Pana Community Hospital

BY CERTIFIED MAIL

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

RE: Pana Community Hospital, Project # 17-007 Annual Progress Report

Dear Ms. Avery:

Below is the final realized costs report for Pana Community Hospital's CON permit for project 17-007, which was approved on May 2, 2017.

Project Completion

As set forth in the application, our project completion date was December 31, 2019. This letter serves as formal notification that project 17-007 was completed within that timeframe.

Itemization of Project Costs and Sources of Funds

Total project costs for Project 17-007 were $20,345,130. The Project Costs table below provides an itemized listing showing the Approved Permit Amount and the Final Realized Costs.

PROJECT COSTS	Approved Permit Amount	Cost Incurred to Date
Preplanning Costs	$14,385	$14,385
Site Survey and Soil Investigation	$15,436	$15,436
Site Preparation	$314,341	$333,227
Off Site Work	$0	$0
New Construction Contracts	$13,517,212	$14,128,692
Modernization Contracts	$2,069,114	$2,012,485
Contingencies	$968,565	$526,884
Architectural/Engineering Fees	$1,582,048	$1,470,282
Consulting and Other Fees	$864,582	$961,885
Movable or Other Equipment (not in construction contracts)	$840,579	$688,393
Bond Issuance Expense (project related)	$0	$88,464
Net Interest Expense During Construction (project related)	$160,000	$87,264
Fair Market Value of Leased Space or Equipment	$0	$0

Pana Community Hospital

PROJECT COSTS	Approved Permit Amount	Cost Incurred to Date
Other Costs To be Capitalized	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0
ESTIMATED TOTAL PROJECT COSTS	$20,346,262	$20,327,397

The Project Sources of Funds table below provides a listing of the sources of funding of the project.

PROJECT SOURCES OF FUNDS	Original Amount	Funds Expended to Date
Cash and Securities	$11,846,262	$11,985,130
Pledges	$0	$0
Gifts and Bequests	$0	$0
Bond Issues (project related)	$0	$0
Mortgages	$8,500,000	$8,360,000
Leases (fair market value)	$0	$0
Governmental Appropriations	$0	$0
Grants	$0	$0
Other Funds and Sources	$0	$0
TOTAL FUNDS	$20,346,262	$20,345,130

Titles XVIII and XIX

This letter certifies that the reported final realized 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 that will be submitted for reimbursement under Titles XVIII or XIX.

Certification of Compliance

This letter certifies that the project is in compliance with all of the terms of the associated permit.

Application and Certification for Payment

The final AIA Application and Certification for Payment for the construction contract of the project (Form G702) is attached. Some of the costs reflected in the G702 are in other line items such as Moveable and Other Equipment, Preplanning Costs and Other Costs to be Capitalized.

Pana Community Hospital

Audited Financial Report

Project costs are not equal to or greater than three times the capital expenditure minimum, so an audited financial report is not required.

If you have any questions or concerns about this project, please feel free to contact me at 217-562-6313.

Sincerely,

Katrina J. Casner
President & CEO

Cc: Mr. Michael Constantino

Application and Certificate For Payment

To Owner:	Pana Community Hospital 101 E Ninth St. Trina Casner PANA, IL 62557	Project:	Pana Comm Hosp Add & reno 101 E. Ninth St Trina Casner Pana, IL 62557	Application No: 30	Date: 01/01/2020
From (Contractor):	Harold O'Shea Builders, Inc. 3401 Constitution Drive Springfield, IL 62711	Contractor Job Number:	5264	Period To: 01/31/20	
		Via (Architect):	Farnsworth Group	Architect's Project No:	
Phone:	217 522-2826	Contract For:		Contract Date:	

Contractor's Application For Payment

Change Order Summary			Additions	Deductions
Change orders approved in previous months by owner			272,000.45	-26,396.50
	Number	Date Approved		
Change orders approved this month	014	01/23/20		-2,850.00
	015	01/30/20		-10,089.00
Totals				-12,939.00
Net change by change orders			232,664.95	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief the work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor: E-SIGNED by Nick O'Brien on 2020-02-18 12:52:26 CST
By: _____ Date: 2-18-2020

State of: Illinois County of: Sangamon

Subscribed and sworn to before me this 18th day of February 2020 (year). Notary public: Erika E Campas

