

16-043

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

ORIGINAL

RECEIVED

OCT 17 2016

Facility/Project Identification

Facility Name:	Rush Oak Park Hospital	HEALTH FACILITIES &
Street Address:	520 South Maple Street	SERVICES REVIEW BOARD
City and Zip Code:	Oak Park, IL 60304	
County:	Cook	Health Service Area VII Health Planning Area: A-06

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Rush Oak Park Hospital, Inc.
Address:	520 South Maple Street Oak Park, IL 60304
Name of Registered Agent:	Carl Bergetz
Name of Chief Executive Officer:	Bruce M. Elegant
CEO Address:	520 South Maple Street Oak Park, IL 60304
Telephone Number:	708/383-9800

Type of Ownership of Applicant/Co-Applicant

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

o Corporations and limited liability companies must provide an Illinois certificate of good standing.

o 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.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 08-01-2010 BY 60322 UCBAW/STP

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:	Robert S. Spadoni
Title:	Vice President of Hospital Operations
Company Name:	Rush Oak Park Hospital
Address:	520 South Maple Avenue Oak Park, IL 60304
Telephone Number:	708/660-6660
E-mail Address:	Robert_S_Spadoni@rush.edu
Fax Number:	708/660-6658

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Rush Oak Park Hospital		
Street Address:	520 South Maple Street		
City and Zip Code:	Oak Park, IL 60304		
County:	Cook	Health Service Area	VII Health Planning Area: A-06

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Rush University Medical Center
Address:	1653 W. Congress Parkway, Chicago, IL 60612
Name of Registered Agent:	Carl Bergetz
Name of Chief Executive Officer:	Larry J. Goodman, M.D.
CEO Address:	1653 W. Congress Parkway, Chicago, IL 60612
Telephone Number:	312/942-5865

Type of Ownership of Applicant/Co-Applicant

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐ Other
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o 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 I 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:	Robert S. Spadoni
Title:	Vice President of Hospital Operations
Company Name:	Rush Oak Park Hospital
Address:	520 South Maple Avenue Oak Park, IL 60304
Telephone Number:	708/660-6660
E-mail Address:	Robert_S_Spadoni@rush.edu
Fax Number:	708/660-6658

Additional Contact

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

Name:	Justin T. Johnson
Title:	Sr. Corporate Counsel/Associate General Counsel
Company Name:	Rush University Medical Center
Address:	1700 West Van Buren Street, Suite 301 Chicago, IL 60612
Telephone Number:	312/942-6886
E-mail Address:	Justin_T_Johnson@rush.edu
Fax Number:	312/942-4233

Additional Contact

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

Name:	Clare Connor Ranalli
Title:	Partner
Company Name:	McDermott Will & Emory
Address:	227 W. Monroe Street, Chicago, IL 60606
Telephone Number:	312/984-3365
E-mail Address:	cranalli@mwe.com
Fax Number:	312/277-2964

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:	Robert S. Spadoni
Title:	Vice President of Hospital Operations
Company Name:	Rush Oak Park Hospital
Address:	520 South Maple Avenue Oak Park, IL 60304
Telephone Number:	708/660-6660
E-mail Address:	Robert_S_Spadoni@rush.edu
Fax Number:	708/660-6658

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Rush University Medical Center
Address of Site Owner:	1653 W. Congress Parkway, Chicago, IL 60612
Street Address or Legal Description of Site:	520 South Maple Avenue Oak Park, IL 60304
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.	
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: Rush Oak Park Hospital, Inc.	
Address: 520 South Maple Avenue Oak Park, IL 60304	
☒ 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. - 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

☒ 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 a modernization project of limited scope, focusing on the replacement of Rush Oak Park Hospital's ("ROPH's") emergency department, which is currently located in a 110-year old building. The existing emergency department ("ED") occupies space that last received substantial renovation in 1969. The replacement ED will be relocated to the current site of ROPH's medical arts building ("MAB"). The MAB, which is a five-story building adjacent to the hospital, was originally constructed as a nursing school and dormitory, and has been vacant for the past two years.

The above grade levels of the MAB will be demolished, and the replacement ED will be constructed at grade level, to the north of the main hospital structure. Due to elevation disparities between the replacement ED site and the existing hospital, and in order to provide patient, staff, public and supply movement between the replacement ED and the hospital, small elevator lobbies (approximately 300 sf, each) will be located on the level above and below the ED, providing access to connectors to the hospital. Those lobbies will be the only functions on those levels. The existing ED space will be converted for use as community meeting rooms.

The proposed project does not involve any inpatient services or IDPH-designated "categories of service", and is categorized as a "non-substantive" project.

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	Total
Project Cost:			
Preplanning Costs	\$ 185,000	\$ 200,000	\$ 385,000
Site Survey and Soil Investigation	\$ 12,000	\$ 12,000	\$ 24,000
Site Preparation	\$ 100,000	\$ 100,000	\$ 200,000
Off Site Work			
New Construction Contracts	\$ 7,870,743	\$ 11,732,043	\$ 19,602,786
Modernization Contracts		\$ 2,074,400	\$ 2,074,400
Contingencies	\$ 395,820	\$ 810,580	\$ 1,206,400
Architectural/Engineering Fees	\$ 715,000	\$ 385,000	\$ 1,100,000
Consulting and Other Fees	\$ 700,000	\$ 300,000	\$ 1,000,000
Movable and Other Equipment (not in construction contracts)	\$ 2,124,342	\$ 459,764	\$ 2,584,106
Net Interest Expense During Construction Period			
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized-Demolition		\$ 2,000,000	\$ 2,000,000
Acquisition of Building or Other Property			
TOTAL USES OF FUNDS	\$ 12,102,905	\$ 18,073,787	\$ 30,176,692
Sources of Funds:			
Cash and Securities	\$ 12,102,905	\$ 18,073,787	\$ 30,176,692
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$ 12,102,905	\$ 18,073,787	\$ 30,176,692

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 ☒ No

Purchase Price: \$ _____

Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service

☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target 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

☒ Schematics

☐ Final Working

Anticipated project completion date (refer to Part 1130.140): _____ April 30, 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

☒ Project obligation will occur after permit issuance.

APPENDIX 1 - ATTACHMENT 1 - IN NUMERIC SEQUENCE - ORDER AFTER THE LAST PAGE OF THE APPLICATION ONLY

State Agency Submittals

Are the following submittals up to date as applicable:

☒ Cancer Registry

☒ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ 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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		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 ATTACHMENTS IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

Facility Bed Capacity and Utilization

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: Rush Oak Park Hospital			CITY: Oak Park		
REPORTING PERIOD DATES: From: January 1, 2015 to: December 31, 2015					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	151	3,168	14,082		151
Obstetrics					
Pediatrics					
Intensive Care	14	953	2,838		14
Comprehensive Physical Rehabilitation	36	92	1,039		36
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	36	393	5,107		36
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	237	4,606	23,066		237

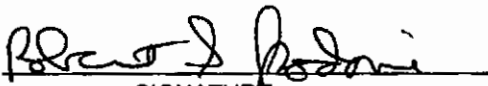
CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Rush Oak Park Hospital, 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.


SIGNATURE
Bruce Elegant
PRINTED NAME
President & CEO
PRINTED TITLE


SIGNATURE
Robert S. Spadoni
PRINTED NAME
VP Hospital Operations
PRINTED TITLE

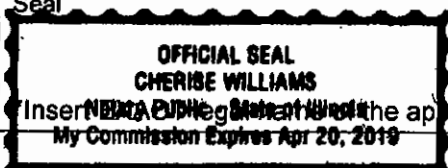
Notarization:
Subscribed and sworn to before me
this 27 day of July 2016.

Notarization:
Subscribed and sworn to before me
this 27 day of July 2016.


Signature of Notary

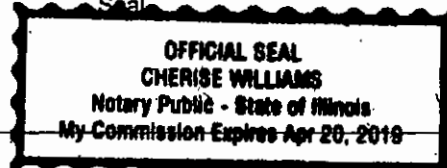

Signature of Notary

Seal



Insert Notary Public Seal of the applicant
My Commission Expires Apr 20, 2019

Seal



Insert Notary Public Seal of the applicant
My Commission Expires Apr 20, 2019

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 manager 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 Rush University Medical Center * 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

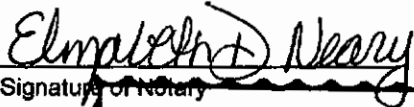
LARRY J GOODMAN, MD
PRINTED NAME

CEO
PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 29 day of July, 2016


Signature of Notary

Seal

ELIZABETH D NEARY
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

*Insert EXACT legal name of the applicant


SIGNATURE

MICHAEL J. DANDORP
PRINTED NAME
COO/EXEC. VICE PRESIDENT
PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 29 day of July, 2016


Signature of Notary

Seal

ELIZABETH D NEARY
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 10, 2020

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--no 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 to 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---no 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
☒ Emergency Department	19	21
☐		
☐		

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:

\$30,176,692	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.
\$30,176,692	TOTAL FUNDS AVAILABLE	

APPENDIX DOCUMENTATION ATTACHMENT TO MINIMUM REQUIREMENTS ORDER FOR THE PASSAGE OF THE APPLICATION FORM

bond rating provided

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

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	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

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

Not Applicable-Non-Substantive Project

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

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			

ATTEND DOCUMENTATION AS AN ATTACHMENT TO IN NUMEROUS SEQUENTIAL ORDER BY DATE IN A VARIOUS ORDER OF APPLICATION FORM

XI. Safety Net Impact Statement**not applicable****SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

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.

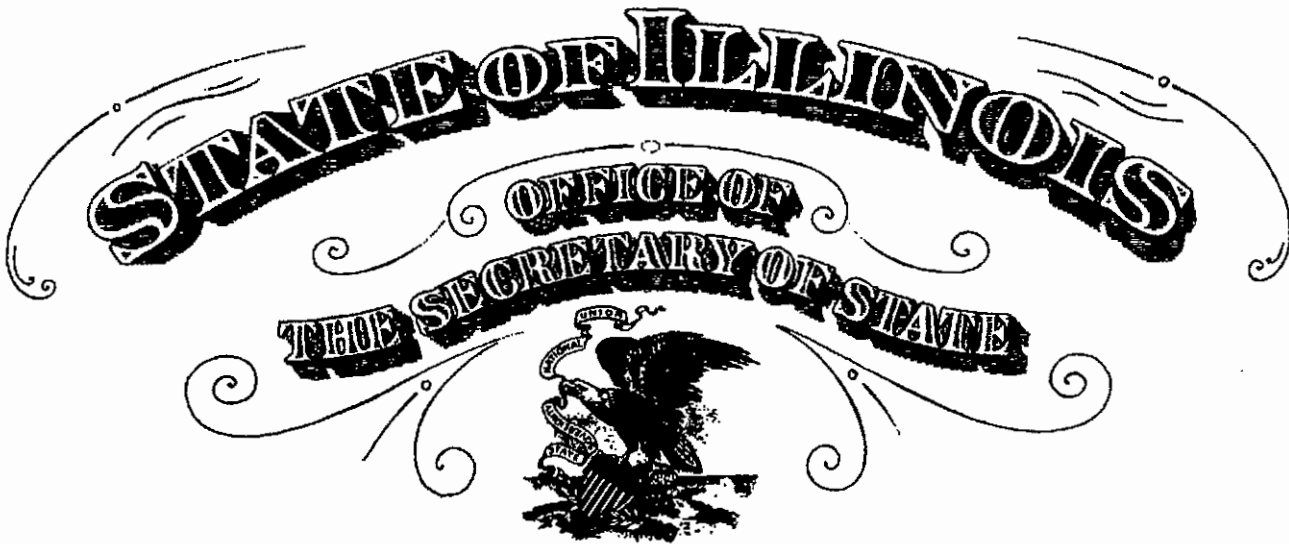
1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each 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.

CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$966,970,000	\$1,025,637,800	\$1,081,808,000
Amount of Charity Care (charges)	\$119,657,172	\$138,355,670	\$82,762,401
Cost of Charity Care	\$36,717,088	\$34,763,323	\$20,805,851

APPEND DOCUMENTATION AS ATTACHMENT 44 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RUSH OAK PARK HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 27, 1906, 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 9TH
day of JULY A.D. 2016 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RUSH UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 21, 1883, 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.



Authentication #: 1527301862 verifiable until 09/30/2016
Authenticate at: <http://www.cyberdriveillinois.com>

**In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 30TH
day of SEPTEMBER A.D. 2015 .**

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

Oak Park Hospital
Owner

Route : FAP 348 (IL 43)
Section : 16th St.-Division St.
Job No. : R-90-002-92
County : Cook
Parcel : 0820056
Station : 201+45.54
to Station: 201+50.56

P.I.N.(s): 16-18-100-012

Address: None (NEC Harlem &
Monroe St.
City: Oak Park 60304

96360409

DEPT-01 RECORDING \$23.50
T#0003 TRAN 8005 05/13/98 10:40:00
\$1548 + LM # -96-360409
COOK COUNTY RECORDER

WARRANTY DEED (Corporation)
(Non-Freeway)

This Indenture, made this 22ND day of MARCH, 1996,
by Oak Park Hospital, an Illinois Not for Profit Corporation

a Corporation, organized and existing under and by virtue of the laws of the State
of Illinois and duly authorized to do business under the Statutes
of the State of Illinois, party of the first part, and the People of the State of
Illinois, Department of Transportation, party of the second part;

Witnesseth, that the said party of the first part, in consideration of the sum
of Two Hundred Fifty Dollars

(\$ 250.00), in hand paid by the party of the second part, the receipt whereof
is hereby acknowledged, does hereby grant, convey and warrant unto said party of
the second part the following described real estate in Cook County, Illinois,
to-wit:

A parcel of land being part of the following described tract:

Lots 7 and 9 in the W.J. Wilson's Addition to Oak Park, being a Subdivision of all of Lot One (1) (except
the East Forty (40) Acres thereof), in the Subdivision of Section 18 (except the West Half (1/2) of the
Southwest Quarter (1/4) thereof) in Township 39 North, Range 13, East of the Third Principal Meridian
also all of Lot Six (6) in Block 4 in W.J. Wilson's Addition to Oak Park Subdivision of Lot 1 (Except the
East 40 Acres thereof) in the Subdivision of Section 18, Township 39 North, Range 13, East of the Third
Principal Meridian (except the West Half of the Southwest Quarter thereof).

Said Parcel described as follows: Beginning at the Southwest Corner of Said Lot 9; thence North 60
Degrees 47 Minutes 34 Seconds West (assumed) 5.00 Feet along the Westerly Line thereof; said
Westerly Line being also the Easterly Right of Way Line of Harlem Avenue (Illinois Route 43); thence
South 45 Degrees 40 Minutes 07 Seconds East 7.09 Feet to the Southerly Line of said Lot 9; thence
South 89 Degrees 27 Minutes 21 Seconds West 5.00 Feet along said Southerly Line to said Point of
Beginning in Cook County, Illinois. Said Parcel contains 0.001 Acres or 12.5 square feet more or less.

