ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT ORIGINAL

RECEIVED
MAY 09 2016
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects. 16-018

Facility/Project Identification

Facility Name:	Memorial Hospital-East Medical Clinics Building		
Street Address:	please see legal description provided		
City and Zip Code:	Shiloh, IL 62229		
County: St. Clair	Health Service Area XI	Health Planning Area: F-01	

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Memorial Regional Health Services, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Name of Registered Agent:	CT Corporation System
Name of Chief Executive Officer:	Mark J. Turner, President
CEO Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642

Type of Ownership of Applicant/Co-Applicant

X	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact
[Person to receive ALL correspondence or inquiries)

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact
[Person who is also authorized to discuss the application for permit]

Name:	Mark J. Turner
Title:	President
Company Name:	Memorial Group, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642
E-mail Address:	mturner@memhosp.com
Fax Number:	618/257-5658

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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County: St. Clair		Health Service Area XI		Health Planning Area: F-01

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Metro-East Services, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Name of Registered Agent:	Mark J. Turner
Name of Chief Executive Officer:	Mark J. Turner, President
CEO Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642

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County: St. Clair	Health Service Area XI		Health Planning Area: F-01

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Memorial Group, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Name of Registered Agent:	Mark J. Turner
Name of Chief Executive Officer:	Roland Thouvenot
CEO Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642

Type of Ownership of Applicant/Co-Applicant

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Street Address:	please see legal description provided				
City and Zip Code:	Shiloh, IL 62229				
County:	St. Clair	Health Service Area	XI	Health Planning Area:	F-01

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	BJC Health System d/b/a BJC Healthcare
Address:	4901 Forest Park Avenue, Suite 1200 St. Louis, MO 63108
Name of Registered Agent:	CT Corporation System
Name of Chief Executive Officer:	Steven H. Lipstein
CEO Address:	4901 Forest Park Avenue, Suite 1200 St. Louis, MO 63108
Telephone Number:	314/286-2030

Type of Ownership of Applicant/Co-Applicant

X	Non-profit Corporation	☐	Partnership		
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Fax Number:	618/257-5658

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name:	Ruth Holmes
Title:	Administrator
Company Name:	Memorial Hospital-East
Address:	1404 Cross Street
Telephone Number:	618/607-3210
E-mail Address:	rholmes@memhosp.com
Fax Number:	618/607-1010

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Metro-East Services, Inc.

Address of Site Owner: 4500 Memorial Drive Belleville, IL 62226

Street Address or Legal Description of Site: please see legal description

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

Note: Building to be owned by applicant Memorial Regional Health Services, Inc.

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:

Address:

X	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
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- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 **(http://www.hfsrb.illinois.gov)**.

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

☐ Substantive

X Non-substantive

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The applicants propose the establishment of a three-story medical clinics building ("MCB"), to be located approximately 175 yards to the east of Memorial Hospital-East in Shiloh, Illinois. The clinical services, per IHFSRB definitions, to be included in the MCB will be limited to imaging, a specimen collection and laboratory area and a physical/occupational/speech therapy area.

A legal description of the site is attached.

This is a non-substantive application because it does not address the establishment or discontinuation of any IDPH-designated category of service, and the services to be provided in the MCB will be limited to outpatients.

the Southeast Quarter of Section 32; thence continuing South 00 degrees 08 minutes 09 seconds West, on said east line of the West Half of the Southeast Quarter of Section 32, a distance of 134.71 feet to the northwesterly right of way line of the proposed extension of Frank Scott Parkway; thence on said northwesterly right of way line of the proposed extension of Frank Scott Parkway, the following ten (10) courses and distances: 1.) 242.24 feet on a non-tangential curve to the left having a radius of 2550.00 feet, the chord of said curve bears South 69 degrees 26 minutes 31 seconds West, a distance of 242.15 feet; 2.) South 89 degrees 46 minutes 52 seconds West, 168.21 feet; 3.) South 68 degrees 13 minutes 33 seconds West, 150.33 feet; 4.) South 64 degrees 24 minutes 42 seconds West, 200.00 feet; 5.) South 53 degrees 06 minutes 06 seconds West, 101.98 feet; 6.) South 58 degrees 42 minutes 04 seconds West, 201.00 feet; 7.) South 64 degrees 24 minutes 42 seconds West, 100.00 feet; 8.) South 53 degrees 06 minutes 06 seconds West, 101.98 feet; 9.) South 64 degrees 24 minutes 42 seconds West, 481.91 feet 10.) North 79 degrees 36 minutes 22 seconds West 45.61 feet to the aforementioned northeasterly right of way line of County Highway 43; thence the following 2 courses and distances on said northeasterly right of way line of County Highway 43; 1.) North 43 degrees 36 minutes 53 seconds West, 259.03 feet 2.) North 89 degrees 06 minutes 08 seconds West, 21.03 feet to the point of beginning.

ALSO, street right-of-way vacated by Village of Shiloh Ordinance 2010-06-07-C recorded as Document No. A02245195 at the St. Clair County, Illinois Recorder's Office.

Part of Lots 6, 7, 8 and 9 of the South Half of Section 32 and part of the Southeast Quarter of Section 32, Township 2 North, Range 7 West of the Third Principal Meridian, County of St. Clair, State of Illinois; reference being had to the plat thereof in the St. Clair County Recorder's Office in Plat Book "Lands North No. 2" on page 27 and part of Lots 70 and 76 of the North Half of Section 5, Township 1 North, Range 7 West of the third principal Meridian, County of St. Clair, State of Illinois; reference being had to the plat thereof recorded in the St. Clair County Recorder's Office in Plat Book A on page 244 and being more particularly described as follows:

Commencing at a concrete monument that marks the southwest corner of said Southeast Quarter of Section 32; thence North 89 degrees 06 minutes 08 seconds West, on the South line of said Section 32, a distance of 506.62 feet to the northeasterly right of way line of County Highway 43 (A.K.A. Cross Street, S.A. Route No. 2, Shiloh-O'Fallon Road), reference being had to the plat thereof in the St. Clair County Recorder's Office in Plat Book 45 on pages 120 and 121, said point being the point of beginning.

From said point of beginning; thence North 43 degrees 36 minutes 53 seconds West, on said northeasterly right of way line of County Highway 43, a distance of 1450.30 feet to the northeasterly right of way line of County Highway 43, reference being had to the plat thereof recorded in the St. Clair County Recorder's Office in Plat Book 60 on page 82; thence North 33 degrees 39 minutes 22 seconds West, on said northeasterly right of way line of County Highway 43, reference being had to the plat thereof recorded in the St. Clair County Recorder's Office in Plat Book 60 on page 82, a distance of 754.21 feet to the intersection of the southerly right of way line of F.A.I. Route 64, reference being had to the plat thereof in the St. Clair County Recorder's Office in Plat Book 64 on page 22 and said northeasterly right of way line of County Highway 43, reference being had to the plat thereof in the St. Clair County Recorder's Office in Plat Book 60 on page 82; thence on said southerly right of way line of F.A.I. Route 64 the following eight (8) courses and distances: 1.) North 87 degrees 45 minutes 11 seconds East, 400.00 feet; 2.) South 89 degrees 23 minutes 05 seconds East, 200.25 feet; 3.) North 84 degrees 53 minutes 26 seconds East, 100.12 feet; 4.) North 89 degrees 30 minutes 55 seconds East, 1300.62 feet; 5.) South 57 degrees 15 minutes 18 seconds East, 244.13 feet; 6.) North 87 degrees 45 minutes 11 seconds East, 500.00 feet; 7.) North 49 degrees 05 minutes 35 seconds East, 256.13 feet; 8.) North 87 degrees 45 minutes 11 seconds East, 342.13 feet to the east line of the West Half of said Southeast Quarter of Section 32; thence South 00 degrees 08 minutes 09 seconds West, on said east line of the West Half of the Southeast Quarter of Section 32, a distance of 1135.29 feet to a stone marking the northeast corner of Lot 9 of the Southwest Quarter of said Southeast Quarter of Section 32, reference being had to the assessor's plat thereof in the St. Clair County Recorder's Office in Assessor's Plat "Lands North No. 2" on page 27, said point being the northeast corner of South Half of said Southwest Quarter of

EXHIBIT

A

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	Total
Project Cost:			
Preplanning Costs	$ 24,000	$ 66,000	$ 90,000
Site Survey and Soil Investigation	$ 1,800	$ 5,700	$ 7,500
Site Preparation	$ 170,000	$ 550,000	$ 720,000
Off Site Work	$ 78,000	$ 222,000	$ 300,000
New Construction Contracts	$ 3,447,303	$ 10,987,323	$ 14,434,626
Modernization Contracts			
Contingencies	$ 73,005	$ 1,117,980	$ 1,190,985
Architectural/Engineering Fees	$ 281,625	$ 968,375	$ 1,250,000
Consulting and Other Fees	$ 592,800	$ 889,200	$ 1,482,000
Movable and Other Equipment (not in construction contracts)	$ 2,046,500	$ 1,260,561	$ 3,307,061
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	**$ 6,715,033**	**$ 16,067,139**	**$ 22,782,172**
Sources of Funds:			
Cash and Securities	$ 6,715,033	$ 16,067,139	$ 22,782,172
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$ 6,715,033**	**$ 16,067,139**	**$ 22,782,172**

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project Yes X No
Purchase Price: $_____
Fair Market Value: $_____
Note: Land was transfered from applicant Memorial Group, Inc. for $1.00 on December 29, 2015

The project involves the establishment of a new facility or a new category of service
☐ Yes X No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (includir operating deficits) through the first full fiscal year when the project achieves or exceeds the targ utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
X Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): _____January 15, 2018_____

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
X Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:
X Cancer Registry
X APORS
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
X All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Not applicable. Memorial Hospital-East has not operated for a full year.

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		**CITY:**			
REPORTING PERIOD DATES:		**From:**		**to:**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Memorial Regional Health Services, Inc._* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Mark J Turner	
SIGNATURE	SIGNATURE
MARK J. TURNER	MICHAEL T. McMANUS
PRINTED NAME	PRINTED NAME
PRESIDENT	CHIEF OPERATING OFFICER
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 29th day of April	Notarization: Subscribed and sworn to before me this 29th day of April
Sandra R. Kroenig	Sandra R. Kroenig
Signature of Notary	Signature of Notary
Seal OFFICIAL SEAL SANDRA R KROENIG NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/07/19	Seal OFFICIAL SEAL SANDRA R KROENIG NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/07/19

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of _Metro-East Services, Inc._____* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Mark J. Turner
SIGNATURE

MARK J. TURNER
PRINTED NAME

PRESIDENT
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of April

Sandra R. Kroenig
Signature of Notary

Seal

OFFICIAL SEAL
SANDRA R KROENIG
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/07/19

Joe H. Lanius
SIGNATURE

JOE H. LANIUS
PRINTED NAME

VICE PRESIDENT & CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of April

Sandra R. Kroenig
Signature of Notary

Seal

OFFICIAL SEAL
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NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/07/19

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SIGNATURE

ROLAND THOUVENOT

PRINTED NAME

CHAIRMAN

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of May, 2016

Sandra R. Kroenig

Signature of Notary

Seal

OFFICIAL SEAL
SANDRA R KROENIG
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/07/19

SIGNATURE

JEFFRY LUTZ

PRINTED NAME

DIRECTOR

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of May, 2016

Sandra R. Kroenig

Signature of Notary

Seal

OFFICIAL SEAL
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NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/07/19

*Insert EXACT legal name of the applicant

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- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of BJC Healthcare* **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

Richard J. Liekweg
PRINTED NAME

Executive Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27th day of April, 2016

Rita E. Long
Signature of Notary

Seal

RITA E. LONG
My Commission Expires
February 21, 2017
St. Louis County
Commission #13668952

SIGNATURE

Michael DeHaven
PRINTED NAME

Senior Vice President + General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27th day of April, 2016

Rita E. Long
Signature of Notary

Seal

RITA E. LONG
My Commission Expires
February 21, 2017
St. Louis County
Commission #13668952

*Insert EXACT legal name of the applicant

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

2. Define the planning area or market area, or other, per the applicant's definition.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

4. Cite the sources of the information provided as documentation.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

    c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Not applicable. Project does not include shell space.

Provide the following information:

1. Total gross square footage of the proposed shell space;

2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;

3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Not applicable. Project does not include shell space.

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

O. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) –	Need Determination – Establishment
Service Modernization	(c)(1) –	Deteriorated Facilities
		and/or
	(c)(2) –	Necessary Expansion
		PLUS
	(c)(3)(A) –	Utilization – Major Medical Equipment
		Or
	(c)(3)(B) –	Utilization – Service or Facility

APPEND DOCUMENTATION AS ATTACHMENT-34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

$22,782,172_	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$22,782,172		**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

bond rating provided

The applicant is not required to submit financial viability ratios if:

1. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
4. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

Not applicable. No debt is to be used.

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

Not applicable due to nature of project.

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

Not applicable due to nature of project.

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

not applicable

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

Memorial Hospital

CHARITY CARE			
	2013	**2014**	**2015**
Net Patient Revenue	**$241,368,917**	**$244,867,328**	**$248,207,731**
Amount of Charity Care (charges)	$21,720,746	$18,065,196	$16,953,794
Cost of Charity Care	$4,781,902	$2,514,817	$1,547,666

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

File Number 6997-719-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEMORIAL REGIONAL HEALTH SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 14, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1513501348

Authenticate at: http://www.cyberdriveillinois.com

ATTACHMENT 1

STATE OF MISSOURI

Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

BJC HEALTH SYSTEM
N00045883

was created under the laws of this State on the 11th day of May, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 13th day of May, 2015.

Jason Kander
Secretary of State

Certification Number: CERT-05132015-0078

ATTACHMENT 1

File Number 6775-531-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

METRO-EAST SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 17, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* MAY *A.D.* 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1513501354

Authenticate at: http://www.cyberdriveillinois.com

ATTACHMENT 1

31

File Number 5399-918-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEMORIAL GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 08, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* MAY *A.D.* 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1513301138

Authenticate at: http://www.cyberdriveillinois.com

ATTACHMENT 1

WARRANTY DEED

MAIL RECORDED
DEED TO:

Kurt S. Schroeder
Greensfelder, Hemker
& Gale, P.C.
12 Wolf Creek Drive
Suite 100
Belleville, Illinois 62220

NAME & ADDRESS OF
TAXPAYER:

Metro-East Services, Inc.
c/o Joe Lanius
4500 Memorial Drive
Belleville, Illinois 62226

MEMORIAL GROUP, INC., an Illinois not-for-profit corporation (the "Grantor"), for and in consideration of One Dollar ($1.00) and other good and valuable considerations in hand paid, receipt of which is hereby acknowledged, Conveys and Warrants to **METRO-EAST SERVICES, INC.**, an Illinois not-for-profit corporation (the "Grantee"), having an office at 4500 Memorial Drive, Belleville, Illinois 62226, the property described on Exhibit "A" attached hereto and incorporated herein by reference.

Subject to:

1. Real estate taxes for the year 2015 and all years thereafter;
2. Easements, conditions, restrictions and covenants of record; and
3. Oil, gas, coal and other mineral rights reserved or conveyed by prior grantors.

IN WITNESS WHEREOF, the said Grantor has executed this instrument to be effective as of the 1st day of January, 2016.

MEMORIAL GROUP, INC.

By: Mark J. Turner
Mark J. Turner, President

APPROVED MAPPING & PLATTING
12-21-15 Director
SUBJECT TO ZONING REGULATIONS

ATTACHMENT 2

Attest: Joe H. Lanius

Joe H. Lanius, Secretary

STATE OF ILLINOIS)
) ss.
COUNTY OF ST. CLAIR)

I, the undersigned, a notary public in and for said County and State aforesaid, do hereby certify that Mark J. Turner, personally known to me to be the President of Memorial Group, Inc., and Joe H. Lanius, personally known to me to be the Secretary of said corporation, whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such President and Secretary, they signed, sealed and delivered the said instrument as President and Secretary of said corporation, pursuant to authority given by the Board of Directors of said corporation, as their free and voluntary acts, and as the free and voluntary act of said corporation for the uses and purposes therein set forth.