OFFICIAL SEAL
ERIKA E. CAMPAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 07-25-2023

My commission expires 7/25/2023

Original contract sum	17,069,692.00
Net change by change orders	232,664.95
Contract sum to date	17,302,356.95
Total completed and stored to date	17,302,356.95
Retainage	
0.0% of completed work	0.00
0.0% of stored material	0.00
Total retainage	0.00
Total earned less retainage	17,302,356.95
Less previous certificates of payment	16,169,218.68
Current sales tax	
0.000% of taxable amount	0.00
Current sales tax	0.00
Current payment due	1,133,138.27
Balance to finish, including retainage	0.00

Architect's Certificate for Payment

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the Amount Certified.

Amount Certified: $1,133,138.27

Architect:
By: _____ Date: 02.21.2020

This Certification is not negotiable. The Amount Certified is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

Application and Certificate For Payment — page 2

To Owner: Pana Community Hospital
From (Contractor): Harold O'Shea Builders, Inc.
Project: Pana Comm Hosp Add & reno

Application No: 30 Date: 01/01/20 Period To: 01/31/20
Contractor's Job Number: 5264
Architect's Project No:

Item Number	Description	Scheduled Value	Work Completed		Materials Presently Stored	Completed and Stored to Date	%	Balance to Finish	Retention	Memo
			Previous Application	This Period						
00520	Pre-Con Fee	73,610.00	73,610.00	0.00	0.00	73,610.00	100.00	0.00	0.00	
00700	General Conditions	889,777.00	886,277.00	3,500.00	0.00	889,777.00	100.00	0.00	0.00	
01210	Allowances	526,884.00	476,884.00	50,000.00	0.00	526,884.00	100.00	0.00	0.00	
01450	Testing	33,234.00	33,234.00	0.00	0.00	33,234.00	100.00	0.00	0.00	
01500	Temporary Facilities & Control	66,751.00	66,751.00	0.00	0.00	66,751.00	100.00	0.00	0.00	
01700	Execution Requirements	840,874.00	838,374.00	2,500.00	0.00	840,874.00	100.00	0.00	0.00	
01730	Selective Demolition	145,239.00	145,239.00	0.00	0.00	145,239.00	100.00	0.00	0.00	
01735	Saw-Cutting	48,095.00	48,095.00	0.00	0.00	48,095.00	100.00	0.00	0.00	
02200	Site Preparation	333,227.00	333,227.00	0.00	0.00	333,227.00	100.00	0.00	0.00	
02220	Building Demolition	6,150.00	6,150.00	0.00	0.00	6,150.00	100.00	0.00	0.00	
02250	Soil Stabilization	20,410.00	20,410.00	0.00	0.00	20,410.00	100.00	0.00	0.00	
02360	Termite Treatment	6,365.00	6,365.00	0.00	0.00	6,365.00	100.00	0.00	0.00	
02475	Caissons Furnish	162,000.00	162,000.00	0.00	0.00	162,000.00	100.00	0.00	0.00	
02476	Helical Anchors	97,800.00	97,800.00	0.00	0.00	97,800.00	100.00	0.00	0.00	
02500	Site Mech. Utilities Water & Sanitary	85,695.00	85,695.00	0.00	0.00	85,695.00	100.00	0.00	0.00	
02501	Site Mech. Utilities Storm Sewer	93,827.00	83,500.00	10,327.00	0.00	93,827.00	100.00	0.00	0.00	
02750	Site Concrete	703,763.00	678,284.56	25,478.44	0.00	703,763.00	100.00	0.00	0.00	
02820	Fencing	31,300.00	14,260.00	17,040.00	0.00	31,300.00	100.00	0.00	0.00	
02900	Landscaping	115,364.00	0.00	115,364.00	0.00	115,364.00	100.00	0.00	0.00	
03200	Concrete Reinforcement Provide	185,900.00	185,900.00	0.00	0.00	185,900.00	100.00	0.00	0.00	
03300	Cast-in-Place Concrete	745,214.15	745,214.15	0.00	0.00	745,214.15	100.00	0.00	0.00	
03301	Cast-in Place Concrete Furnish	97,569.85	97,569.85	0.00	0.00	97,569.85	100.00	0.00	0.00	
03400	Pre-Cast Concrete - Furnish	230,000.00	230,000.00	0.00	0.00	230,000.00	100.00	0.00	0.00	
03401	Pre-Cast Install	81,226.00	81,226.00	0.00	0.00	81,226.00	100.00	0.00	0.00	
03900	Concrete Restoration/Cleaning	5,010.00	5,010.00	0.00	0.00	5,010.00	100.00	0.00	0.00	
04200	Masonry	387,500.00	387,500.00	0.00	0.00	387,500.00	100.00	0.00	0.00	

