PAYMENT DUE ....$	290,111
9. BALANCE TO FINISH, INCLUDING RETAINAGE..$	0

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 : POWER CONSTRUCTION COMPANY, LLC

By: Myra Lind Date : 02-02-2017

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 02nd day of February, 2017

OFFICIAL SEAL
AMBER FLORES
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires October 29, 2018

Notary Public Amber Flores

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....$ 290,111.00

ARCHITECT:

By: Date : 2/23/17

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.

Lobby Addition 091338DS

APPLICATION AND CERTIFICATE FOR PAYMENT

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

PROJECT: Skokie Hospital Lobby Renovations
2650 Ridge Avenue
Evanston, IL
60201-0000 US

APPLICATION NO.:22
PERIOD TO :31-MAR-16
PROJECT NOS.:1300014

Distribution to:
OWNER
ARCHITECT
CONTRACTOR

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

ARCHITECT:

CONTRACT DATE :10-NOV-13

CONTRACT FOR: Skokie Hospital Lobby Renovations

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	$	5,000,000.00
2. Net change by change orders	$	156,926.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	5,156,926.00
4. TOTAL COMPLETED & STORED TO DATE (Column I on G703)	$	5,156,926.00
5. RETAINAGE: Total retainage Column K of G703)	$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	5,156,926.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	5,128,924.79
8. CURRENT PAYMENT DUE	$	28,001.21
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		156,926.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
CURRENT TOTAL		0.00	0.00
Net Change by Change Orders			156,926.00

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: 4-7-16

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.....$ 28,001.21

(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: _____ 4.11.16

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

TO : NorthShore University HealthSystem PROJECT : SH Phase 2 Surgery

FROM: Power Construction Company, LLC ARCHITECT : Eckenhoff Saunders

APPLICATION NO.: 16
PERIOD TO : 02-28-2017
PROJECT NO.: 81881
CONTRACT DATE : 10-01-2015

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	777,656	0
APPROVED THIS MONTH	27,374	0
Total Job To Date	805,030	0

Application is made for payment, as shown below, in connection with this Contract.

1. ORIGINAL CONTRACT SUM	$	6,498,753
2. NET CHANGE BY CHANGE ORDERS	$	805,030
3. CONTRACT SUM TO DATE	$	7,303,783
4. TOTAL COMPLETED & STORED TO DATE	$	7,303,783
5. RETAINAGE	$	0
6. TOTAL EARNED LESS RETAINAGE	$	7,303,783
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate)	$	7,184,834
8. CURRENT PAYMENT DUE	$	118,949
9. BALANCE TO FINISH, INCLUDING RETAINAGE	$	0

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 : POWER CONSTRUCTION COMPANY, LLC

By: Megan Sh Date : 03-09-2017

State of : Illinois County of: Cook

Subscribed and sworn to before me
This 09th day of March, 2017

PATRICIA L SANDERS
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 29, 2020

Notary Public

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 ..... $ 118,949.00

ARCHITECT: ECKENHOFF SAUNDERS ARCHITECTS

By: [signature] Date: 3/6/2017

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.

Relo & Expand GL Lab 091303RS

APPLICATION AND CERTIFICATE FOR PAYMENT

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

PROJECT: Skokie Hospital GI Lab Relocation
2650 Ridge Avenue
Evanston, IL
60201-0000 US

APPLICATION NO.:13
PERIOD TO :30-JUN-16
PROJECT NOS.:1400734
INVOICE NO.1400734013
CONTRACT DATE :14-OCT-14

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐
☐

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

ARCHITECT:

CONTRACT FOR: Skokie Hospital GI Lab Relocation

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	$	2,718,716.00
2. Net change by change orders	$	276,000.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	2,994,716.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	2,994,716.00
5. RETAINAGE: Total retainage Column I of G703)	$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	2,994,716.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	2,858,688.86
8. CURRENT PAYMENT DUE	$	136,027.14
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		313,595.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
0000005	09-JUN-2016	0.00	37,595.00
CURRENT TOTAL		0.00	37,595.00
Net Change by Change Orders			276,000.00

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 : 6-23-16

State of : Illinois

County of : Cook

"OFFICIAL SEAL"
Doreen K. Mercades-Hult
Notary Public, State of Illinois
My Commission Expires July 27, 2019

Subscribed and sworn to before me this 23 day of June

Notary Public: _____

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..... $ 136,027.14

(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.)

