



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

## **CERTIFIED MAIL** **RETURN RECEIPT REQUESTED**

June 14, 2018

Brent Lewin  
Senior Director, Finance  
NorthShore University HealthSystem  
1301 Central Street  
Evanston, Illinois 60201

**RE: Section 1130.770 – Project Completion**  
**Permit #14-017 – Skokie Hospital**  
**Permit Holder: NorthShore University HealthSystem**

Dear Mr. Lewin:

On June 8, 2018 we received the final cost report for Permit #14-017. The report does not meet the requirements of the State Board. For a project with a cost above the capital expenditure minimum in place at the time of permit approval, the permit holder shall submit a notice that the project has been brought to a conclusion and submit a report of final realized costs containing the following:

- 1) *itemization of all project costs;*
- 2) *certification that the final realized costs, as itemized, are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project;*
- 3) *certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of this Section must be in the form of a notarized statement signed by an authorized representative of the permit holder;*
- 4) *the final Application and Certification for Payment for the construction contract, as per the American Institute of Architects form G702 or equivalent; and*
- 5) *for permits with a project cost equal to or greater than three times the capital expenditure minimum in place at the time of permit approval, an audited financial report of all project costs and sources of funds. The audited financial report, when required, shall be completed by an independent certified public accountant. A financial report completed by a permit holder's internal auditor will not be accepted.*

Please provide an audit report from an independent auditor that is not employed as the internal auditor of the NorthShore University HealthSystem. Please provide the required audit report within 30 days of receipt of this letter. Should you have any questions or concerns please contact me at 217-782-3516 or [mike.constantino@illinois.gov](mailto:mike.constantino@illinois.gov).

Sincerely,

Mike Constantino, Project Reviewer  
Illinois Health Facilities and Services Review Board