**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

December 8, 2016



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** #15-022, Fresenius Medical Care Blue Island
**Permit Holder:** WSKC Dialysis Services, Inc., and Fresenius Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Blue Island, #15-022, along with a signed notarized cost report certification for the project as required pursuant to 7Il. Adm. 1130.770.

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

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

FRESENIUS
KIDNEY CARE

**Final Cost Report, Section 1130.770 Fresenius Medical Care Blue Island**

**Project #**15-022, Fresenius Medical Care Blue Island
**Permit Holder:** WSKC Dialysis Services, Inc., and Fresenius Medical Care Holdings, Inc.

This report summarizes the development and final costs of the above-mentioned project which is for the addition of 4 stations to a 24-station ESRD facility located at 12200 S. Western Avenue, Blue Island. The project was obligated with the execution of the construction contract on January 21, 2016. There have been no changes to the scope and size of this project. The stations were operational as of November 14, 2016. The Permit amount is $601,631. Final realized costs were $494,735.

Project Costs and Sources of Funds

**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)

**Final G-702 is attached.**

| **Project Costs** | **Allowance/CON** | **Realized** |
|---|---|---|
| Modernization | 170,499 | 108,176 |
| Contingencies | 16,944 | 0 |
| Architectural/Engineering | 18,500 | 16,746 |
| Movable & Other Equipment | 85,000 | 59,125 |
| FMV of Leased Space/Equipment | 310,688 | 310,688 |
| Total Project Costs | **$601,631** | **$494,735** |
| **Funding** | **Allowance/CON** | **Realized** |
| Cash & Securities | 290,943 | 184,047 |
| Lease FMV | 310,688 | 310,688 |
| Total funds | **$601,631** | **$494,735** |

# APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702/CMa

CONSTRUCTION MANAGER-ADVISER EDITION



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

PROJECT:
Blue Island
12200 Western Ave., Suite 120
Blue Island, IL 60406

APPLICATION NO: 3
PERIOD TO: 07/18/16

Distribution to:
[X] OWNER
[ ] ARCHITECT
[X] CONTRACTOR

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

OWNER:
WSKC Dialysis Services, Inc.
c/o Fresenius Medical Care NA
1909 Tyler Street, 8th Floor
Hollywood, FL 33020

PROJECT NOS: 2967-2-EX-W-BO-15

CONTRACT DATE: January 21, 2016

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 | | $ 108,176.00 |
| 2. Net change by Change Orders | | $ 0.00 |
| 3. CONTRACT SUM TO DATE (Line 1 ± 2) | | $ 108,176.00 |
| 4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) | | $ 108,176.00 |
| 5. RETAINAGE: | | |
| a. 0 % of Completed Work (Column D + E on G703) | $ 0.00 | |
| b. 0 % of Stored Material (Column F on G703) | 0.00 | |
| Total Retainage (Lines 5a + 5b or Total in Column I of G703) | | $ 0.00 |
| 6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) | | $ 108,176.00 |
| 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) | | $ 97,358.40 |
| 8. CURRENT PAYMENT DUE | | $ 10,817.60 |
| 9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) | | $ 0.00 |

| CHANGE ORDER SUMMARY | ADDITIONS | DEDUCTIONS |
|---|---|---|
| Total changes approved in previous months by Owner | $0.00 | $0.00 |
| Total approved this Month | $0.00 | $0.00 |
| TOTALS | $0.00 | $0.00 |
| NET CHANGES by Change Order | $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: DiNaso & Sons Construction Co., Inc.

By: Charles D... Date: November 2, 2016

State of: Illinois County of: Cook
Subscribed and sworn to before me this 2nd day of November, 2016
Notary Public: Anthony Fillicetti
My Commission expires: 11/9/22

ANTHONY FILLICETTI
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
November 09, 2022

## 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 ..... $ 10,817.60

*(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.

FRESENIUS
KIDNEY CARE

**Certification Of Cost Report**
**Fresenius Medical Care Blue Island**
**Project #15-022**

WSKC Dialysis Services, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Blue Island, Project #15-022, 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: Maria T. C. Notar
Assistant Treasurer

BY: _____
ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to
Before me this 28th day of Sept., 2016

_____
Notary Public

My commission expires: 10/14/22

Subscribed and Sworn to
Before me this____day of_____, 2016

_____
Notary Public

My commission expires:_____

ELIZABETH D. SCULLY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
October 14, 2022

**FRESENIUS KIDNEY CARE**

**Certification Of Cost Report**
**Fresenius Medical Care Blue Island**
**Project #15-022**

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Blue Island, Project #15-022, 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: Maria T. C. Notar
Assistant Treasurer

BY: _____
Bryan Mello
ITS: Assistant Treasurer

Subscribed and Sworn to
Before me this 21st day of Sept, 2016

Notary Public

My commission expires: 10/14/22

ELIZABETH D. SCULLY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
October 14, 2022

Subscribed and Sworn to
Before me this 20 day of Sept, 2016

Notary Public

My commission expires: 06/25/2021

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021