The party of the first part, without limiting the fee simple interest above
granted and conveyed, does hereby release the party of the second part, or any agency
thereof forever, from any and all claims for damages sustained by the party of the
first part, its successors and assigns, by reason of the opening, improving and using
the above described premises for highway purposes.

ATTACHMENT 2

27

VE

The party of the first part, without limiting the fee simple interest above granted and conveyed, does hereby release the party of the second part, or any agency thereof, forever, from any claims for damages sustained by the party of the first part, its successors and assigns, by reason of the opening, improving and using the above described premises for highway purposes.

IN WITNESS WHEREOF, the party of the first part has caused its corporate name to be hereunto subscribed by its Executive Vice President, and its duly attested corporate seal to be hereunto affixed by its Secretary, all in the City of Oak Park, the day and year first above written.



(Corporate Seal)

Attest

Leonard J. Muller
Secretary

Oak Park Hospital

(Corporate Name)

By:

David R. Hey
E.V. President

"Exempt under provisions of Paragraph B, Section 4, Real Estate Transfer Tax Act."

5/13/96

DATE

James Plunk

BUYER

STATE OF ILLINOIS

COUNTY OF COOK

SS

I, Edith Constien, a Notary Public in and for the State of Illinois, DO HEREBY CERTIFY that David R. Hey, Exc. V. President and Leonard J. Muller, Secretary of Oak Park Hospital, who are personally known to me to be the same persons whose names are subscribed to the foregoing instrument appeared before me this day in person and severally acknowledged that as such Exc. Vice President and Secretary, they signed and delivered the said instrument as Exc. V. President and Secretary of said corporation, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority, given by the Board of Commissioners of said corporation as their free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this 22nd day of March, 1996.

THIS DOCUMENT PREPARED BY:

JOHN CONTE

ILLINOIS DEPARTMENT OF TRANSPORTATION
201 W. CENTER CT., SCHAUMBURG, IL 60196-1096
(Seal)

MAIL TO, TAXES and GRANTEE:

ILLINOIS DEPARTMENT OF TRANSPORTATION
201 W. CENTER CT., SCHAUMBURG, IL 60196-1096
ATTN: S. DERKA

Edith K. Constien
Notary Public



ATTACHMENT 2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

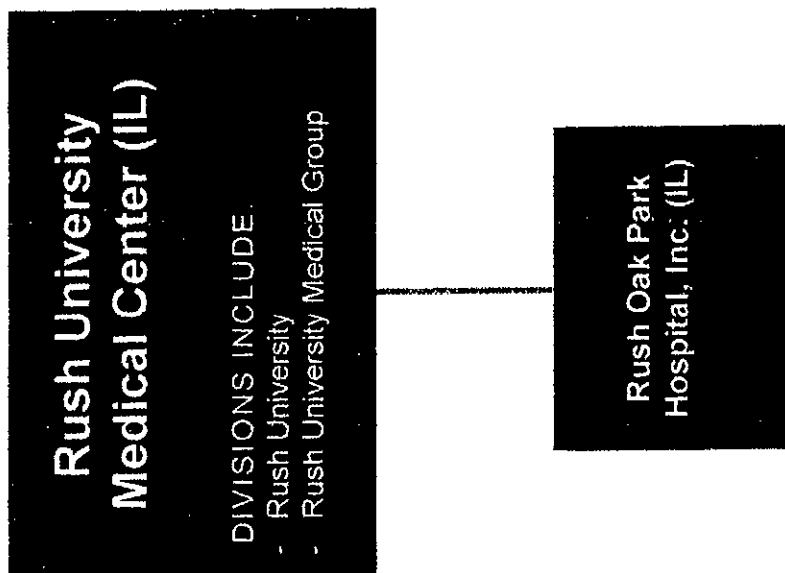
RUSH OAK PARK HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 27, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 9TH
day of JULY A.D. 2016 .

Jesse White

Corporate Organizational Chart



 = Not-for-profit

Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304-1097

Tel: 708.660.6660
Fax: 708.660.6658
Bruce_Elegant@rush.edu
www.roph.org

Bruce M. Elegant
President and Chief Executive Officer



Illinois Health Facilities and
Services Review Board
Springfield, IL

To Whom It May Concern:

Please be advised that the Rush Oak Park Hospital campus, located at 520 South Maple Street in Oak Park, Illinois is not located in a flood plain, and construction on that site is consistent with Illinois Executive Order #2005-5.

Sincerely,

Bruce M. Elegant
President and CEO

Date: 7-13-16

ATTACHMENT 5

FLOOD PLAIN REQUIREMENTS

FEMA does not produce flood plain hazard maps for Oak Park, Illinois.



Illinois Historic Preservation Agency

1 Old State Capitol Plaza • Springfield, Illinois 62701-1507 • (217) 782-4836 • TTY (217) 524-7128

FAX (217) 524-7525

Cook County

Oak Park

CON - Demolition and New Construction of Emergency Department, Rush Oak Park Hospital

520 S. Maple St., SE Corner Maple St. and Madison St.

IHPA Log #008062216

July 20, 2016

Jacob Axel

Axel & Associates, Inc.

675 North Court, Suite 210

Palatine, IL 60067

Dear Mr. Axel:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

ATTACHMENT 6

PROJECT COSTS AND SOURCES OF FUNDS

Project Costs:

Preplanning Costs		\$385,000
evaluation of campus alternatives	\$120,000	
need and project scope assessment	\$75,000	
feasibility assessment	\$60,000	
selection of architect and consultants	\$30,000	
misc./other	\$100,000	
Site Survey & Soil Investigation		\$24,000
anticipated soil investigation	\$24,000	
Site Preparation		\$200,000
parking lot and driveways	\$100,000	
exterior signage and lighting	\$60,000	
landscaping	\$20,000	
misc./other	\$20,000	
New Construction Contracts		\$19,602,786
new construction, per ATTACHMENT 39C	\$19,602,786	
Modernization Contracts		\$2,074,400
renovation, per ATTACHMENT 39C	\$2,074,400	
Contingencies		\$1,206,400
new construction and renovation-related contingency	\$1,206,400	
Architectural/Engineering Fees		\$1,100,000
assessments of alternatives	\$50,000	
design services	\$850,000	
specifications	\$45,000	
governmental agency interaction	\$30,000	
inspections/supervision	\$50,000	
reimburseables	\$45,000	
misc./other	\$30,000	
Consulting and Other Fees		\$1,000,000
CON and permit-related	\$160,000	
project management	\$325,000	

ATTACHMENT 7

permits/agency interaction	\$120,000
interiors/furniture selection	\$75,000
equipment planning	\$50,000
legal	\$30,000
insurance	\$75,000
systems testing	\$50,000
commissioning	\$40,000
misc./other	\$75,000

Movable and Other Equipment	\$2,584,106
please see listings to follow	

Other Costs to be Capitalized	
Demolition	\$2,000,000

Sources of Funds:

All funding for this project will be in the form of cash.

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Ante, Isol Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID Item ID	Qty	Description	Manufacturer Vendor	Funding Source Cost Center	Item Status Custom 1 Custom 2	Unit Cost	Item Tax	Price Type
CAD ID		Fl Model	AC Item Notes		Budget Name		Opt Subtotal	Opt Tax	Total Config
6339-000		1	Cart, Supply, Linen		Project	Draft (New)			
SPC0000		O/O			Unassigned	Unassigned	868.00	0.00	Estimate
		3			Unassigned	Unassigned			868.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	23.00	0.00	Estimate
		1			Unassigned	Unassigned			23.00
6084-000		1	Dispenser, Paper Towel, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	48.00	0.00	Estimate
		1			Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	25.00	0.00	Estimate
		1			Unassigned	Unassigned			25.00
3723-000		1	Disposal, Sharps, Wall Mount		Project	Draft (New)			
DIS0000		O/C			Unassigned	Unassigned	57.00	0.00	Estimate
		1			Unassigned	Unassigned			57.00
3836-000		2	Hamper, Linen		Project	Draft (New)			
HAM0000		O/O			Unassigned	Unassigned	219.00	0.00	Estimate
		3			Unassigned	Unassigned			438.00
4687-000		1	Waste Can, Bio-Hazardous		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	148.00	0.00	Estimate
		3			Unassigned	Unassigned			148.00
4920-000		1	Waste Can, Step-On		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	221.00	0.00	Estimate
		3			Unassigned	Unassigned			221.00

ATTACHMENT 7

Room Total : 1,828.00
Room Qty : 2
Room Ext Total : 3,656.00

KJWW Medical Equipment Planning Rush Oak Park ED Expansion Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Conf/Education Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			
4688-000		1	Waste Can, Open Top		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	39.00	0.00	Estimate
		3			Unassigned	Unassigned			39.00

Room Total : 39.00
Room Qty : 1

32

ATTACHMENT 7

KJWW Medical Equipment Planning Rush Oak Park ED Expansion Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Consult Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
4688-000		1	Waste Can, Open Top		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	39.00	0.00	Estimate
		3			Unassigned	Unassigned			39.00

Room Total : 39.00
Room Qty : 1

38

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Decon Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes			Custom 2			
3446-000		1	Bracket, Monitor, Wall		Project	Draft (New)			
BRK0000		O/C			Unassigned	Unassigned	459.00	0.00	Estimate
		1			Unassigned	Unassigned			459.00
3455-000		1	Cabinet, Patient Room, Bedside		Project	Draft (New)			
CBP0000		O/O			Unassigned	Unassigned	646.00	0.00	Estimate
		5			Unassigned	Unassigned			646.00
6364-000		1	Dispenser, Glove, Triple Box		Project	Draft (New)			
GLV0000		O/C			Unassigned	Unassigned	46.00	0.00	Estimate
		1			Unassigned	Unassigned			46.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	23.00	0.00	Estimate
		1			Unassigned	Unassigned			23.00
7463-000		1	Dispenser, Otoscope, Specula		Project	Draft (New)			
DSP0000		O/O			Unassigned	Unassigned	93.00	0.00	Estimate
		3			Unassigned	Unassigned			93.00
6084-000		1	Dispenser, Paper Towel, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	48.00	0.00	Estimate
		1			Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	25.00	0.00	Estimate
		1			Unassigned	Unassigned			25.00
3723-000		1	Disposal, Sharps, Wall Mount		Project	Draft (New)			
DIS0000		O/C			Unassigned	Unassigned	57.00	0.00	Estimate
		1			Unassigned	Unassigned			57.00
3806-000		1	Flowmeter, Air		Project	Draft (New)			
FLW0000		O/O			Unassigned	Unassigned	47.00	0.00	Estimate
		3			Unassigned	Unassigned			47.00
3803-000		1	Flowmeter, Oxygen		Project	Draft (New)			
FLW0000		O/O			Unassigned	Unassigned	47.00	0.00	Estimate
		3			Unassigned	Unassigned			47.00

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

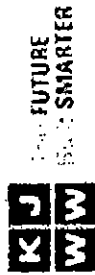
Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Decon Room#: Room Sign: Area/Phase: Unassigned

Comments:



☒ = GPO Contract ☒ = My Org Contract

Currency: Dollar (US)

Alt ID	Alt ID Item ID	Qty F/I	Description Model	Manufacturer Vendor	Funding Source Cost Center Budget Name	Item Status Custom 1 Custom 2	Unit Cost Opt Subtotal	Item Tax Opt Tax	Price Type Total Config
3836-000	HAM0000	1	Hamper, Linen		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	219.00	0.00	Estimate 219.00
3842-000	HDW0000	1	Headwall, Rail System, 1 Patient		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	3,584.00	0.00	Estimate 3,584.00
3960-000	LIG0000	1	Light, Exam/Procedure, Single, Ceiling		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	3,447.00	0.00	Estimate 3,447.00
4076-000	MON0000	1	Monitor, Physiologic, Bedside		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	25,828.00	0.00	Estimate 25,828.00
4091-000	OPH0000	1	Oto/Ophthalmoscope Set, Wall Mount		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	714.00	0.00	Estimate 714.00
4248-000	REG0000	1	Regulator, Suction, Intermittent/Continuous		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	474.00	0.00	Estimate 474.00
5112-000	SPH0000	1	Sphygmomanometer, Aneroid, Wall Mount, w/Basket		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	232.00	0.00	Estimate 232.00
4414-000	STL0000	1	Stool, Exam, Cushion-Seat		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	252.00	0.00	Estimate 252.00
4436-000	STR0000	1	Stretcher, Procedure / Recovery		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	6,398.00	0.00	Estimate 6,398.00
5934-000	TOB0000	1	Table, Overbed, General		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	487.00	0.00	Estimate 487.00

**THE FUTURE
IS SMARTER**

K J W W

C = GPO Contract C = My Org Contract

Room: Decon	Room#:	Room Sign:	Area/Phase: Unassigned
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Currency: Dollar (US)

41

Room Total :
Room Qty :

43,785.00 1

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Sorted by Department, Room, Room #, Item Description

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Page 6 of 46

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Equipment Storage Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	F/I	Model	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	AC	Item Notes			Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
5835-000	UTC0000	1	Cart, Utility, Stainless	O/O			Project	Draft (New)	436.00	0.00	Estimate
		3					Unassigned	Unassigned			436.00
3727-000	DOP0000	1	Doppler, Fetal Heart	O/O			Project	Draft (New)	773.00	0.00	Estimate
		3					Unassigned	Unassigned			773.00
7092-000	IMS0000	1	Imaging System, Vascular	O/O			Project	Draft (New)	15,671.00	0.00	Estimate
		2					Unassigned	Unassigned			15,671.00
3944-000	LFT0000	1	Lift, Patient, Battery Powered	O/O			Project	Draft (New)	5,959.00	0.00	Estimate
		2					Unassigned	Unassigned			5,959.00
3963-000	LIG0000	1	Light, Exam/Procedure, Single, Floor	O/O			Project	Draft (New)	273.00	0.00	Estimate
		2					Unassigned	Unassigned			273.00
7933-000	LCR0000	1	Locator, Vein	O/O			Project	Draft (New)	5,252.00	0.00	Estimate
		3					Unassigned	Unassigned			5,252.00
5952-000	MON0000	1	Monitor, Physiologic, Vital Signs, with Pulse Ox	O/O			Project	Draft (New)	3,347.00	0.00	Estimate
		2					Unassigned	Unassigned			3,347.00
4107-000	OXM0000	1	Oximeter, Pulse	O/O			Project	Draft (New)	2,487.00	0.00	Estimate
		2					Unassigned	Unassigned			2,487.00
4177-000	INF0000	1	Pump, Infusion, Single	O/O			Project	Draft (New)	2,526.00	0.00	Estimate
		2					Unassigned	Unassigned			2,526.00
4266-000	SCL0000	1	Scale, Clinical, Adult, Digital, Floor	O/O			Project	Draft (New)	1,641.00	0.00	Estimate
		3					Unassigned	Unassigned			1,641.00