Given under my hand and notarial seal this 18th day of December, 2015.

OFFICIAL SEAL
JUDY L LYNCH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/30/18

Judy L. Lynch
Notary Public

Permanent Index No. 04-32-0-300-036 and 09-05-0-208-009

Deed Prepared By:

Kurt S. Schroeder
Greensfelder, Hemker & Gale, P.C.
12 Wolf Creek Drive
Suite 100
Belleville, IL 62226

Property Address: 1404 Cross St., Shiloh, IL 62269 and O'Fallon Rd., Shiloh, IL 62269

This Deed is exempt under the provisions of Paragraph (e), Section 31-45 of the Real Estate Transfer Tax Law (35 ILCS 200/31-45).

Kurt S. Schroeder 12/29/15
Kurt S. Schroeder, Attorney Date

ATTACHMENT 2

Part of Lots 6, 7, 8 and 9 of the South Half of Section 32 and part of the Southeast Quarter of Section 32, Township 2 North, Range 7 West of the Third Principal Meridian, County of St. Clair, State of Illinois; reference being had to the plat thereof in the St. Clair County Recorder's Office in Plat Book "Lands North No. 2" on page 27 and part of Lots 70 and 76 of the North Half of Section 5, Township 1 North, Range 7 West of the third principal Meridian, County of St. Clair, State of Illinois; reference being had to the plat thereof recorded in the St. Clair County Recorder's Office in Plat Book A on page 244 and being more particularly described as follows:

Commencing at a concrete monument that marks the southwest corner of said Southeast Quarter of Section 32; thence North 89 degrees 06 minutes 08 seconds West, on the South line of said Section 32, a distance of 506.62 feet to the northeasterly right of way line of County Highway 43 (A.K.A. Cross Street, S.A. Route No. 2, Shiloh-O'Fallon Road), reference being had to the plat thereof in the St. Clair County Recorder's Office in Plat Book 45 on pages 120 and 121, said point being the point of beginning.

From said point of beginning; thence North 43 degrees 36 minutes 53 seconds West, on said northeasterly right of way line of County Highway 43, a distance of 1450.30 feet to the northeasterly right of way line of County Highway 43, reference being had to the plat thereof recorded in the St. Clair County Recorder's Office in Plat Book 60 on page 82; thence North 33 degrees 39 minutes 22 seconds West, on said northeasterly right of way line of County Highway 43, reference being had to the plat thereof recorded in the St. Clair County Recorder's Office in Plat Book 60 on page 82, a distance of 754.21 feet to the intersection of the southerly right of way line of F.A.I. Route 64, reference being had to the plat thereof in the St. Clair County Recorder's Office in Plat Book 64 on page 22 and said northeasterly right of way line of County Highway 43, reference being had to the plat thereof in the St. Clair County Recorder's Office in Plat Book 60 on page 82; thence on said southerly right of way line of F.A.I. Route 64 the following eight (8) courses and distances: 1.) North 87 degrees 45 minutes 11 seconds East, 400.00 feet; 2.) South 89 degrees 23 minutes 05 seconds East, 200.25 feet; 3.) North 84 degrees 53 minutes 26 seconds East, 100.12 feet; 4.) North 89 degrees 30 minutes 55 seconds East, 1300.62 feet; 5.) South 57 degrees 15 minutes 18 seconds East, 244.13 feet; 6.) North 87 degrees 45 minutes 11 seconds East, 500.00 feet; 7.) North 49 degrees 05 minutes 35 seconds East, 256.13 feet; 8.) North 87 degrees 45 minutes 11 seconds East, 342.13 feet to the east line of the West Half of said Southeast Quarter of Section 32; thence South 00 degrees 08 minutes 09 seconds West, on said east line of the West Half of the Southeast Quarter of Section 32, a distance of 1135.29 feet to a stone marking the northeast corner of Lot 9 of the Southwest Quarter of said Southeast Quarter of Section 32, reference being had to the assessor's plat thereof in the St. Clair County Recorder's Office in Assessor's Plat "Lands North No. 2" on page 27, said point being the northeast corner of South Half of said Southwest Quarter of

EXHIBIT

A

ATTACHMENT 2

the Southeast Quarter of Section 32; thence continuing South 00 degrees 08 minutes 09 seconds West, on said east line of the West Half of the Southeast Quarter of Section 32, a distance of 134.71 feet to the northwesterly right of way line of the proposed extension of Frank Scott Parkway; thence on said northwesterly right of way line of the proposed extension of Frank Scott Parkway, the following ten (10) courses and distances: 1.) 242.24 feet on a non-tangential curve to the left having a radius of 2550.00 feet, the chord of said curve bears South 69 degrees 26 minutes 31 seconds West, a distance of 242.15 feet; 2.) South 89 degrees 46 minutes 52 seconds West, 168.21 feet; 3.) South 68 degrees 13 minutes 33 seconds West, 150.33 feet; 4.) South 64 degrees 24 minutes 42 seconds West, 200.00 feet; 5.) South 53 degrees 06 minutes 06 seconds West, 101.98 feet; 6.) South 58 degrees 42 minutes 04 seconds West, 201.00 feet; 7.) South 64 degrees 24 minutes 42 seconds West, 100.00 feet; 8.) South 53 degrees 06 minutes 06 seconds West, 101.98 feet; 9.) South 64 degrees 24 minutes 42 seconds West, 481.91 feet 10.) North 79 degrees 36 minutes 22 seconds West 45.61 feet to the aforementioned northeasterly right of way line of County Highway 43; thence the following 2 courses and distances on said northeasterly right of way line of County Highway 43; 1.) North 43 degrees 36 minutes 53 seconds West, 259.03 feet 2.) North 89 degrees 06 minutes 08 seconds West, 21.03 feet to the point of beginning.

ALSO, street right-of-way vacated by Village of Shiloh Ordinance 2010-06-07-C recorded as Document No. A02245195 at the St. Clair County, Illinois Recorder's Office.

ATTACHMENT 2

File Number 5399-918-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEMORIAL GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 08, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* MAY *A.D.* 2015 .

Jesse White

SECRETARY OF STA

Authentication #: 1513301138

Authenticate at: http://www.cyberdriveillinois.com

ATTACHMENT 3

ATTACHMENT 4

MEMORIAL HOSPITAL EAST

PART OF THE MEMORIAL NETWORK

Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

To Whom It May Concern:

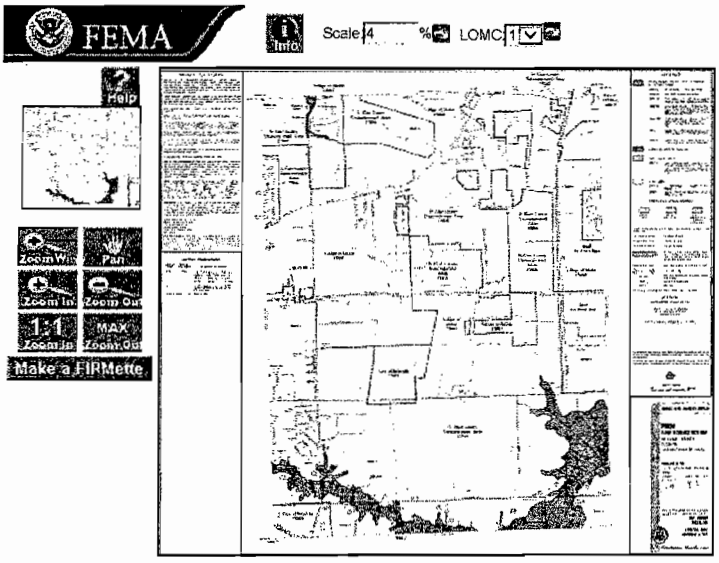
Please be advised that the Memorial Hospital-East campus, located at approximately 1440 Cross Street in Shiloh, Illinois is not located in a flood plain, and construction on that site is consistent with Illinois Executive Order #2005-5.

Sincerely,

Mark J. Turner
President
Memorial Regional Health Services, Inc.

Date: April 26, 2016

ATTACHMENT 5



ATTACHMENT 5

40

Illinois Historic Preservation Agency

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

St. Clair County
Shiloh
Cross Street, NW of N Main Street
CON - New Construction

PLEASE REFER TO: IHPA LOG #006050710

May 11, 2010

Jacob Axel
Axel & Associates, Inc.
675 North Court, Suite 210
Palatine, IL 60067

Dear Mr. Axel:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

AEH

ATTACHMENT 6

PROJECT COSTS			
Pre-Planning Costs			
Market Analyses	$50,000		
Site Selection	$15,000		
Misc./Other	$25,000		
		$90,000	
Site Survey & Soil Investigation			
Site Survey	$1,500		
Soil Investigation	$6,000		
		$7,500	
Site Preparation			
Landscaping	$70,000		
Parking/Walk-ways	$450,000		
Exterior Lighting/Signage	$150,000		
Misc./Other	$50,000		
		$720,000	
Off-Site Work			
Utilities	$250,000		
Misc./Other	$50,000		
		$300,000	
New Construction			
Per ATTACHMENT 39C		$14,434,626	
Construction Contingency			
Per ATTACHMENT 39C		$1,190,985	
Architectural & Engineering Fees			
Preliminary Renderings	$30,000		
Design	$800,000		
Engineering	$ 200,000		
Reg. Agency Interaction	$25,000		
Project Monitoring	$65,000		
Reimburseables	$30,000		
Misc./Other	$100,000		
		$1,250,000	
Consulting and Other Fees			
Legal	$175,000		
Zoning-Related	$40,000		
CON-Related	$90,000		
Reg. Approvals, other	$50,000		
Project Management	$450,000		
Interior Design	$62,000		
Insurance	$90,000		
Commissioning	$60,000		
Materials Testing	$220,000		
Equipment Planning	$45,000		
Misc./Other	$200,000		
		$1,482,000	
Moveable Equipment			
Attached Inventory	$3,163,139		
Misc. Equip. @ 2.5%	$79,078		
Delivery/Install. @ 2%	$64,844		
		$3,307,061	
TOTAL COST			$22,782,172
SOURCES OF FUNDS			
Cash and Securities		$22,782,172	
TOTAL SOURCES OF FUNDS			$22,782,172

SHILOH EQUIPMENT LIST

	Room	Equipment Description	Manufacturer	Model	Qty. Needed	Qty. Existing	Qty. Deferred	Qty. to Purchase	Estimated Price (Each)	Total Estimated Price		Reviewable	Non-Reviewable
	Staff Break Room	Bracket, Wall (for 26" flat panel TV)	Peerless Industries	SP740P-S	1	0	0	1	$ 150.00	$ 150.00			$ 150.00
	Staff Break Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Staff Break Room	Coffee Service	VKI	Suprema	1	0	0	1	$ -	$ -			$ -
	Staff Break Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -
	Staff Break Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00
	Staff Break Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Staff Break Room	Ice Machine, Counter Top (air or water cooled)	Follett	check with facilities	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 4,500.00
	Staff Break Room	Mailboxs			1	0	0	1	$ 1,500.00	$ 1,500.00			$ 1,500.00
	Staff Break Room	Microwave Oven (Commercial Grade)	Sharp	R-21HT	1	0	0	1	$ 550.00	$ 550.00			$ 550.00
	Staff Break Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00
	Staff Break Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Staff Break Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Staff Break Room	Refrigerator, Full size (no ice maker)	Kenmore		1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Staff Break Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00			$ 800.00
	Hallway	Warmer, Blanket, Dual Compartment, Glass Door	Blickman HealthCare, Inc.	7924MG	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 4,500.00
	Consult Interview Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Consult Interview Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Copy	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Copy	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Dressing Room (Mens)	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	1	0	0	1	$ 350.00	$ 350.00		$ 350.00	

ATTACHMENT 7

43

SHILOH EQUIPMENT LIST

	Dressing Room (Mens)	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Dressing Room (Womens)	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	1	0	0	1	$ 350.00	$ 350.00		$ 350.00	
	Dressing Room (Womens)	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Dressing Room (Womens)	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Radiology Room	Allowance, positioning aids			1	0	0	1	$ 250.00	$ 250.00		$ 250.00	
	Radiology Room	Apron, Lead			3	0	0	3	$ 450.00	$ 1,350.00		$ 1,350.00	
	Radiology Room	Cart, Utility, 3-Shelves	Rubbermaid	RCP4091	1	0	0	1	$ 250.00	$ 250.00		$ 250.00	
	Radiology Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Radiology Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	1	0	0	1	$ 100.00	$ 100.00		$ 100.00	
	Radiology Room	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Radiology Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Radiology Room	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Radiology Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Radiology Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Radiology Room	Filter Holder		57-426	1	0	0	1	$ -	$ -		$ -	
	Radiology Room	Filter, Thin Wedge		57-437	1	0	0	1	$ -	$ -		$ -	
	Radiology Room	Flowmeter, Oxygen	Timeter	15LPM Soft Touch, Single	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Radiology Room	Gloves, Lead Lined	Wolf	05mm WOL12422	1	0	0	1	$ 200.00	$ 200.00		$ 200.00	
	Radiology Room	Grid Caps, 14 x 17/35 x 43			1	0	0	1	$ 150.00	$ 150.00		$ 150.00	
	Radiology Room	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	1	0	0	1	$ 350.00	$ 350.00		$ 350.00	
	Radiology Room	Illuminator, X-ray Film, 2 Panel, Surface Mount	Maxant	TS-402	1	0	0	1	$ 800.00	$ 800.00		$ 800.00	
	Radiology Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Radiology Room	Rack, wall mtd (for Lead Aprons)	Bar-Ray	BR60081	1	0	0	1	$ 250.00	$ 250.00		$ 250.00	
	Radiology Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Radiology Room	Sand bag 5 pound	Zimmer	00-1602-005-00	1	0	0	1	$ 50.00	$ 50.00		$ 50.00	
	Radiology Room	Shield, Thyroid	Wolf	Patient Shield	1	0	0	1	$ 50.00	$ 50.00		$ 50.00	
	Radiology Room	Shred-Pro Container	Shred Pro	Executive Bin	1	0	0	1	$ -	$ -		$ -	
	Radiology Room	Smooth Mover (nonstatic with pull straps and wall hanger)	Alimed	9-719	1	0	0	1	$ 300.00	$ 300.00		$ 300.00	
	Radiology Room	Sphygmanometer, wall mtd. With basket	Welch Allyn		1	0	0	1	$ 150.00	$ 150.00		$ 150.00	
	Radiology Room	Stool, Exam, no back			1	0	0	1	$ 300.00	$ 300.00		$ 300.00	
	Radiology Room	Stepstool with handle	Blickman HealthCare, Inc.	8762SS	1	0	0	1	$ 250.00	$ 250.00		$ 250.00	
	Radiology Room	Suction Regulator (Verify Connector Style)	Boehringer	3700 Series	1	0	0	1	$ 650.00	$ 650.00		$ 650.00	
	Radiology Room	Table Pad, 28 x 72, w/o Handles		ITP	1	0	0	1	$ 100.00	$ 100.00		$ 100.00	
	Radiology Room	X-ray System, Radiographic, W/Wall Bucky	Siemens Medical	Ysio	1	0	0	1	$ 350,000.00	$ 350,000.00		$ 350,000.00	
	Reading Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Reading Room	Desk, adjustable Height	Eisys		2	0	0	2	$ 7,500.00	$ 15,000.00		$ 15,000.00	
	Reading Room	PACS			2	0	0	2	$ 50,000.00	$ 100,000.00		$ 100,000.00	
	Reading Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Reception / Registration	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Reception / Registration	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Soiled Utility	Cart, Biohazard	Rubbermaid		1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	Soiled Utility	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00	
	Soiled Utility	Cart, Trash, Large W/Lid	Rubbermaid	1025-42	1	0	0	1	$ 2,700.00	$ 2,700.00		$ 2,700.00	
	Soiled Utility	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Soiled Utility	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Soiled Utility	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Soiled Utility	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Soiled Utility	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Soiled Utility	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Storage Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Storage Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Storage Room	Shelving, wire			2	0	0	2	$ 1,000.00	$ 2,000.00		$ 2,000.00	
	Tech Workroom	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Tech Workroom	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Tech Workroom	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Toilet - Patient	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Toilet - Patient	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Toilet - Patient	Dispenser, toilet paper			1	0	0	1	$ -	$ -		$ -	
	Toilet - Patient	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Toilet - Patient	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Toilet - Staff	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Toilet - Staff	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Toilet - Staff	Dispenser, Toilet Paper	Georgia-Pacific		1	0	0	1	$ -	$ -		$ -	
	Toilet - Staff	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Waiting Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	1	0	0	1	$ 150.00	$ 150.00		$ 150.00	
	Waiting Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Waiting Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Waiting Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00		$ 800.00	