_____ 6.27.16

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.

Surgical Additions IFS 101201

APPLICATION AND CERTIFICATE FOR PAYMENT

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

PROJECT: Skokie 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: Skokie Hospital Surgery Pavilion

APPLICATION NO.:24
PERIOD TO :31-AUG-16
PROJECT NOS.:1300019
INVOICE NO.1300019024
CONTRACT DATE :10-NOV-13

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	$	25,153,466.00
2. Net change by change orders	$	2,008,653.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	27,162,119.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	27,162,119.00
5. RETAINAGE: Total retainage Column I of G703)	$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	27,162,119.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	26,265,813.40
8. CURRENT PAYMENT DUE	$	896,305.60
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		2,219,227.17	-244,578.58
APPROVED THIS MONTH			
Number	Date Approved		
0000011	22-JUN-2016	34,004.00	
CURRENT TOTAL		34,004.00	0.00
Net Change by Change Orders			2,008,652.59

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: 9-8-16

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.....$ 896,305.60

(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.)

9-12-16

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.

Surgical Pavillion C120521SK

APPLICATION AND CERTIFICATION FOR PAYMENT

TO (OWNER): NORTHSHORE UNIV HEALTH 2650 RIDGE AVENUE EVANSTON , IL 602010000 Attn: Todd Jabaay	PROJECT: Skokie Hospital - Admin. Demo & Site 9600 Gross Point Road Skokie, IL 60076 22172	APPLICATION NO: 07 (Saver) PERIOD FROM: 8/1/2014 PERIOD TO: 3/31/2015
CONTRACTOR: Pepper Construction Company 543 North Orleans Street Chicago, IL 60654-2833	VIA (ARCHITECT): Eckenhoff Saunders Architects	ARCHITECT'S PROJECT NO:
CONTRACT FOR: General Construction		CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner		$159,379.00	$102,478.00
Approved this Month			
C.O. Number			
	TOTALS	$159,379.00	$102,478.00
Net change by Change Orders		$56,901.00	

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, Schedule of Values, is attached.

1. ORIGINAL CONTRACT SUM		$2,617,895.00
2. Net change by Change Orders		$56,901.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2)		$2,674,796.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Schedule of Values)		$2,674,796.00
5. RETAINAGE:		
a. 0 % of Completed Work (Column D + E on Schedule of Values)	$0.00	
b. % of Stored Material (Column F on Schedule of Values)	$0.00	
Total Retainage (Line 5a + 5b or Total in Column I on Schedule of Values)		$0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$2,674,796.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$2,659,796.00
8. CURRENT PAYMENT DUE		$15,000.00
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6)		$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: [signature] Date: 3/27/2015

State of: Illinois County of: Lake

Subscribed and sworn to before me this 27th day of March 2015

Notary Public: [signature]

My Commission expires:

AMOUNT CERTIFIED $ 15,000.00

(Attach explanation if amount certified differs from the amount applied for)

ARCHITECT: Eckenhoff Saunders Architects

By: [signature] Date: 7/7/15

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.

