Northwestern Medicine®
Northwestern
Memorial HealthCare

251 East Huron Street
Chicago, Illinois 60611-2908
312.926.2000
northwesternmedicine.org

December 15, 2016

RECEIVED
DEC 16 2016
HEALTH FACILITIES & SERVICES REVIEW BOARD

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

Re: Project Completion
Project # 14-061
Northwestern Memorial Hospital
259 East Erie Surgical Services Expansion Project

Dear Ms. Avery:

This letter certifies that project #14-061 has been completed and is in compliance with all terms of the permit, including total project cost, square footage, and services. The final realized cost is $22,662,238 which is less than the altered permit amount of $22,999,932. This is the total amount required to complete the project.

A detailed itemization of expenditures and sources of funds is attached. The entire project cost will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act. There are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX.

This letter is intended to complete the project close-out process for this permit. If further information or action is needed, please contact Bridget Orth (312-926-8650).

Sincerely,

Gina Welby
Vice President, Operations & Real Estate

John A. Orsini
Senior Vice President & Chief Financial Officer

"OFFICIAL SEAL"
MILLISA VASICH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/9/2017

cc: Bridget Orth, Director, Regulatory Planning
Glen Rasmussen, Project Manager, Facility Planning & Construction
Jan Peterson, Project Manager, Finance

Attachments

259 East Erie Surgical Services Expansion project
Project # 14-061

Northwestern Memorial Hospital Permit Project Expenditures

Final Realized Cost

	Category	CON Approved Budget	Project-To-Date (Final)
USE OF FUNDS			
2	SITE SURVEY AND SOIL INVESTIGATION		
3	SITE PREPARATION		
4	OFF SITE WORK		
5	NEW CONSTRUCTION CONTRACTS		
6	MODERNIZATION CONTRACTS	$ 12,539,156	$ 12,539,156
7	CONTINGENCIES	$ 1,253,916	$ 345,362
8	ARCHITECTURAL/ENGINEERING FEES	$ 670,349	$ 634,927
9	CONSULTING & OTHER FEES	$ 454,621	$ 454,444
10	MOVABLE CAPITAL EQUIPMENT (not In construction contracts)	$ 7,987,695	$ 8,616,883
11	BOND ISSUANCE EXPENSE (project related)	$ -	$ -
12	NET INTEREST EXPENSE DURING CONSTRUCTION (project related)	$ -	$ -
14	OTHER COSTS WHICH ARE TO BE CAPITALIZED	$ 94,195	$ 71,466
	GRAND TOTAL	$ 22,999,932	$ 22,662,238
SOURCE OF FUNDS			
16	CASH & SECURITIES	$ 22,999,932	$ 22,662,238
18	GIFTS & BEQUESTS	$ -	$ -
19	BOND ISSUES (project related)	$ -	$ -
25	TOTAL FUNDS	$ 22,999,932	$ 22,662,238
	CON PERMIT AMOUNT	$ 22,999,932	$ 22,662,238
	% COMPLETE 100.0%		

APPLICATION AND CERTIFICATE FOR PAYMENT

Invoice #: 56171

To Owner: Northwestern Memorial Hospital
251 East Huron

Chicago, IL 60611

Project: 515028- NMH 11th Floor Ambulatory Surgery Fitout

Application No.: 14

Period To: 11/30/2016

Distribution to:
- ☐ Owner
- ☐ Architect
- ☐ Contractor
- ☐
- ☐

From Contractor: Berglund Construction
8410 S South Chicago Avenue
Chicago, IL 60617

Via Architect: Anderson-Mikos Architects, Ltd

Project Nos: 14852.00

Contract For: General Construction

Contract Date: 6/15/2015

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		$12,582,779.00
2. Net Change By Change Order		$289,955.00
3. Contract Sum To Date		$12,872,734.00
4. Total Completed and Stored To Date		$12,872,734.00
5. Retainage:		
a. 0.00% of Completed Work	$0.00	
b. 0.00% of Stored Material	$0.00	
Total Retainage		$0.00
6. Total Earned Less Retainage		$12,872,734.00
7. Less Previous Certificates For Payments		$12,796,963.00
8. Current Payment Due		$75,771.00
9. Balance To Finish, Plus Retainage		$0.00

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	$315,676.00	$1,697.00
Total Approved this Month	$0.00	$24,024.00
TOTALS	$315,676.00	$25,721.00
Net Changes By Change Order	**$289,955.00**	

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: Berglund Construction

By: _____ Date: 11/21/2016

State of: Illinois County of: Cook
Subscribed and sworn to before me this 21st day of November 2016
Notary Public: _____
My Commission expires: 10/12/2020

"OFFICIAL SEAL"
MICHELE L JONES
Notary Public, State Of Illinois
My Commission Expires June 18, 2020
Commission No. 504615

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 $ 75,771.00

(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: _____

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.