Application and Certificate For Payment -- page 3

To Owner: Pana Community Hospital
From (Contractor): Harold O'Shea Builders, Inc.
Project: Pana Comm Hosp Add & reno

Application No: 30 Date: 01/01/20 Period To: 01/31/20
Contractor's Job Number: 5264
Architect's Project No:

Item Number	Description	Scheduled Value	Work Completed		Materials Presently Stored	Completed and Stored to Date	%	Balance to Finish	Retention	Memo
			Previous Application	This Period						
04201	Masonry Allowance	31,705.00	0.00	31,705.00	0.00	31,705.00	100.00	0.00	0.00	
05100	Structural Steel - Furnish	449,950.00	431,580.00	18,370.00	0.00	449,950.00	100.00	0.00	0.00	
05101	Structural Steel - Install	186,958.00	186,958.00	0.00	0.00	186,958.00	100.00	0.00	0.00	
05195	Delta Beam - Furnish	337,543.00	337,543.00	0.00	0.00	337,543.00	100.00	0.00	0.00	
05196	Delta Beam - Install	48,746.00	48,746.00	0.00	0.00	48,746.00	100.00	0.00	0.00	
06100	Rough Carpentry	63,827.00	63,827.00	0.00	0.00	63,827.00	100.00	0.00	0.00	
06400	Casework - Furnish	162,314.00	162,314.00	0.00	0.00	162,314.00	100.00	0.00	0.00	
06401	Casework - Install	110,558.00	110,558.00	0.00	0.00	110,558.00	100.00	0.00	0.00	
07140	Waterproofing	34,125.00	34,125.00	0.00	0.00	34,125.00	100.00	0.00	0.00	
07420	Insulated Metal Wall Panels	469,578.00	469,578.00	0.00	0.00	469,578.00	100.00	0.00	0.00	
07500	Roofing & Sheet Metal	323,918.00	323,009.80	908.20	0.00	323,918.00	100.00	0.00	0.00	
07810	Cementitious Fireproofing	36,800.00	36,800.00	0.00	0.00	36,800.00	100.00	0.00	0.00	
07811	Cementitious Fireproofing Allowance	20,000.00	20,000.00	0.00	0.00	20,000.00	100.00	0.00	0.00	
07840	Firestopping	107,300.00	107,300.00	0.00	0.00	107,300.00	100.00	0.00	0.00	
07950	Expansion Control Furnish	33,765.00	33,765.00	0.00	0.00	33,765.00	100.00	0.00	0.00	
07951	Expansion Control Install	24,645.00	24,645.00	0.00	0.00	24,645.00	100.00	0.00	0.00	
08100	Drs/Frames/HDWE- Furnish	263,377.00	263,377.00	0.00	0.00	263,377.00	100.00	0.00	0.00	
08101	Drs/Frame/HDWE Install	122,418.00	122,418.00	0.00	0.00	122,418.00	100.00	0.00	0.00	
08300	Special Doors Furnish	30,240.00	30,240.00	0.00	0.00	30,240.00	100.00	0.00	0.00	
08310	Access Doors & Frames Furnish	2,324.00	2,324.00	0.00	0.00	2,324.00	100.00	0.00	0.00	
08400	Aluminum & Glass	275,860.00	275,860.00	0.00	0.00	275,860.00	100.00	0.00	0.00	
09200	Gypsum Board Assemblies	1,015,530.00	1,015,530.00	0.00	0.00	1,015,530.00	100.00	0.00	0.00	
09600	Flooring	374,965.00	372,594.00	2,371.00	0.00	374,965.00	100.00	0.00	0.00	
09900	Paints & Coatings	116,068.00	116,068.00	0.00	0.00	116,068.00	100.00	0.00	0.00	
10160	Toilet Partitions - Furnish	5,923.00	5,923.00	0.00	0.00	5,923.00	100.00	0.00	0.00	
10161	Toilet Partitions - Install	2,732.00	2,732.00	0.00	0.00	2,732.00	100.00	0.00	0.00	

