THE UNIVERSITY OF CHICAGO MEDICINE

Sharon O'Keefe
President

MC 1000 S-115
5841 South Maryland Avenue
Chicago, Illinois 60637-1470
phone (773) 702-8908
fax (773) 702-1897
sharon.okeefe@uchospitals.edu

July 12, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street 2nd Floor
Springfield, Illinois 62761

In Re: Report of Final Realized Costs - Project E-067-16
Addition of Six NICU Beds

Dear Ms. Avery:

On July 10, 2017 we opened six new NICU Level II beds in Comer Children's Hospital. The final costs for Project E-067-16 total $455,190. These costs and the sources of funds are summarized in the attached table comparing project costs and sources of financing approved in the permit and final amounts. The cost total is below the COE (certificate of exemption) amount of $962,000.

We certify that these reported final costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project. We certify compliance with all terms of the COE to date, including project cost, square footage, services approved, and other key elements. This document is signed by an authorized representative of the University of Chicago Medical Center and notarized.

I, the undersigned, am an officer of the University of Chicago Medical Center, the COE holder.

Sincerely,

Sharon O'Keefe
President

Subscribed and sworn to before me this 12th day of June 2017. Melinda Fritzler

OFFICIAL SEAL
MELINDA FRITZLER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10/17/19

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**Permit**	**Actual**	
Preplanning Costs	$3,000		
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	27,000	$8,391	
Movable and Other Equipment (not in construction contracts)	$932,000	$446,799	
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized			
Acquisition of Building or Other property (excluding land)			
TOTAL USES OF FUNDS	$962,000	$455,190	
SOURCE OF FUNDS			
Cash and Securities	$962,000	$455,190	
Pledges			
Gifts and Bequests			
Bond Issue (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOUCES OF FUNDS	$962,000	$455,190	

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.