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Equipment Storage Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
4298-000		2	Shelving, Wire, Chrome, 48		Project	Draft (New)			
SHL0000		O/O			Unassigned	Unassigned	440.00	0.00	Estimate
		3			Unassigned	Unassigned			880.00
5362-000		1	Ventilator, BIPAP		Project	Draft (New)			
VNT0000		O/O			Unassigned	Unassigned	13,369.00	0.00	Estimate
		2			Unassigned	Unassigned			13,369.00
6292-000		2	Wheelchair, Adult, Bariatric		Project	Draft (New)			
WCR0000		O/O			Unassigned	Unassigned	1,581.00	0.00	Estimate
		3			Unassigned	Unassigned			3,162.00
4741-000		1	X-Ray Unit, C-Arm, Mobile		Project	Draft (New)			
CRM0000		O/V			Unassigned	Unassigned	199,877.00	0.00	Estimate
		2			Unassigned	Unassigned			199,877.00
5810-000		1	X-Ray Unit, Mobile, Digital		Project	Draft (New)			
XRY0000		O/V			Unassigned	Unassigned	210,827.00	0.00	Estimate
		2			Unassigned	Unassigned			210,827.00

Room Total : 466,480.00
Room Qty : 1

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, Acute Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
3446-000		1	Bracket, Monitor, Wall		Project	Draft (New)			
BRK0000		O/C			Unassigned	Unassigned	459.00	0.00	Estimate
		1			Unassigned	Unassigned			459.00
3455-000		1	Cabinet, Patient Room, Bedside		Project	Draft (New)			
CBP0000		O/O			Unassigned	Unassigned	646.00	0.00	Estimate
		5			Unassigned	Unassigned			646.00
6364-000		1	Dispenser, Glove, Triple Box		Project	Draft (New)			
GLV0000		O/C			Unassigned	Unassigned	46.00	0.00	Estimate
		1			Unassigned	Unassigned			46.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	23.00	0.00	Estimate
		1			Unassigned	Unassigned			23.00
463-000		1	Dispenser, Otoscope, Specula		Project	Draft (New)			
DSP0000		O/O			Unassigned	Unassigned	93.00	0.00	Estimate
		3			Unassigned	Unassigned			93.00
6084-000		1	Dispenser, Paper Towel, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	48.00	0.00	Estimate
		1			Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	25.00	0.00	Estimate
		1			Unassigned	Unassigned			25.00
3723-000		1	Disposal, Sharps, Wall Mount		Project	Draft (New)			
DIS0000		O/C			Unassigned	Unassigned	57.00	0.00	Estimate
		1			Unassigned	Unassigned			57.00
3806-000		1	Flowmeter, Air		Project	Draft (New)			
FLW0000		O/O			Unassigned	Unassigned	47.00	0.00	Estimate
		3			Unassigned	Unassigned			47.00
3803-000		1	Flowmeter, Oxygen		Project	Draft (New)			
FLW0000		O/O			Unassigned	Unassigned	47.00	0.00	Estimate
		3			Unassigned	Unassigned			47.00

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, Acute Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID CAD ID	Alt ID Item ID	Qty F/I Model AC Item Notes	Description	Manufacturer Vendor	Funding Source Cost Center Budget Name	Item Status Custom 1 Custom 2	Unit Cost Opt Subtotal	Item Tax Opt Tax	Price Type Total Config
3836-000	HAM0000	1 O/O 3	Hamper, Linen		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	219.00	0.00	Estimate 219.00
3842-000	HIDW0000	1 O/C 1	Headwall, Rail System, 1 Patient		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	3,584.00	0.00	Estimate 3,584.00
3960-000	LIG0000	1 O/C 1	Light, Exam/Procedure, Single, Ceiling		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	3,447.00	0.00	Estimate 3,447.00
4076-000	MON0000	1 O/O 2	Monitor, Physiologic, Bedside		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	25,828.00	0.00	Estimate 25,828.00
4091-000	OPH0000	1 O/C 1	Oto/Ophthalmoscope Set, Wall Mount		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	714.00	0.00	Estimate 714.00
4248-000	REG0000	1 O/O 3	Regulator, Suction, Intermittent/Continuous		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	474.00	0.00	Estimate 474.00
5112-000	SPH0000	1 O/O 1	Sphygmomanometer, Aneroid, Wall Mount, w/Basket		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	232.00	0.00	Estimate 232.00
4414-000	STL0000	1 O/O 3	Stool, Exam, Cushion-Seat		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	252.00	0.00	Estimate 252.00
4436-000	STR0000	1 O/O 3	Stretcher, Procedure / Recovery		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	6,398.00	0.00	Estimate 6,398.00
5934-000	TOB0000	1 O/O 3	Table, Overbed, General		Project Unassigned Unassigned	Draft (New) Unassigned Unassigned	487.00	0.00	Estimate 487.00

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, Acute Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	F/I	Model	AC	Item Notes	Manufacturer	Vendor	Funding Source	Cost Center	Budget Name	Item Status	Custom 1	Custom 2	Unit Cost	Item Tax	Price Type	Opt Subtotal	Opt Tax	Total Config
5485-000	THM0000	1	Thermometer, Digital, Wall Mount	O/C		1				Project	Unassigned	Unassigned	Draft (New)	Unassigned	Unassigned	290.00	0.00	Estimate	290.00	0.00	290.00
4687-000	WST0000	1	Waste Can, Bio-Hazardous	O/O		3				Project	Unassigned	Unassigned	Draft (New)	Unassigned	Unassigned	148.00	0.00	Estimate	148.00	0.00	148.00
4920-000	WST0000	1	Waste Can, Step-On	O/O		3				Project	Unassigned	Unassigned	Draft (New)	Unassigned	Unassigned	221.00	0.00	Estimate	221.00	0.00	221.00

Room Total : 43,785.00
Room Qty : 8
Room Ext Total : 350,280.00

46

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, Behavioral Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	F/I	Model	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	AC	Item Notes			Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
6364-000	GLV0000	1	Dispenser, Glove, Triple Box	O/C			Project	Draft (New)	46.00	0.00	Estimate
		1					Unassigned	Unassigned			46.00
3723-000	DIS0000	1	Disposal, Sharps, Wall Mount	O/C			Project	Draft (New)	57.00	0.00	Estimate
		1					Unassigned	Unassigned			57.00
3806-000	FLW0000	1	Flowmeter, Air	O/O			Project	Draft (New)	47.00	0.00	Estimate
		3					Unassigned	Unassigned			47.00
3803-000	FLW0000	1	Flowmeter, Oxygen	O/O			Project	Draft (New)	47.00	0.00	Estimate
		3					Unassigned	Unassigned			47.00
3836-000	HAM0000	1	Hamper, Linen	O/O			Project	Draft (New)	219.00	0.00	Estimate
		3					Unassigned	Unassigned			219.00
4075-000	MON0000	1	Monitor, Physiologic, Bedside, Portable	O/O			Project	Draft (New)	13,431.00	0.00	Estimate
		2					Unassigned	Unassigned			13,431.00
4092-000	OPH0000	1	Oto/Ophthalmoscope Set, Wall Mount	O/C			Project	Draft (New)	811.00	0.00	Estimate
		1					Unassigned	Unassigned			811.00
4248-000	REG0000	1	Regulator, Suction,	O/O			Project	Draft (New)	474.00	0.00	Estimate
		3	Intermittent/Continuous				Unassigned	Unassigned			474.00
4429-000	STR0000	1	Stretcher, Transport	O/O			Project	Draft (New)	3,647.00	0.00	Estimate
		3					Unassigned	Unassigned			3,647.00
4920-000	WST0000	1	Waste Can, Step-On	O/O			Project	Draft (New)	221.00	0.00	Estimate
		3					Unassigned	Unassigned			221.00

KJWW Medical Equipment Planning **Rush Oak Park ED Expansion** **Room By Room Detail Report**

Department: Emergency

Building: Unassigned

Room: Exam, Behavioral Room#: Room Sign: Area/Phase: Unassigned

Comments:



☒ = GPO Contract ☒ = My Org Contract

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes	Budget Name	Custom 2			
Room Total :								
Room Qty :								
Room Ext Total :								
						19,000.00		
						2		
						38,000.00		

48

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, Isol Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID		Alt ID	Qty	Description	Manufacturer		Funding Source		Item Status		Unit Cost	Item Tax	Price Type
CAD ID		Item ID	F/I	Model		Vendor	Cost Center	Budget Name	Custom 1	Custom 2	Opt Subtotal	Opt Tax	Total Config
			AC	Item Notes									
3446-000			1	Bracket, Monitor, Wall			Project		Draft (New)				
BRK0000			O/C				Unassigned		Unassigned		459.00	0.00	Estimate
			1				Unassigned		Unassigned				459.00
3455-000			1	Cabinet, Patient Room, Bedside			Project		Draft (New)				
CBP0000			O/O				Unassigned		Unassigned		646.00	0.00	Estimate
			5				Unassigned		Unassigned				646.00
6364-000			1	Dispenser, Glove, Triple Box			Project		Draft (New)				
GLV0000			O/C				Unassigned		Unassigned		46.00	0.00	Estimate
			1				Unassigned		Unassigned				46.00
5869-000			1	Dispenser, Hand Sanitizer, Wall Mount			Project		Draft (New)				
DSP0000			O/C				Unassigned		Unassigned		23.00	0.00	Estimate
			1				Unassigned		Unassigned				23.00
5884-000			1	Dispenser, Paper Towel, Surface Mount			Project		Draft (New)				
DSP0000			O/C				Unassigned		Unassigned		48.00	0.00	Estimate
			1				Unassigned		Unassigned				48.00
5868-000			1	Dispenser, Soap, Wall Mounted			Project		Draft (New)				
DSP0000			O/C				Unassigned		Unassigned		25.00	0.00	Estimate
			1				Unassigned		Unassigned				25.00
3723-000			1	Disposal, Sharps, Wall Mount			Project		Draft (New)				
DIS0000			O/C				Unassigned		Unassigned		57.00	0.00	Estimate
			1				Unassigned		Unassigned				57.00
3806-000			1	Flowmeter, Air			Project		Draft (New)				
FLW0000			O/O				Unassigned		Unassigned		47.00	0.00	Estimate
			3				Unassigned		Unassigned				47.00
3803-000			1	Flowmeter, Oxygen			Project		Draft (New)				
FLW0000			O/O				Unassigned		Unassigned		47.00	0.00	Estimate
			3				Unassigned		Unassigned				47.00
3836-000			1	Hamper, Linen			Project		Draft (New)				
HAMP0000			O/O				Unassigned		Unassigned		219.00	0.00	Estimate
			3				Unassigned		Unassigned				219.00

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, Isol Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Notes	Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
3842-000	HDW0000	O/C	1	Headwall, Rail System, 1 Patient		Project	Draft (New)	3,584.00	0.00	Estimate
			1			Unassigned	Unassigned			3,584.00
4091-000	OPH0000	O/C	1	Oto/Ophthalmoscope Set, Wall Mount		Project	Draft (New)	714.00	0.00	Estimate
			1			Unassigned	Unassigned			714.00
4248-000	REG0000	O/O	3	Regulator, Suction, Intermitter/Continuous		Project	Draft (New)	474.00	0.00	Estimate
			3			Unassigned	Unassigned			474.00
5112-000	SPH0000	O/O	1	Sphygmomanometer, Aneroid, Wall Mount, w/Bracket		Project	Draft (New)	232.00	0.00	Estimate
			1			Unassigned	Unassigned			232.00
4687-000	WST0000	O/O	3	Waste Can, Bio-Hazardous		Project	Draft (New)	148.00	0.00	Estimate
			3			Unassigned	Unassigned			148.00
4920-000	WST0000	O/O	3	Waste Can, Step-On		Project	Draft (New)	221.00	0.00	Estimate
			3			Unassigned	Unassigned			221.00

Room Total : 6,960.00
Room Qty : 2
Room Ext Total : 13,980.00

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, Quick Care Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Custom 2			
3446-000		1	Bracket, Monitor, Wall	Project	Draft (New)			
BRK0000		O/C		Unassigned	Unassigned	459.00	0.00	Estimate
		1		Unassigned	Unassigned			459.00
3455-000		1	Cabinet, Patient Room, Bedside	Project	Draft (New)			
CBP0000		O/O		Unassigned	Unassigned	646.00	0.00	Estimate
		5		Unassigned	Unassigned			646.00
6364-000		1	Dispenser, Glove, Triple Box	Project	Draft (New)			
GLV0000		O/C		Unassigned	Unassigned	46.00	0.00	Estimate
		1		Unassigned	Unassigned			46.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount	Project	Draft (New)			
DSP0000		O/C		Unassigned	Unassigned	23.00	0.00	Estimate
		1		Unassigned	Unassigned			23.00
7463-000		1	Dispenser, Otoscope, Specula	Project	Draft (New)			
DSP0000		O/O		Unassigned	Unassigned	93.00	0.00	Estimate
		3		Unassigned	Unassigned			93.00
6084-000		1	Dispenser, Paper Towel, Surface Mount	Project	Draft (New)			
DSP0000		O/C		Unassigned	Unassigned	48.00	0.00	Estimate
		1		Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted	Project	Draft (New)			
DSP0000		O/C		Unassigned	Unassigned	25.00	0.00	Estimate
		1		Unassigned	Unassigned			25.00
3723-000		1	Disposal, Sharps, Wall Mount	Project	Draft (New)			
DIS0000		O/C		Unassigned	Unassigned	57.00	0.00	Estimate
		1		Unassigned	Unassigned			57.00
3806-000		1	Flowmeter, Air	Project	Draft (New)			
FLW0000		O/O		Unassigned	Unassigned	47.00	0.00	Estimate
		3		Unassigned	Unassigned			47.00
3803-000		1	Flowmeter, Oxygen	Project	Draft (New)			
FLW0000		O/O		Unassigned	Unassigned	47.00	0.00	Estimate
		3		Unassigned	Unassigned			47.00