SHILOH EQUIPMENT LIST

	Waiting Room	Wheelchair, Adult, Manual	Invacare		1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	Incidentals	CAM Labor			1	0	0	1	$ 59,640.00	$ 59,640.00		$ 59,640.00	
	Incidentals	CON Application Fee			0	0	0	0	$ -	$ -		$ -	
	Incidentals	Contingency			0	0	0	0	$ -	$ -		$ -	
	Incidentals	Freight			1	0	0	1	$ 15,000.00	$ 15,000.00		$ 15,000.00	
	Incidentals	Inflation			0	0	0	0	$ -	$ -		$ -	
	Incidentals	Management Hourly Rate - De-Installation			0	0	0	0	$ 426.00	$ -		$ -	
	Incidentals	Management Hourly Rate - Installation			0	0	0	0	$ 426.00	$ -		$ -	
	Incidentals	Moving (mammo units)	Hologic		2	0	0	2	$ 6,000.00	$ 12,000.00		$ 12,000.00	
	Incidentals	Moving			80	0	0	80	$ 320.00	$ 25,600.00		$ 25,600.00	
	Incidentals	Physics			4	0	0	4	$ 2,500.00	$ 10,000.00		$ 10,000.00	
	Incidentals	Plotter Expenses			1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	Incidentals	Rigging			0	0	0	0	$ -	$ -		$ -	
	Incidentals	Storage Cost			1	0	0	1	$ 5,000.00	$ 5,000.00		$ 5,000.00	
	Incidentals	Union Labor Hourly Rate - De-installation			0	0	0	0	$ 80.00	$ -		$ -	
	Incidentals	Union Labor Hourly Rate - Installation			80	0	0	80	$ 80.00	$ 6,400.00		$ 6,400.00	
	Check Out	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Check Out	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Staff Board Room	AV allowance			1	0	0	1	$ 10,000.00	$ 10,000.00			$ 16,800.00
	Staff Board Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 1,740.00
	Staff Board Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 1,200.00
	Conference Room	AV allowance			1	0	0	1	$ 5,000.00	$ 5,000.00			$ -
	Conference Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ -
	Conference Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 720.00
	Copy Work	Clock, Analog, Wall Mount	Primex Wireless	14155	2	0	0	2	$ 145.00	$ 290.00			$ 84.00

ATTACHMENT 7

4/7

SHILOH EQUIPMENT LIST

	Copy Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ -
	File Area	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 4,200.00
	Exam Room	Cart, Supply			12	0	0	12	$ 1,400.00	$ 16,800.00			$ 3,000.00
	Exam Room	Clock, Analog, Wall Mount	Primex Wireless	14155	12	0	0	12	$ 145.00	$ 1,740.00			$ 54,000.00
	Exam Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	12	0	0	12	$ 100.00	$ 1,200.00			$ 24,000.00
	Exam Room	Container, Sharps, Wall Mount	Stericycle		12	0	0	12	$ -	$ -			$ 12,000.00
	Exam Room	Dispenser, Alcohol Foam	Symetry		12	0	0	12	$ -	$ -			$ 300.00
	Exam Room	Dispenser, Glove, 3 box	Bowman	GP-015	12	0	0	12	$ 60.00	$ 720.00			$ 3,600.00
	Exam Room	Dispenser, Paper Towel	Georgia Pacific		12	0	0	12	$ 7.00	$ 84.00			$ 30,000.00
	Exam Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	12	0	0	12	$ -	$ -			$ 290.00
	Exam Room	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	12	0	0	12	$ 350.00	$ 4,200.00			$ 9,000.00
	Exam Room	Light, Examination, portable			6	0	0	6	$ 500.00	$ 3,000.00			$ 150.00
	Exam Room	Monitor, Vital Signs	Philips Medical	VS4	12	0	0	12	$ 4,500.00	$ 54,000.00			$ 5,000.00
	Exam Room	Nurse Call	Rauland		12	0	0	12	$ 2,000.00	$ 24,000.00			$ 145.00
	Exam Room	Otoscope/Ophthal moscope, w/ Sphyg, Thermometer, and Specula Dispenser	Welch Allyn	o	12	0	0	12	$ 1,000.00	$ 12,000.00			$ -
	Exam Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	12	0	0	12	$ 25.00	$ 300.00			$ 500.00
	Exam Room	Stool, Exam, no back			12	0	0	12	$ 300.00	$ 3,600.00			$ 7.00
	Exam Room	Table, Exam			12	0	0	12	$ 2,500.00	$ 30,000.00			$ -
	Height Weight Intake	Clock, Analog, Wall Mount	Primex Wireless	14155	2	0	0	2	$ 145.00	$ 290.00			$ 4,500.00
	Height Weight Intake	Monitor, Vital Signs	Philips Medical	VS4	2	0	0	2	$ 4,500.00	$ 9,000.00			$ 550.00
	Height Weight Intake	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00			$ 75.00
	Height Weight Intake	Scale, stand-on	Scaletronix	5002	2	0	0	2	$ 2,500.00	$ 5,000.00			$ 1,000.00

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Kitchen	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 1,000.00
	Kitchen	Coffee Service	VKI	Suprema	1	0	0	1	$ -	$ -			$ 1,000.00
	Kitchen	Dishwasher			1	0	0	1	$ 500.00	$ 500.00			$ 4,500.00
	Kitchen	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 145.00
	Kitchen	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ 225.00
	Kitchen	Ice Machine, Counter Top (air or water cooled)	Follett	check with facilities	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 20,000.00
	Kitchen	Microwave Oven (Commercial Grade)	Sharp	R-21HT	1	0	0	1	$ 550.00	$ 550.00			$ 145.00
	Kitchen	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 500.00
	Kitchen	Refrigerator, Full size (no ice maker)	Kenmore		1	0	0	1	$ 1,000.00	$ 1,000.00			$ 75.00
	Kitchen	Stove with hood			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Linen	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,450.00
	Linen	Warmer, Blanket, Dual Compartment, Glass Door	Blickman HealthCare, Inc.	7924MG	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 250.00
	MA / Nurse / Physician Work Area	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	MA / Nurse / Physician Work Area	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	9	0	0	9	$ 25.00	$ 225.00			$ 25.00
	Mobile Equipment Alcove	EKG Unit	Mortara		1	0	0	1	$ 20,000.00	$ 20,000.00			$ 145.00
	Office Staff / Cubicles	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 25.00
	Office Staff / Cubicles	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	20	0	0	20	$ 25.00	$ 500.00			$ 145.00
	Office Supply	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 50.00
	Office Supply	Shelving, wire			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 145.00
	Office, Physician	Clock, Analog, Wall Mount	Primex Wireless	14155	10	0	0	10	$ 145.00	$ 1,450.00			$ 25.00
	Office, Physician	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	10	0	0	10	$ 25.00	$ 250.00			$ 500.00
	Practice Manager	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 1,000.00
	Practice Manager	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 2,700.00

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Printer / Copy Work	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 250.00
	Printer / Copy Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ -
	Reception / Registration	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 60.00
	Reception / Registration	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 7.00
	Scheduler	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ -
	Scheduler	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 2,000.00
	Soiled Hold	Cart, Biohazard	Rubbermaid		1	0	0	1	$ 500.00	$ 500.00			$ 75.00
	Soiled Hold	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 150.00
	Soiled Hold	Cart, Trash, Large W/Lid	Rubbermaid	1025-42	1	0	0	1	$ 2,700.00	$ 2,700.00			$ 3,000.00
	Soiled Hold	Cart, Utility, 3-Shelves	Rubbermaid	RCP4091	1	0	0	1	$ 250.00	$ 250.00			$ 14.00
	Soiled Hold	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -
	Soiled Hold	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00			$ -
	Soiled Hold	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 4,000.00
	Soiled Hold	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ 150.00
	Soiled Hold	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 21.00
	Soiled Hold	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ -
	Storage Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00			$ -
	Storage Room	Shelving, wire			3	0	0	3	$ 1,000.00	$ 3,000.00			$ 225.00
	Toilet - Patient	Dispenser, Paper Towel	Georgia Pacific		2	0	0	2	$ 7.00	$ 14.00			$ 150.00
	Toilet - Patient	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	2	0	0	2	$ -	$ -			$ 145.00
	Toilet - Patient	Dispenser, toilet paper			2	0	0	2	$ -	$ -			$ 50.00
	Toilet - Patient	Nurse Call	Rauland		2	0	0	2	$ 2,000.00	$ 4,000.00			$ 800.00
	Toilet - Patient	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00			$ 500.00
	Toilet - Staff	Dispenser, Paper Towel	Georgia Pacific		3	0	0	3	$ 7.00	$ 21.00			$ 150.00

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Toilet - Staff	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	3	0	0	3	$ -	$ -			$ 145.00
	Toilet - Staff	Dispenser, Toilet Paper	Georgia-Pacific		3	0	0	3	$ -	$ -			$ -
	Toilet - Staff	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	3	0	0	3	$ 75.00	$ 225.00			$ -
	Waiting Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	1	0	0	1	$ 150.00	$ 150.00			$ 7.00
	Waiting Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ -
	Waiting Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 4,500.00
	Waiting Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00			$ 1,500.00
	Waiting Room	Wheelchair, Adult, Manual	Invacare		1	0	0	1	$ 500.00	$ 500.00			$ 550.00
	Staff Break Room	Bracket, Wall (for 26" flat panel TV)	Peerless Industries	SP740P-S	1	0	0	1	$ 150.00	$ 150.00			$ 2,000.00
	Staff Break Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 75.00
	Staff Break Room	Coffee Service	VKI	Suprema	1	0	0	1	$ -	$ -			$ 25.00
	Staff Break Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ 1,000.00
	Staff Break Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 800.00
	Staff Break Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ 145.00
	Staff Break Room	Ice Machine, Counter Top (air or water cooled)	Follett	check with facilities	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 50.00
	Staff Break Room	Mailboxs			1	0	0	1	$ 1,500.00	$ 1,500.00			$ 145.00
	Staff Break Room	Microwave Oven (Commercial Grade)	Sharp	R-21HT	1	0	0	1	$ 550.00	$ 550.00			$ 25.00
	Staff Break Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 145.00
	Staff Break Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 25.00
	Staff Break Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 75.00
	Staff Break Room	Refrigerator, Full size (no ice maker)	Kenmore		1	0	0	1	$ 1,000.00	$ 1,000.00			$ 18,200.00
	Staff Break Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00			$ 1,885.00
	Check Out	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 1,300.00

ATTACHMENT 7

51

SHILOH EQUIPMENT LIST

	Check Out	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ -
	Consult Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ -
	Consult Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 780.00
	Copy Work	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 91.00
	Copy Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ -
	Doctor / Nurse Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	3	0	0	3	$ 25.00	$ 75.00			$ 4,550.00
	Exam Room	Cart, Supply			13	0	0	13	$ 1,400.00	$ 18,200.00			$ 6,500.00
	Exam Room	Clock, Analog, Wall Mount	Primex Wireless	14155	13	0	0	13	$ 145.00	$ 1,885.00			$ 26,000.00
	Exam Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	13	0	0	13	$ 100.00	$ 1,300.00			$ 1,950.00
	Exam Room	Container, Sharps, Wall Mount	Stericycle		13	0	0	13	$ -	$ -			$ 975.00
	Exam Room	Dispenser, Alcohol Foam	Symetry		13	0	0	13	$ -	$ -			$ 3,900.00
	Exam Room	Dispenser, Glove, 3 box	Bowman	GP-015	13	0	0	13	$ 60.00	$ 780.00			$ 32,500.00
	Exam Room	Dispenser, Paper Towel	Georgia Pacific		13	0	0	13	$ 7.00	$ 91.00			$ 290.00
	Exam Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	13	0	0	13	$ -	$ -			$ 9,000.00
	Exam Room	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	13	0	0	13	$ 350.00	$ 4,550.00			$ 150.00
	Exam Room	Light, Examination, portable			13	0	0	13	$ 500.00	$ 6,500.00			$ 5,000.00
	Exam Room	Nurse Call	Rauland		13	0	0	13	$ 2,000.00	$ 26,000.00			$ 1,000.00
	Exam Room	Sphygmanometer, wall mtd. With basket	Welch Allyn		13	0	0	13	$ 150.00	$ 1,950.00			$ 4,500.00
	Exam Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	13	0	0	13	$ 75.00	$ 975.00			$ 145.00
	Exam Room	Stool, Exam, no back			13	0	0	13	$ 300.00	$ 3,900.00			$ 300.00
	Exam Room	Table, Exam			13	0	0	13	$ 2,500.00	$ 32,500.00			$ 8,000.00
	Height Weight Intake	Clock, Analog, Wall Mount	Primex Wireless	14155	2	0	0	2	$ 145.00	$ 290.00			$ -
	Height Weight Intake	Monitor, Vital Signs	Philips Medical	VS4	2	0	0	2	$ 4,500.00	$ 9,000.00			$ 500.00

52

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Height Weight Intake	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00			$ 130,000.00
	Height Weight Intake	Scale, stand-on	Scaletronix	5002	2	0	0	2	$ 2,500.00	$ 5,000.00			$ 145.00
	Linen Storage	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 125.00
	Linen Storage	Warmer, Blanket, Dual Compartment, Glass Door	Blickman HealthCare, Inc.	7924MG	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 145.00
	MA / Nurse / Sec. / Physician Work	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 25.00
	MA / Nurse / Sec. / Physician Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	12	0	0	12	$ 25.00	$ 300.00			$ 145.00
	Mobile Equipment Alcove	Probe Cleaning Disinfector	GE	Trophon	1	0	0	1	$ 8,000.00	$ 8,000.00			$ 25.00
	Mobile Equipment Alcove	Ultrasound	GE	Voluson S8	1	1	0	0	$ -	$ -			$ 5,000.00
	Mobile Equipment Alcove	Gel Warmer			2	0	0	2	$ 250.00	$ 500.00			$ 40,000.00
	Mobile Equipment Alcove	Ultrasound			1	0	0	1	$ 130,000.00	$ 130,000.00			$ -
	Physician Offices	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 1,400.00
	Physician Offices	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	5	0	0	5	$ 25.00	$ 125.00			$ 350.00
	Practice Manager	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 1,400.00
	Practice Manager	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 145.00
	Printer / Copy Work	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 100.00
	Printer / Copy Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ -
	Procedure Room	Autoclave			1	0	0	1	$ 5,000.00	$ 5,000.00			$ -
	Procedure Room	Anesthesia Unit	GE Medical Systems		1	0	0	1	$ 40,000.00	$ 40,000.00			$ 60.00
	Procedure Room	Microscope on stand	Seiler		1	1	0	0	$ -	$ -			$ 7.00
	Procedure Room	Cart, Anesthetist, W/Economy Anesthetist Package	Armstrong Medical	PKL-B-30	1	0	0	1	$ 1,400.00	$ 1,400.00			$ 650.00
	Procedure Room	Cart, Cylinder, 2 tank, mobile	Medical Products Direct		1	0	0	1	$ 350.00	$ 350.00			$ -
	Procedure Room	Cart, Procedure			1	0	0	1	$ 1,400.00	$ 1,400.00			$ 75.00
	Procedure Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 350.00

