



**FRESENIUS
KIDNEY CARE**

Fresenius Kidney Care

3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

October 16, 2017

RECEIVED

OCT 17 2017

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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

Re: Final Cost Report, Section 1130.770
Project #14-047, Fresenius Medical Care Humboldt Park
Permit Holder: Fresenius Medical Care of Illinois, LLC, and Fresenius Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Kidney Care Humboldt Park, #14-047, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Connor



FRESENIUS KIDNEY CARE

October 12, 2017

Final Cost Report, Section 1130.770 Fresenius Kidney Care Humboldt Park

Project #14-047 Fresenius Kidney Care Humboldt Park

Permit Holder: Fresenius Medical Care of Illinois, LLC, and Fresenius Medical Care Holdings, Inc.

This project is for the establishment of a 34-station ESRD facility (concurrent with a 20-station reduction of Fresenius West Metro) and was approved for an alteration reducing the size of the clinic down to 15,641 GSF with a permit amount of \$8,686,230. The project was obligated with the execution of the lease on May 8, 2015.

The facility opened on March 29, 2017 and the project was complete upon receipt of the CMS Certification letter on September 26, 2017 with an effective date of August 21, 2017.

Project Costs and Sources of Funds

Project Costs	Allowance/CON	Realized
Modernization	2,518,201	1,786,624
Contingencies	250,256	0
Architectural/Engineering	271,000	103,397
Movable & Other Equipment	646,000	651,310
FMV of Leased Space/Equipment	5,000,773	5,000,773
Total Project Costs	\$8,686,230	\$7,542,104
Funding	Allowance/CON	Realized
Cash & Securities	3,685,457	2,541,331
Lease FMV	5,000,773	5,000,773
Total funds	\$8,686,230	\$7,542,104

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

Application and Certificate for Payment (AIA G702)

G-702 attached.

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702/CMA

CONSTRUCTION MANAGER-ADVISER EDITION

PAGE ONE OF 3

TO CONTRACTOR:

DiNaso & Sons Construction Co., Inc.
9910 W. 191st St., Suite A
Mokena, IL 60448

PROJECT:

Humboldt Park (Previously 9586-1)
3520 W. Grand Avenue
Chicago, IL 60607

APPLICATION NO: 4

PERIOD TO: 01/27/17

Distribution to:

☒ OWNER

☐ ARCHITECT

FROM SUBCONTRACTOR:

DiNaso & Sons Construction Co., Inc.
9910 W. 191st St., Suite A
Mokena, IL 60448

OWNER:

Fresenius Medical Care of Illinois, Inc.
C/O Fresenius Medical Care NA
1909 Tyler Street, 8th Floor
Hollywood, FL 33020

PROJECT NOS: 100067-I-DN-W-GU-15

☒ CONTRACTOR

CONTRACT DATE: December 7, 2015

CONTRACT FOR:

General Construction

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.

1. ORIGINAL CONTRACT SUM \$ 1,604,800.00 ✓
2. Net change by Change Orders \$ 6,288.02 ✓
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 1,611,088.02 ✓
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 1,611,088.02
5. RETAINAGE:
 - a. 0 % of Completed Work S 0.00
(Column D + E on G703)
 - b. 0 % of Stored Material 0.00
(Column F on G703)

Total Retainage (Lines 5a + 5b or
Total in Column I of G703) \$ 0.00
6. TOTAL EARNED LESS RETAINAGE \$ 1,611,088.02
(Line 4 Less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) S 1,444,320.00 ✓
8. CURRENT PAYMENT DUE S 166,768.02
9. BALANCE TO FINISH, INCLUDING RETAINAGE S 0.00
(Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$0.00
Total approved this Month	\$6,288.02	\$0.00
TOTALS	\$6,288.02	\$0.00
NET CHANGES by Change Order	\$6,288.02	

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: DiNaso & Sons Construction Co., Inc.

By: *Charles J. DiNaso*

Date: February 23, 2017

State of: Illinois

County of: Cook

Subscribed and sworn to before me this

23 day of February, 2017

Notary Public: *Anthony Fillicetti*

My Commission expires: 11

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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 \$ 166,768.02

(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.)

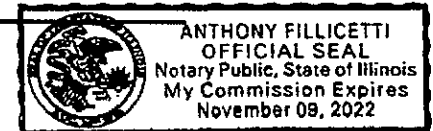
CONSTRUCTION MANAGER:

By: _____ Date: _____

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.



M. MERCER
FMS PMA

APR - 4 17

RECS - Not.
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APPLICATION AND CERTIFICATE FOR PAYMENT**AIA DOCUMENT G702**

Page 1 of

TO (OWNER): Fresenius Medical Care PROJECT: Chicago IL
 FROM (CONTR.) Cohen Architectural VIA (ARCHITECT): Humboldt Park FMC (Previously 9586-1) #100067-1
 CONTRACT FOR: Millwork & Installation

APPLICATION NO: 3
 PERIOD TO: 2/15/2017
 CONTRACTOR'S PROJECT NO:
 CONTRACT DATE: M. MERCIK
 FMS PM

Distribution to:
 OWNER:
 ARCHITECT
 CONTRACTOR

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Orders approved in previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			
Approved this month			
Number	Date Approved		
TOTALS		0	0
Net change by Change Orders		0	

The undersigned Subcontractor certifies that to the best of Subcontractor'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:

By: [Signature] Date: 4/27/17

DAVID BEADLES
 Notary Public - Notary Seal
 STATE OF MISSOURI
 Phelps County
 My Commission Expires: March 29, 2021
 Commission #17298584

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.

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION
 CONCERNING MECHANICS LIENS ON REVERSE SIDE.

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

MAY 11 2017
 RECS - North
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1. ORIGINAL CONTRACT SUM	\$ 175,536.00
2. Net change by Change Orders	\$ -
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$ 175,536.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$ 175,536.00
5. RETAINAGE:	
a. % of Completed Work (Columns D + E on G703)	
b. 100 % of Stored Material (Column F on G703)	
Total Retainage (Line 5a + 5b or Total in Column I of G703)	\$ -
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$ 175,536.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$ 157,982.40
8. CURRENT PAYMENT DUE	\$ 17,553.60
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ -

State of: Missouri County of: Phelps
 Subscribed and sworn to before me this 27 day of April 2017
 Notary Public: D. B.
 My Commission expires: 3/29/2021

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.

F. PRINCE
 RECS - North Central



FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care Humboldt Park
Project #14-047

Fresenius Medical Care Of Illinois, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Humboldt Park, Project #14-047, 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 which will be submitted for reimbursement under Title XVIII or XIX.

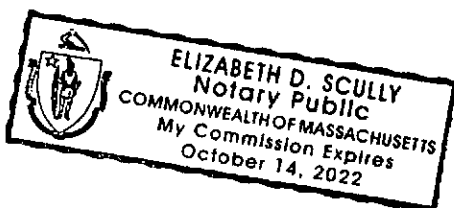
BY: _____

ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to before me
this 12th day of October, 2017

Elizabeth D. Scully
Notary Public

My commission expires: 10/14/22





FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care Humboldt Park
Project #14-047

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Humboldt Park, Project #14-047, 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 which will be submitted for reimbursement under Title XVIII or XIX.

BY: [Signature]
ITS: Sr. VP & Secretary

BY: [Signature]
ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to before me
this 12th day of October, 2017

Subscribed and Sworn to before me
this _____ day of _____, 2017

[Signature]
Notary Public

Notary Public

My commission expires: 10/14/22

My commission expires: _____

