



**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

September 12, 2018

RECEIVED

SEP 12 2018

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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

Re: Final Cost Report. Section 1130.770
Project #15-036, Fresenius Medical Care Zion
Permit Holder: Fresenius Medical Care Zion, LLC, and Fresenius Medical Care Holdings,
Inc.
Permit Amount: \$4,132,650

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Kidney Care Zion,
#15-036, 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



August 30, 2018

Final Cost Report, Section 1130.770

Project #15-036, Fresenius Medical Care Zion

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

Permit Amount: \$4,132,650

This project is for the establishment of a 12-station ESRD facility located at 1920 N. Sheridan Road, Zion with a permit amount of \$4,132,650. The project was obligated with the execution of the lease on July 15, 2016. The permit was renewed April 25, 2017 with a completion date of December 31, 2018. The facility began operations on June 25, 2018 and the project was complete upon receipt of the CMS certification letter on August 24, 2018 with an effective date of August 6, 2018.

Application and Certificate for Payment (AIA G702)

G-702 attached.

Project Costs and Sources of Funds

Project Costs	Allowance/CON	Realized
Modernization	1,312,620	857,940
Contingencies	125,760	0
Architectural/Engineering	140,000	49,119
Moveable & Other Equipment	360,000	344,157
FMV of Leased Space/Equipment	2,194,270	2,194,270
Total Project Costs	\$4,132,650	\$3,445,486
Funding	Allowance/CON	Realized
Cash & Securities	1,938,380	1,251,216
FMV Lease/Equipment	2,194,270	2,194,270
Total funds	\$4,132,650	\$3,440,702

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



FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care Zion
Project #15-036

Fresenius Medical Care Zion, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Elgin, Project #18-004, 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]

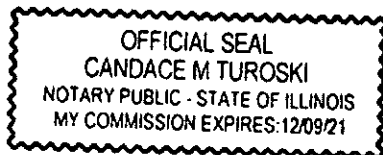
ITS: Regional Vice President/Manager

Subscribed and Sworn to before me
this 30th day of August, 2018

[Signature]
Notary Public

My commission expires: 12-09-2018

Seal





FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care Zion
Project #15-036

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Zion, Project #15-036, 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: Dorothy S. Rizzo
ITS: Dorothy Rizzo
Assistant Treasurer

BY: Bryan Mello
ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to before me
this 11th day of September, 2018

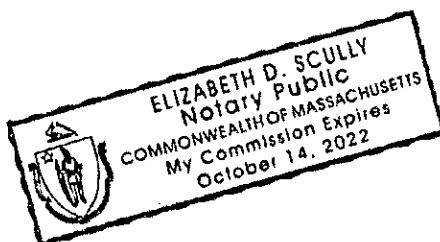
Subscribed and Sworn to before me
this _____ day of _____, 2018

Elizabeth D. Scully
Notary Public

Notary Public

My commission expires: _____

My commission expires: _____



APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

Page 1 of

TO (OWNER): Fresenius Medical Care PROJECT: Zion IL Zion TI FMC100374

APPLICATION NO: 3
PERIOD TO: Feb 2018
CONTRACTOR'S PROJECT NO:
CONTRACT DATE:

Distribution to:
OWNER:
ARCHITECT
CONTRACTOR

FROM (CONTR.) Cohen Architectural
Woodworking
CONTRACT FOR: Millwork & Installation

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY				ADDITIONS		DEDUCTIONS	
Change Orders approved in previous months by Owner							
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:

Date: 2-8-18
DAVID BEADLES
Notary Public - Notary Seal
STATE OF MISSOURI
Phelps County
My Commission Expires: March 29, 2021
Commission #17298584

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

1. ORIGINAL CONTRACT SUM \$ 73,216.00 ✓
2. Net change by Change Orders \$ -
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 73,216.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 73,216.00
5. RETAINAGE:
 - a. 0% % 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 \$ 73,216.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 65,894.40 ✓
8. CURRENT PAYMENT DUE \$ 7,321.60
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ -

State of: Missouri County of: Phelps
Subscribed and sworn to before me this 8th day of FEB 2018
Notary Public: D.B.
My Commission expires: 3-29-21

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

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

ARCHITECT:

By:

Date:

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

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.

PRINCE
RECS - North

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF

TO OWNER: Fresenius Medical Care Zion LLC
c/o Fresenius Medical Care NA
1909 Tyler Street, 8th Floor
Hollywood, FL 33020

PROJECT: Fresenius Medical Care
1901 Lewis Ave
Zion, IL 60099
#100374-1-DN-W-GU-16

APPLICATION NO: 17-092-3
INVOICE DATE: 6/7/18
PERIOD FROM: 3/7/18
TO: 6/7/18

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR

ARCHITECT Christopher Kidd & Associates, LLC
N48W16550 Lisbon Road
Menomonee Falls, WI 53501

FROM CONTRACTOR:
Midwest Construction Partners, Inc.
1300 E. Woodfield Rd., Suite 150
Schaumburg, IL 60173

CONTRACT FC General Construction

CONTRACT DATE: 6/27/2017

CONTRACTOR'S APPLICATION FOR PAYMENT

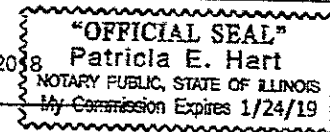
Application is made for payment, as shown below, in connection with the Contract Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$ 750,000.00
2. Net change by Change Orders	\$ 34,723.98
3. CONTRACT SUM TO DATE (Line 1 ± 2)	\$ 784,723.98
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$ 784,723.98
5. RETAINAGE:	
a. 0 % of Completed Work (Column D + E on G703)	\$ -
b. % of Stored Material (Column F on G703)	\$ -
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$ -
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$ 784,723.98
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$ 635,957.10
8. CURRENT PAYMENT DUE	\$ 148,766.88
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ -

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 Midwest Construction Partners, Inc.

By: James O'Brien Date: 6/7/18
James O'Brien, President
State of: ILLINOIS County of: COOK
Subscribed and sworn to before me this 7th day of June, 2018
Notary Public: Patricia E. Hart
Patricia E. Hart, Notary
My Commission Expires: 1/24/19



ARCHITECT'S 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 \$

(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.

TERESA BARNES
DIV ADMIN

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved	\$ 34,723.98	
TOTALS	\$ 34,723.98	\$ -
NET CHANGES by Change Order	\$ 34,723.98	

AIA DOCUMENT G702 - APPLICATION AND CERTIFICATION FOR PAYMENT - 1992 EDITION - AIA THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVE., N.W., WASHINGTON, DC 20006-5292

Users may obtain validation of this document by requesting a completed AIA Document D401 - Certification of Document's Authenticity from the Licensee.

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