OFFICIAL SEAL
PATRICK J OMALLEY JR
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 07/09/2018

AMOUNT CERTIFIED 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 : NorthShore University HealthSystem

PROJECT : Skokie Hosp 4FL Patient Rm Renov

APPLICATION NO.: 14
PERIOD TO : 12-31-2014
PROJECT NO.: 81426
CONTRACT DATE : 07-31-2013

FROM: Power Construction Company, LLC

ARCHITECT : Eckenhoff Saunders

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	39,320	0
APPROVED THIS MONTH	0	0
Total Job To Date	39,320	0

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

1. ORIGINAL CONTRACT SUM ....$	4,131,228
2. NET CHANGE BY CHANGE ORDERS....$	39,320
3. CONTRACT SUM TO DATE....$	4,170,548
4. TOTAL COMPLETED & STORED TO DATE....$	4,170,548
5. RETAINAGE....$	0
6. TOTAL EARNED LESS RETAINAGE ....$	4,170,548
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate)....$	4,143,085
8. CURRENT PAYMENT DUE ....$	27,463
9. BALANCE TO FINISH, INCLUDING RETAINAGE..$	0

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 : POWER CONSTRUCTION COMPANY, LLC

By: _____ Date : 01-15-2015

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 15th day of January, 2015

OFFICIAL SEAL
REGINALD F. EMILIANO
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/25/18

Notary Public _____

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....$ 27,463.00

ARCHITECT:

By: _____ Date: 1/16/15

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 : NorthShore University HealthSystem
PROJECT : Skokie Hosp Inpatient Pharmacy
APPLICATION NO.: 8 Revision: 1
PERIOD TO : JUN/30/2014
PROJECT NO.: 81427
FROM: Power Construction Company, LLC
ARCHITECT : Eckenhoff Saunders
CONTRACT DATE : SEP/04/2013

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	57,596	0
APPROVED THIS MONTH	8,460	0
Total Job To Date	66,056	0

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

1. ORIGINAL CONTRACT SUM ....$	956,659
2. NET CHANGE BY CHANGE ORDERS....$	66,056
3. CONTRACT SUM TO DATE....$	1,022,715
4. TOTAL COMPLETED & STORED TO DATE....$	1,022,715
5. RETAINAGE....$	0
6. TOTAL EARNED LESS RETAINAGE ....$	1,022,715
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate)....$	898,299
8. CURRENT PAYMENT DUE ....$	124,416
9. BALANCE TO FINISH, INCLUDING RETAINAGE..$	0

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 : POWER CONSTRUCTION COMPANY, LLC

By : Mga Lic Date : JUL/09/2014

State of : Illinois County of: Cook

Subscribed and sworn to before me
This 09th day of July, 2014

"OFFICIAL SEAL"
Juan Carlos Rojas
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 08/14/16

Notary Public

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.....$ 124,416

ARCHITECT :

By : Date : 07.17.2014

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 : NorthShore University HealthSystem
PROJECT : Skokie Hosp. 5FL PC Renovation
APPLICATION NO.: 16
PERIOD TO: AUG/15/2014
PROJECT NO.: 81412
CONTRACT DATE: SEP/18/2012

FROM: Power Construction Company, LLC
ARCHITECT : Eckenhoff Saunders

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		
Change Order approved in previous months by Owner	Additions	Deductions
TOTAL	290,168	0
APPROVED THIS MONTH	64,030	4,744
Total Job To Date	354,198	4,744

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

1. ORIGINAL CONTRACT SUM	$	7,350,438
2. NET CHANGE BY CHANGE ORDERS	$	349,454
3. CONTRACT SUM TO DATE	$	7,699,892
4. TOTAL COMPLETED & STORED TO DATE	$	7,699,892
5. RETAINAGE	$	0
6. TOTAL EARNED LESS RETAINAGE	$	7,699,892
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate)	$	7,619,383
8. CURRENT PAYMENT DUE	$	80,509
9. BALANCE TO FINISH, INCLUDING RETAINAGE	$	0

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 : POWER CONSTRUCTION COMPANY, LLC

By _____ Date : AUG/20/2014

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 20th day of August, 2014

"OFFICIAL SEAL"
Juan Carlos Rojas
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 08/14/16

Notary Public _____

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 ..... $ 80,509.02

ARCHITECT:

By _____ Date 8/20/14

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.