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September 25, 2020

VIA EMAIL

Ms. Courtney Avery
Board Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Final Cost Report and Notice of Completion - Javon Bea Hospital-Rockton
Campus, Project #15-038

Dear Courtney:

On November 18, 2015, the Illinois Health Facilities and Services Review Board (HFSRB) approved Project # 15-038 to modernize an existing facility and discontinue beds associated with the establishment of the Javon Bea Hospital-Riverside Campus, approved as Project #15-039. The Javon Bea Hospital-Rockton Campus is located at 2400 North Rockton Avenue, Rockford, Illinois 61103. We are happy to report that the project is now complete and we request that you accept this letter as our final cost report consistent with 77 Ill. Admin Code Section 1130.770.

Enclosed you will find a notarized statement from the permit holder certifying that the final realized costs as itemized are the total costs that were required to complete the project as approved by the HFSRB and there are no additional associated costs. Also enclosed is detailed itemization of all project costs and sources of funds which were all expended consistent with the approved application for the project and a G702 equivalent signed certification.

If you have any questions or need any additional information regarding the project or this permit renewal request, please feel free to contact me at 312-212-4967.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

A handwritten signature in black ink, appearing to read 'Juan Morado, Jr.', written in a cursive style.

Juan Morado, Jr.

**State of Illinois
County of Cook**

Verification Statement

I, Joanna Benning, being first duly sworn, on oath, depose and state as follows:

1. I serve as the Vice President for Facilities and Construction for Mercyhealth, the permit holder for Project #15-038.

2. We filed a Certificate of Need application to modernize the existing Rockford Memorial Hospital, now known as the Javon Bea Hospital-Rockton Avenue.

3. That application was approved by the Health Facilities and Services Review Board as Project #15-038.

4. The project was filed in conjunction with Rockford Memorial Hospital-Riverside Campus Project #15-039 and Riverside Campus Medical Clinics Building Project #15-040, and involved the discontinuation of several beds at the Rockton Avenue campus. Project #15-038 consisted of multiple smaller modernization projects within the facility as described in the application, and utilized multiple specialty contractors to complete the project.

5. The facilities are now licensed by the Illinois Department of Public Health under a single hospital license with two campuses. The facilities are known collectively as the Javon Bea Hospital.

6. As described in the application for the project, the facility currently has 70 Medical Surgical Beds, 4 Intensive Care Beds, and until recently also had 20 Acute Mental Illness (AMI) Beds. A Certificate of Exemption application #E-032-20 was filed on July 1, 2020 to discontinue the AMI beds and was approved on September 22, 2020 by the Board.

7. I certify that to the best of my knowledge, information, and belief that Work covered by Project #15-038 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 all invoices received by Mercyhealth have been paid, and that no additional payments are due at this time.

8. I certify that the final realized costs, are the total costs required to complete the project and that there are no additional associated costs or capital expenditures related to the project.

9. The final realized costs for the project equaled \$9,914,273.54, consistent with what was approved by the Board.

10. The source of funds for the project amounted to \$9,914,273.54 in cash.

11. The graph below accurately reflects a detailed itemization of all project costs and sources of funds.

PROJECT COSTS AND SOURCES OF FUNDS			
	CON Permit Approved Costs	Actual Project Costs	Under (over) Budget
Project Cost:			
Preplanning Costs	150,000.00	-	150,000
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	-	-	-
Modernization Contracts	5,340,470.00	8,614,725.19	(3,274,255.19)
Contingencies	789,802.00	-	789,802.00
Architectural/Engineering Fees	613,028.00	322,139.28	290,888.72
Consulting and Other Fees	100,000.00	97,795.25	2,204.75
Movable and Other Equipment (not in construction contracts)	3,000,000.00	884,613.82	2,115,386.18
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction Period	-	-	-
Fair Market Value of Leased Space or Equipment	-	-	-
Other Costs to be Capitalized	-	-	-
Acquisition of Building or Other Property	-	-	-
TOTAL USES OF FUNDS	9,993,300.00	9,919,273.54	74,026.46
Sources of Funds:			
Cash and Securities	9,993,300.00	9,919,273.54	74,026.46
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	-	-	-
Leases (fair market value)	-	-	-
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	9,993,300.00	9,919,273.54	74,026.46

Under penalties as provided by law pursuant to § 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

Joanna Benning (signature)

September 28, 2020 (date)

On this 28th day of September, 2020, before me the undersigned notary public, personally appeared Joanna Benning, personally known or proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he signed it voluntarily for its stated purposed.

Denise M. Treuer

Signature of Notary

Notary Stamp