Application and Certificate For Payment -- page 4

To Owner: Pana Community Hospital
From (Contractor): Harold O'Shea Builders, Inc.
Project: Pana Comm Hosp Add & reno

Application No: 30 Date: 01/01/20 Period To: 01/31/20
Contractor's Job Number: 5264
Architect's Project No:

Item Number	Description	Scheduled Value	Work Completed: Previous Application	Work Completed: This Period	Materials Presently Stored	Completed and Stored to Date	%	Balance to Finish	Retention	Memo
10190	Cubicle Track & Curtains Furnish	4,462.00	4,417.14	44.86	0.00	4,462.00	100.00	0.00	0.00	
10191	Cubicle Track & Curtains Install	662.00	662.00	0.00	0.00	662.00	100.00	0.00	0.00	
10260	Wall & Corner Protection Furnish	12,196.00	10,891.81	1,304.19	0.00	12,196.00	100.00	0.00	0.00	
10261	Wall & Corner Protection Install	24,716.00	24,716.00	0.00	0.00	24,716.00	100.00	0.00	0.00	
10350	Flagpoles	2,547.00	0.00	2,547.00	0.00	2,547.00	100.00	0.00	0.00	
10500	Lockers Furnish	5,752.00	5,404.00	348.00	0.00	5,752.00	100.00	0.00	0.00	
10501	Locker Install	3,236.00	3,236.00	0.00	0.00	3,236.00	100.00	0.00	0.00	
10520	Fire Protection Specialties Furnish	3,040.00	3,040.00	0.00	0.00	3,040.00	100.00	0.00	0.00	
10521	Fire Protection Specialties Install	2,340.00	2,340.00	0.00	0.00	2,340.00	100.00	0.00	0.00	
10705	Exterior Sun Control Devices Furnish	7,055.00	7,055.00	0.00	0.00	7,055.00	100.00	0.00	0.00	
10706	Exterior Sun Control Devices Install	2,870.00	2,870.00	0.00	0.00	2,870.00	100.00	0.00	0.00	
10800	Toilet Accessories Furnish	11,293.00	11,293.00	0.00	0.00	11,293.00	100.00	0.00	0.00	
10801	Toilet Accessories Install	18,935.00	18,935.00	0.00	0.00	18,935.00	100.00	0.00	0.00	
11130	Audio Visual Equip Furnish	10,525.00	6,784.50	3,740.50	0.00	10,525.00	100.00	0.00	0.00	
11131	Audio Visual Equip Install	5,177.00	5,177.00	0.00	0.00	5,177.00	100.00	0.00	0.00	
11400	Food Service Equipment	80,545.00	80,545.00	0.00	0.00	80,545.00	100.00	0.00	0.00	
14200	Elevators	144,740.00	144,740.00	0.00	0.00	144,740.00	100.00	0.00	0.00	
15300	Fire Protection	226,600.00	226,600.00	0.00	0.00	226,600.00	100.00	0.00	0.00	
15400	Plumbing	834,780.00	834,780.00	0.00	0.00	834,780.00	100.00	0.00	0.00	
15500	HVAC	2,579,481.00	2,579,481.00	0.00	0.00	2,579,481.00	100.00	0.00	0.00	
16000	Electrical	1,798,424.00	1,798,424.00	0.00	0.00	1,798,424.00	100.00	0.00	0.00	
17000	OH&P	626,362.00	620,112.00	6,250.00	0.00	626,362.00	100.00	0.00	0.00	
CR 002	PR 002: Sanitary Route and Ox Billing Total	-14,594.00	-14,594.00	0.00	0.00	-14,594.00	100.00	0.00	0.00	
CR 003	PR 003 Stair Railings Billing Total	-10,000.00	-10,000.00	0.00	0.00	-10,000.00	100.00	0.00	0.00	
CR 004	PR 001 IDPH Modifications	25,664.55	25,664.55	0.00	0.00	25,664.55	100.00	0.00	0.00	
CR 007	PR 004 Generator Bldg/Speakers Billing Total	-7,379.38	-7,379.38	0.00	0.00	-7,379.38	100.00	0.00	0.00	