SHILOH EQUIPMENT LIST

	Procedure Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	1	0	0	1	$ 100.00	$ 100.00			$ 250.00
	Procedure Room	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -			$ 4,500.00
	Procedure Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ 600.00
	Procedure Room	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00			$ 12,500.00
	Procedure Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 3,500.00
	Procedure Room	Dispenser, PPE	ICP Medical		1	0	0	1	$ 650.00	$ 650.00			$ 25,000.00
	Procedure Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ 2,000.00
	Procedure Room	Flowmeter, Oxygen	Timeter	15LPM Soft Touch, Single	1	0	0	1	$ 75.00	$ 75.00			$ 1,000.00
	Procedure Room	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	1	0	0	1	$ 350.00	$ 350.00			$ -
	Procedure Room	IV stand, Double Hook, 5 Caster Base	Ivac Corp.	903-0336	1	0	0	1	$ 250.00	$ 250.00			$ -
	Procedure Room	Light, Examination, Ceiling Mounted			1	0	0	1	$ 4,500.00	$ 4,500.00			$ 75.00
	Procedure Room	Mayo Stand	Blickman HealthCare, Inc.	8871SS	1	0	0	1	$ 600.00	$ 600.00			$ 18,000.00
	Procedure Room	Monitor, Anesthetic Gas, Ventilator and Oxygen Monitor	Philips Medical	AGM	1	0	0	1	$ 12,500.00	$ 12,500.00			$ 300.00
	Procedure Room	Nerve Stimulator			1	0	0	1	$ 3,500.00	$ 3,500.00			$ 250.00
	Procedure Room	Monitor, physiological	Philips Medical		1	0	0	1	$ 25,000.00	$ 25,000.00			$ 650.00
	Procedure Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 800.00
	Procedure Room	Otoscope/Ophthal moscope, w/ Sphyg, Thermometer, and Specula Dispenser	Welch Allyn	76791-2MP	1	0	0	1	$ 1,000.00	$ 1,000.00			$ 10,000.00
	Procedure Room	Pyxis Anesthesia System	Pyxis	A2MB4	1	0	0	1	$ -	$ -			$ 500.00
	Procedure Room	Pyxis, Med, Main	Pyxis		1	0	0	1	$ -	$ -			$ 145.00
	Procedure Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Procedure Room	Monitor, fetal	GE		1	0	0	1	$ 18,000.00	$ 18,000.00			$ 500.00

ATTACHMENT 7

54

SHILOH EQUIPMENT LIST

	Procedure Room	Stool, Exam, no back			1	0	0	1	$ 300.00	$ 300.00			$ 1,000.00
	Procedure Room	Stepstool with handle	Blickman HealthCare, Inc.	8762SS	1	0	0	1	$ 250.00	$ 250.00			$ 2,700.00
	Procedure Room	Suction Regulator (Verify Connector Style)	Boehringer	3700 Series	1	0	0	1	$ 650.00	$ 650.00			$ -
	Procedure Room	Table, Instrument, 24"x36"	Blickman HealthCare, Inc.	7833SS	1	0	0	1	$ 800.00	$ 800.00			$ 60.00
	Procedure Room	Table, exam, procedure			1	0	0	1	$ 10,000.00	$ 10,000.00			$ 7.00
	Procedure Room	Thermometer, Electronic	Welch Allyn, Inc.	Suretemp 692	1	0	0	1	$ 500.00	$ 500.00			$ -
	Reception	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 2,000.00
	Reception	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	3	0	0	3	$ 25.00	$ 75.00			$ 75.00
	Soiled Hold	Cart, Biohazard	Rubbermaid		1	0	0	1	$ 500.00	$ 500.00			$ 500.00
	Soiled Hold	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Soiled Hold	Cart, Trash, Large W/Lid	Rubbermaid	1025-42	1	0	0	1	$ 2,700.00	$ 2,700.00			$ 2,700.00
	Soiled Hold	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -
	Soiled Hold	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00			$ 60.00
	Soiled Hold	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00
	Soiled Hold	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Soiled Hold	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00
	Soiled Hold	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Specimen Processing STAT Lab	Blood Tube storage holder			1	0	0	1	$ 50.00	$ 50.00			$ 50.00
	Specimen Processing STAT Lab	Centrifuge			1	0	0	1	$ 6,500.00	$ 6,500.00			$ 6,500.00
	Specimen Processing STAT Lab	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	1	0	0	1	$ 100.00	$ 100.00			$ 100.00
	Specimen Processing STAT Lab	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -			$ -

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Specimen Processing STAT Lab	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00			$ 60.00
	Specimen Processing STAT Lab	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Specimen Processing STAT Lab	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Specimen Processing STAT Lab	Refrigerator, specimen	Sanyo	SRL6111W	1	0	0	1	$ 5,000.00	$ 5,000.00			$ 5,000.00
	Storage Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Storage Room	Shelving, wire			2	0	0	2	$ 1,000.00	$ 2,000.00			$ 2,000.00
	Office Supply	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Office Supply	Shelving, wire			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Toilet - Patient	Dispenser, Paper Towel	Georgia Pacific		4	0	0	4	$ 7.00	$ 28.00			$ 28.00
	Toilet - Patient	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	4	0	0	4	$ -	$ -			$ -
	Toilet - Patient	Dispenser, toilet paper			4	0	0	4	$ -	$ -			$ -
	Toilet - Patient	Nurse Call	Rauland		4	0	0	4	$ 2,000.00	$ 8,000.00			$ 8,000.00
	Toilet - Patient	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	4	0	0	4	$ 75.00	$ 300.00			$ 300.00
	Toilet - Staff	Dispenser, Paper Towel	Georgia Pacific		2	0	0	2	$ 7.00	$ 14.00			$ 14.00
	Toilet - Staff	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	2	0	0	2	$ -	$ -			$ -
	Toilet - Staff	Dispenser, Toilet Paper	Georgia-Pacific		2	0	0	2	$ -	$ -			$ -
	Toilet - Staff	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00			$ 150.00
	Waiting Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	1	0	0	1	$ 150.00	$ 150.00			$ 150.00
	Waiting Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Waiting Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 50.00

SHILOH EQUIPMENT LIST

	Waiting Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00			$ 800.00
	Waiting Room	Wheelchair, Adult, Manual	Invacare		1	0	0	1	$ 500.00	$ 500.00			$ 500.00
	Break Room	Bracket, Wall (for 26" flat panel TV)	Peerless Industries	SP740P-S	1	0	0	1	$ 150.00	$ 150.00			$ 150.00
	Break Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Break Room	Coffee Service	VKI	Suprema	1	0	0	1	$ -	$ -			$ -
	Break Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -
	Break Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00
	Break Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Break Room	Ice Machine, Counter Top (air or water cooled)	Follett	check with facilities	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 4,500.00
	Break Room	Mailboxs			1	0	0	1	$ 1,500.00	$ 1,500.00			$ 1,500.00
	Break Room	Microwave Oven (Commercial Grade)	Sharp	R-21HT	1	0	0	1	$ 550.00	$ 550.00			$ 550.00
	Break Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00
	Break Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Break Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Break Room	Refrigerator, Full size (no ice maker)	Kenmore		1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Break Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00			$ 800.00
	Cast Room	Cart, Cast	Harloff	6025	1	0	0	1	$ 1,500.00	$ 1,500.00			$ 1,500.00
	Cast Room	Cast Cutter with Vacuum			1	1	0	0	$ 4,200.00	$ -			$ -
	Cast Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Cast Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	1	0	0	1	$ 100.00	$ 100.00			$ 100.00
	Cast Room	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -			$ -
	Cast Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -
	Cast Room	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00			$ 60.00

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Cast Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00
	Cast Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Cast Room	Light, Examination, portable			1	0	0	1	$ 500.00	$ 500.00			$ 500.00
	Cast Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Cast Room	Stool, Exam, no back			1	0	0	1	$ 300.00	$ 300.00			$ 300.00
	Cast Room	Chair, Clinical, Recliner			1	0	0	1	$ 2,500.00	$ 2,500.00			$ 2,500.00
	Check Out	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Check Out	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Copy Work Storage	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Copy Work Storage	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Mobile Equipment Alcove	C-arm, Mini			1	0	0	1	$ 80,000.00	$ 80,000.00			$ 80,000.00
	Exam Room	Cart, Supply			5	0	0	5	$ 1,400.00	$ 7,000.00			$ 7,000.00
	Exam Room	Clock, Analog, Wall Mount	Primex Wireless	14155	5	0	0	5	$ 145.00	$ 725.00			$ 725.00
	Exam Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	5	0	0	5	$ 100.00	$ 500.00			$ 500.00
	Exam Room	Container, Sharps, Wall Mount	Stericycle		5	0	0	5	$ -	$ -			$ -
	Exam Room	Dispenser, Alcohol Foam	Symetry		5	0	0	5	$ -	$ -			$ -
	Exam Room	Dispenser, Glove, 3 box	Bowman	GP-015	5	0	0	5	$ 60.00	$ 300.00			$ 300.00
	Exam Room	Dispenser, Paper Towel	Georgia Pacific		5	0	0	5	$ 7.00	$ 35.00			$ 35.00
	Exam Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	5	0	0	5	$ -	$ -			$ -
	Exam Room	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	5	0	0	5	$ 350.00	$ 1,750.00			$ 1,750.00
	Exam Room	Nurse Call	Rauland		5	0	0	5	$ 2,000.00	$ 10,000.00			$ 10,000.00
	Exam Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	5	0	0	5	$ 75.00	$ 375.00			$ 375.00

ATTACHMENT 7

57

SHILOH EQUIPMENT LIST

	Exam Room	Stool, Exam, no back			5	0	0	5	$ 300.00	$ 1,500.00			$ 1,500.00
	Exam Room	Table, Exam			5	0	0	5	$ 2,500.00	$ 12,500.00			$ 12,500.00
	Height Weight Intake	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Height Weight Intake	Monitor, Vital Signs	Philips Medical	VS4	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 4,500.00
	Height Weight Intake	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Height Weight Intake	Scale, stand-on	Scaletronix	5002	1	0	0	1	$ 2,500.00	$ 2,500.00			$ 2,500.00
	Linen	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	MA / Nurse	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	MA / Nurse	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Physician Offices	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Physician Offices	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 50.00
	Practice Manager	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Practice Manager	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Printer / Copy Work	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Printer / Copy Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Reception	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Reception	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Soiled Hold	Cart, Biohazard	Rubbermaid		1	0	0	1	$ 500.00	$ 500.00			$ 500.00
	Soiled Hold	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Soiled Hold	Cart, Trash, Large W/Lid	Rubbermaid	1025-42	1	0	0	1	$ 2,700.00	$ 2,700.00			$ 2,700.00
	Soiled Hold	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -
	Soiled Hold	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00			$ 60.00
	Soiled Hold	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00
	Soiled Hold	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Soiled Hold	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Soiled Hold	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Storage Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Storage Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Storage Room	Shelving, wire			2	0	0	2	$ 1,000.00	$ 2,000.00			$ 2,000.00
	Toilet - Patient	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00
	Toilet - Patient	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Toilet - Patient	Dispenser, toilet paper			1	0	0	1	$ -	$ -			$ -
	Toilet - Patient	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00
	Toilet - Patient	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Toilet - Staff	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00
	Toilet - Staff	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Toilet - Staff	Dispenser, Toilet Paper	Georgia-Pacific		1	0	0	1	$ -	$ -			$ -
	Toilet - Staff	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Waiting Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	1	0	0	1	$ 150.00	$ 150.00			$ 150.00
	Waiting Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Waiting Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 50.00
	Waiting Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00			$ 800.00
	Waiting Room	Wheelchair, Adult, Manual	Invacare		1	0	0	1	$ 500.00	$ 500.00			$ 500.00
	Lab Work Area	Centrifuge	Hettich	Universal 320	1	1	0	0	$ 6,500.00	$ -		$ -	
	Bio Waste	Cart, Biohazard	Rubbermaid		1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	Blood Draw Stations	Cart, supply			2	0	0	2	$ 1,400.00	$ 2,800.00		$ 2,800.00	
	Blood Draw Stations	Chair, Blood Draw			2	0	0	2	$ 500.00	$ 1,000.00		$ 1,000.00	
	Blood Draw Stations	Clock, Analog, Wall Mount	Primex Wireless	14155	2	0	0	2	$ 145.00	$ 290.00		$ 290.00	

SHILOH EQUIPMENT LIST

	Blood Draw Stations	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	2	0	0	2	$ 100.00	$ 200.00		$ 200.00	
	Blood Draw Stations	Container, Sharps, floor, 18 gallon	Stericycle		2	0	0	2	$ -	$ -		$ -	
	Blood Draw Stations	Container, Sharps, Wall Mount	Stericycle		2	0	0	2	$ -	$ -		$ -	
	Blood Draw Stations	Dispenser, Alcohol Foam	Symetry		2	0	0	2	$ -	$ -		$ -	
	Blood Draw Stations	Dispenser, Paper Towel	Georgia Pacific		2	0	0	2	$ 7.00	$ 14.00		$ 14.00	
	Blood Draw Stations	Dispenser, PPE	ICP Medical		2	0	0	2	$ 650.00	$ 1,300.00		$ 1,300.00	
	Blood Draw Stations	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	2	0	0	2	$ -	$ -		$ -	
	Blood Draw Stations	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Blood Draw Stations	Sphygmanometer, (on rollstand)	Welch Allyn, Inc.		2	0	0	2	$ 200.00	$ 400.00		$ 400.00	
	Blood Draw Stations	Stool, Exam, no back			2	0	0	2	$ 300.00	$ 600.00		$ 600.00	
	Copy Work	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Copy Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Lab Work Area	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	1	0	0	1	$ 100.00	$ 100.00		$ 100.00	
	Lab Work Area	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Lab Work Area	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Lab Work Area	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Lab Work Area	Dispenser, Paper Towel			1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Lab Work Area	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Lab Work Area	Refrigerator, full size (with freezer)	GE		1	1	0	0	$ -	$ -		$ -	
	Lab Work Area	Refrigerator, u.c.	Sanyo		1	1	0	0	$ -	$ -		$ -	
	Lab Work Area	Stool, Exam, no back			2	0	0	2	$ 300.00	$ 600.00		$ 600.00	

