



SAINT ELIZABETH MEDICAL CENTER

June 11, 2020

VIA FEDERAL EXPRESS

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

RECEIVED

JUN 15 2020

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: OSF Healthcare System-Ottawa Regional Hospital & Health Center d/b/a Saint Elizabeth Medical Center

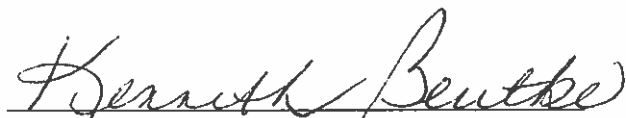
Final Cost Report for project 17-008
Permit Amount: \$32,545,000
Completion Date: March 31, 2020

Dear Ms. Avery:

Please accept this as notice of project completion and the final cost report. The total project cost of \$32,514,994 is as referenced on the attached, and within the permit amount approved on May 2, 2017.

Thank you.

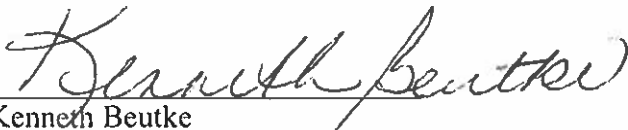
Very truly yours,


Kenneth Beutke, President

c: Mike Constantino, IHFSRB
Mark Hohulin
Amanda Lowry
Brian Geier
DeCarol Hardenburg

17-008

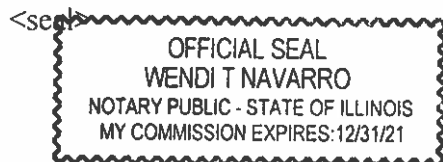
OSF Saint Elizabeth Medical Center does hereby certify the attached costs reflect the total costs expended with respect to the project, and there were/are no additional capital costs associated with it. The project cost, square footage, services, etc. are in compliance with the permit issued to it on May 2, 2017.


Kenneth Beutke
President, OSF Saint Elizabeth Medical Center

Subscribed and sworn to before me this

11th day of June, 2020.


Notary Public



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 be equal.

Project Costs and Sources of Funds			Approved	Actual
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL	FINAL
Preplanning Costs	\$ 26,052	\$ 40,748	\$ 66,800	\$ 0
Site Survey and Soil Investigation	\$ 0	\$ 18,100	\$ 18,100	\$ 14,500
Site Preparation	\$ 0	\$ 150,000	\$ 150,000	\$ 900,000
Off Site Work	\$ 0	\$ 0	\$ 0	\$ 0
New Construction Contracts	\$ 0	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000
Modernization Contracts	\$ 6,554,886	\$ 10,252,514	\$ 16,807,400	\$ 16,264,978
Contingencies	\$ 500,000	\$ 1,000,000	\$ 1,500,000	\$ 1,200,000
Architectural/Engineering Fees	\$ 646,503	\$ 1,011,197	\$ 1,657,700	\$ 2,187,632
Consulting and Other Fees	\$ 175,500	\$ 274,500	\$ 450,000	\$ 125,335
Movable or Other Equipment (not in	\$ 1,326,000	\$ 2,074,000	\$ 3,400,000	\$ 3,487,914
Bond Issuance Expense (project related)	\$ 242,500	\$ 242,500	\$ 485,000	\$ 0
Net Interest Expense During Construction (project related)	\$ 280,000	\$ 280,000	\$ 560,000	\$ 934,635
Fair Market Value of Leased Space or Equipment	\$ 0	\$ 3,450,000	\$ 3,450,000	\$ 3,400,000
Other Costs To Be Capitalized	\$ 0	\$ 0	\$ 0	\$ 0
Acquisition of Building or Other Property (excluding	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL USES OF FUNDS	\$ 9,751,441	\$ 22,793,559	\$ 32,545,000	\$ 32,514,994
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL	
Cash and Securities	\$ 0	\$ 2,200,000	\$ 2,200,000	\$ 15,577,662
Pledges	\$ 0	\$ 0	\$ 0	\$ 0
Gifts and Bequests	\$ 0	\$ 0	\$ 0	\$ 0
Bond Issues (project related)	\$ 9,751,441	\$ 20,593,559	\$ 30,345,000	\$ 16,937,332
Mortgages	\$ 0	\$ 0	\$ 0	\$ 0
Leases (fair market value)	\$ 0	\$ 0	\$ 0	\$ 0
Governmental Appropriations	\$ 0	\$ 0	\$ 0	\$ 0
Grants	\$ 0	\$ 0	\$ 0	\$ 0
Other Funds and Sources	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL SOURCES OF FUNDS	\$ 9,751,441	\$ 22,793,559	\$ 32,545,000	\$ 32,514,994
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.				