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, Quick Care Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	F/I	Model	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	AC	Item Notes			Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
3836-000		1	Hamper, Linen				Project	Draft (New)			
HAM0000		O/O					Unassigned	Unassigned	219.00	0.00	Estimate
		3					Unassigned	Unassigned			219.00
3842-000		1	Headwall, Rail System, 1 Patient				Project	Draft (New)			
HDW0000		O/C					Unassigned	Unassigned	3,584.00	0.00	Estimate
		1					Unassigned	Unassigned			3,584.00
3960-000		1	Light Exam/Procedure, Single, Ceiling				Project	Draft (New)			
LIG0000		O/C					Unassigned	Unassigned	3,447.00	0.00	Estimate
		1					Unassigned	Unassigned			3,447.00
4076-000		1	Monitor, Physiologic, Bedside				Project	Draft (New)			
MON0000		O/O					Unassigned	Unassigned	25,828.00	0.00	Estimate
		2					Unassigned	Unassigned			25,828.00
4091-000		1	Oto/Ophthalmoscope Set, Wall Mount				Project	Draft (New)			
OPH0000		O/C					Unassigned	Unassigned	714.00	0.00	Estimate
		1					Unassigned	Unassigned			714.00
4248-000		1	Regulator, Suction, Intermittent/Continuous				Project	Draft (New)			
REG0000		O/O					Unassigned	Unassigned	474.00	0.00	Estimate
		3					Unassigned	Unassigned			474.00
5112-000		1	Sphygmomanometer, Aneroid, Wall Mount, w/Basket				Project	Draft (New)			
SPH0000		O/O					Unassigned	Unassigned	232.00	0.00	Estimate
		1					Unassigned	Unassigned			232.00
4414-000		1	Stool, Exam, Cushion-Seat				Project	Draft (New)			
STL0000		O/O					Unassigned	Unassigned	252.00	0.00	Estimate
		3					Unassigned	Unassigned			252.00
4436-000		1	Stretcher, Procedure / Recovery				Project	Draft (New)			
STR0000		O/O					Unassigned	Unassigned	6,398.00	0.00	Estimate
		3					Unassigned	Unassigned			6,398.00
5934-000		1	Table, Overbed, General				Project	Draft (New)			
TOB0000		O/O					Unassigned	Unassigned	487.00	0.00	Estimate
		3					Unassigned	Unassigned			487.00

KJWW Medical Equipment Planning Rush Oak Park ED Expansion Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, Quick Care Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			
5485-000		1	Thermometer, Digital, Wall Mount		Project	Draft (New)			
THM0000		O/C			Unassigned	Unassigned	290.00	0.00	Estimate
		1			Unassigned	Unassigned			290.00
4687-000		1	Waste Can, Bio-Hazardous		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	148.00	0.00	Estimate
		3			Unassigned	Unassigned			148.00
4920-000		1	Waste Can, Step-On		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	221.00	0.00	Estimate
		3			Unassigned	Unassigned			221.00

Room Total : 43,785.00
Room Qty : 8
Room Ext Total : 350,280.00

ATTACHMENT 7

K J W W

$\boxed{c}$ = GPO Contract $\boxed{c}$ = My Org Contract

Room: Exam, SANE	Room#:	Room Sign:	Area/Phase: Unassigned
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Currency: Dollar (US)

54

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, SANE Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	F/I	Model	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	AC	Item Notes			Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
3336-000		1	Hamper, Linen				Project	Draft (New)			
HAM0000		O/O					Unassigned	Unassigned	219.00	0.00	Estimate
		3					Unassigned	Unassigned			219.00
3842-000		1	Headwall, Rail System, 1 Patient				Project	Draft (New)			
HDW0000		O/C					Unassigned	Unassigned	3,584.00	0.00	Estimate
		1					Unassigned	Unassigned			3,584.00
3960-000		1	Light, Exam/Procedure, Single, Ceiling				Project	Draft (New)			
LIG0000		O/C					Unassigned	Unassigned	3,447.00	0.00	Estimate
		1					Unassigned	Unassigned			3,447.00
4076-000		1	Monitor, Physiologic, Bedside				Project	Draft (New)			
MON0000		O/O					Unassigned	Unassigned	25,828.00	0.00	Estimate
		2					Unassigned	Unassigned			25,828.00
4091-000		1	Oto/Ophthalmoscope Set, Wall Mount				Project	Draft (New)			
OPH0000		O/C					Unassigned	Unassigned	714.00	0.00	Estimate
		1					Unassigned	Unassigned			714.00
4248-000		1	Regulator, Suction,				Project	Draft (New)			
REG0000		O/O	Intermittent/Continuous				Unassigned	Unassigned	474.00	0.00	Estimate
		3					Unassigned	Unassigned			474.00
5112-000		1	Sphygmomanometer, Aneroid, Wall				Project	Draft (New)			
SPH0000		O/O	Mount, w/Basket				Unassigned	Unassigned	232.00	0.00	Estimate
		1					Unassigned	Unassigned			232.00
4414-000		1	Stool, Exam, Cushion-Seat				Project	Draft (New)			
STL0000		O/O					Unassigned	Unassigned	252.00	0.00	Estimate
		3					Unassigned	Unassigned			252.00
4434-000		1	Stretcher, Procedure, OB/GYN				Project	Draft (New)			
STR0000		O/O					Unassigned	Unassigned	6,232.00	0.00	Estimate
		3					Unassigned	Unassigned			6,232.00
5934-000		1	Table, Overbed, General				Project	Draft (New)			
TOB0000		O/O					Unassigned	Unassigned	487.00	0.00	Estimate
		3					Unassigned	Unassigned			487.00

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Exam, SANE Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			
5485-000		1	Thermometer, Digital, Wall Mount		Project	Draft (New)			
THM0000		O/C			Unassigned	Unassigned	290.00	0.00	Estimate
		1			Unassigned	Unassigned			290.00
4887-000		1	Waste Can, Bio-Hazardous		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	148.00	0.00	Estimate
		3			Unassigned	Unassigned			148.00
4920-000		1	Waste Can, Step-On		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	221.00	0.00	Estimate
		3			Unassigned	Unassigned			221.00
Room Total :							43,819.00		
Room Qty :								1	

ATTACHMENT 7

KJWW Medical Equipment Planning Rush Oak Park ED Expansion Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Janitor Closet Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	F/I	Model	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	AC	Item Notes				Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
3450-000	BUK0000	1	Bucket, Mopping				Project	Draft (New)			
		O/C					Unassigned	Unassigned	169.00	0.00	Estimate
		3					Unassigned	Unassigned			169.00
5846-000	HSK0000	1	Cart, Housekeeping, Stainless				Project	Draft (New)			
		O/C					Unassigned	Unassigned	1,304.00	0.00	Estimate
		3					Unassigned	Unassigned			1,304.00
3714-000	DSP0000	1	Dispenser, Cleaning Solution				Project	Draft (New)			
		O/C					Unassigned	Unassigned	577.00	0.00	Estimate
		1					Unassigned	Unassigned			577.00
5869-000	DSP0000	1	Dispenser, Hand Sanitizer, Wall Mount				Project	Draft (New)			
		O/C					Unassigned	Unassigned	23.00	0.00	Estimate
		1					Unassigned	Unassigned			23.00
4198-000	RCK0000	1	Rack, Mops / Brooms				Project	Draft (New)			
		O/C					Unassigned	Unassigned	55.00	0.00	Estimate
		1					Unassigned	Unassigned			55.00
4690-000	WST0000	1	Waste Can, 32-40 Gallon				Project	Draft (New)			
		O/C					Unassigned	Unassigned	86.00	0.00	Estimate
		3					Unassigned	Unassigned			86.00

Room Total : 2,214.00
Room Qty : 1

ATTACHMENT 7

KJWW Medical Equipment Planning Rush Oak Park ED Expansion Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: MD Work Room#: Room Sign: Area/Phase: Unassigned

Comments:

Atta ID		Alt ID	Qty	Description	Manufacturer Vendor	Funding Source		Item Status		Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	AC		Cost Center	Budget Name	Custom 1	Custom 2			
4688-000		1	Waste Can, Open Top			Project	Project	Draft (New)				
WST0000		O/O				Unassigned	Unassigned	Unassigned		39.00	0.00	Estimate
		3				Unassigned	Unassigned	Unassigned				39.00
Room Total :										39.00		39.00
Room Qty :												1

Currency: Dollar (US)

ATTACHMENT 7

58

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Meds Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	Alt ID	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			
5996-000		1	Cart, Medication, Large		Project	Draft (New)			
MDC0000		O/C			Unassigned	Unassigned	3,303.00	0.00	Estimate
		3			Unassigned	Unassigned			3,303.00
7039-000		1	Dispenser, Glove, Double Box		Project	Draft (New)			
GLV0000		O/C			Unassigned	Unassigned	33.00	0.00	Estimate
		1			Unassigned	Unassigned			33.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	23.00	0.00	Estimate
		1			Unassigned	Unassigned			23.00
3711-000		2	Dispenser, Medication, Auxiliary		Project	Draft (New)			
MED0000		O/V			Unassigned	Unassigned	17,101.00	0.00	Estimate
		2			Unassigned	Unassigned			34,202.00
3708-000		1	Dispenser, Medication, Host (Main)		Project	Draft (New)			
MED0000		O/V			Unassigned	Unassigned	29,058.00	0.00	Estimate
		2			Unassigned	Unassigned			29,058.00
6451-000		1	Dispenser, Medication, Lock Module		Project	Draft (New)			
MED0000		O/C			Unassigned	Unassigned	3,258.00	0.00	Estimate
		2			Unassigned	Unassigned			3,258.00
6084-000		1	Dispenser, Paper Towel, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	48.00	0.00	Estimate
		1			Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	25.00	0.00	Estimate
		1			Unassigned	Unassigned			25.00
3723-000		1	Disposal, Sharps, Wall Mount		Project	Draft (New)			
DIS0000		O/C			Unassigned	Unassigned	57.00	0.00	Estimate
		1			Unassigned	Unassigned			57.00
7108-000		1	Disposal, Sharps, Wall Mount, Pharmacy		Project	Draft (New)			
DIS0000		O/C			Unassigned	Unassigned	46.00	0.00	Estimate
		1			Unassigned	Unassigned			46.00

KJWW Medical Equipment Planning Rush Oak Park ED Expansion Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Meds Room#: Room Sign: Area/Phase: Unassigned

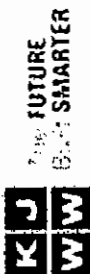
Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	F/I	Model	AC	Item Notes	Manufacturer	Vendor	Funding Source	Cost Center	Budget Name	Item Status	Custom 1	Custom 2	Unit Cost	Item Tax	Price Type
CAD ID	Item ID															Opt Subtotal	Opt Tax	Total Config
6403-000		1	Monitor, Blood Glucose							Project	Unassigned	Unassigned	Draft (New)			1,114.00	0.00	Estimate
MNR0000		3								Unassigned	Unassigned	Unassigned	Unassigned			1,114.00		1,114.00
6952-000		1	Refrigerator, Commercial, 1 Door							Project	Unassigned	Unassigned	Draft (New)			3,272.00	0.00	Estimate
REF0000		2								Unassigned	Unassigned	Unassigned	Unassigned			3,272.00		3,272.00
4300-000		1	Shelving, Wire, Chrome, 60							Project	Unassigned	Unassigned	Draft (New)			523.00	0.00	Estimate
SHL0000		3								Unassigned	Unassigned	Unassigned	Unassigned			523.00		523.00
4688-000		1	Waste Can, Open Top							Project	Unassigned	Unassigned	Draft (New)			39.00	0.00	Estimate
WST0000		3								Unassigned	Unassigned	Unassigned	Unassigned			39.00		39.00

Room Total : 75,001.00
Room Qty : 1

ATTACHMENT 7



☒ = GPO Contract ☒ = My Org Contract

60

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Nourish Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
5775-000		1	Coffee Maker, Automatic, 3-6 Warmer		Project	Draft (New)			
COF0000		O/C			Unassigned	Unassigned	865.00	0.00	Estimate
		1			Unassigned	Unassigned			865.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	23.00	0.00	Estimate
		1			Unassigned	Unassigned			23.00
6094-000		1	Dispenser, Paper Towel, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	48.00	0.00	Estimate
		1			Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	25.00	0.00	Estimate
		1			Unassigned	Unassigned			25.00
4916-000		1	Ice Machine, Dispenser, Nugget, Freestanding		Project	Draft (New)			
ICE0000		O/C			Unassigned	Unassigned	5,232.00	0.00	Estimate
		1			Unassigned	Unassigned			5,232.00
4103-000		1	Oven, Domestic, Microwave, Countertop		Project	Draft (New)			
OVN0000		O/O			Unassigned	Unassigned	189.00	0.00	Estimate
		2			Unassigned	Unassigned			189.00
4942-000		1	Refrigerator, Domestic with Freezer		Project	Draft (New)			
REF0000		O/O			Unassigned	Unassigned	867.00	0.00	Estimate
		2			Unassigned	Unassigned			867.00
4690-000		1	Waste Can, 32-40 Gallon		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	86.00	0.00	Estimate
		3			Unassigned	Unassigned			86.00

Room Total : 7,335.00
Room Qty : 1

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Office, EMS Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes	Budget Name	Custom 2			
4688-000		1	Waste Can, Open Top	Project	Draft (New)	39.00	0.00	Estimate
WST0000		O/O		Unassigned	Unassigned			39.00
		3		Unassigned	Unassigned			

Room Total : 39.00
Room Qty : 1

62

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Registration Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	F/I	Model	AC	Item Notes	Manufacturer	Vendor	Funding Source	Cost Center	Budget Name	Item Status	Custom 1	Custom 2	Unit Cost	Item Tax	Price Type
CAD ID	Item ID															Opt Subtotal	Opt Tax	Total Config
4688-000		1	Waste Can, Open Top							Project			Draft (New)					
WST0000		O/O								Unassigned			Unassigned			39.00	0.00	Estimate
		3								Unassigned			Unassigned					39.00

Room Total : 39.00
Room Qty : 1

63

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Security Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)											
Atta ID	Alt ID	Qty	Description	Funding Source	Item Status	Unit Cost	Item Tax	Price Type			
CAD ID	Item ID	F/I	Model	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config			
		AC	Item Notes	Budget Name	Custom 2						
4888-000		1	Waste Can, Open Top	Project	Draft (New)						
WST0000		O/O		Unassigned	Unassigned	39.00	0.00	Estimate			
		3		Unassigned	Unassigned			39.00			
						Room Total :		39.00			
						Room Qty :		1			

64

ATTACHMENT 7

KJWW Medical Equipment Planning Rush Oak Park ED Expansion Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Staff Lockers/Lounge Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
5775-000		1	Coffee Maker, Automatic, 3-6 Warmer	Project	Draft (New)	865.00	0.00	Estimate
COF0000		O/C		Unassigned	Unassigned			865.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount	Project	Draft (New)	23.00	0.00	Estimate
DSP0000		O/C		Unassigned	Unassigned			23.00
6084-000		1	Dispenser, Paper Towel, Surface Mount	Project	Draft (New)	48.00	0.00	Estimate
DSP0000		O/C		Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted	Project	Draft (New)	25.00	0.00	Estimate
DSP0000		O/C		Unassigned	Unassigned			25.00
4103-000		1	Oven, Domestic, Microwave, Countertop	Project	Draft (New)	189.00	0.00	Estimate
OVN0000		O/O		Unassigned	Unassigned			189.00
4942-000		1	Refrigerator, Domestic with Freezer	Project	Draft (New)	867.00	0.00	Estimate
REF0000		O/O		Unassigned	Unassigned			867.00
4690-000		1	Waste Can, 32-40 Gallon	Project	Draft (New)	86.00	0.00	Estimate
WST0000		O/O		Unassigned	Unassigned			86.00