ATTACHMENT 7

6 / 1

SHILOH EQUIPMENT LIST

	Reception / Registration / Tech Work	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Reception / Registration / Tech Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Storage Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Storage Room	Shelving, wire			1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00	
	Toilet - Patient	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Toilet - Patient	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Toilet - Patient	Dispenser, toilet paper			1	0	0	1	$ -	$ -		$ -	
	Toilet - Patient	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Toilet - Patient	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Waiting Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	1	0	0	1	$ 150.00	$ 150.00		$ 150.00	
	Waiting Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Waiting Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Waiting Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00		$ 800.00	
	Waiting Room	Wheelchair, Adult, Manual	Invacare		1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	Staff Break Room	Bracket, Wall (for 26" flat panel TV)	Peerless Industries	SP740P-S	1	0	0	1	$ 150.00	$ 150.00			$ 150.00
	Staff Break Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Staff Break Room	Coffee Service	VKI	Suprema	1	0	0	1	$ -	$ -			$ -
	Staff Break Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -
	Staff Break Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00
	Staff Break Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Staff Break Room	Ice Machine, Counter Top (air or water cooled)	Follett	check with facilities	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 4,500.00
	Staff Break Room	Mailboxs			1	0	0	1	$ 1,500.00	$ 1,500.00			$ 1,500.00
	Staff Break Room	Microwave Oven (Commercial Grade)	Sharp	R-21HT	1	0	0	1	$ 550.00	$ 550.00			$ 550.00
	Staff Break Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Staff Break Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Staff Break Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Staff Break Room	Refrigerator, Full size (no ice maker)	Kenmore		1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Staff Break Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00			$ 800.00
	Check Out	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Check Out	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 50.00
	Copy Work	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Copy Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Doctor / Nurse Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	3	0	0	3	$ 25.00	$ 75.00			$ 75.00
	Exam Room	Autoclave	Ritter	M11 Ultraclave	1	1	0	0	$ -	$ -			$ -
	Exam Room	Cart, Supply			13	0	0	13	$ 1,400.00	$ 18,200.00			$ 18,200.00
	Exam Room	Clock, Analog, Wall Mount	Primex Wireless	14155	13	0	0	13	$ 145.00	$ 1,885.00			$ 1,885.00
	Exam Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	13	0	0	13	$ 100.00	$ 1,300.00			$ 1,300.00
	Exam Room	Container, Sharps, Wall Mount	Stericycle		13	0	0	13	$ -	$ -			$ -
	Exam Room	Dispenser, Alcohol Foam	Symetry		13	0	0	13	$ -	$ -			$ -
	Exam Room	Dispenser, Glove, 3 box	Bowman	GP-015	13	0	0	13	$ 60.00	$ 780.00			$ 780.00
	Exam Room	Dispenser, Paper Towel	Georgia Pacific		13	0	0	13	$ 7.00	$ 91.00			$ 91.00
	Exam Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	13	0	0	13	$ -	$ -			$ -
	Exam Room	Document Holder, wall mtd.			13	0	0	13	$ 5.00	$ 65.00			$ 65.00
	Exam Room	Flag, wall mtd. (outside of each exam room)			13	0	0	13	$ 35.00	$ 455.00			$ 455.00
	Exam Room	Light, Examination, portable			7	0	0	7	$ 500.00	$ 3,500.00			$ 3,500.00
	Exam Room	Monitor, Vital Signs	Philips Medical	VS4	7	1	0	6	$ 4,500.00	$ 27,000.00			$ 27,000.00
	Exam Room	Nurse Call	Rauland		13	0	0	13	$ 2,000.00	$ 26,000.00			$ 26,000.00

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Exam Room	Sphygmanometer, wall mtd. With basket	Welch Allyn		13	0	0	13	$ 150.00	$ 1,950.00			$ 1,950.00
	Exam Room	Otoscope / Opthalmoscope with specula dispenser, wall mtd.	Welch Allyn		13	0	0	13	$ 1,000.00	$ 13,000.00			$ 13,000.00
	Exam Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	13	0	0	13	$ 75.00	$ 975.00			$ 975.00
	Exam Room	Stool, Exam, no back			13	0	0	13	$ 300.00	$ 3,900.00			$ 3,900.00
	Exam Room	Table, Exam			13	0	0	13	$ 2,500.00	$ 32,500.00			$ 32,500.00
	Height Weight Intake	Clock, Analog, Wall Mount	Primex Wireless	14155	2	0	0	2	$ 145.00	$ 290.00			$ 290.00
	Height Weight Intake	Monitor, Vital Signs	Philips Medical	VS4	2	0	0	2	$ 4,500.00	$ 9,000.00			$ 9,000.00
	Height Weight Intake	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00			$ 150.00
	Height Weight Intake	Scale, stand-on	Scaletronix	5002	2	0	0	2	$ 2,500.00	$ 5,000.00			$ 5,000.00
	Linen	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	MA / Nurse / Physician Work Area	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	MA / Nurse / Physician Work Area	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	10	0	0	10	$ 25.00	$ 250.00			$ 250.00
	Mobile Equipment Alcove	EKG Unit	Mortara		2	0	0	2	$ 20,000.00	$ 40,000.00			$ 40,000.00
	Office	Clock, Analog, Wall Mount	Primex Wireless	14155	4	0	0	4	$ 145.00	$ 580.00			$ 580.00
	Office	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	7	0	0	7	$ 25.00	$ 175.00			$ 175.00
	Office Supply	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Office Supply	Shelving, wire			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Printer / Copy Work	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Printer / Copy Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Procedure Room	Cart, Procedure			1	0	0	1	$ 1,400.00	$ 1,400.00			$ 1,400.00
	Procedure Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Procedure Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	2	0	0	2	$ 100.00	$ 200.00			$ 200.00

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Procedure Room	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -			$ -
	Procedure Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -
	Procedure Room	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00			$ 60.00
	Procedure Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00
	Procedure Room	Dispenser, PPE	ICP Medical		1	0	0	1	$ 650.00	$ 650.00			$ 650.00
	Procedure Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -
	Procedure Room	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	2	0	0	2	$ 350.00	$ 700.00			$ 700.00
	Procedure Room	IV stand, Double Hook, 5 Caster Base	Ivac Corp.	903-0336	2	0	0	2	$ 250.00	$ 500.00			$ 500.00
	Procedure Room	Light, Examination, Ceiling Mounted			1	0	0	1	$ 4,500.00	$ 4,500.00			$ 4,500.00
	Procedure Room	Mayo Stand	Blickman HealthCare, Inc.	8871SS	2	0	0	2	$ 600.00	$ 1,200.00			$ 1,200.00
	Procedure Room	Monitor, Vital Signs	Philips Medical	VS4	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 4,500.00
	Procedure Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00
	Procedure Room	Otoscope/Ophthal moscope, w/ Sphyg, Thermometer, and Specula Dispenser	Welch Allyn	76791-2MP	1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Procedure Room	Pump, Infusion, Dual Channel	Alaris	Alaris System	1	0	0	1	$ 6,000.00	$ 6,000.00			$ 6,000.00
	Procedure Room	Pyxis, Med, Main	Pyxis		1	0	0	1	$ -	$ -			$ -
	Procedure Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Procedure Room	Stool, Exam, no back			2	0	0	2	$ 300.00	$ 600.00			$ 600.00
	Procedure Room	Table, Instrument, 24"x36"	Blickman HealthCare, Inc.	7833SS	1	0	0	1	$ 800.00	$ 800.00			$ 800.00
	Procedure Room	Table, exam, procedure			1	0	0	1	$ 10,000.00	$ 10,000.00			$ 10,000.00
	Procedure Room	Thermometer, Electronic	Welch Allyn, Inc.	Suretemp 692	1	0	0	1	$ 500.00	$ 500.00			$ 500.00
	Reception	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00

ATTACHMENT 7

S1

SHILOH EQUIPMENT LIST

	Reception	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 50.00
	Soiled Utility	Cart, Biohazard	Rubbermaid		1	0	0	1	$ 500.00	$ 500.00			$ 500.00
	Soiled Utility	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Soiled Utility	Cart, Trash, Large W/Lid	Rubbermaid	1025-42	1	0	0	1	$ 2,700.00	$ 2,700.00			$ 2,700.00
	Soiled Utility	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -
	Soiled Utility	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00			$ 60.00
	Soiled Utility	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00
	Soiled Utility	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Specimen Processing STAT Lab	Centrifuge			1	0	0	1	$ 6,500.00	$ 6,500.00		$ 6,500.00	
	Specimen Processing STAT Lab	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	1	0	0	1	$ 100.00	$ 100.00		$ 100.00	
	Specimen Processing STAT Lab	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Specimen Processing STAT Lab	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Specimen Processing STAT Lab	Analyzer, POC	Siemens	Clinitek Status	1	1	0	0	$ -	$ -		$ -	
	Specimen Processing STAT Lab	Refrigerator, u.c.	SPT	with temp monitoring	1	1	0	0	$ -	$ -		$ -	
	Specimen Processing STAT Lab	Container, sharps, for med disposal (black)			1	1	0	0	$ -	$ -		$ -	
	Specimen Processing STAT Lab	Refrigerator, full size-(with freezer)			1	1	0	0	$ -	$ -		$ -	
	Specimen Processing STAT Lab	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Specimen Processing STAT Lab	Microscope, binocular	Olympus America, Inc.	BX41	1	0	0	1	$ 8,700.00	$ 8,700.00		$ 8,700.00	
	Specimen Processing STAT Lab	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Specimen Processing STAT Lab	Stool, Exam, no back			2	0	0	2	$ 300.00	$ 600.00		$ 600.00	
	Storage Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Storage Room	Shelving, wire			2	0	0	2	$ 1,000.00	$ 2,000.00		$ 2,000.00	
	Toilet - Patient	Dispenser, Paper Towel	Georgia Pacific		2	0	0	2	$ 7.00	$ 14.00		$ 14.00	
	Toilet - Patient	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	2	0	0	2	$ -	$ -		$ -	
	Toilet - Patient	Dispenser, toilet paper			2	0	0	2	$ -	$ -		$ -	
	Toilet - Patient	Nurse Call	Rauland		2	0	0	2	$ 2,000.00	$ 4,000.00		$ 4,000.00	
	Toilet - Patient	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00		$ 150.00	
	Toilet - Staff	Dispenser, Paper Towel	Georgia Pacific		2	0	0	2	$ 7.00	$ 14.00		$ 14.00	
	Toilet - Staff	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	2	0	0	2	$ -	$ -		$ -	
	Toilet - Staff	Dispenser, Toilet Paper	Georgia-Pacific		2	0	0	2	$ -	$ -		$ -	
	Toilet - Staff	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00		$ 150.00	
	Waiting Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	1	0	0	1	$ 150.00	$ 150.00		$ 150.00	
	Waiting Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Waiting Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Waiting Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00		$ 800.00	
	Waiting Room	Wheelchair, Adult, Manual	Invacare		1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	ADL Kitchen	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	ADL Kitchen	Coffee Service	VKI	Suprema	1	0	0	1	$ -	$ -		$ -	
	ADL Kitchen	Dishwasher			1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	Treatment Room	Dispenser, Paper Towel	Georgia Pacific		8	0	0	8	$ 7.00	$ 56.00		$ 56.00	
	Treatment Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	8	0	0	8	$ -	$ -		$ -	
	ADL Kitchen	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	ADL Kitchen	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	

SHILOH EQUIPMENT LIST

	ADL Kitchen	Ice Machine, Counter Top (air or water cooled)	Follett	check with facilities	1	0	0	1	$ 4,500.00	$ 4,500.00		$ 4,500.00		
	ADL Kitchen	Microwave Oven (Commercial Grade)	Sharp	R-21HT	1	0	0	1	$ 550.00	$ 550.00		$ 550.00		
	ADL Kitchen	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00		
	ADL Kitchen	Refrigerator, Full size (no ice maker)	Kenmore		1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00		
	ADL Kitchen	Stove with hood			1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00		
	Staff Break Room	Bracket, Wall (for 26" flat panel TV)	Peerless Industries	SP740P-S	1	0	0	1	$ 150.00	$ 150.00			$ 150.00	
	Staff Break Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00	
	Staff Break Room	Coffee Service	VKI	Suprema	1	0	0	1	$ -	$ -			$ -	
	Staff Break Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -	
	Staff Break Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00	
	Staff Break Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -	
	Staff Break Room	Ice Machine, Counter Top (air or water cooled)	Follett	check with facilities	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 4,500.00	
	Staff Break Room	Mailboxs			1	0	0	1	$ 1,500.00	$ 1,500.00			$ 1,500.00	
	Staff Break Room	Microwave Oven (Commercial Grade)	Sharp	R-21HT	1	0	0	1	$ 550.00	$ 550.00			$ 550.00	
	Staff Break Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00	
	Staff Break Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00	
	Staff Break Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00	
	Staff Break Room	Refrigerator, Full size (no ice maker)	Kenmore		1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00	
	Staff Break Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00			$ 800.00	
	Gym	Bracket, wall (for 42" flat panel TV)	Peerless Industries, Inc.	SP740P-S	2	0	0	2	$ 250.00	$ 500.00		$ 500.00		
	Gym	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -		
	Gym	Dispenser, Alcohol Foam	Symetry		4	0	0	4	$ -	$ -		$ -		

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Gym	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Gym	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Gym	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Gym	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	1	0	0	1	$ 350.00	$ 350.00		$ 350.00	
	Gym	Lift, patient, ceiling mounted			1	0	0	1	$ 10,000.00	$ 10,000.00		$ 10,000.00	
	Gym	Microwave Oven (for Hot Packs)	Sharp	R-21HT	1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	Gym	Mirror, Mobile			1	0	0	1	$ 1,500.00	$ 1,500.00		$ 1,500.00	
	Gym	Nurse Call	Rauland		2	0	0	2	$ 2,000.00	$ 4,000.00		$ 4,000.00	
	Gym	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00		$ 150.00	
	Gym	Scale, stand-on	Scaletronix	5002	1	0	0	1	$ 2,500.00	$ 2,500.00		$ 2,500.00	
	Gym	Stool, Exam, no back			2	0	0	2	$ 300.00	$ 600.00		$ 600.00	
	Gym	Television, 42", Flat Panel	LG		2	0	0	2	$ 800.00	$ 1,600.00		$ 1,600.00	
	Linen Alcove	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00	
	Office	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Office	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Reception	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Reception	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Soiled	Cart, Biohazard	Rubbermaid		1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	Soiled	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00	
	Soiled	Cart, Trash, Large W/Lid	Rubbermaid	1025-42	1	0	0	1	$ 2,700.00	$ 2,700.00		$ 2,700.00	
	Soiled	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Soiled	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Soiled	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Soiled	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Speech Room	Analyzer, Otolaryngologic	Frye Electronics	FP35 w/ real Ear	2	0	0	2	$ 8,500.00	$ 17,000.00		$ 17,000.00	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Speech Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	2	0	0	2	$ 150.00	$ 300.00		$ 300.00	
	Speech Room	Chair, Clinical, Recliner			2	0	0	2	$ 2,500.00	$ 5,000.00		$ 5,000.00	
	Speech Room	Clock, Analog, Wall Mount	Primex Wireless	14155	2	0	0	2	$ 145.00	$ 290.00		$ 290.00	
	Speech Room	Dispenser, Alcohol Foam	Symetry		2	0	0	2	$ -	$ -		$ -	
	Speech Room	Dispenser, Glove, 3 box	Bowman	GP-015	2	0	0	2	$ 60.00	$ 120.00		$ 120.00	
	Speech Room	Dispenser, Paper Towel	Georgia Pacific		2	0	0	2	$ 7.00	$ 14.00		$ 14.00	
	Speech Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	2	0	0	2	$ -	$ -		$ -	
	Speech Room	Intercom			2	0	0	2	$ 5,000.00	$ 10,000.00		$ 10,000.00	
	Speech Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Speech Room	Stool, Exam, no back			2	0	0	2	$ 300.00	$ 600.00		$ 600.00	
	Speech Room	Television, 26", Flat Panel	LG	26LG3DCH	2	0	0	2	$ 800.00	$ 1,600.00		$ 1,600.00	
	Storage Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Storage Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Storage Room	Shelving, wire			2	0	0	2	$ 1,000.00	$ 2,000.00		$ 2,000.00	
	Tech Workroom	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Tech Workroom	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Tech Workroom	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	4	0	0	4	$ 25.00	$ 100.00		$ 100.00	
	Toilet - Patient	Dispenser, Paper Towel	Georgia Pacific		2	0	0	2	$ 7.00	$ 14.00		$ 14.00	
	Toilet - Patient	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	2	0	0	2	$ -	$ -		$ -	
	Toilet - Patient	Dispenser, toilet paper			2	0	0	2	$ -	$ -		$ -	
	Toilet - Patient	Nurse Call	Rauland		2	0	0	2	$ 2,000.00	$ 4,000.00		$ 4,000.00	
	Toilet - Patient	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00		$ 150.00	
	Toilet - Staff	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Toilet - Staff	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Toilet - Staff	Dispenser, Toilet Paper	Georgia-Pacific		1	0	0	1	$ -	$ -		$ -	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Toilet - Staff	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00		
	Treatment Room	Clock, Analog, Wall Mount	Primex Wireless	14155	8	0	0	8	$ 145.00	$ 1,160.00			$ 1,160.00	
	Treatment Room	Dispenser, Alcohol Foam	Symetry		8	0	0	8	$ -	$ -			$ -	
	Treatment Room	Dispenser, Glove, 3 box	Bowman	GP-015	8	0	0	8	$ 60.00	$ 480.00			$ 480.00	
	Treatment Room	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	2	0	0	2	$ 350.00	$ 700.00			$ 700.00	
	Treatment Room	Nurse Call	Rauland		8	0	0	8	$ 2,000.00	$ 16,000.00			$ 16,000.00	
	Treatment Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	8	0	0	8	$ 25.00	$ 200.00			$ 200.00	
	Treatment Room	Stool, Exam, no back			8	5	0	3	$ 300.00	$ 900.00			$ 900.00	
	Treatment Room	Stepstool with handle	Blickman HealthCare, Inc.	8762SS	6	0	0	6	$ 250.00	$ 1,500.00			$ 1,500.00	
	Waiting Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	1	0	0	1	$ 150.00	$ 150.00		$ 150.00		
	Waiting Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00		
	Waiting Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00		
	Waiting Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00		$ 800.00		
	Waiting Room	Wheelchair, Adult, Manual	Invacare		1	0	0	1	$ 500.00	$ 500.00		$ 500.00		
	Bone Density	Bone Densitometer	Hologic		1	0	0	1	$ 60,000.00	$ 60,000.00		$ 60,000.00		
	Bone Density	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00		
	Bone Density	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -		
	Bone Density	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -		
	Bone Density	Scale, stand-on	Seca		1	1	0	0	$ -	$ -		$ -		
	Bone Density	Stepstool with handle			1	1	0	0	$ -	$ -		$ -		
	Bone Density	Lead Shield, mobile			1	1	0	0	$ -	$ -		$ -		
	Bone Density	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -		
	Bone Density	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00		
	Bone Density	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00		
	Bone Density	Stool, Exam, no back			1	0	0	1	$ 300.00	$ 300.00		$ 300.00		

