PALOS HEALTH

PALOS HOSPITAL
12251 S. 80th Avenue | Palos Heights, IL 60463
p: 708.923.4000 | paloshealth.com

April 18, 2017

Certified US Mail

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

RE: IHFPB Project #16-001
Palos Community Hospital, Palos Heights, IL
Annual Progress Report

Dear Ms. Olson:

Please accept this letter as conformance to Section 1130.760, Annual Progress Report, for the above referenced project.

Section 1130.760, Annual Progress Report:

1. Current Project Status: Approximately 6% of the project has been completed. The financial resources to fund the project are available; the State Board approved an alteration to this project on July 8, 2016.

2. Costs:

Sources of Funds	Permit Approved Amount*	Costs Incurred to Date
Pre-planning Costs	$197,394	$173,378
Site Survey and Soil Investigation	$103,500	$39,930
Site Preparation & Demolition	$7,428,263	$3,118,339
Off-Site Improvements	$1,236,000	$71,889
Construction (New, Modernization & Contingency)	$72,786,247	$3,034,530
Architectural/Engineering Fees	$5,391,467	$3,034,530

Sources of Funds	Permit Approved Amount*	Costs Incurred to Date
Consulting and Other Fees	$890,000	$98,747
Movable or Other Equipment	$28,386,761	$2,500,000
Other Costs to be Capitalized	$333,781	$0
Estimated Total Project Cost	**$116,803,413**	**$9,831,413**

**Reflects alteration to total estimated project cost approved from July, 2016 $133,202,791 to $116,803,413.*

3. Sources of Funding: There has been no change in the source of funding for this project.

4. Certification for Payment for construction, as per payment G702 published by the American Institute of Architects: The project is being bid through a series of GMP's. Attached are relevant payment applications to date.

5. Anticipated Date of Completion: The project's completion date has not changed.

If you require additional information, please contact me at 708-923-5003.

Sincerely,

Timothy J. Brosnan

Timothy Brosnan
Vice President, Planning and Community Relations
Palos Community Hospital

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO OWNER: Palos Community Hospital
12251 S. 80th Avenue
Palos Heights, IL 60463

PROJECT: **Palos Community Hospital**
South Campus Master Planning
15300 West Avenue
Orland Park, IL 60462

APPLICATION #: **215100-11**
PERIOD FROM: **3/1/2016**
PERIOD TO: **5/31/2016**

OWNER PROJECT #:
WCCI PROJECT #: **215100**

Application Date: **5/24/16**

FROM: *WALSH CONSTRUCTION COMPANY II, LLC*
929 W. ADAMS STREET
CHICAGO, ILLINOIS 60607

CONTRACT FOR: South Campus Master Planning

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** $41,417
2. **Net Change by Change Orders** $155,977
3. **CONTRACT SUM TO DATE (Line 1 +/- 2)** $ 197,394
4. **TOTAL COMPLETED & STORED TO DATE** (Column G on G703) $173,738
5. **RETAINAGE:**
   a. 10 % of Completed Work (Columns D + E on G703) $0
   b. 10 % of Stored Material (Column F on G703) $ -
   Total Retainage (Line 5a + 5b or Total in Column I of G703) $ -
6. **TOTAL EARNED LESS RETAINAGE** (Line 4 less Line 5 Total) $ 173,738
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT** (Line 6 from prior Certificate) $164,224
8. **CURRENT PAYMENT DUE** $ 9,514
9. **BALANCE TO FINISH, INCLUDING RETAINAGE** (Line 3 less Line 6) $ 23,656

CHANGE ORDER SUMMARY		ADDITIONS $	DEDUCTIONS $
Total changes approved in previous months by Owner		$ -	0
Total approved this Month		$ -	0
	TOTALS	$0	0
Subsequent Change Orders			
Number	Approved (DATE)		
NET CHANGES by Change Orders		$ -	$ -

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: **WALSH CONSTRUCTION COMPANY II, LLC**

By: ______________________ Date: ______________
PROJECT MANAGER

State of: ILLINOIS
County of: COOK
Subscribed and sworn before me this 24th day of May, 2016.

Notary Public: ______________________ My Commission Expires:

ARCHITECT'S CERTIFICATION 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..$

(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: ______________

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 of Contractor under this Contract.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO OWNER: Palos Community Hospital
12251 S. 80th Avenue
Palos Heights, IL 60463

PROJECT: **Palos Community Hospital**
South Campus Ambulatory Care Center - Professional Services
15300 West Avenue
Orland Park, IL 60462

APPLICATION #: **216049-12**
PERIOD FROM: 1/1/2017
PERIOD TO: 1/31/2017

OWNER PROJECT #:
WCCI PROJECT #: 216049

Application Date: 2/17/17

FROM: *WALSH CONSTRUCTION COMPANY II, LLC*
929 W. ADAMS STREET
CHICAGO, ILLINOIS 60607

CONTRACT FOR: South Campus Ambulatory Care Center - Professional Services

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** — $6,169,026
2. **Net Change by Change Orders** — $0
3. **CONTRACT SUM TO DATE (Line 1 +/- 2)** — $ 6,169,026
4. **TOTAL COMPLETED & STORED TO DATE** (Column G on G703) — $3,887,472
5. **RETAINAGE:**
   a. 10 % of Completed Work (Columns D + E on G703) — $0
   b. 10 % of Stored Material (Column F on G703) — $ -
   Total Retainage (Line 5a + 5b or Total in Column I of G703) — $ -
6. **TOTAL EARNED LESS RETAINAGE** (Line 4 less Line 5 Total) — $ 3,887,472
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT** (Line 6 from prior Certificate) — $3,570,535
8. **CURRENT PAYMENT DUE** — $ **316,937**
9. **BALANCE TO FINISH, INCLUDING RETAINAGE** (Line 3 less Line 6) — $ 2,281,554

CHANGE ORDER SUMMARY		ADDITIONS $	DEDUCTIONS $
Total changes approved in previous months by Owner		$ -	0
Total approved this Month		$ -	0
TOTALS		**$0**	**0**
Subsequent Change Orders			
Number	Approved (DATE)		
NET CHANGES by Change Orders		$ -	$ -

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: **WALSH CONSTRUCTION COMPANY II, LLC**

By: ______________ Date: ______________
PROJECT MANAGER

State of: ILLINOIS
County of: COOK
Subscribed and sworn before me this 17th day of February, 2017.