Application and Certificate For Payment -- page 5

To Owner: Pana Community Hospital
From (Contractor): Harold O'Shea Builders, Inc.
Project: Pana Comm Hosp Add & reno

Application No: 30 Date: 01/01/20 Period To: 01/31/20
Contractor's Job Number: 5264
Architect's Project No:

Item Number	Description	Scheduled Value	Work Completed: Previous Application	Work Completed: This Period	Materials Presently Stored	Completed and Stored to Date	%	Balance to Finish	Retention	Memo
CR 008	PR 005 Electrical Items Billing Total	1,379.00	1,379.00	0.00	0.00	1,379.00	100.00	0.00	0.00	
CR 009	PR 006 Equipment Modifications	54,067.00	54,067.00	0.00	0.00	54,067.00	100.00	0.00	0.00	
CR 014	PR 008 Glass Tint Curtainwall Billing Total	2,432.00	2,432.00	0.00	0.00	2,432.00	100.00	0.00	0.00	
CR 016	PR 009 Electrical Adjustments Billing Total	-12,363.67	-12,363.67	0.00	0.00	-12,363.67	100.00	0.00	0.00	
CR 042	PR 015 Low Profile Lighting Billing Total	2,249.00	2,249.00	0.00	0.00	2,249.00	100.00	0.00	0.00	
CR 082	PR 033 Dish Table	9,739.00	9,739.00	0.00	0.00	9,739.00	100.00	0.00	0.00	
CR 109	PR 029 Electrical Service Incr	52,832.00	52,832.00	0.00	0.00	52,832.00	100.00	0.00	0.00	
CR 132	Soft Subgrade	6,943.00	6,943.00	0.00	0.00	6,943.00	100.00	0.00	0.00	
CR 133	Terminex Bill PCH Direct Billing Total	-9,750.00	-9,750.00	0.00	0.00	-9,750.00	100.00	0.00	0.00	
CR 147	Add Outlet in Hot Lab Billing Total	338.36	338.36	0.00	0.00	338.36	100.00	0.00	0.00	
CR 156	PR 049 Door Modifications Billing Total	27,382.51	27,382.51	0.00	0.00	27,382.51	100.00	0.00	0.00	
CR 160	Add Data in V1-020 Storage	684.47	684.47	0.00	0.00	684.47	100.00	0.00	0.00	
CR 163	Wall Phones in OR 1 & 2	450.12	450.12	0.00	0.00	450.12	100.00	0.00	0.00	
CR 178	Fur Out Wall in Future H.I.M. Billing Total	3,021.00	3,021.00	0.00	0.00	3,021.00	100.00	0.00	0.00	
CR 182	PR 053 Billing Total	9,396.68	9,396.68	0.00	0.00	9,396.68	100.00	0.00	0.00	
CR 184	3rd Floor Panel Relocation Billing Total	5,938.37	5,938.37	0.00	0.00	5,938.37	100.00	0.00	0.00	
CR 185	Trash Compactor, Data Cablin,. Billing Total	11,325.04	11,325.04	0.00	0.00	11,325.04	100.00	0.00	0.00	
CR 189	Burdick Misc T&M	27,204.90	27,204.90	0.00	0.00	27,204.90	100.00	0.00	0.00	
CR 191	3rd Floor Firewall Repairs Billing Total	6,165.00	6,165.00	0.00	0.00	6,165.00	100.00	0.00	0.00	
CR 198	Window Sills 3rd Floor Billing Total	2,430.00	2,430.00	0.00	0.00	2,430.00	100.00	0.00	0.00	
CR 199	Door Revision Between Old and Billing Total	1,806.00	1,806.00	0.00	0.00	1,806.00	100.00	0.00	0.00	
CR 206	Duct Install/Fabrication Billing Total	9,235.00	9,235.00	0.00	0.00	9,235.00	100.00	0.00	0.00	
CR 211	Credit for Not Relocating Hydr Billing Total	-3,284.00	-3,284.00	0.00	0.00	-3,284.00	100.00	0.00	0.00	
CR 213	Urgent Care Room V2-122 Change Billing Total	3,243.00	3,243.00	0.00	0.00	3,243.00	100.00	0.00	0.00	
CR 214	Replace Existing Roof Parapet Billing Total	3,623.00	3,623.00	0.00	0.00	3,623.00	100.00	0.00	0.00	
CR 215	Temp Negative Air Room Billing Total	1,218.00	1,218.00	0.00	0.00	1,218.00	100.00	0.00	0.00	