Room Total : 2,103.00
Room Qty : 1

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Team Station Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	Fit Model	AC Item Notes	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
					Budget Name	Custom 2			
5361-000	ANA0000	1	Analyzer, Lab, Blood Gas, Point-of-Care		Project	Draft (New)	10,133.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		2			Unassigned	Unassigned			10,133.00
5859-000	PRC0000	1	Cart, Procedure, Resuscitation		Project	Draft (New)	1,929.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		3			Unassigned	Unassigned			1,929.00
6821-000	SPC0000	1	Cart, Supply, Drawers		Project	Draft (New)	2,524.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		3			Unassigned	Unassigned			2,524.00
3678-000	DFB0000	1	Defibrillator, Monitor, w/Pacing		Project	Draft (New)	13,898.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		2			Unassigned	Unassigned			13,898.00
6364-000	GLV0000	1	Dispenser, Glove, Triple Box		Project	Draft (New)	46.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		1			Unassigned	Unassigned			46.00
5869-000	DSP0000	2	Dispenser, Hand Sanitizer, Wall Mount		Project	Draft (New)	23.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		1			Unassigned	Unassigned			46.00
3723-000	DIS0000	1	Disposal, Sharps, Wall Mount		Project	Draft (New)	57.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		1			Unassigned	Unassigned			57.00
7823-000	DCK0000	1	Docking Station, Analyzer, Blood Gas, POC		Project	Draft (New)	1,394.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		2			Unassigned	Unassigned			1,394.00
3726-000	DOP0000	1	Doppler, Ultrasonic, Blood Flow		Project	Draft (New)	750.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		3			Unassigned	Unassigned			750.00
6403-000	MNR0000	2	Monitor, Blood Glucose		Project	Draft (New)	1,114.00	0.00	Estimate
		O/O			Unassigned	Unassigned			
		3			Unassigned	Unassigned			2,228.00

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Team Station Room#: Room Sign: Area/Phase: Unassigned

Comments:

Atta ID	Alt ID	Qty	Description	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I Model	AC Item Notes	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
4055-000		1	Monitor, Central Station, 16 Patient	Project	Draft (New)			
CSM0000		O/V		Unassigned	Unassigned	106,000.00	0.00	Estimate
		2		Unassigned	Unassigned			105,000.00
5485-000		4	Thermometer, Digital, Wall Mount	Project	Draft (New)			
THM0000		O/C		Unassigned	Unassigned	290.00	0.00	Estimate
		1		Unassigned	Unassigned			1,160.00
4688-000		2	Waste Can, Open Top	Project	Draft (New)			
WST0000		O/O		Unassigned	Unassigned	39.00	0.00	Estimate
		3		Unassigned	Unassigned			78.00

Room Total : 139,243.00
Room Qty : 2
Room Ext Total : 278,486.00

ATTACHMENT 7

67

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Toilet, Patient Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes	Budget Name	Custom 2			
6084-000		1	Dispenser, Paper Towel, Surface Mount	Project	Draft (New)			
DSP0000		O/C		Unassigned	Unassigned	48.00	0.00	Estimate
		1		Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted	Project	Draft (New)			
DSP0000		O/C		Unassigned	Unassigned	25.00	0.00	Estimate
		1		Unassigned	Unassigned			25.00
6391-000		1	Dispenser, Toilet Paper, Surface Mount	Project	Draft (New)			
DSP0000		O/C		Unassigned	Unassigned	55.00	0.00	Estimate
		1		Unassigned	Unassigned			55.00
4688-000		1	Waste Can, Open Top	Project	Draft (New)			
WST0000		O/O		Unassigned	Unassigned	39.00	0.00	Estimate
		3		Unassigned	Unassigned			39.00

Room Total : 167.00
Room Qty : 3
Room Ext Total : 501.00

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Toilet, Patient, Decon Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	F/I	Model	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	AC	Item Notes			Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
6084-000		1	Dispenser, Paper Towel, Surface Mount				Project	Draft (New)			
DSP0000		O/C					Unassigned	Unassigned	48.00	0.00	Estimate
		1					Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted				Project	Draft (New)			
DSP0000		O/C					Unassigned	Unassigned	25.00	0.00	Estimate
		1					Unassigned	Unassigned			25.00
6391-000		1	Dispenser, Toilet Paper, Surface Mount				Project	Draft (New)			
DSP0000		O/C					Unassigned	Unassigned	55.00	0.00	Estimate
		1					Unassigned	Unassigned			55.00
4688-000		1	Waste Can, Open Top				Project	Draft (New)			
WST0000		O/O					Unassigned	Unassigned	39.00	0.00	Estimate
		3					Unassigned	Unassigned			39.00

Room Total : 167.00
Room Qty : 1

ATTACHMENT 7

KJWW Medical Equipment Planning Rush Oak Park ED Expansion Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Toilet, Patient, SANE Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			
6084-000		1	Dispenser, Paper Towel, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	48.00	0.00	Estimate
		1			Unassigned	Unassigned			48.00
5868-000		1	Dispenser, Soap, Wall Mounted		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	25.00	0.00	Estimate
		1			Unassigned	Unassigned			25.00
6391-000		1	Dispenser, Toilet Paper, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	55.00	0.00	Estimate
		1			Unassigned	Unassigned			55.00
4888-000		1	Waste Can, Open Top		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	39.00	0.00	Estimate
		3			Unassigned	Unassigned			39.00

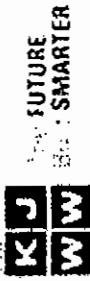
Room Total : 167.00
Room Qty : 1

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report



☒ = GPO Contract ☒ = My Org Contract

Department: Emergency

Building: Unassigned

Room: Toilet, Public Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Alt ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			
6084-000		1	Dispenser, Paper Towel, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	48.00	0.00	Estimate
		1			Unassigned	Unassigned			48.00
5888-000		1	Dispenser, Soap, Wall Mounted		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	25.00	0.00	Estimate
		1			Unassigned	Unassigned			25.00
6391-000		1	Dispenser, Toilet Paper, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	55.00	0.00	Estimate
		1			Unassigned	Unassigned			55.00
4688-000		1	Waste Can, Open Top		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	39.00	0.00	Estimate
		3			Unassigned	Unassigned			39.00

Room Total : 167.00
Room Qty : 4
Room Ext Total : 688.00

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Toilet, Staff Room#: Room Sign: Area/Phase: Unassigned

Comments:

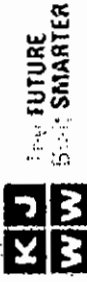
Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			
6084-000		1	Dispenser, Paper Towel, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	48.00	0.00	Estimate
		1			Unassigned	Unassigned			48.00
5888-000		1	Dispenser, Soap, Wall Mounted		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	25.00	0.00	Estimate
		1			Unassigned	Unassigned			25.00
6391-000		1	Dispenser, Toilet Paper, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	55.00	0.00	Estimate
		1			Unassigned	Unassigned			55.00
4688-000		1	Waste Can, Open Top		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	39.00	0.00	Estimate
		3			Unassigned	Unassigned			39.00

Room Total : 167.00
Room Qty : 2
Room Ext Total : 334.00

ATTACHMENT 7

72



☒ = GPO Contract ☒ = My Org Contract

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Triage Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Budget Name	Custom 1	Opt Subtotal	Opt Tax	Total Config
7039-000		1	Dispenser, Glove, Double Box		Project	Draft (New)			
GLV0000		O/C			Unassigned	Unassigned	33.00	0.00	Estimate
		1			Unassigned	Unassigned			33.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	23.00	0.00	Estimate
		1			Unassigned	Unassigned			23.00
3723-000		1	Disposal, Sharps, Wall Mount		Project	Draft (New)			
DIS0000		O/C			Unassigned	Unassigned	57.00	0.00	Estimate
		1			Unassigned	Unassigned			57.00
5952-000		1	Monitor, Physiologic, Vital Signs, with		Project	Draft (New)			
MON0000		O/O	Pulse Ox		Unassigned	Unassigned	3,347.00	0.00	Estimate
		2			Unassigned	Unassigned			3,347.00
4091-000		1	Oto/Ophthalmoscope Set, Wall Mount		Project	Draft (New)			
OPH0000		O/C			Unassigned	Unassigned	714.00	0.00	Estimate
		1			Unassigned	Unassigned			714.00
4266-000		1	Scale, Clinical, Adult, Digital, Floor		Project	Draft (New)			
SCL0000		O/O			Unassigned	Unassigned	1,641.00	0.00	Estimate
		3			Unassigned	Unassigned			1,641.00
4347-000		1	Sphygmomanometer, Aneroid, Mobile		Project	Draft (New)			
SPH0000		O/O			Unassigned	Unassigned	274.00	0.00	Estimate
		3			Unassigned	Unassigned			274.00
5485-000		1	Thermometer, Digital, Wall Mount		Project	Draft (New)			
THM0000		O/C			Unassigned	Unassigned	290.00	0.00	Estimate
		1			Unassigned	Unassigned			290.00
4687-000		1	Waste Can, Bio-Hazardous		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	148.00	0.00	Estimate
		3			Unassigned	Unassigned			148.00
4920-000		1	Waste Can, Step-On		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	221.00	0.00	Estimate
		3			Unassigned	Unassigned			221.00

KJWW Medical Equipment Planning Rush Oak Park ED Expansion Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Triage Room#: Room Sign: Area/Phase: Unassigned

Comments:

Atta ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			

Currency: Dollar (US)

Room Total : 6,748.00
 Room Qty : 3
 Room Ext Total : 20,244.00

74

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Utility, Clean Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			
5316-000		1	Cabinet, Warming, Dual, Freestanding		Project	Draft (New)			
CWA0000		O/C			Unassigned	Unassigned	7,935.00	0.00	Estimate
		2			Unassigned	Unassigned			7,935.00
5843-000		1	Cart, Supply, Linen, 60"		Project	Draft (New)			
SPC0000		O/O			Unassigned	Unassigned	2,148.00	0.00	Estimate
		3			Unassigned	Unassigned			2,148.00
5838-000		1	Cart, Utility, Wire, Basket		Project	Draft (New)			
UTC0000		O/O			Unassigned	Unassigned	212.00	0.00	Estimate
		3			Unassigned	Unassigned			212.00
7039-000		1	Dispenser, Glove, Double Box		Project	Draft (New)			
GLV0000		O/C			Unassigned	Unassigned	33.00	0.00	Estimate
		1			Unassigned	Unassigned			33.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	23.00	0.00	Estimate
		1			Unassigned	Unassigned			23.00
4266-000		1	Scale, Clinical, Adult, Digital, Floor		Project	Draft (New)			
SCL0000		O/O			Unassigned	Unassigned	1,641.00	0.00	Estimate
		3			Unassigned	Unassigned			1,641.00
4986-000		3	Shelving, Blins, Wall		Project	Draft (New)			
SHL0000		O/C			Unassigned	Unassigned	78.00	0.00	Estimate
		1			Unassigned	Unassigned			234.00
4300-000		1	Shelving, Wire, Chrome, 60		Project	Draft (New)			
SHL0000		O/O			Unassigned	Unassigned	523.00	0.00	Estimate
		3			Unassigned	Unassigned			523.00
4688-000		1	Waste Can, Open Top		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	39.00	0.00	Estimate
		3			Unassigned	Unassigned			39.00

Room Total : 12,788.00
Room Qty : 1

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

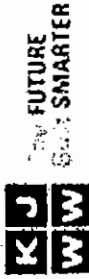
Room: Utility, Soiled Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Budget Name	Custom 2	Opt Subtotal	Opt Tax	Total Config
6338-000		2	Cart / Truck, Soiled Utility		Project	Draft (New)			
CTK0000		O/O			Unassigned	Unassigned	709.00	0.00	Estimate
		3			Unassigned	Unassigned			1,418.00
6364-000		1	Dispenser, Glove, Triple Box		Project	Draft (New)			
GLV0000		O/C			Unassigned	Unassigned	46.00	0.00	Estimate
		1			Unassigned	Unassigned			46.00
5869-000		1	Dispenser, Hand Sanitizer, Wall Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	23.00	0.00	Estimate
		1			Unassigned	Unassigned			23.00
6084-000		1	Dispenser, Paper Towel, Surface Mount		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	48.00	0.00	Estimate
		1			Unassigned	Unassigned			48.00
5888-000		1	Dispenser, Soap, Wall Mounted		Project	Draft (New)			
DSP0000		O/C			Unassigned	Unassigned	25.00	0.00	Estimate
		1			Unassigned	Unassigned			25.00
3836-000		1	Hamper, Linen		Project	Draft (New)			
HAM0000		O/O			Unassigned	Unassigned	219.00	0.00	Estimate
		3			Unassigned	Unassigned			219.00
4300-000		1	Shelving, Wire, Chrome, 60		Project	Draft (New)			
SHL0000		O/O			Unassigned	Unassigned	523.00	0.00	Estimate
		3			Unassigned	Unassigned			523.00
4690-000		1	Waste Can, 32-40 Gallon		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	86.00	0.00	Estimate
		3			Unassigned	Unassigned			86.00
7263-000		1	Waste Can, Bio-Hazardous, Roll-Out		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	282.00	0.00	Estimate
		3			Unassigned	Unassigned			282.00

Room Total : 2,670.00
Room Qty : 1



☒ = GPO Contract ☒ = My Org Contract

76

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Vestibule, Ambulance Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes	Budget Name	Custom 2			
4851-000		1	Stretcher, EMT	Project	Draft (New)			
STR0000		O/O		Unassigned	Unassigned	5,639.00	0.00	List
		3		Unassigned	Unassigned			5,639.00

Room Total : 5,639.00
Room Qty : 1

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Vestibule, Main Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes	Budget Name	Custom 2			
6292-000		1	Wheelchair, Adult, Bariatric	Project	Draft (New)			
WCR0000		O/O		Unassigned	Unassigned	1,581.00	0.00	Estimate
		3		Unassigned	Unassigned			1,581.00
6292-000		2	Wheelchair, Adult, Bariatric	Project	Draft (New)			
WCR0000		O/O		Unassigned	Unassigned	1,581.00	0.00	Estimate
		3		Unassigned	Unassigned			3,162.00
4717-000		1	Wheelchair, Adult, Large	Project	Draft (New)			
WCR0000		O/O		Unassigned	Unassigned	416.00	0.00	Estimate
		3		Unassigned	Unassigned			416.00
Room Total :						5,159.00		
Room Qty :						1		

ATTACHMENT 7

7B

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

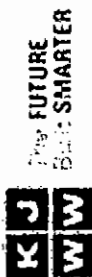
Room: Waiting, Main Room#: Room Sign: Area/Phase: Unassigned