Notary Public: ______________ My Commission Expires:

ARCHITECT'S CERTIFICATION 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..$

(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: ______________

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 of Contractor under this Contract.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO OWNER: Palos Community Hospital
12251 S. 80th Avenue
Palos Heights, IL 60463

PROJECT: **Palos Community Hospital**
Site Package #1
15300 West Avenue
Orland Park, IL 60462

APPLICATION #: **216049-10SP1**
PERIOD FROM: **10/1/2016**
PERIOD TO: **12/31/2016**
OWNER PROJECT #:
WCCI PROJECT #: **216049**
Application Date: **1/11/2017**

FROM: *WALSH CONSTRUCTION COMPANY II, LLC*
929 W. ADAMS STREET
CHICAGO, ILLINOIS 60607

CONTRACT FOR: Site Package #1

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** $1,460,294
2. **Net Change by Change Orders** $0
3. **CONTRACT SUM TO DATE (Line I +/- 2)** $ 1,460,294
4. **TOTAL COMPLETED & STORED TO DATE** (Column G on G703) $1,443,508
5. **RETAINAGE:**
   a. 10 % of Completed Work (Columns D + E on G703) $0
   b. 10 % of Stored Material (Column F on G703) $ -
   Total Retainage (Line 5a + 5b or Total in Column I of G703) $ -
6. **TOTAL EARNED LESS RETAINAGE** (Line 4 less Line 5 Total) $ 1,443,508
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT** (Line 6 from prior Certificate) $770,775
8. **CURRENT PAYMENT DUE** $ **672,733**
9. **BALANCE TO FINISH, INCLUDING RETAINAGE** (Line 3 less Line 6) $ 16,786

CHANGE ORDER SUMMARY		ADDITIONS $	DEDUCTIONS $
Total changes approved in previous months by Owner		$ -	0
Total approved this Month		$ -	0
	TOTALS	$0	0
Subsequent Change Orders			
Number	Approved (DATE)		
NET CHANGES by Change Orders		$ -	$ -

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: **WALSH CONSTRUCTION COMPANY II, LLC**

By: ______________________ Date: ____________
PROJECT MANAGER

State of: ILLINOIS
County of: COOK
Subscribed and sworn before me this 16th day of January, 2017.

Notary Public: ______________________ My Commission Expires:

ARCHITECT'S CERTIFICATION 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..$ ____________

(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: ____________

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 of Contractor under this Contract.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO OWNER: Palos Community Hospital
12251 S. 80th Avenue
Palos Heights, IL 60463

PROJECT: **Palos Community Hospital**
Site Package #2, Storm Trap, and West Avenue Improvements
15300 West Avenue
Orland Park, IL 60462

APPLICATION #: **216049-12SP2**
PERIOD FROM: **1/1/2017**
PERIOD TO: **1/31/2017**

OWNER PROJECT #:
WCCI PROJECT #: **216049**

Application Date: **2/13/2017**

FROM: *WALSH CONSTRUCTION COMPANY II, LLC*
929 W. ADAMS STREET
CHICAGO, ILLINOIS 60607

CONTRACT FOR: Site Package #2, Storm Trap, and West Avenue Improvements

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** $ 6,643,957
2. **Net Change by Change Orders** $ -
3. **CONTRACT SUM TO DATE (Line 1 +/- 2)** $ 6,643,957
4. **TOTAL COMPLETED & STORED TO DATE** (Column G on G703) $ 1,744,684
5. **RETAINAGE:**
   a. 10 % of Completed Work (Columns D + E on G703) $ 138,397
   b. 10 % of Stored Material (Column F on G703) $ -
   Total Retainage (Line 5a + 5b or Total in Column I of G703) $ 138,397
6. **TOTAL EARNED LESS RETAINAGE** (Line 4 less Line 5 Total) $ 1,606,287
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT** (Line 6 from prior Certificate) $ 680,939
8. **CURRENT PAYMENT DUE** $ **925,348**
9. **BALANCE TO FINISH, INCLUDING RETAINAGE** (Line 3 less Line 6) $ 5,037,670

CHANGE ORDER SUMMARY		ADDITIONS $	DEDUCTIONS $
Total changes approved in previous months by Owner		$ -	0
Total approved this Month		$ -	0
	TOTALS	$0	0
Subsequent Change Orders			
Number	Approved (DATE)		
NET CHANGES by Change Orders		$ -	$ -

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: **WALSH CONSTRUCTION COMPANY II, LLC**

By: ______________________ Date: ____________
PROJECT MANAGER

State of: ILLINOIS
County of: COOK
Subscribed and sworn before me this 17th day of February, 2017.

Notary Public: ______________________ My Commission Expires:

ARCHITECT'S CERTIFICATION 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..$

(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: ____________

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 of Contractor under this Contract.