Application and Certificate For Payment -- page 6

To Owner: Pana Community Hospital
From (Contractor): Harold O'Shea Builders, Inc.
Project: Pana Comm Hosp Add & reno

Application No: 30 Date: 01/01/20 Period To: 01/31/20
Contractor's Job Number: 5264
Architect's Project No:

Item Number	Description	Scheduled Value	Work Completed: Previous Application	Work Completed: This Period	Materials Presently Stored	Completed and Stored to Date	%	Balance to Finish	Retention	Memo
CR 218	Wall and Door Changes in Secur Billing Total	9,315.00	9,315.00	0.00	0.00	9,315.00	100.00	0.00	0.00	
CR 219	Frame, Drywall and Finish Over Billing Total	2,395.00	2,395.00	0.00	0.00	2,395.00	100.00	0.00	0.00	
CR 220	Credit for Tile Rings in Ceram Billing Total	-750.00	-750.00	0.00	0.00	-750.00	100.00	0.00	0.00	
CR 228	Masonry Window Infill Credit Billing Total	-350.00	0.00	-350.00	0.00	-350.00	100.00	0.00	0.00	
CR 231	Moisture Mitigation Billing Total	6,000.00	6,000.00	0.00	0.00	6,000.00	100.00	0.00	0.00	
CR 235	2 Hr Separation n New Addition Billing Total	4,177.00	4,177.00	0.00	0.00	4,177.00	100.00	0.00	0.00	
CR 239	Basement Recycle Room (Door V2 Billing Total	-2,500.00	0.00	-2,500.00	0.00	-2,500.00	100.00	0.00	0.00	
CR 251	Frame, Drywall and Finish at M Billing Total	13,071.00	13,071.00	0.00	0.00	13,071.00	100.00	0.00	0.00	
CR 261	Final Owner Change Order Billing Total	-10,089.00	0.00	-10,089.00	0.00	-10,089.00	100.00	0.00	0.00	
	Application Total	17,302,356.95	17,023,497.76	278,859.19	0.00	17,302,356.95	100.00	0.00	0.00	

STATE OF ILLINOIS
SANGAMON COUNTY } **SS**

Project: **Pana Community Hospital – Additions & Renovations**

To All Whom It May Concern:

WHEREAS, we, the undersigned **O'Shea Builders** have been employed by Pana Community Hospital, to furnish **General Work** for the building known as **Pana Community Hospital – Additions & Renovations**

Situated on Lot – 101 E. Ninth Street

in the **City** of **Pana** County of **Christian** and State of Illinois.

[PARTIAL] WAIVER AND RELEASE: In consideration of [partial/final] payment for labor, services, materials or equipment in the amount of **($1,133,138.27) One Million One Hundred Thirty Three Thousand One Hundred Thirty Eight Dollars and Twenty-Seven Cents** the undersigned does hereby waive and release all bond claims, liens, claims or right of claim, or right of lien, statutory or otherwise, against the property, project, Owner, or any other person or entity who is or may be claimed to be liable, or any sureties, for labor, services, materials, or equipment, as provided by the Undersigned, but only to the extent of payment received, as indicated above.

THE PERSON SIGNING below does hereby certify that he/she is fully-authorized and empowered to execute this instrument and to bind the Undersigned hereto, and does in fact so execute this instrument.

E-SIGNED by Nick O'Brien
By on 2020-02-18 12:52:29 CST 2/18/2020
Date

SUBCRIBED AND SWORN TO BEFORE ME this **18th** day of **February 2020**

Erika E. Campas
Notary Public

OFFICIAL SEAL
ERIKA E. CAMPAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 07-25-2023

My Commission Expires: **7/25/2023**

Always Make and Retain an Exact Copy

Please sign, date & return both copies of Waiver Today

STATE OF ILLINOIS
SANGAMON COUNTY } **SS**

Project: Pana Community Hospital – Additions and Renovations

To All Whom It May Concern:

WHEREAS, we, the undersigned **O'Shea Builders** have been employed by **Pana Community Hospital** to furnish **General Work** for the building known **Pana Community Hospital – Additions and Renovations**

Situated on Lot – 101 E. Ninth Street

in the **City** of **Pana** County of **Christian** and State of Illinois.