ATTACHMENT 7

17

SHILOH EQUIPMENT LIST

	Staff Break Room	Bracket, Wall (for 26" flat panel TV)	Peerless Industries	SP740P-S	1	0	0	1	$ 150.00	$ 150.00		$ 150.00	
	Staff Break Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Staff Break Room	Coffee Service	VKI	Suprema	1	0	0	1	$ -	$ -		$ -	
	Staff Break Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Staff Break Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Staff Break Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Staff Break Room	Ice Machine, Counter Top (air or water cooled)	Follett	check with facilities	1	0	0	1	$ 4,500.00	$ 4,500.00		$ 4,500.00	
	Staff Break Room	Mailboxs			1	0	0	1	$ 1,500.00	$ 1,500.00		$ 1,500.00	
	Staff Break Room	Microwave Oven (Commercial Grade)	Sharp	R-21HT	1	0	0	1	$ 550.00	$ 550.00		$ 550.00	
	Staff Break Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Staff Break Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Staff Break Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Staff Break Room	Refrigerator, Full size (no ice maker)	Kenmore		1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00	
	Staff Break Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00		$ 800.00	
	Consult / Physician (Post Biopsy)	Recliner			1	1	0	0	$ -	$ -		$ -	
	Consult / Physician (Post Biopsy)	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Consult / Physician (Post Biopsy)	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Copy	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Copy	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Dressing Room	Nurse Call	Rauland		5	0	0	5	$ 2,000.00	$ 10,000.00		$ 10,000.00	
	Dressing Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	5	0	0	5	$ 25.00	$ 125.00		$ 125.00	
	Holding	Clock, Analog, Wall Mount	Primex Wireless	14155	2	0	0	2	$ 145.00	$ 290.00		$ 290.00	
	Holding	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	2	0	0	2	$ 100.00	$ 200.00		$ 200.00	

SHILOH EQUIPMENT LIST

	Holding	Container, Sharps, Wall Mount	Stericycle		2	0	0	2	$ -	$ -		$ -	
	Holding	Dispenser, Alcohol Foam	Symetry		2	0	0	2	$ -	$ -		$ -	
	Holding	Dispenser, Glove, 3 box	Bowman	GP-015	2	0	0	2	$ 60.00	$ 120.00		$ 120.00	
	Holding	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	2	0	0	2	$ 350.00	$ 700.00		$ 700.00	
	Holding	Nurse Call	Rauland		2	0	0	2	$ 2,000.00	$ 4,000.00		$ 4,000.00	
	Holding	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Holding	Sphygmanometer, wall mtd. With basket	Welch Allyn		2	0	0	2	$ 150.00	$ 300.00		$ 300.00	
	Holding	Stretcher	Stryker		2	0	0	2	$ 6,500.00	$ 13,000.00		$ 13,000.00	
	Holding	Thermometer, Electronic	Welch Allyn, Inc.	Suretemp 692	2	0	0	2	$ 500.00	$ 1,000.00		$ 1,000.00	
	Linen	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00	
	Linen	Warmer, Blanket, Dual Compartment, Glass Door	Blickman HealthCare, Inc.	7924MG	1	0	0	1	$ 4,500.00	$ 4,500.00		$ 4,500.00	
	Mammo Room 3 (O'Fallon)	Apron, Lead			1	1	0	0	$ 450.00	$ -		$ -	
	Mammo Room 1	Apron, Lead			1	1	0	0	$ 450.00	$ -		$ -	
	Mammo Room 3 (O'Fallon)	Cabinet, supply (with castors)	Innerspace		1	0	0	1	$ 1,200.00	$ 1,200.00		$ 1,200.00	
	Mammo Room 1	Cabinet, supply (with castors)	Innerspace		1	0	0	1	$ 1,200.00	$ 1,200.00		$ 1,200.00	
	Mammo Room 3 (O'Fallon)	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Mammo Room 1	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Mammo Room 1	Storage of accessories, cabinet			1	1	0	0	$ -	$ -		$ -	
	Mammo Room 1	Stool, Exam, with back			1	1	0	0	$ 350.00	$ -		$ -	
	Mammo Room 3 (O'Fallon)	Hamper, Linen W/Foot Operated Lid	Blickman HealthCare, Inc.	Blickman# 2010 Cardinal# 63886-020	1	0	0	1	$ 350.00	$ 350.00		$ 350.00	
	Mammo Room 1	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -	
	Mammo Room 1	IV Pole			1	1	0	0	$ -	$ -		$ -	
	Mammo Room 1	Chair, procedure	WY East Medical	Total Lift Chair	1	1	0	0	$ -	$ -		$ -	
	Mammo Room 3 (O'Fallon)	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Mammo Room 1	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Mammo Room 3 (O'Fallon)	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Mammo Room 1	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Mammo Room 3 (O'Fallon)	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Mammo Room 1	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Mammo Room 3 (O'Fallon)	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Mammo Room 3 (O'Fallon)	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Mammo Room 1	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Mammo Room 1	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Mammo Room 3 (O'Fallon)	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Mammo Room 1	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Mammo Room 3 (O'Fallon)	Rack, wall mtd (for Lead Aprons)	Bar-Ray	BR60081	1	0	0	1	$ 250.00	$ 250.00		$ 250.00	
	Mammo Room 1	Rack, wall mtd (for Lead Aprons)	Bar-Ray	BR60081	1	0	0	1	$ 250.00	$ 250.00		$ 250.00	
	Mammo Room 3 (O'Fallon)	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Mammo Room 1	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Mammo Room 1	Mammography Unit	Hologic	Selenia Dimension	1	0	0	1	$ 450,000.00	$ 450,000.00		$ 450,000.00	
	Stereotatic Breast Biopsy Room	Cabinet, supply (with castors)	Innerspace		1	0	0	1	$ 1,200.00	$ 1,200.00		$ 1,200.00	
	Stereotatic Breast Biopsy Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Stereotatic Breast Biopsy Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	1	0	0	1	$ 100.00	$ 100.00		$ 100.00	
	Stereotatic Breast Biopsy Room	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Stereotatic Breast Biopsy Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	

74

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Stereotatic Breast Biopsy Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Stereotatic Breast Biopsy Room	Rack, wall mtd (for Lead Aprons)	Bar-Ray	BR60081	1	0	0	1	$ 250.00	$ 250.00		$ 250.00	
	Stereotatic Breast Biopsy Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Stereotatic Breast Biopsy Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Stereotatic Breast Biopsy Room	Stool, Exam, no back			2	0	0	2	$ 300.00	$ 600.00		$ 600.00	
	Coordinator	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Coordinator	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Navigator	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Navigator	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Reception / Registration	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Reception / Registration	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	3	0	0	3	$ 25.00	$ 75.00		$ 75.00	
	Soiled Utility	Cart, Biohazard	Rubbermaid		1	0	0	1	$ 500.00	$ 500.00		$ 500.00	
	Soiled Utility	Cart, Linen (w/ cover)			1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00	
	Soiled Utility	Cart, Trash, Large W/Lid	Rubbermaid	1025-42	1	0	0	1	$ 2,700.00	$ 2,700.00		$ 2,700.00	
	Soiled Utility	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Soiled Utility	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Soiled Utility	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Soiled Utility	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Soiled Utility	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Soiled Utility	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Storage Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Storage Room	Shelving, wire			2	0	0	2	$ 1,000.00	$ 2,000.00		$ 2,000.00	

ATTACHMENT 7

57

SHILOH EQUIPMENT LIST

	Sub-Waiting	Receptacle, Waste, 28qt.	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Tech Area	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Tech Area	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Tech Area	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Toilet - Patient	Dispenser, Paper Towel	Georgia Pacific		3	0	0	3	$ 7.00	$ 21.00		$ 21.00	
	Toilet - Patient	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	3	0	0	3	$ -	$ -		$ -	
	Toilet - Patient	Dispenser, toilet paper			3	0	0	3	$ -	$ -		$ -	
	Toilet - Patient	Nurse Call	Rauland		3	0	0	3	$ 2,000.00	$ 6,000.00		$ 6,000.00	
	Toilet - Patient	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	3	0	0	3	$ 75.00	$ 225.00		$ 225.00	
	Toilet - Staff	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Toilet - Staff	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Toilet - Staff	Dispenser, Toilet Paper	Georgia-Pacific		1	0	0	1	$ -	$ -		$ -	
	Toilet - Staff	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Ultrasound Room 1	Bed, Echo, Cardiac	Medical Positioning		1	0	0	1	$ 10,000.00	$ 10,000.00		$ 10,000.00	
	Ultrasound Room 1	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Ultrasound Room 1	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Ultrasound Room 1	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Ultrasound Room 1	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Ultrasound Room 1	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Ultrasound Room 1	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Ultrasound Room 1	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Ultrasound Room 1	Stool, Exam, with back			1	1	0	0	$ 350.00	$ -		$ -	
	Waiting Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	1	0	0	1	$ 150.00	$ 150.00		$ 150.00	
	Waiting Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Waiting Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Waiting Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00		$ 800.00	
	Work area	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Work area	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Mammo Room 2	Apron, Lead			1	1	0	0	$ 450.00	$ -		$ -	
	Mammo Room 2	Cabinet, supply (with castors)	Innerspace		1	0	0	1	$ 1,200.00	$ 1,200.00		$ 1,200.00	
	Mammo Room 2	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Mammo Room 2	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -	
	Mammo Room 2	Mammography Unit	Hologic	Selenia Dimension	1	1	0	0	$ -	$ -		$ -	
	Mammo Room 2	Storage of accessories, wall mtd.	Hologic		3	3	0	0	$ -	$ -		$ -	
	Mammo Room 3 (O'Fallon)	Storage of accessories, wall mtd.	Hologic		3	3	0	0	$ -	$ -		$ -	
	Mammo Room 2	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Mammo Room 2	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Mammo Room 2	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Mammo Room 2	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Mammo Room 2	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Mammo Room 2	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Mammo Room 2	Stool, Exam, no back			3	0	0	3	$ 300.00	$ 900.00		$ 900.00	
	Mammo Room 3 (O'Fallon)	Stool, Exam, no back			3	0	0	3	$ 300.00	$ 900.00		$ 900.00	
	Mammo Room 2	Rack, wall mtd (for Lead Aprons)	Bar-Ray	BR60081	1	0	0	1	$ 250.00	$ 250.00		$ 250.00	
	Mammo Room 3 (O'Fallon)	Mammography Unit	Hologic	Selenia Dimension	1	1	0	0	$ -	$ -		$ -	
	Mammo Room 2	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Reading Room	Lamp, hot			1	1	0	0	$ -	$ -		$ -	
	Reading Room	Workstation, reading	Hologic		1	1	0	0	$ -	$ -		$ -	
	Reading Room	Workstation, reading			1	1	0	0	$ -	$ -		$ -	