Comments:

Atta ID	Alt ID	Qty	Description	Manufacturer	Funding Source	Item Status	Unit Cost	Item Tax	Price Type
CAD ID	Item ID	F/I	Model	Vendor	Cost Center	Custom 1	Opt Subtotal	Opt Tax	Total Config
		AC	Item Notes		Budget Name	Custom 2			
4688-000		2	Waste Can, Open Top		Project	Draft (New)			
WST0000		O/O			Unassigned	Unassigned	39.00	0.00	Estimate
		3			Unassigned	Unassigned			78.00

Room Total : 78.00
Room Qty : 1

Currency: Dollar (US)



☒ = GPO Contract ☒ = My Org Contract

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Waiting, Results Room#: Room Sign: Area/Phase: Unassigned

Comments:

Atta ID		Alt ID	Qty	Description	Funding Source		Item Status		Unit Cost		Item Tax	Price Type	
CAD ID	Item ID	F/R	Model	AC	Budget Name	Cost Center	Custom 1	Custom 2	Opt Subtotal	Opt Tax	Total Config		
4688-000		2	Waste Can, Open Top		Project		Draft (New)						
WST0000		O/O			Unassigned		Unassigned		39.00	0.00		Estimate	
		3			Unassigned		Unassigned					78.00	

Room Total : 78.00
Room Qty : 1

Currency: Dollar (US)



☒ = GPO Contract ☒ = My Org Contract

80

ATTACHMENT 7

KJWW Medical Equipment Planning

Rush Oak Park ED Expansion

Room By Room Detail Report

Department: Emergency

Building: Unassigned

Room: Work Room#: Room Sign: Area/Phase: Unassigned

Comments:

Currency: Dollar (US)

Atta ID	Alt ID	Qty	Description	Filing	Model	AC	Item Notes	Manufacturer	Vendor	Funding Source	Cost Center	Budget Name	Item Status	Custom 1	Custom 2	Unit Cost	Item Tax	Price Type
CAD ID	Item ID															Opt Subtotal	Opt Tax	Total Config
4688-000		1	Waste Can, Open Top							Project	Unassigned	Unassigned	Draft (New)			39.00	0.00	Estimate
WST0000		O/O								Unassigned	Unassigned	Unassigned	Unassigned					39.00
		3																

Room Total : 39.00
Room Qty : 1

Department Total : 1,723,985.00
Grand Total : 1,723,985.00

81

ATTACHMENT 7

Furniture/Art/Window Treatment Budget

PARUSH-OAK PARK\16250.00 ED\Active\Interiors\Furniture\Item budget06.29.16.xls

Project: Rush Oak Park

June 29, 2016

Project Number: 16250.00

Location: Emergency Department

Room Qty	Room Name	Rm #	Total Item Qty	Item	Total per Item	Total per Room
1	Waiting Room					
			35	Single chairs	\$1,200.00	\$42,000.00
			8	Loveseats	\$1,500.00	\$12,000.00
			10	End tables	\$750.00	\$7,500.00
			2	Magazine racks	\$350.00	\$700.00
			1	Kids Table & Chairs	\$1,000.00	\$1,000.00
						\$63,200.00
1	Registration/ RN Eval					
			2	Task chairs	\$600.00	\$1,200.00
			2	Pedestal files	\$350.00	\$700.00
			1	2 High Lateral file	\$500.00	\$500.00
						\$2,400.00
1	Results Waiting					
			12	Recliner	\$2,750.00	\$33,000.00
			12	Guest chair	\$350.00	\$4,200.00
						\$37,200.00
1	Security					
			4	Task Stool	\$800.00	\$3,200.00
			4	Pedestal files	\$350.00	\$1,400.00
			1	2 High Lateral file	\$500.00	\$500.00
						\$5,100.00
1	Consult					
			1	Loveseat	\$1,500.00	\$1,500.00
			3	Single chairs	\$1,200.00	\$3,600.00
			1	End table	\$750.00	\$750.00
			1	Coffee table	\$900.00	\$900.00
			1	36" Round Table	\$500.00	\$500.00
			2	Guest Chair	\$550.00	\$1,100.00
			1	Pamphlet rack	\$350.00	\$350.00
						\$8,700.00
3	Triage					
			1	Recliner	\$2,750.00	\$2,750.00
			1	Guest chair	\$350.00	\$350.00
						\$1,000.00
						\$12,300.00

PL

Furniture/Art/Window Treatment Budget

PARUSH-OAK PARK\16250.00 ED\Active\interior\Furniture\Item budget06.29.16.xls

Project: Rush Oak Park

June 29, 2016

Project Number: 16250.00

Location: Emergency Department

Room Qty	Room Name	Rm #	Total Item Qty	Item	Total per Item	Total per Room
1	Conference/ Education					
			1	3'x8' Conference table	\$1,500.00	\$1,500.00
			8	Chairs	\$500.00	\$4,000.00
			1	Credenza	\$500.00	\$500.00
			1	Glass marker board	\$1,000.00	\$1,000.00
						\$7,000.00
1	EMS					
			3	Task chairs	\$600.00	\$1,800.00
			2	Pedestal files	\$350.00	\$700.00
			2	Chairs	\$350.00	\$700.00
			1	Round 36" conference table	\$400.00	\$400.00
						\$3,600.00
8	Quick Care Room					
			2	Guest chair	\$350.00	\$700.00
			1	Wall-mount computer station	\$1,000.00	\$1,000.00
						\$13,600.00
8	Accute Care Room					
			2	Guest chair	\$350.00	\$700.00
			1	Wall-mount computer station	\$1,000.00	\$1,000.00
						\$1,700.00
2	Isolation Room					
			2	Guest chair	\$350.00	\$700.00
			1	Wall-mount computer station	\$1,000.00	\$1,000.00
						\$1,700.00
1	SANE Room					
			2	Guest chair	\$350.00	\$700.00
			1	Wall-mount computer station	\$1,000.00	\$1,000.00
						\$1,700.00

Furniture/Art/Window Treatment Budget

PARUSH-OAK PARK\16250.00 EDA\Active\Interiors\Furniture\Item budget\06.29.16.xls

Project: Rush Oak Park

June 29, 2016

Project Number: 16250.00

Location: Emergency Department

Room Qty	Room Name	Rm #	Total Item Qty	Item	Total per Item	Total per Room
1	Viewing Room					
			2	Guest chair	\$350.00	\$700.00
			1	End table	\$750.00	\$750.00
						\$1,450.00

1	Team Station 1					
			9	Task chairs	\$600.00	\$5,400.00
			6	BBF Pedestal files	\$350.00	\$2,100.00
			3	2 High Lateral file	\$500.00	\$1,500.00
						\$9,000.00

1	Charge Nurse					
			1	Task chairs	\$600.00	\$600.00
			1	BBF Pedestal files	\$350.00	\$350.00
			1	2 High Lateral file	\$500.00	\$500.00
						\$1,450.00

1	Unit Secretary					
			1	Task chairs	\$600.00	\$600.00
			2	BBF Pedestal files	\$350.00	\$700.00
			1	Keyboard Tray	\$250.00	\$250.00
			2	2 High Lateral file	\$500.00	\$1,000.00
						\$2,550.00

1	Radio					
			1	Task Chairs	\$600.00	\$600.00
			1	2 High Lateral file	\$500.00	\$500.00
			1	Keyboard Tray	\$250.00	\$250.00
			1	BBF Pedestal files	\$350.00	\$350.00
						\$1,700.00

1	MD Work					
			4	Task chairs	\$600.00	\$2,400.00
			1	Keyboard Tray	\$250.00	\$250.00
			4	BBF Pedestal Files	\$350.00	\$1,400.00
						\$4,050.00

F4

Furniture/Art/Window Treatment Budget

PARUSH-OAK PARK\16250.00 ED\Active\interiors\Furniture\Room budget06.29.16.xls

Project: Rush Oak Park

June 29, 2016

Project Number: 16250.00

Location: Emergency Department

Room Qty	Room Name	Rm #	Total Item Qty	Item	Total per Item	Total per Room
1	Team Station 2					
			11	Task chairs	\$600.00	\$6,600.00
			2	High Lateral file	\$500.00	\$1,000.00
			7	BBF Pedestal files	\$350.00	\$2,450.00
						\$10,050.00

1	ED Level Elev. Lobby					
			8	Single chairs	\$1,200.00	\$9,600.00
			2	Lovescats	\$1,500.00	\$3,000.00
			4	End tables	\$750.00	\$3,000.00
						\$15,600.00

1	ED Staff Locker / Lounge					
			5	Square Tables 36" x 36"	\$350.00	\$1,750.00
			20	Chairs	\$400.00	\$8,000.00
			1	Marker/tack board	\$1,000.00	\$1,000.00
						\$10,750.00

1	MD Director Office					
			1	Aeron Task Chair	\$750.00	\$750.00
			1	Desk & Overheads	\$3,500.00	\$3,500.00
			2	Guest chair	\$500.00	\$1,000.00
			1	Keyboard Tray	\$250.00	\$250.00
			1	5 High Lateral file	\$900.00	\$900.00
			1	Bookcase	\$700.00	\$700.00
						\$7,100.00

1	Asst. Director Office					
			1	Aeron Task Chair	\$750.00	\$750.00
			1	Desk & Overheads	\$3,000.00	\$3,000.00
			2	Guest chair	\$500.00	\$1,000.00
			1	Keyboard Tray	\$250.00	\$250.00
			1	5 High Lateral file	\$900.00	\$900.00
						\$5,900.00

1	ED Manager Office					
			1	Aeron Task Chair	\$750.00	\$750.00
			1	Desk & Overheads	\$2,500.00	\$2,500.00
			2	Guest chair	\$500.00	\$1,000.00
			1	Keyboard Tray	\$250.00	\$250.00
			1	5 High Lateral file	\$900.00	\$900.00
						\$5,400.00

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Furniture/Art/Window Treatment Budget

PARUSH-OAK PARK\6250.00 ED\Active\interiors\Furniture\lum budget06.29.16.xls

Project: Rush Oak Park

June 29, 2016

Project Number: 16250.00

Location: Emergency Department

Room Qty	Room Name	Rm #	Total Item Qty	Item	Total per Item	Total per Room
1	Admin. Assistant					
			1	Desk	\$2,000.00	\$2,000.00
			1	Task chair	\$600.00	\$600.00
			1	Keyboard Tray	\$250.00	\$250.00
			2	Single chairs	\$1,200.00	\$2,400.00
			1	End tables	\$600.00	\$600.00
						\$5,850.00

1	Coordinator Office				
		4	Desk	\$1,500.00	\$6,000.00
		4	Task chair	\$600.00	\$2,400.00
		1	Keyboard Tray	\$250.00	\$250.00
		1	Guest chair	\$500.00	\$500.00
					\$9,150.00

1	On Call					
			1	Bed	\$2,000.00	\$2,000.00
			1	Nightstand	\$500.00	\$500.00
			1	Chair	\$350.00	\$350.00
			1	Lamp	\$750.00	\$750.00
						\$3,600.00

Subtotal	\$251,800.00
15% for Delivery & Installation	\$38,000.00
	<u>\$289,800.00</u>

Furniture Subtotal	\$289,800.00
5% Contingency	\$14,500.00
	<u>\$304,300.00</u>

Furniture Total	<u>\$304,300.00</u>
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Furniture/Art/Window Treatment Budget

PARUSH-OAK PARK\16250.00 EDA\Active\interiors\Furniture\fm budget06.29.16.xls

Project: Rush Oak Park

June 29, 2016

Project Number: 16250.00

Location: Emergency Department

Room Qty	Room Name	Rm #	Total Item Qty	Item	Total per Item	Total per Room
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Art

Waiting/Reception/Corridors/Consult	\$16,000.00
Treatment Rooms/Triage/Team Stations	\$9,000.00
Exterior Sculptures (2)	\$50,000.00
Subtotal	\$75,000.00
5% Contingency	\$5,000.00
Installation	\$15,000.00
Art Total	\$95,000.00

Window Treatments

Waiting (motorized)	\$25,000.00
Staff & Clinical	\$11,000.00
SubTotal	\$36,000.00
Install	\$14,000.00
Window Treatments Total	\$50,000.00

Cubicle Curtains

25 Curtains (including installation)	\$30,000.00
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Furniture Total	\$304,300.00
Art Total	\$95,000.00
Window Treatment Total	\$50,000.00
Cubicle Curtains Total	\$30,000.00

5% Escalation cost (1.5 years)	\$24,000.00
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Total for Furniture, Art and Windows	\$503,300.00
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87

Cost Space Requirements

Dept./Area	Cost	Gross Square Feet		Amount of Proposed Total Square Feet That is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable							
Emergency Department	\$ 11,255,702	10,372	18,036	18,036			10,372
Evaluation/Triage	\$ 847,203		1,755	1,755			
	\$ 12,102,905	10,372	19,791	19,791			10,372
Non-Reviewable							
Community Meeting Rms.	\$ 2,274,400				10,372		
Ambulance Entrance	\$ 1,210,944		3,063	3,063			
Education	\$ 162,664		307	307			
IT	\$ 253,033		500	500			
Security	\$ 198,812		400	400			
Offices	\$ 614,509		1,193	1,193			
Vertical Circulation	\$ 2,891,806		4,927	4,927			
Connector to Hospital	\$ 2,006,190		3,926	3,926			
Staff Support Areas	\$ 271,107		404	404			
Mechanicals	\$ 2,313,445		4,508	4,508			
Janitor	\$ 13,555		35	35			
DGSF>>BGSF	\$ 5,863,323		16,080	16,080			
	\$ 18,073,787		35,343	35,343	10,372		
Total	\$ 30,176,692	10,372	55,134	55,134	10,372		

88

LICENSED HEALTHCARE FACILITIES CONTROLLED AND/OR OPERATED
BY AN APPLICANT

Rush University Medical Center
1653 West Congress Parkway
Chicago, Illinois
IDPH License #0001917

Rush Oak Park Hospital, Inc.
520 South Maple Avenue
Oak Park, Illinois
IDPH License #00001750

Rush SurgiCenter at the Professional Building
1725 W. Harrison Street
Chicago, Illinois
IDPH License #7001753

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

HF110786



**Illinois Department of
PUBLIC HEALTH**

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

EXPIRATION DATE	CATEGORY	LD NUMBER
6/30/2017	General Hospital	0001750
Effective: 07/01/2016		

Rush Oak Park Hospital, Inc.
520 South Maple Avenue
Oak Park, IL 60304

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

Exp. Date 6/30/2017

Lic Number 0001750

Date Printed 5/3/2016

Rush Oak Park Hospital, Inc.
520 South Maple Avenue
Oak Park, IL 60304

FEE RECEIPT NO.

