NorthShore
University HealthSystem

Office of Finance

1301 Central Street
Evanston, IL 60201
www.northshore.org

(847) 570-5065
(847) 570-5240 Fax

November 10, 2016

RECEIVED
NOV 14 2016
HEALTH FACILITIES & SERVICES REVIEW BOARD

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

SUBJECT: Project #: 15-043 Lake Forest Medical Clinics Bldg (Lake Forest MOB)
Annual Progress Report
Project Title: Renovate and expand an existing building for use as a Medical Clinics building. (Lab only clinical services)
Permit Holder: NorthShore University Health System, 1301 Central, Evanston, Illinois 60201

Dear Ms. Olson:

This is our 1st annual progress report for the above project.

The scope and financing of the project remains as outlined in the CON Application approved by the Illinois Health Facilities and Services Review Board.

Costs incurred through September 30, 2016 total $10,360,526.72. The attached spreadsheet outlines these costs by category and provides projections to the project's completion.

The project is on schedule to be completed by June 30, 2017, as the floor build-outs are substantially complete.

The project remains on schedule as outlined in the application.

The required AIA forms G707s are attached.

If we can provide you any further information at this time, please contact me at 847-570-5217 or via e-mail at kagarwal@northshore.org.

Sincerely,

Kajal Agarwal
Senior Director Accounting, Finance
NorthShore University Health System

State of Illinois
County of Cook

Signed before me on November 10, 2016
by Kajal Agarwal
Ellen Daniel, Notary

OFFICIAL SEAL
ELLEN DANIEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/16/19

Integrated Facilities Solutions, Inc.

Project Number: 15-043
Project Title: Renovate and expand an existing building for use as a Medical Clinics building. (Lab only clinical services)
Subject: Annual C.O.N. Progress Report
Permit Holder: NorthShore University HealthSystem
Date: September 30, 2016

	Projected	Total Costs Incurred as of 9/30/2016	Available Balance as of 9/30/2016	Estimated Costs to Completion	Variance From Approved
Preplanning Costs	$ 47,500.00	$ 47,425.00	$ 75.00	$ -	$ 75.00
Site Survey & Soil Investigation	$ 3,000.00	$ 2,407.50	$ 592.50	$ 457.50	$ 135.00
Site Preparation	$ 202,000.00	$ 185,515.97	$ 16,484.03	$ 16,484.03	$ -
Off-site Work	$ 485,000.00	$ 460,750.00	$ 24,250.00	$ 24,250.00	$ -
New Construction Contracts	$ 918,000.00	$ 872,100.00	$ 45,900.00	$ 45,900.00	$ -
Modernization Contracts	$ 2,854,247.00	$ 2,465,902.03	$ 388,344.97	$ 934,933.47	$ (546,588.50)
Contingencies	$ 206,810.00	$ -	$ 206,810.00	$ -	$ 206,810.00
Architectural/Engineering Fees	$ 281,800.00	$ 287,190.68	$ (5,390.68)	$ 11,805.00	$ (17,195.68)
Consulting and Other Fees	$ 783,100.00	$ 335,884.79	$ 447,215.21	$ 72,024.79	$ 375,190.42
Movable or Other Equipment	$ 2,163,100.00	$ 18,350.75	$ 2,144,749.25	$ 1,397,649.25	$ 747,100.00
Replacement of Air Handling Systems	$ 700,000.00	$ 665,000.00	$ 35,000.00	$ 35,000.00	$ -
Other Costs to be Capitalized	$ -	$ -	$ -	$ -	$ -
Land Acquisition	$ 5,000,000.00	$ 5,020,000.00	$ (20,000.00)	$ -	$ (20,000.00)
Total	$ 13,644,557.00	$ 10,360,526.72	$ 3,284,030.28	$ 2,538,504.04	$ 745,526.24

Cash and Securities	$ 13,644,557.00
Pledges	
Gifts and Bequests	
Bond Issues (project related)	
Mortgages	
Leases (fair market value)	
Governmental Appropriations	
Grants	
Other Funds and Sources	
TOTAL FUNDS	$ 13,644,557.00

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: NORTHSHORE UNIVERSITY HEALTH SY
1301 CENTRAL AVE
EVANSTON, IL
60201 UNITED STATES

PROJECT: Northshore Univ. Health(Lake Forest MOB)
915 S. WAUKEGAN RD.
LAKE FOREST, IL
UNITED STATES

AIA Document G702

APPLICATION NO.:7
PERIOD TO :31-AUG-16
PROJECT NOS..115195
INVOICE NO.201600395
CONTRACT DATE :02-FEB-16

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

FROM CONTRACTOR: Bulley & Andrews LLC
1755 W. Armitage Avenue
Chicago, IL , 60922 USA

ARCHITECT

CONTRACT FOR: Northshore Univ. Health(Lake Forest MOB)

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	$	5,247,290.00
2. Net change by change orders	$	186,713.00
3. CONTRACT SUM TO DATE (Line1 +/- 2)	$	5,434,003.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$	5,168,528.32
5. RETAINAGE: Total retainage Column I of G703)	$	516,852.82
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$	4,651,675.50
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$	4,156,916.78
8. CURRENT PAYMENT DUE	$	494,758.72
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$	782,327.50

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Order approved in previous months by Owner		23,579.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
OCO003	16-AUG-2016	163,134.00	
CURRENT TOTAL		163,134.00	0.00
Net Change by Change Orders			186,713.00

AIA DOCUMENT G702 - APPLICATION AND CERTIFICATE FOR PAYMENT
THE AMERICAN INSTITUTE OF ARCHITECTS 1735 NEW YORK AVENUE NW WASHINGTON DC 20006

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 : Bulley & Andrews LLC

By: _____ Date: 8/31/2016

State of: ILLINOIS

County of: COOK

Subscribed and sworn to before me this 31ST day of AUGUST, 2016

OFFICIAL SEAL
JANA WHIDDON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12-20-2016

Notary Public: Jana Whidden

My Commission expires: 12-20-2016

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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....$ 782,327.50

(Attach explanation if amount certified differs from the amount applied for. Initial figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:

By: _____ Date: 9/21/16 - 9/21/16

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.