[Final] WAIVER AND RELEASE: In consideration of **[final]** payment for labor, services, materials or equipment in the amount of **Seventeen Million Three Hundred Two Thousand Three Hundred Fifty Six Dollars and Ninety Five Cents $(17,302,356.95)** the Undersigned does hereby waive and release all bond claims, liens, claims or right of claim, or right of lien, statutory or otherwise, against the property, project, Owner, or any other person or entity who is or may be claimed to be liable, or any sureties, for labor, services, materials, or equipment, as provided by the Undersigned, but only to the extent of payment received, as indicated above.

THE PERSON SIGNING below does hereby certify that he/she is fully-authorized and empowered to execute this instrument and to bind the Undersigned hereto, and does in fact so execute this instrument.

E-SIGNED by Nick O'Brien
on 2020-02-18 12:52:32 CST
By: 2/18/2020
Date

SUBSCRIBED AND SWORN TO BEFORE this **18th** day of **February 2020**

Erika E Campas
Notary Public

OFFICIAL SEAL
ERIKA E. CAMPAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 07-25-2023

My Commission Expires: **7/25/2023**

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Application and Certificate For Payment

To Owner:	PANA COMMUNITY HOSPITAL 101 E NINTH ST. TRINA CASNER PANA, IL 62557	Project:	Pana Utility Relocations 101 E 9th St. Trina Casner Pana, IL 62557	Application No:	4 Date: 01/01/2018
From (Contractor):	Harold O'Shea Builders, Inc. 3401 Constitution Drive Springfield, IL 62711	Contractor Job Number:	5638	Period To:	01/31/18
		Via (Architect):	Farnsworth	Architect's Project No:	
Phone:	217 522-2826	Contract For:		Contract Date:	05/01/17

Contractor's Application For Payment

Change Order Summary			Additions	Deductions
Change orders approved in previous months by owner			31,895.00	
	Number	Date Approved		
Change orders approved this month				
Totals				
Net change by change orders			31,895.00	

Original contract sum	537,154.00
Net change by change orders	31,895.00
Contract sum to date	569,049.00
Total completed and stored to date	569,049.00
Retainage	
0.0% of completed work	0.00
0.0% of stored material	0.00
Total retainage	0.00
Total earned less retainage	569,049.00
Less previous certificates of payment	415,575.04
Current sales tax	
0.000% of taxable amount	0.00
Current sales tax	0.00
Current payment due	153,473.96
Balance to finish, including retainage	0.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief the work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor: Nick O'Brien

By: _____ Date: 1/24/18

State of: Illinois County of: Sangamon

Subscribed and sworn to before me this 24th day of January

2018 (year). Notary public: _____

My commission expires 11/25/2019

OFFICIAL SEAL
ERIKA E. CAMPAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 07-25-2019

Architect's Certificate for Payment

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the Amount Certified.

Amount Certified: $ _____

Architect:

By: _____ Date: _____

This Certification is not negotiable. The Amount Certified is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

Application and Certificate For Payment — page 2

To Owner: PANA COMMUNITY HOSPITAL
From (Contractor): Harold O'Shea Builders, Inc.
Project: Pana Utility Relocations

Application No: 4 Date: 01/01/18 Period To: 01/31/18
Contractor's Job Number: 5638
Architect's Project No:

Item Number	Description	Scheduled Value	Work Completed: Previous Application	Work Completed: This Period	Materials Presently Stored	Completed and Stored to Date	%	Balance to Finish	Retention	Memo
00700	General Conditions	36,227.00	35,000.00	1,227.00	0.00	36,227.00	100.00	0.00	0.00	
01700	Execution Requirements	31,929.00	29,500.00	2,429.00	0.00	31,929.00	100.00	0.00	0.00	
02200	Site Preparation	40,422.00	40,422.00	0.00	0.00	40,422.00	100.00	0.00	0.00	
02500	Site Mech. Utilities	8,650.00	8,650.00	0.00	0.00	8,650.00	100.00	0.00	0.00	
15400	Plumbing	62,685.00	60,229.05	2,455.95	0.00	62,685.00	100.00	0.00	0.00	
16000	Electrical	357,241.00	287,949.00	69,292.00	0.00	357,241.00	100.00	0.00	0.00	
CR 001	Generator Changes Billing Total	7,249.00	0.00	7,249.00	0.00	7,249.00	100.00	0.00	0.00	
CR 002	Failed Main Service Disconnect Billing Total	16,719.00	0.00	16,719.00	0.00	16,719.00	100.00	0.00	0.00	
CR 003	Add Circuits to Em. and Life S	6,113.00	0.00	6,113.00	0.00	6,113.00	100.00	0.00	0.00	
CR 004	Add Power to Office Meeting Ar Billing Total	1,814.00	0.00	1,814.00	0.00	1,814.00	100.00	0.00	0.00	
	Application Total	569,049.00	461,750.05	107,298.95	0.00	569,049.00	100.00	0.00	0.00	

STATE OF ILLINOIS }
SS
SANGAMON COUNTY }

Project: **Pana Community Hospital – Utility Relocation**

To All Whom It May Concern:

WHEREAS, we, the undersigned **O'Shea Builders** have been employed by Pana Community Hospital, to furnish **General Work** for the building known as **Pana Community Hospital – Utility Relocation**

Situated on Lot –

in the **City** of **Pana** County of **Christian** and State of Illinois.

[PARTIAL] WAIVER AND RELEASE: In consideration of [partial/final] payment for labor, services, materials or equipment in the amount of **($153,473.96) One Hundred Fifty Three Thousand Four Hundred Seventy Three Dollars and Ninety Six Cents** the undersigned does hereby waive and release all bond claims, liens, claims or right of claim, or right of lien, statutory or otherwise, against the property, project, Owner, or any other person or entity who is or may be claimed to be liable, or any sureties, for labor, services, materials, or equipment, as provided by the Undersigned, but only to the extent of payment received, as indicated above.

THE PERSON SIGNING below does hereby certify that he/she is fully-authorized and empowered to execute this instrument and to bind the Undersigned hereto, and does in fact so execute this instrument.

By: Mac O'Brien 1/25/18
Date

SUBCRIBED AND SWORN TO BEFORE ME this 24th day of **January 2018**

Erika E Campas
Notary Public

OFFICIAL SEAL
ERIKA E. CAMPAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 07-25-2019

My Commission Expires: **7/25/2019**

Always Make and Retain an Exact Copy

Please sign, date & return both copies of Waiver Today

STATE OF ILLINOIS }
SANGAMON COUNTY } SS

Project: **Pana Community Hospital – Utility Relocation**

To All Whom It May Concern:

WHEREAS, we, the undersigned **Harold O'Shea Builders** have been employed by **Pana Community Hospital** to furnish **General Work** for the building known as **Pana Community Hospital – Utility Relocation**

Situated on Lot – 101 East Ninth Street

in the **City** of **Pana** County of **Christian** and State of Illinois.

[Final] WAIVER AND RELEASE: In consideration of **[final]** payment for labor, services, materials or equipment in the amount of **$(569,049.00) Five Hundred Sixty Nine Thousand Forty Nine Dollars** the Undersigned does hereby waive and release all bond claims, liens, claims or right of claim, or right of lien, statutory or otherwise, against the property, project, Owner, or any other person or entity who is or may be claimed to be liable, or any sureties, for labor, services, materials, or equipment, as provided by the Undersigned, but only to the extent of payment received, as indicated above.

THE PERSON SIGNING below does hereby certify that he/she is fully-authorized and empowered to execute this instrument and to bind the Undersigned hereto, and does in fact so execute this instrument.

By: Nick O'Brien 01/25/18
Date

SUBSCRIBED AND SWORN TO BEFORE this **24th** day of **January 2018**

Notary Public

My Commission Expires: **7/25/2019**

OFFICIAL SEAL
ERIKA E. CAMPAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 07-25-2019

Always Make and Retain an Exact Copy

Please sign, date & return both copies of Waiver Today