Rush Oak Park Hospital, Inc.

Oak Park, IL

has been Accredited by

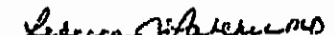


The Joint Commission

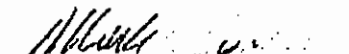
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

March 11, 2016

Accreditation is customarily valid for up to 36 months


Robert J. Dunham, MD
Chair, Board of Commissioners

(D) 7348
First Report Due 03/10/2016


Mark R. Thomas, MD, FACP, MPP, MHA
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org



AMAK



ATTACHMENT 11

Rush University Medical Center

Chicago, IL

has been Accredited by

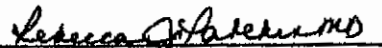


The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

September 19, 2015

Accreditation is customarily valid for up to 36 months.


Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #7297
Print/Reprint Date: 11/18/2015


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



**Illinois Department of
PUBLIC HEALTH**

HF109518

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

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

EXPIRATION DATE	CATEGORY	LIC. NUMBER
12/31/2016		0001917
General Hospital		
Effective: 01/01/2016		

**Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612**

Exp. Date 12/31/2016

Lic Number 0001917

Date Printed 10/28/2015

Rush University Medical Center

**1653 West Congress Parkway
Chicago, IL 60612**

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FEE RECEIPT NO.

ATTACHMENT 11

Office of Legal Affairs
Rush University Medical Center
Triangle Office Building
1700 W. Van Buren St.
Suite 301
Chicago, IL 60612

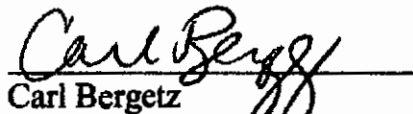
Tel: 312.942.6886
Fax: 312.942.4233
Carl_Bergetz@rush.edu
www.rush.edu



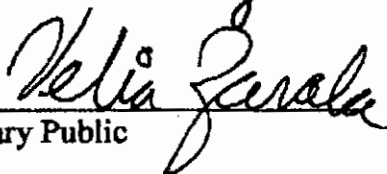
Carl Bergetz
Rush University Medical Center
Deputy General Counsel and
Associate Vice President

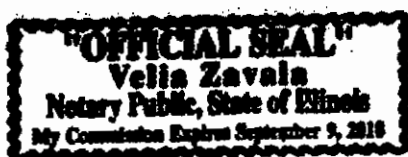
As Acting General Counsel of Rush University Medical Center, I hereby certify that no adverse action has been taken against it, directly or indirectly, within three (3) years prior to the filing of this Application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

I hereby authorize HFSRB and IDPH to access any documentation which it finds necessary to verify any information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.


Carl Bergetz
Acting General Counsel

Subscribed and sworn to before me this
18th day of May, 2016


Notary Public



ATTACHMENT 11

PURPOSE OF PROJECT

The primary purpose of the proposed project is to replace Rush Oak Park Hospital's existing Emergency Department ("ED"), with a department designed to contemporary ED standards. Therefore the project will improve the health care and well-being of the market area population traditionally served by the Rush Oak Park Hospital ("ROPH") ED. That patient population includes a disproportionately-high number of Medicaid recipients, as evidenced in the analysis below of patients seen in the ROPH ED during FY2015.

Medicaid	39.7%
Medicare	20.4%
Commercial Insurance	14.8%
Self-Pay/Charity Care	13.9%
Managed Care	11.1%

The ED's market area is and will continue to be Oak Park and the surrounding west suburban communities, extending east into the westernmost Chicago neighborhoods. The following table identifies the FY 2015 patient origin for the existing ED.

ZIP Code	Community	%	Cum. %
60644	CHICAGO	17.0%	17.0%
60302	OAK PARK	11.5%	28.5%
60651	CHICAGO	9.3%	37.7%
60130	FOREST PARK	6.8%	44.6%
60402	BERWYN	5.4%	50.0%
60624	CHICAGO	5.3%	55.3%
60304	OAK PARK	5.3%	60.6%
60639	CHICAGO	4.0%	64.5%
60707	ELMWOOD PARK	3.0%	67.5%
60804	CICERO	2.9%	70.5%
60623	CHICAGO	2.9%	73.3%
60153	MAYWOOD	2.6%	75.9%
60612	CHICAGO	2.1%	78.0%
60104	BELLWOOD	1.9%	79.9%
60305	RIVER FOREST	1.6%	81.5%
60301	OAK PARK	0.8%	82.4%
60634	CHICAGO	0.7%	83.1%
60155	BROADVIEW	0.6%	83.7%
60546	RIVERSIDE	0.6%	84.3%
60154	WESTCHESTER	0.6%	84.9%
60160	MELROSE PARK	0.5%	85.4%
	other, <0.5%	14.6%	100.0%

The hospital's existing ED has occupied the same space for approximately fifty years, is undersized by approximately 35%, based on current HFSRB standards, and requires continuous updates and repairs due to the facility's age. Among the facility-related deficiencies present in the ROPH ED are: selected patient access corridors with less than eight foot widths, exam rooms with inadequate clearance around beds, the absence of a single-use isolation room, a single lane ambulance drive and non-ADA accessible toilets. These issues will all be addressed through the proposed construction of a replacement ED, meeting contemporary standards.

The project's goals are to have a contemporary ED available to the community consistent with the project completion date identified in this application, and to improve the ED patient satisfaction, which will be measurable through post-discharge surveys.

ALTERNATIVES

The project proposed through this Certificate of Need application involves: 1) the demolition of a dated, five-story structure originally built to serve primarily as a nursing school dormitory, and which has been vacant for two years; and 2) the construction of a replacement for Rush Oak Park Hospital's emergency department ("ED") on the site of the demolished building.

Alternative 1: Renovate the existing ED

This alternative was dismissed immediately for two reasons. First, from an operations perspective, it would be extraordinarily difficult to continue to use an already undersized ED during renovation. Second, because the existing ED is undersized, and without expansion options, renovation could not result in the contemporary ED sought by the Applicants. Due to the impracticality of this alternative, a capital cost estimate was never developed. Had this alternative been pursued, the associated operating costs and accessibility to care would have been similar to those of the proposed project. Quality of care, however, would likely be compromised as a result of an inability to meet contemporary design standards.

Alternative 2: Renovate other space within the hospital

The potential locations for an ED at any existing hospital are limited by the practical need for a street level location to facilitate ambulance arrivals. An evaluation of the hospital's first floor did not reveal the availability of any suitable space, and therefore this alternative was dismissed. Had this alternative been available to the Applicants, the associated construction costs would have been very similar to those of the proposed project because of the demolition that would be required prior to renovation. (The building to be demolished as part of the

proposed project is due for demolition, regardless of whether the site is to be used for a replacement ED.) Similar to Alternative 1, the resultant operating costs would be similar to the proposed project, as would accessibility. Also similar to Alternative 1, the quality of care would likely be compromised—thought to a lesser extent than Alternative 1—due to design limitations resulting from the re-use of space.

SIZE

The proposed Emergency Department ("ED") will provide 21 treatment bays, which will include 16 general treatment stations, two isolation rooms, two behavioral health rooms and one room for the evaluation and treatment of sexual abuse patients. The ED, including all functional areas required by IDPH licensure, will consist of 18,036 DGSF. The planned space, as documented in the table below, is consistent with the HFSRB standard, is necessary, and is not excessive.

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Emergency Department	18,036	<18,900	834	YES

PROJECT SERVICES UTILIZATION

Rush Oak Park Hospital ("ROPH") currently operates a 17-treatment station Emergency Department ("ED") and through a proposed re-location of that department, will expand its capacity to 21 treatment stations, consistent with the projected utilization level to be reached during the second year following the project's completion.

During the period 2011 through 2015 the annual number of patients treated in ROPH's ED increased from 24,609 to 32,480; resulting in an average growth rate of 8.0%. This significant growth rate was realized despite the operational difficulties associated with a department that received its last major renovation 45 years ago.

To lend conservatism to the project, while understanding that from a practical perspective the Applicants need to provide capacity to address anticipated demand beyond the two-year horizon addressed through Criterion 1110.234, the average historical annual growth rate of 8.0% was reduced to 6.0% to project future utilization. That process resulted in a projection of 41,005 treatments in 2019, the second year following the project's completion, resulting in a need for 21 treatment stations, based on the HFSRB standard of 2,000 treatments per station.

Dept./ Service	Historical Utilization 2015 (TREATMENTS)	PROJECTED UTILIZATION		STATE STANDARD	MET STANDARD?
		YEAR 1	YEAR 2		
Emergency Dept.	32,480	38,684	41,005	40,001+	YES

CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE

The proposed project is limited in scope, and contains only two clinical care areas, and those areas, the Emergency Department ("ED") and the evaluation/triage areas are not IHFSRB-designated "categories of service".

As discussed in other ATTACHMENTS, the current ED is located in a 110-year old building, has not undergone significant renovation for nearly fifty years, does not provide a contemporary treatment environment, and is undersized to meet the requirements of projected utilization.

As discussed in ATTACHMENT 15, the utilization of Rush Oak Park Hospital's ("ROPH's") ED has experienced significant growth in recent years. This is caused, in part, by the implementation of the Affordable Care Act, which has provided insurance for many area residents that have not had coverage in the past. During the period 2011 through 2015 the annual number of patients treated in ROPH's ED increased from 24,609 to 32,480; resulting in an average growth rate of 8.0%. For purposes of conservatively projecting utilization, an annual growth rate of 6% was used, and that rate results in a need to provide 21 treatment stations to accommodate the projected utilization in the second year of the replacement ED's operation.

The evaluation/triage area is not required by licensure, but is being provided not only to ensure that patients in need of immediate care receive that care, but to more efficiently evaluate patients and refer those not requiring the services of an ED to less intensive treatment environments. It is believed by the Applicants that this function will become more critical to the

ED's efficient operations during the years beyond the IHFSRB's two-year planning horizon, when, if utilization continues to increase, the treatment capacity of the ED will be strained.

Service	# Existing Key Rooms	# Proposed Key Rooms
Emergency Department	17	21
Evaluation/Triage	0	3

PATIENT TRANSFER AGREEMENT AMENDMENT

This amendment (this "Amendment") to that certain agreement for patient transfer between the parties (the "Agreement") is made and effective this 25th day of Sept., 2015 ("Amendment Effective Date"), by and between Rush University Medical Center, an Illinois not-for-profit corporation ("RUMC") and Rush Oak Park Hospital ("Transferring Hospital"). Capitalized terms used herein without definition shall have the meanings assigned to them in the Agreement.

WHEREAS, RUMC and Transferring Hospital previously entered into the Agreement, pursuant to which certain patients are transferred from Transferring Hospital to RUMC;

WHEREAS, the Illinois Administrative Code (specifically, 77 Ill. Adm. Code Part 515) addresses certain facility recognition criteria for the Emergency Department Approved for Pediatrics ("EDAP");

WHEREAS, the parties desire to amend the Agreement, as set forth below, in order to document compliance with 77 Ill. Adm. Code Part 515;

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth, the receipt of which the parties hereby acknowledge, RUMC and Transferring Hospital hereby agree as follows:

Notwithstanding anything in the Agreement to the contrary, the following provision shall be applicable, under the Agreement, for a Transferring Hospital that is deemed an EDAP, pursuant to 77 Ill. Adm. Code Part 515:

EDAP Inter-hospital Communication.

- (a) Questions or concerns that may arise during the transfer process will be promptly communicated to the Emergency Department Manager of the Transferring Hospital, or his or her designee.
- (b) Communication of quality outcomes will occur at the regional EDAP meetings or between Receiving Hospital and Transferring Hospital.
- (c) Follow up letters regarding patient outcomes will be sent to the Transferring Hospital from the Receiving Hospital.

In the event that the Term of the Agreement is a fixed period of years, the provision in the Agreement that addressed the Term shall be deleted and replaced with the following:

Term. The term of this Agreement shall be five (5) years from the Agreement Effective Date ("Initial Term"). Upon the expiration of the Initial Term, the Agreement shall be renewed for additional one (1) year periods (each a "Renewal Term"), unless the Agreement is terminated upon ninety (90) days' written notice to the other party. The Initial Term and the Renewal Terms may collectively be referred to as the "Term" of the Agreement.

Rush and the Transferring Hospital execute this Agreement on the day and year first written above.

PATIENT TRANSFER AGREEMENT AMENDMENT

RUSH UNIVERSITY MEDICAL CENTER

RUSH OAK PARK HOSPITAL

By: Patricia Nedved

Its: Acting CNO

Date: 7 / 11 / 2016

By: James K. [Signature]

Its: President & CEO

Date: 9 / 25 / 2015

MOODY'S

INVESTORS SERVICE

New Issue: Moody's assigns A1 rating to Rush University Medical Center Obligated Group (IL) Series 2015A&B bonds; outlook stable

Global Credit Research - 09 Jan 2015

\$552M rated debt to be outstanding

ILLINOIS FINANCE AUTHORITY
Hospitals & Health Service Providers
IL

Moody's Rating

ISSUE	RATING
-------	--------

Series 2015A Fixed Rate Revenue Bonds	A1
---------------------------------------	----

Sale Amount	\$410,470,000
-------------	---------------

Expected Sale Date	01/14/15
--------------------	----------

Rating Description	Revenue: Other
--------------------	----------------

Series 2015B Fixed Rate Revenue Bonds	A1
---------------------------------------	----

Sale Amount	\$91,440,000
-------------	--------------

Expected Sale Date	01/14/15
--------------------	----------

Rating Description	Revenue: Other
--------------------	----------------

Moody's Outlook STA

NEW YORK, January 09, 2015 --Moody's Investors Service has assigned an A1 rating to Rush University Medical Center Obligated Group's, IL (Rush) \$410.5 million of Series 2015A and \$91.4 million of Series 2015B fixed rate revenue bonds. The bonds are to be issued by the Illinois Finance Authority. At this time we have upgraded Rush's existing rated debt to A1 from A2 affecting \$551 million of rated bonds outstanding (see Rated Debt section). The outlook is revised to stable from positive at the higher rating level.

SUMMARY RATING RATIONALE

The upgrade to A1 reflects Rush's track record of double-digit operating cash flow margins in recent years, improved liquidity ratios, and good pro forma debt coverage ratios. The stable outlook at the higher rating level reflects our expectation that Rush will continue to generate favorable operating margins and maintain liquidity strength, as well as our understanding that Rush does not plan to issue material new debt in the near/immediate term. Offsetting these strengths, Rush operates in a very competitive market with multiple prominent academic medical centers (AMC), somewhat challenging payer environment, and challenges presented by the State of Illinois' budget.

STRENGTHS

*Rush is anchored by a sizeable AMC with a broad array of tertiary and quaternary services and ambulatory locations throughout the Chicago area.

*Rush has a track record of profitability with six consecutive years of double digit operating cash flow margins and particularly strong results in FY 2013 and FY 2014.