SHILOH EQUIPMENT LIST

	Reading Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Reading Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Reading Room	Desk, adjustable Height	Eisys		2	0	0	2	$ 7,500.00	$ 15,000.00		$ 15,000.00	
	Stereotatic Breast Biopsy Room	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -	
	Stereotatic Breast Biopsy Room	Recliner			1	1	0	0	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	PC, Stereotatic	Hologic		1	1	0	0	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	PC, Planar Specra			1	1	0	0	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	Blanket warmer, wall mtd.	Olympic		1	1	0	0	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	Breast Biopsy System	Hologic	ATEC Sapphire Unit	1	1	0	0	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	Cart, O2 Cylinder single			2	2	0	0	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	Radio			1	1	0	0	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	Stepstool with handle			1	1	0	0	$ -	$ -		$ -	
	Stereotatic Breast Biopsy Room	Stereotatic Table	Hologic	Affirm Prone PRX-SYS-Affirm-3D	1	0	0	1	$ 275,000.00	$ 275,000.00		$ 275,000.00	
	Stereotatic Breast Biopsy Room	Lead Shield, mobile			1	1	0	0	$ -	$ -		$ -	
	Storage Room	Dunnage Rack			1	1	0	0	$ -	$ -		$ -	
	Storage Room	Dunnage Rack			1	1	0	0	$ -	$ -		$ -	
	Sub-Waiting	Television, wall mtd.			1	1	0	0	$ 800.00	$ -		$ -	
	Sub-Waiting	DVD Player			1	1	0	0	$ -	$ -		$ -	
	Tech Area	Cart, film storage			1	1	0	0	$ -	$ -		$ -	
	Tech Area	Shred-Pro Container	Shred Pro		1	1	0	0	$ -	$ -		$ -	
	Tech Area	Radio			1	1	0	0	$ -	$ -		$ -	
	Ultrasound Room 1	Cart, utility	Rubbermaid		1	1	0	0	$ -	$ -		$ -	
	Ultrasound Room 1	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -	
	Ultrasound Room 1	Cart, utility	Rubbermaid		1	1	0	0	$ -	$ -		$ -	
	Ultrasound Room 1	Gel Warmer	Ideal Stuff	GW208	1	1	0	0	$ 250.00	$ -		$ -	
	Ultrasound Room 1	Ultrasound	GE	Logiq S8	1	1	0	0	$ -	$ -		$ -	
	Ultrasound Room 2	Stool, Exam, with back			1	1	0	0	$ 350.00	$ -		$ -	
	Ultrasound Room 2	Cart, utility	Rubbermaid		1	1	0	0	$ -	$ -		$ -	
	Ultrasound Room 2	Stretcher	Stryker		1	1	0	0	$ -	$ -		$ -	
	Ultrasound Room 2	Ultrasound	GE	Logiq S8	1	1	0	0	$ -	$ -		$ -	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Ultrasound Room 2	Breast Biopsy System	Hologic	ATEC Sapphire Unit	1	1	0	0	$ -	$ -		$ -	
	Ultrasound Room 1	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	1	0	0	1	$ 100.00	$ 100.00		$ 100.00	
	Ultrasound Room 2	Biohazard Container			1	1	0	0	$ -	$ -		$ -	
	Ultrasound Room 2	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -	
	Ultrasound Room 2	Radio			1	1	0	0	$ -	$ -		$ -	
	Ultrasound Room 2	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Ultrasound Room 2	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -		$ -	
	Ultrasound Room 2	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Ultrasound Room 2	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Ultrasound Room 2	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Ultrasound Room 2	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Ultrasound Room 2	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00		$ 25.00	
	Ultrasound Room 2	Gel Warmer	Ideal Stuff	GW208	1	1	0	0	$ 250.00	$ -		$ -	
	Waiting Room	Coffee Maker	Bunn		1	1	0	0	$ -	$ -		$ -	
	Gym	Treadmill, anti-gravity	Alter G	M320	1	0	0	1	$ 50,000.00	$ 50,000.00		$ 50,000.00	
	Gym	Treadmill	Precor	TRM 811	1	0	0	1	$ 5,500.00	$ 5,500.00		$ 5,500.00	
	Gym	Universal Gym / Multi station gym			1	0	0	1	$ 5,000.00	$ 5,000.00		$ 5,000.00	
	Gym	Balance System	Biodex	950-440	1	0	0	1	$ 15,000.00	$ 15,000.00		$ 15,000.00	
	Gym	Parallel Bars			1	0	0	1	$ 3,500.00	$ 3,500.00		$ 3,500.00	
	Gym	Practice Stairs			1	0	0	1	$ 1,500.00	$ 1,500.00		$ 1,500.00	
	Gym	Wall station (Thera band)	Thera-band		1	0	0	1	$ 850.00	$ 850.00		$ 850.00	
	Gym	Total Gym	Total Gym		1	0	0	1	$ 1,200.00	$ 1,200.00		$ 1,200.00	
	Gym	Shuttle	Sammons & Preston		1	0	0	1	$ 7,500.00	$ 7,500.00		$ 7,500.00	
	Gym	Worktable, hi-low adjustable	Hausmann		2	0	0	2	$ 2,000.00	$ 4,000.00		$ 4,000.00	
	Gym	Arm Bike, seated			1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Gym	Elliptical			1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Gym	Hip Machine, multi-use			1	0	0	1	$ 4,500.00	$ 4,500.00		$ 4,500.00	
	Gym	BTE Simulator	BTE Tech		1	0	0	1	$ 38,000.00	$ 38,000.00		$ 38,000.00	
	Gym	Fluidotherapy	Chattanooga		1	0	0	1	$ 5,000.00	$ 5,000.00		$ 5,000.00	
	Gym	Worktable, adjustable (4'x5')			1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Gym	Hand Table, small			2	0	0	2	$ 350.00	$ 700.00		$ 700.00	
	Gym	Electrical Stimulator	Bioness	H200	2	0	0	2	$ 17,000.00	$ 34,000.00		$ 34,000.00	
	Gym	SAEBO Fitting Kit	Saebo		1	0	0	1	$ 4,000.00	$ 4,000.00		$ 4,000.00	
	Gym	Dynavision	Dynavision International	D2 or Gait & Balance	1	1	0	0	$ -	$ -		$ -	
	Gym	Cabinet, supply			2	0	0	2	$ 1,500.00	$ 3,000.00		$ 3,000.00	
	Gym	Splint Pan			1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00	
	Gym	Dynatron combo unit with laser	Chattanooga		1	0	0	1	$ 4,000.00	$ 4,000.00		$ 4,000.00	
	Gym	Interactive Metronome System with laptop			1	0	0	1	$ 2,200.00	$ 2,200.00		$ 2,200.00	
	Speech Room	Vital Stim NMES unit	Patterson Medical		1	0	0	1	$ 8,000.00	$ 8,000.00		$ 8,000.00	
	Speech Room	Portable FEES Unit	Storz		1	0	0	1	$ 35,000.00	$ 35,000.00		$ 35,000.00	
	Speech Room	Visi-Pitch IV Voice Analysis System			1	0	0	1	$ 4,000.00	$ 4,000.00		$ 4,000.00	
	Gym	Manometer with chair & table	Colorado Cycle		1	1	0	0	$ -	$ -		$ -	
	Gym	PC on cart	Metro Flo series cart & Elliott Data Systems PC		1	1	0	0	$ -	$ -		$ -	
	Gym	Cooler	Chattanooga	C-2	1	1	0	0	$ -	$ -		$ -	
	Gym	Rebound Trampoline			1	1	0	0	$ -	$ -		$ -	
	Gym	Bike	TRUE	PS100	1	1	0	0	$ -	$ -		$ -	
	Gym	Weight Rack			1	1	0	0	$ -	$ -		$ -	
	Gym	Total Gym			1	1	0	0	$ -	$ -		$ -	
	Gym	Mat Table, elevating	Dynatronics		1	1	0	0	$ -	$ -		$ -	
	Gym	Treadmill	Star Trac	4531-BUSAP0 (4500 series)	1	1	0	0	$ -	$ -		$ -	
	Gym	Skeleton on IV pole			1	1	0	0	$ -	$ -		$ -	
	Gym	Bike	NuStep		3	2	0	1	$ 2,500.00	$ 2,500.00		$ 2,500.00	
	Gym	Weight Rack, wall mtd.			1	1	0	0	$ -	$ -		$ -	
	Storage Room	Weight Rack			1	1	0	0	$ -	$ -		$ -	
	Storage Room	Chair, massage			1	1	0	0	$ -	$ -		$ -	
	Storage Room	Cart, ss (with Ultrasound Generator)	Dynatronics	D950 Plus	1	1	0	0	$ -	$ -		$ -	
	Storage Room	Cart, ss (with Light Therapy)	Dynatronics	D702	1	1	0	0	$ -	$ -		$ -	

ATTACHMENT 7

Po

SHILOH EQUIPMENT LIST

	Storage Room	Cart, ss (with Anodyne Therapy)	Anodyne Therapy Systems	480	1	1	0	0	$ -	$ -		$ -	
	Storage Room	Cart, ss (with Light Therapy)	Dynatronics	D702	1	1	0	0	$ -	$ -		$ -	
	Storage Room	Ball, therapy (yellow)			1	1	0	0	$ -	$ -		$ -	
	Storage Room	Mat, blue			1	1	0	0	$ -	$ -		$ -	
	Storage Room	Table, treatment	Earth Lite		1	1	0	0	$ -	$ -		$ -	
	Storage Room	Canes			10	10	0	0	$ -	$ -		$ -	
	Storage Room	Walkers			1	1	0	0	$ -	$ -		$ -	
	Storage Room	Crutches			5	5	0	0	$ -	$ -		$ -	
	Storage Room	Pulley Device (hanging on door)			1	1	0	0	$ -	$ -		$ -	
	Storage Room	Refrigerator, u.c.	Kenmore		1	1	0	0	$ -	$ -		$ -	
	Storage Room	Cabinet, storage			1	1	0	0	$ -	$ -		$ -	
	Treatment Room	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -	
	Treatment Room	Cart, ss (with Ultrasound Generator)	Dynatronics	DRF-100 (Dynatron 709)	2	0	0	2	$ 4,000.00	$ 8,000.00		$ 8,000.00	
	Treatment Room	Cart, ss (with Ultrasound Generator)	Dynatronics	DRF-100 (Dynatron 709)	1	1	0	0	$ 4,000.00	$ -		$ -	
	Treatment Room	Table, treatment	Earth Lite	Avalon 30" NS Mystic Blue (Item#69901PKG)	3	0	0	3	$ 2,500.00	$ 7,500.00		$ 7,500.00	
	Treatment Room	Table, treatment	Earth Lite	Avalon 30" NS Mystic Blue (Item#69901PKG)	1	1	0	0	$ -	$ -		$ -	
	Treatment Room	Cart, ss (with Ultrasound Generator)	Chattanooga		1	1	0	0	$ 4,000.00	$ -		$ -	
	Treatment Room	Chair, massage			1	1	0	0	$ -	$ -		$ -	
	Treatment Room	Magnatherm	International Medical Electronics		1	1	0	0	$ -	$ -		$ -	
	Treatment Room	Stepstool with handle			1	1	0	0	$ -	$ -		$ -	
	Treatment Room	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -	
	Treatment Room	Table, treatment	Chattanooga	Triton DTS	1	1	0	0	$ -	$ -		$ -	
	Treatment Room	Table, treatment	Earth Lite		1	1	0	0	$ -	$ -		$ -	
	Treatment Room	Cart, ss (with Ultrasound Generator)	Dynatronics	DRF-100 (Dynatron 709)	1	1	0	0	$ 4,000.00	$ -		$ -	
	Treatment Room	Stepstool with handle			1	1	0	0	$ -	$ -		$ -	
	Treatment Room	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -	
	Treatment Room	Ball, therapy			8	1	0	7	$ 25.00	$ 175.00		$ 175.00	

ATTACHMENT 7

18

SHILOH EQUIPMENT LIST

	Treatment Room	Cabinet, storage			8	1	0	7	$ 1,200.00	$ 8,400.00		$ 8,400.00		
	Treatment Room	Cart, ss (with Ultrasound Generator)	Dynatronics	950 Plus	1	0	0	1	$ 4,000.00	$ 4,000.00		$ 4,000.00		
	Treatment Room	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -		
	Treatment Room	Table, treatment	Earth Lite		1	0	0	1	$ 2,500.00	$ 2,500.00		$ 2,500.00		
	Treatment Room	Cart, ss (with Ultrasound Generator)	Dynatronics	950 plus	1	0	0	1	$ 4,000.00	$ 4,000.00		$ 4,000.00		
	Treatment Room	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -		
	Treatment Room	Table, treatment	Earth Lite		1	1	0	0	$ -	$ -		$ -		
	Treatment Room	Cart, ss (with Ultrasound Generator)	Dynatronics	950 Plus	1	0	0	1	$ 4,000.00	$ 4,000.00		$ 4,000.00		
	Treatment Room	Hamper, linen			1	1	0	0	$ 350.00	$ -		$ -		
	Specimen Processing STAT Lab	Microscope			1	1	0	0	$ -	$ -		$ -		
	Specimen Processing STAT Lab	Analyzer, POC	Siemens	Clinitek Status +	1	1	0	0	$ -	$ -		$ -		
	Specimen Processing STAT Lab	Analyzer, POC	Siemens	Clinitek Status +	1	1	0	0	$ -	$ -		$ -		
	Specimen Processing STAT Lab	Pass thru (from lab into Toilet room)			1	0	0	1	$ 5,000.00	$ 5,000.00		$ 5,000.00		
	Specimen Processing STAT Lab	Microscope	Seilea Westlab	Seilea Westlab II	1	1	0	0	$ -	$ -		$ -		
	Staff Break Room	Bracket, Wall (for 26" flat panel TV)	Peerless Industries	SP740P-S	1	0	0	1	$ 150.00	$ 150.00			$ 150.00	
	Staff Break Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00	
	Staff Break Room	Coffee Service	VKI	Suprema	1	0	0	1	$ -	$ -			$ -	
	Staff Break Room	Dispenser, Alcohol Foam	Symetry		1	0	0	1	$ -	$ -			$ -	
	Staff Break Room	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00			$ 7.00	
	Staff Break Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -			$ -	
	Staff Break Room	Ice Machine, Counter Top (air or water cooled)	Follett	check with facilities	1	0	0	1	$ 4,500.00	$ 4,500.00			$ 4,500.00	
	Staff Break Room	Mailboxs			1	0	0	1	$ 1,500.00	$ 1,500.00			$ 1,500.00	
	Staff Break Room	Microwave Oven (Commercial Grade)	Sharp	R-21HT	1	0	0	1	$ 550.00	$ 550.00			$ 550.00	
	Staff Break Room	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00			$ 2,000.00	

ATTACHMENT 7

82

SHILOH EQUIPMENT LIST

	Staff Break Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00			$ 75.00
	Staff Break Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Staff Break Room	Refrigerator, Full size (no ice maker)	Kenmore		1	0	0	1	$ 1,000.00	$ 1,000.00			$ 1,000.00
	Staff Break Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00			$ 800.00
	Copy Work	Clock, Analog, Wall Mount	Primex Wireless	14155	2	0	0	2	$ 145.00	$ 290.00			$ 290.00
	Copy Work	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 50.00
	Exam Room	Cart, Supply			6	0	0	6	$ 1,400.00	$ 8,400.00			$ 8,400.00
	Exam Room	Clock, Analog, Wall Mount	Primex Wireless	14155	6	0	0	6	$ 145.00	$ 870.00			$ 870.00
	Exam Room	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	6	0	0	6	$ 100.00	$ 600.00			$ 600.00
	Exam Room	Container, Sharps, Wall Mount	Stericycle		6	0	0	6	$ -	$ -			$ -
	Exam Room	Dispenser, Alcohol Foam	Symetry		6	0	0	6	$ -	$ -			$ -
	Exam Room	Dispenser, Glove, 3 box	Bowman	GP-015	6	0	0	6	$ 60.00	$ 360.00			$ 360.00
	Exam Room	Dispenser, Paper Towel	Georgia Pacific		6	0	0	6	$ 7.00	$ 42.00			$ 42.00
	Exam Room	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	6	0	0	6	$ -	$ -			$ -
	Exam Room	Document Holder, wall mtd.			6	0	0	6	$ 5.00	$ 30.00			$ 30.00
	Exam Room	Flag, wall mtd. (outside of each exam room)			6	0	0	6	$ 35.00	$ 210.00			$ 210.00
	Exam Room	Light, Examination, portable			3	0	0	3	$ 500.00	$ 1,500.00			$ 1,500.00
	Exam Room	Monitor, Vital Signs	Philips Medical	VS4	3	0	0	3	$ 4,500.00	$ 13,500.00			$ 13,500.00
	Exam Room	Nurse Call	Rauland		6	0	0	6	$ 2,000.00	$ 12,000.00			$ 12,000.00
	Exam Room	Sphygmanometer, wall mtd. With basket	Welch Allyn		6	0	0	6	$ 150.00	$ 900.00			$ 900.00

ATTACHMENT 7

SHILOH EQUIPMENT LIST

	Exam Room	Otoscope / Opthalmoscope with specula dispenser, wall mtd.	Welch Allyn		6	0	0	6	$ 1,000.00	$ 6,000.00			$ 6,000.00
	Exam Room	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	6	0	0	6	$ 75.00	$ 450.00			$ 450.00
	Exam Room	Stool, Exam, no back			6	0	0	6	$ 300.00	$ 1,800.00			$ 1,800.00
	Exam Room	Table, Exam			6	0	0	6	$ 2,500.00	$ 15,000.00			$ 15,000.00
	Height Weight Intake	Clock, Analog, Wall Mount	Primex Wireless	14155	2	0	0	2	$ 145.00	$ 290.00			$ 290.00
	Height Weight Intake	Monitor, Vital Signs	Philips Medical	VS4	2	0	0	2	$ 4,500.00	$ 9,000.00			$ 9,000.00
	Height Weight Intake	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	2	0	0	2	$ 75.00	$ 150.00			$ 150.00
	Height Weight Intake	Scale, stand-on	Scaletronix	5002	2	0	0	2	$ 2,500.00	$ 5,000.00			$ 5,000.00
	MA / Nurse / Physician Work Area	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	MA / Nurse / Physician Work Area	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	4	0	0	4	$ 25.00	$ 100.00			$ 100.00
	Mobile Equipment Alcove	EKG Unit	Mortara		1	0	0	1	$ 20,000.00	$ 20,000.00			$ 20,000.00
	Office	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Office	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	1	0	0	1	$ 25.00	$ 25.00			$ 25.00
	Reception	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00			$ 145.00
	Reception	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00			$ 50.00
	Specimen Processing STAT Lab	Centrifuge			1	0	0	1	$ 6,500.00	$ 6,500.00		$ 6,500.00	
	Specimen Processing STAT Lab	Container, Biohazard - 12 Gallon, w/foot operating lid	Rubbermaid	6144 (Grainger # 3U649)	1	0	0	1	$ 100.00	$ 100.00		$ 100.00	
	Specimen Processing STAT Lab	Container, Sharps, Wall Mount	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Specimen Processing STAT Lab	Dispenser, Glove, 3 box	Bowman	GP-015	1	0	0	1	$ 60.00	$ 60.00		$ 60.00	
	Specimen Processing STAT Lab	Analyzer, POC	Siemens	Clinitek Status	1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	