*Rush is one of the few health systems in the Chicago area whose inpatient volumes are growing. We expect that, given market realities and changing industry dynamics, Rush's rate of inpatient volume growth will slow in the coming years.

*Rush's pro forma adjusted debt ratios are favorable (6.4 times maximum annual debt service (MADS) coverage).

*Rush's liquidity ratios have improved in recent years, as cash on hand measured an adequate 210 days at FYE 2014. Furthermore, Rush holds significant restricted cash, which bolsters the balance sheet.

*Rush's near-term capital spending plans are manageable and we do not anticipate additional leverage added over the near term.

CHALLENGES

*Rush operates in a very competitive healthcare market in the Chicago area, with four competing AMCs and other sizeable health systems.

*Given its academic mission, Medicaid is above average (16.9% of gross revenues in FY 2014, compared to all ratings median of 13.0%), which is of particular concern in Illinois given the state's budget challenges.

*Longer-term, Rush may consider new debt options to support capital spending plans that are being considered over a multiyear period.

DETAILED CREDIT DISCUSSION

USE OF PROCEEDS: Proceeds from the issuance of the Series 2015A&B fixed rate bonds will be used to refund Series 2009A,B,C,D and Series 2006B fixed rate bonds and pay the costs of issuance. As part of the plan of finance, Rush expects to release the debt service reserve funds (DSRF) currently in place to support the Series 2006B and Series 2009 bonds. The Series 2015 bonds are not expected to be supported by a DSRF.

LEGAL SECURITY: The bonds are expected to be secured by a gross revenue pledge of the Rush Obligated Group, which includes 677 staffed bed Rush University Medical Center (RUMC), 210 staffed bed Rush-Copley Hospital (Rush-Copley), and 128 staffed bed Rush-Oak Park Hospital (Rush-Oak Park). Violating historical debt service coverage rate covenant of 1.1 times requires hiring of consultant in most cases. Additional debt tests include: (1) minimum pro-forma debt service coverage of 1.10 times; or (2) minimum historical debt service coverage of 1.1 times.

INTEREST RATE DERIVATIVES: Rush has two fixed payer swaps, one with Morgan Stanley Capital Services, Inc. and one with Citibank, N.A. with a combined notional amount of \$92.7 million. The swaps expire in November 2035. Under the agreements, Rush pays a fixed interest rate of 3.845% and receives 68% of LIBOR. Based on management data, the total net termination value of the swaps is a negative \$18.2 million to Rush. Rush's collateral posting requirement on the Citi swap is a negative \$12.5 million and negative \$12.5 million on the Morgan Stanley swap; no collateral currently is posted.

MARKET POSITION/COMPETITIVE STRATEGY: INCREASING SHARE OF VERY COMPETITIVE MARKET

Rush operates in a very competitive market, as the Chicago area includes four additional AMCs and multiple sizeable health systems that are embarking on various strategies to gain inpatient and outpatient market share and prepare for new payment methodologies. Competing AMCs include Northwestern Memorial HealthCare (Aa2 stable), University of Chicago Medical Center (Aa3 negative), University of Illinois Health Services Facilities System (A2 Negative), and Loyola University Medical Center (which is owned by Trinity Health Credit Group, Aa2 negative). Other prominent health systems include market share leader Advocate Health Care Network (Aa2 stable), NorthShore University HealthSystem (Aa2 stable), Presence Health (Baa2 stable), and Alexian Brothers Health System (A2 stable and owned by Ascension Health Alliance, Aa2).

Since opening its new patient tower in January 2012, RUMC has gained market share, increasing to 3.2% inpatient share of an eight-county service area (based on management data), making RUMC the third largest hospital in the broad market.

While Rush-Copley and Rush-Oak Park also operate in competitive local service areas, both are the market share leader each respective service area. Rush-Copley's service area centers around Aurora, IL in growing Kendall County. Rush-Oak Park's service area centers on Oak Park, IL, just west of the City of Chicago, directly west of downtown Chicago.

OPERATING PERFORMANCE: STRONG RESULTS IN RECENT YEARS

Favorably, Rush has recorded double-digit operating cash flow margins for six consecutive fiscal years.

Performance was particularly good in FY 2013 and FY 2014 (June 30 year end), when Rush recorded adjusted operating cash flow margins of 12.2% and 12.1%, respectively (adjusted to reclassify the portion of investment income included in operating revenue to non-operating; FY 2013 adjusted to include \$10.6 million of operating expenses for a favorable FICA settlement). The A1 median operating cash flow margin is 10.4%.

Factors contributing to continued strong results in FY 2014 include: inpatient admission growth (up 0.5%; admissions were up 1.9% including observation stays), which is particularly noteworthy in the current environment where volumes at most area hospitals are down; improved labor productivity, due in part to the new RUMC patient tower; a clinical resource management program to reduce variation in clinical practices and improve operational efficiency; and supply cost savings.

Looking forward, management expects Rush's adjusted operating cash flow margin to be sustained in the 11.5% to 12.5% range. While we believe that Rush may be challenged to match the particularly good results achieved in FY 2013 and FY 2014, the stable outlook at the higher rating level reflects our belief that Rush is positioned to maintain an operating cash flow margin at least in-line with A1 medians. In addition to improvement efforts noted above, future results are expected to benefit from pension expense and interest expense savings. Through three months FY 2015, Rush's operating margins were very strong, with an adjusted operating margin of nearly 13%.

BALANCE SHEET: IMPROVED LIQUIDITY, FAVORABLE DEBT RATIOS, AND MANAGEABLE CAPITAL SPENDING PLANS

Rush's liquidity position has improved considerably in recent years. Absolute unrestricted cash and investments increased to \$1.02 billion (210 days cash on hand) at FYE 2014 from \$850 million at FYE 2013 (189 days) (A1 median is 227 days). At FYE 2014, Rush's unrestricted cash and investments were allocated among approximately 68% cash and fixed income securities, 19% equities, and 13% other investments, and 100% of unrestricted cash and investments could be liquidated within one month. Rush's balance sheet is bolstered further by \$515 million of restricted cash and investments as of FYE 2014.

Rush's adjusted pro forma debt coverage ratios are favorable at the A1 rating level. Based on FY 2014 results and including the Series 2015A&B refunding bonds, adjusted debt-to-cash flow measures 2.4 times (A1 median is 3.0 times), MADS coverage measures 6.4 times (A1 median is 5.1 times), debt-to-total operating revenues measures 33% (A1 median is 37%), cash-to-direct debt measures 157% (A1 median is 151%), and monthly liquidity-to-demand debt measures 1,062% (A1 median is 371%). Factoring direct debt, operating leases, and Rush's cash balance defined benefit pension plan, Rush's pro forma cash-to-comprehensive debt measures 120% (A1 median is 124%).

Rush's capital spending plans in the near/immediate term are manageable. Between FY 2015 and FY 2019, Rush has approximately \$670 million of capital plans, translating to an average capital spending ratio of just under 1.1 times (the all ratings median is 1.2 times). Rush does not have new money debt plans over the period, which is a factor in the stable outlook at the A1 rating level. Rush is in the process of updating its long-term master facility plan, however; capital spending plans may increase in the longer-term, which may include new money debt in the out-years.

OUTLOOK

While we do not necessarily expect Rush to match the level of margins recorded in FY 2013 and FY 2014, the stable outlook at the A1 rating level reflects our expectation that Rush will continue to generate favorable operating margins and maintain liquidity strength. Also, the stable outlook incorporates our expectation that Rush does not plan to issue material new debt in the near/immediate term.

WHAT COULD CHANGE THE RATING UP

Further upgrade of the rating may be considered if Rush demonstrates continued notable organic growth while sustaining solidly double-digit operating cash flow margins and improved debt coverage and liquidity ratios.

WHAT COULD CHANGE THE RATING DOWN

A downgrade may be considered if Rush's operating margins deteriorate materially, particularly for a sustained period. Also, a material increase in debt without commensurate increase in cash flow and liquidity could lead to a downgrade.

KEY INDICATORS

Assumptions & Adjustments:

- Based on Rush University Medical Center Obligated Group consolidated financial statements
- First number reflects audited FY 2013 for the year ended June 30, 2013
- Second number reflects pro forma on audited FY 2014 for the year ended June 30, 2014
- Pro forma assumes issuance of Series 2015A&B fixed rate revenue bonds to refund Series 2008B fixed rate bonds and Series 2008A,B,C,&D fixed rate bonds
- FY 2013 adjusted to increase operating expenses by \$10.6 million to account for Rush's favorable FICA settlement
- Investment returns reclassified as non-operating and normalized at 6% unless otherwise noted
- Comprehensive debt includes direct debt, operating leases, and pension obligation, if applicable
- Monthly liquidity to demand debt ratio is not included if demand debt is de minimis
- *Inpatient admissions: 49,539; 49,804
- *Observation stays: 12,808; 13,716
- *Medicare % of gross revenues: 34.6%; 34.6%
- *Medicaid % of gross revenues: 16.8%; 16.9%
- *Total operating revenues (\$): \$1.82 billion; \$1.98 billion
- *Revenue growth rate (%) (3 yr CAGR): 4.0%; 5.6%
- *Operating margin (%): 2.6%; 4.4%
- *Operating cash flow margin (%): 12.2%; 12.1%
- *Debt to cash flow (x): 2.77 times; 2.38 times
- *Days cash on hand: 189 days; 211 days
- *Maximum annual debt service (MADS) (\$): \$56.9 million; \$47.4 million
- *MADS coverage with reported investment income (x): 4.51 times; 5.53 times
- *Moody's-adjusted MADS Coverage with normalized investment income (x): 4.95 times; 6.38 times
- *Direct debt (\$): \$663 million; \$647 million
- *Cash to direct debt (%): 128%; 157%
- *Comprehensive debt: \$884 million; \$849 million
- *Cash to comprehensive debt (%): 96%; 120%

RATED DEBT

Issued through Illinois Finance Authority (debt outstanding as of June 30, 2014):

- Series 2009C&D Fixed Rate Hospital Revenue Bonds (\$200.0 million outstanding; expected to be refunded by Series 2015A&B fixed rate bonds), rated A1
- Series 2009A&B Fixed Rate Hospital Revenue Bonds (\$208.6 million outstanding; expected to be refunded by Series 2015A&B fixed rate bonds), rated A1
- Series 2008A VRDO Hospital Revenue Bonds (\$50.0 million outstanding), supported by a direct-pay LOC from Northern Trust Company and rated Aa2/VMI1 reflecting Moody's approach to rating jointly supported

transactions) (the LOC expires in February 2017), A1 underlying rating

-Series 2006B Fixed Rate Hospital Revenue Bonds (\$92.8 million outstanding; expected to be refunded by Series 2015A&B fixed rate bonds), insured by National Public Finance Guarantee Corp (MBIA), rated A1

PRINCIPAL METHODOLOGY

The principal methodology used in this rating was Not-for-Profit Healthcare Rating Methodology published in March 2012. Please see the Credit Policy page on www.moodys.com for a copy of this methodology.

REGULATORY DISCLOSURES

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John P. Mordach
Rush University Medical Center
Senior Vice President
Chief Financial Officer

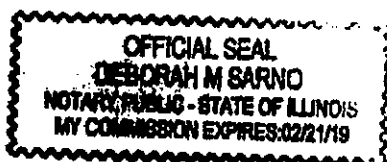
I hereby attest that the total estimated project costs and related costs associated with the replacement of Rush Oak Park Hospital's Emergency Department will be funded in total with cash and equivalents, potentially including investment securities, unrestricted funds, received pledge receipts, and funded depreciation.

John Mordach
Senior Vice President & Chief Financial Officer
Rush University Medical Center

Subscribed and sworn to before me this

22ND day of July, 2016.

Notary Public



ATTACHMENT 39A

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	A		B		C		D		E		F		G		H		Total	
	Cost/Sq. Ft.		Mod.		New		Circ.		Mod.		Circ.		(A x C)		(B x E)		(G + H)	
Reviewable																		
Emergency Department	\$	402.87			18,036								\$	7,266,163			\$	7,266,163
Evaluation/Triage	\$	344.49			1,755								\$	604,580			\$	604,580
Const. Contingency	\$	20.00											\$	395,820			\$	395,820
	\$	417.69			19,791								\$	8,266,563			\$	8,266,563
Non-Reviewable																		
Community Meeting Rms.			\$	200.00					10,372						\$	2,074,400	\$	2,074,400
Ambulance Entrance	\$	295.00			3,063								\$	903,585			\$	903,585
Education	\$	270.00			307								\$	82,890			\$	82,890
IT	\$	270.00			500								\$	135,000			\$	135,000
Security	\$	270.00			400								\$	108,000			\$	108,000
Offices	\$	270.00			1,193								\$	322,110			\$	322,110
Vertical Circulation	\$	295.00			4,927								\$	1,453,465			\$	1,453,465
Connector to Hospital	\$	295.00			3,926								\$	1,158,170			\$	1,158,170
Staff Support Areas	\$	270.00			404								\$	109,080			\$	109,080
Mechanicals	\$	335.00			4,508								\$	1,510,180			\$	1,510,180
Janitor	\$	270.00			35								\$	9,450			\$	9,450
BGSF>>BGSF	\$	369.41			16,080								\$	5,940,113			\$	5,940,113
Const. Contingency	\$	20.00	\$	10.00									\$	706,860	\$	103,720	\$	810,580
	\$	351.95	\$	210.00	35,343				10,372				\$	12,438,903	\$	2,178,120	\$	14,617,023
Total	\$	375.55	\$	210.00	55,134				10,372				\$	20,705,466	\$	2,178,120	\$	22,883,586

PROJECTED OPERATING COSTS
and
TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

RUSH OAK PARK HOSPITAL EMERGENCY DEPARTMENT

YEAR 2 OPERATING COST per E.D. VISIT

Projected Visits: 41,005

Salaries & Benefits	\$4,914,695
Medical Supplies	<u>\$672,154</u>
	\$5,586,849
per E.D. Visit:	\$136.25

YEAR 2 CAPITAL COST per E.D. VISIT

Projected Visits: 41,005

Interest Expense	\$24,749,000
Depreciation	108232000
Amortization	<u>\$200,000</u>
	\$133,181,000
per E.D. Visit:	\$3,247.92

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	25
2	Site Ownership	27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Flood Plain Requirements	31
6	Historic Preservation Act Requirements	33
7	Project and Sources of Funds Itemization	34
8	Obligation Document if required	
9	Cost Space Requirements	88
10	Discontinuation	
11	Background of the Applicant	89
12	Purpose of the Project	95
13	Alternatives to the Project	97
14	Size of the Project	99
15	Project Service Utilization	100
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	101
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	
37	Financial Waiver	105
38	Financial Viability	
39	Economic Feasibility	113
40	Safety Net Impact Statement	
41	Charity Care Information	