ATTACHMENT 7

84

SHILOH EQUIPMENT LIST

	Specimen Processing STAT Lab	Container, sharps, for med disposal (black)	Stericycle		1	0	0	1	$ -	$ -		$ -	
	Specimen Processing STAT Lab	Refrigerator, full size (with freezer)			1	0	0	1	$ 1,000.00	$ 1,000.00		$ 1,000.00	
	Specimen Processing STAT Lab	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Specimen Processing STAT Lab	Microscope, binocular	Olympus America, Inc.	BX41	1	0	0	1	$ 8,700.00	$ 8,700.00		$ 8,700.00	
	Specimen Processing STAT Lab	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Specimen Processing STAT Lab	Stool, Exam, no back			2	0	0	2	$ 300.00	$ 600.00		$ 600.00	
	Toilet - Patient	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Toilet - Patient	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Toilet - Patient	Dispenser, toilet paper			1	0	0	1	$ -	$ -		$ -	
	Toilet - Patient	Nurse Call	Rauland		1	0	0	1	$ 2,000.00	$ 2,000.00		$ 2,000.00	
	Toilet - Patient	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Toilet - Staff	Dispenser, Paper Towel	Georgia Pacific		1	0	0	1	$ 7.00	$ 7.00		$ 7.00	
	Toilet - Staff	Dispenser, Soap, Wall Mtd	Ecolab	Endure 92723188	1	0	0	1	$ -	$ -		$ -	
	Toilet - Staff	Dispenser, Toilet Paper	Georgia-Pacific		1	0	0	1	$ -	$ -		$ -	
	Toilet - Staff	Receptacle, Waste, 23 Gallon, with untouch lid	Rubbermaid	RCP 3569 GRA & RCP 2689 GRA	1	0	0	1	$ 75.00	$ 75.00		$ 75.00	
	Waiting Room	Bracket, wall (for 26" flat panel TV)	Peerless Industries, Inc.	SP740P-S	1	0	0	1	$ 150.00	$ 150.00		$ 150.00	
	Waiting Room	Clock, Analog, Wall Mount	Primex Wireless	14155	1	0	0	1	$ 145.00	$ 145.00		$ 145.00	
	Waiting Room	Receptacle, Waste, 28qt	RubberMaid	RCP 2543 BLA	2	0	0	2	$ 25.00	$ 50.00		$ 50.00	
	Waiting Room	Television, 26", Flat Panel	LG	26LG3DCH	1	0	0	1	$ 800.00	$ 800.00		$ 800.00	
	Waiting Room	Wheelchair, Adult, Manual	Invacare		1	0	0	1	$ 500.00	$ 500.00		$ 500.00	

ATTACHMENT 7

SHILOH EQUIPMENT LIST

									Total:			$ 1,957,437.00	$ 1,205,702.00
									to be added @ 2.5%			$ 48,935.93	$ 30,142.55
									delivery & Installation @2.0%			$ 40,127.46	$ 24,716.89
												$ 2,046,500.38	$ 1,260,561.44
													$ 3,307,061.82

ATTACHMENT 7

P7

Cost Space Requirements

				Amount of Proposed Total Square Feet			
		Gross Square Feet			That is:		
Dept./Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable							
Imaging	$ 4,834,824		7,850	7,850			
PT/OT/Speech	$ 1,208,706		5,556	5,556			
Specimen Collect./Lab.	$ 671,503		1,195	1,195			
Total	$ 6,715,033		14,601	14,601			
Non-Reviewable							
Physicians' Offices	$ 6,908,870		23,147	23,147			
Public& Waiting	$ 2,731,414		9,210	9,210			
Staff Support Areas	$ 1,124,700		3,878	3,878			
Admin/Mtg/Conference	$ 2,088,728		7,327	7,327			
Storage	$ 964,028		3,525	3,525			
Mechanical	$ 2,249,399		8,813	8,813			
Total	$ 16,067,139		55,899	55,899			
PROJECT TOTAL	$ 22,782,172		70,500	70,500			

MEMORIAL HOSPITAL EAST

PART OF THE MEMORIAL NETWORK

April 26, 2016

Ms. Courtney Avery
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Memorial Hospital East-Medical Clinics Building

Dear Ms. Avery:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. The Certificate of Need applicants for the above-referenced project do not have any adverse actions against any facility owned and operated by them during the three (3) year period prior to the filing of this application, and
2. The Certificate of Need applicants for the above-referenced project authorize the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

Mark J. Turner
President
Memorial Regional Health Services, Inc.

ATTACHMENT 11

ATTACHMENT 11

88

Illinois Department of PUBLIC HEALTH

HF110587

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health

4/11/2017	CATEGORY	0006049
	General Hospital	
Effective: 04/12/2016		

Metro-East Services Inc
dba Memorial Hospital East
1404 Cross Street

Shiloh, IL 62269

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 4/11/2017
Lic Number 0006049
Date Printed 4/1/2016
Validation Num 31273

Metro-East Services Inc
dba Memorial Hospital East
1404 Cross Street
Shiloh, IL 62269

FEE RECEIPT NO.

PURPOSE OF PROJECT

The proposed project is limited to the establishment of a Medical Clinics Building adjacent to Memorial Hospital-East in Shiloh, Illinois. The MCB will provide office space, when fully staffed, for approximately thirty physicians, using those offices on a full-time basis, as well as a limited amount of "shared" office space to be used by specialists and sub-specialists on a part-time basis. As a result of this project's locating physicians in Shiloh, and particularly the providing of office space for St. Louis-based specialists on a limited-time basis, the health care and well-being of area residents will be improved.

It is anticipated that the majority of patients using the proposed MCB will reside in a 21-ZIP Code area, to include the following ZIP Codes/communities:

62226 Belleville	62223 Belleville	62269 Shiloh/O'Fallon
62221 Belleville	62208 Fairview Heights	62206 E. St. Louis/Cahokia
62220 Belleville	62234 Collinsville	62232 Caseyville
62203 East St. Louis	62204 East St. Louis	62205 East St. Louis
62207 East St. Louis	62254 Lebanon	62258 Mascoutah
62260 Millstead	62243 Freeburg	62201 East St. Louis
62264 New Athens	62298 Waterloo	62040 Granite City

The goal of the proposed project is to provide contemporary and easily accessible office space for area physicians, and particularly those admitting patients to Memorial Hospital-East. Upon the opening of the MCB, that goal, as it relates to the market area identified above, will be met.

ATTACHMENT 12

ALTERNATIVES

Due to the limited nature of the proposed project and the applicants' need to provide additional physician office space, aside from the selection of an alternative location on the Memorial Hospital-East site, other alternatives were not considered. Had a different location been selected, the capital cost associated with the alternative project would likely be very similar to that of the proposed project, the quality of care provided would be identical to that of the proposed project, and access and resulting operating costs would have been very similar to those associated with the proposed project.

ATTACHMENT 13

SIZE

The amount of physical space included in the proposed project is necessary and not excessive.

The only functional areas included in the medical clinics building having IDPH space standards, as identified in Section 1110, APPENDIX B, are the imaging modalities. A general radiology unit will be located on the first floor, occupying 1,300 DGSF. In addition, two ultrasound units, three mammography units, one stereotactic biopsy unit, and one bone densitometry unit will occupy 6,550 DGSF within the women's center on the second floor.

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
General Radiology	1,300	1,300	none	YES
Mammo/US/Densitometry/ Stereotactic Biopsy Unit	6,550	6,700	(150)	YES

ATTACHMENT 14

PROJECT SERVICES UTILIZATION

The imaging equipment to be include in the proposed project, including the equipment to be located in the Women's Center (please see ATTACHMENT 14) will operate at or above the IDPH's target utilization levels, as identified in the table below.

Dept./ Service	Historical Utilization	PROJECTED UTILIZATION (Hours)		STATE STANDARD	MET STANDARD?
	(TREATMENTS)	YEAR 1	YEAR 2		
Gen'l Radiology*	N/A	4,250	4,250	N/A	N/A
Ultrasound	N/A	3,200	3,600	3,100+	YES
Mammography	N/A	20,500	20,500	10,000+	YES
Densitometry*	N/A	500	550	N/A	N/A
Stereotac. Biopsy*	N/A	450	450	N/A	N/A

*one unit being provided

ATTACHMENT 15

CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE

The proposed medical clinics building will include three clinical service areas, none of which are IDPH-designated categories of service. They include: 1) a specimen collection/lab area, 2) imaging, as discussed below, and 3) a combined physical, occupational and speech therapy area.

The primary purpose of the clinical services identified above, as is the case with the development of the medical clinics building ("MCB"), is to provide services to the residents of the communities identified in ATTACHMENT 12.

The imaging services to be provided will include a general radiology room on the first floor, and three mammography units, two ultrasound units, one bone densitometry unit and one stereotactic biopsy unit on the second floor, all of which will replace the comparable equipment currently located at Memorial Hospital-Belleville and at a freestanding site.

The general radiology and specimen collection/lab services are being provided in the MCB in support of the physicians' offices and as a convenience to the physicians' patients. Neither mammography, bone densitometry, stereotactic biopsy nor outpatient physical/occupational/speech therapy will be provided at Memorial Hospital-East, and those services are being located in the MCB to provide a more general level of access to those services. Memorial Hospital-East is projected to provide 27,703 general radiology procedures during its second year of operation (please see Project 11-017), and three general radiology units will be provided in the hospital, as opposed to the four units that are "supportable" by the utilization projection. It is projected that approximately 4,250 general imaging procedures, 3,600

ultrasound procedures, 20,500 mammography examinations, 550 bone densitometry scans and 450 stereotactic biopsy procedures, and approximately 5,000 physical/occupational/speech therapy sessions will be provided, and that approximately 7,500 laboratory specimens will be collected during the second year following the project's completion.

While the applicants do not believe that the proposed clinical services will have a significant impact on other area providers, it is anticipated that the impact that will occur will be realized by Memorial Hospital and Memorial Hospital-East, due primarily to the practice patterns of the physicians to be officed in the MCB.

Service	# Existing Key Rooms	# Proposed Key Rooms
General Radiography	0	1
Mammography	0	3
Ultrasound	0	2
Bone Densitometry	0	1
Stereotactic Biopsy	0	1

ATTACHMENT 34

RatingsDirect®

BJC HealthCare, Missouri; System

Primary Credit Analyst:
Suzie R Desai, Chicago (1) 312-233-7046; suzie.desai@standardandpoors.com

Secondary Contact:
Kenneth T Gacka, San Francisco (1) 415-371-5036; kenneth.gacka@standardandpoors.com

Table Of Contents

Rationale

Outlook

Enterprise Profile

Financial Profile

Related Criteria And Research

MOODY'S
INVESTORS SERVICE

7 World Trade Center
250 Greenwich Street
New York, NY 10007
www.moodys.com

March 5, 2015

Mr. Kevin Roberts
Chief Financial Officer
BJC Health System
4444 Forest Park Avenue, 5th Floor
St. Louis, MO 63108

Dear Mr. Roberts:

We wish to inform you that on March 5, 2015, Moody's Investors Service reviewed and assigns a Aa2 rating to BJC Health System's Series 2015 taxable fixed rate revenue bonds. Concurrent with this action, BJC's Aa2 long-term rating and VMIG 1 and P-1 short-term ratings are affirmed. The outlook remains stable.

Credit ratings issued by Moody's Investors Service, Inc. and its affiliates ("Moody's") are Moody's current opinions of the relative future credit risk of entities, credit commitments, or debt or debt-like securities and are not statements of current or historical fact. Moody's credit ratings address credit risk only and do not address any other risk, including but not limited to: liquidity risk, market value risk, or price volatility.

This letter uses capitalized terms and rating symbols that are defined or referenced either in *Moody's Definitions and Symbols Guide* or *MIS Code of Professional Conduct* as of the date of this letter, both published on www.moodys.com. The Credit Ratings will be publicly disseminated by Moody's through normal print and electronic media as well as in response to verbal requests to Moody's Rating Desk. Moody's related research and analyses will also be published on www.moodys.com and may be further distributed as otherwise agreed in writing with us.

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Moody's has not consented and will not consent to being named as an expert under applicable securities laws, such as section 7 of the Securities Act of 1933. The assignment of a rating does not create a fiduciary relationship between Moody's and you or between Moody's and other recipients of a Credit Rating. Moody's Credit Ratings are not and do not provide investment advice or recommendations to purchase, sell or hold particular securities. Moody's issues Credit Ratings with the expectation and understanding that each investor will make its own evaluation of each security that is under consideration for purchase, sale or holding.

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Any non-public information discussed with or revealed to you must be kept confidential and only disclosed either (i) to your legal counsel acting in their capacity as such; (ii) to your other authorized agents acting in their capacity as such with a need to know that have entered into non-disclosure agreements with Moody's in the form provided by Moody's and (iii) as required by applicable law or regulation. You agree to cause your employees, affiliates, agents and advisors to keep non-public information confidential.
If there is a conflict between the terms of this rating letter and any related Moody's rating application, the terms of the executed rating application will govern and supercede this rating letter.

Should you have any questions regarding the above, please do not hesitate to contact me.

Sincerely,

Mark Pascaris

Mark Pascaris
Vice President/Senior Analyst
Phone: 312-706-9963
Fax: 212-298-6377
Email: mark.pascaris@moodys.com

MP:rl

MEMORIAL HOSPITAL EAST

PART OF THE MEMORIAL NETWORK

Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

To Whom It May Concern:

I hereby attest that the total estimated project costs associated with the development of a medical clinics building to be located on the campus of Memorial Hospital-East in Shiloh. Illinois, and to be addressed by the Illinois Health Facilities and Services Review Board will be funded through the use of cash and other liquid assets.

Sincerely,

Mark J Turner

Mark J. Turner
President
Memorial Regional Health Services, Inc.

Date: APRIL 26, 2016

Notarized:

OFFICIAL SEAL
SANDRA R KROENIG
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/07/19

Sandra R. Kroenig

ATTACHMENT 39A

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	A	B	C	D	E	F	G	H	Total	
	Cost/Sq. Ft.		DGSF		DGSF		New Const. $	Modernization $	Costs	
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)	
Reviewable										
Imaging	$ 260.00		7,850				$ 2,041,000		$ 2,041,000	
PT/OT/Speech	$ 203.00		5,556				$ 1,127,868		$ 1,127,868	
Specimen Collect./Lab.	$ 233.00		1,195				$ 278,435		$ 278,435	
	$ 236.10		14,601				$ 3,447,303		$ 3,447,303	
Const. Contingency	$ 5.00						$ 73,005		$ 73,005	
Total	$ 241.10						$ 3,520,308		$ 3,520,308	
Non-Reviewable										
Physicians' Offices	$ 205.00		23,147				$ 4,745,135		$ 4,745,135	
Public& Waiting	$ 205.00		9,210				$ 1,888,050		$ 1,888,050	
Staff Support Areas	$ 195.00		3,878				$ 756,113		$ 756,113	
Admin/Mtg/Conference	$ 200.00		7,327				$ 1,465,400		$ 1,465,400	
Storage	$ 180.00		3,525				$ 634,500		$ 634,500	
Mechanical	$ 170.00		8,813				$ 1,498,125		$ 1,498,125	
	$ 196.56		55,899				$ 10,987,323		$ 10,987,323	
Const. Contingency	$ 20.00						$ 1,117,980		$ 1,117,980	
Total	$ 216.56						$ 12,105,303		$ 12,105,303	
PROJECT TOTAL	$ 221.64		70,500				$ 15,625,611		$ 15,625,611	

ATTACHMENT 39C

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	29
2	Site Ownership	33
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	38
5	Flood Plain Requirements	39
6	Historic Preservation Act Requirements	41
7	Project and Sources of Funds Itemization	42
8	Obligation Document if required	
9	Cost Space Requirements	87
10	Discontinuation	
11	Background of the Applicant	88
12	Purpose of the Project	90
13	Alternatives to the Project	91
14	Size of the Project	92
15	Project Service Utilization	93
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	94
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	
37	Financial Waiver	96
38	Financial Viability	
39	Economic Feasibility	99
40	Safety Net Impact Statement	
41	Charity Care Information	28