

**ORIGINAL**

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

17-011  
APPLICATION FOR PERMIT- July 2013 Edition

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

**RECEIVED**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAR 28 2017

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Facility/Project Identification**

|                                                              |                            |                           |
|--------------------------------------------------------------|----------------------------|---------------------------|
| Facility Name: Carle- Staley Road Medical Office Development |                            |                           |
| Street Address: S. Staley Rd.                                |                            |                           |
| City and Zip Code: Champaign, IL 61822                       |                            |                           |
| County: Champaign                                            | Health Service Area: HSA-4 | Health Planning Area: D-1 |

**Applicant /Co-Applicant Identification**

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

|                                                       |
|-------------------------------------------------------|
| Exact Legal Name (Co-Applicant): The Carle Foundation |
| Address: 611 West Park Street, Urbana IL, 61801       |
| Name of Registered Agent: James C. Leonard, MD        |
| Name of Chief Executive Officer: James C. Leonard, MD |
| CEO Address: 611 West Park Street, Urbana IL, 61801   |
| Telephone Number: 217-383-3220                        |

**Type of Ownership of Applicant/Co-Applicant**

|                                                                                                                                                                                                                                                                                                                                         |                                              |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Partnership         |                                |
| <input type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Governmental        |                                |
| <input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
| <ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>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.</li></ul> |                                              |                                |
| APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.                                                                                                                                                                                                                           |                                              |                                |

**Primary Contact**

[Person to receive ALL correspondence or inquiries]

|                                                      |
|------------------------------------------------------|
| Name: Collin Anderson                                |
| Title: Business Development & Regulatory Coordinator |
| Company Name: The Carle Foundation Hospital          |
| Address: 611 West Park Street, Urbana IL, 61801      |
| Telephone Number: 217-383-7503                       |
| E-mail Address: Collin.Anderson@Carle.com            |
| Fax Number:                                          |

**Additional Contact**

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

|                                                            |
|------------------------------------------------------------|
| Name: Kara Friedman                                        |
| Title: Attorney                                            |
| Company Name: Polsinelli P.C.                              |
| Address: 161 N. Clark Street, Suite 4200 Chicago, IL 60601 |
| Telephone Number: 312-873-3639                             |
| E-mail Address: kfriedman@polsinelli.com                   |
| Fax Number:                                                |

## 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: Carle- Staley Road Medical Office Development |                            |                           |
| Street Address: S. Staley Rd.                                |                            |                           |
| City and Zip Code: Champaign, IL 61822                       |                            |                           |
| County: Champaign                                            | Health Service Area: HSA-4 | Health Planning Area: D-1 |

#### Applicant /Co-Applicant Identification

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

|                                                                |
|----------------------------------------------------------------|
| Exact Legal Name (Co-Applicant): The Carle Foundation Hospital |
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| Name of Registered Agent: James C. Leonard, MD                 |
| Name of Chief Executive Officer: James C. Leonard, MD          |
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| Telephone Number: 217-383-3220                                 |

#### Type of Ownership of Applicant/Co-Applicant

|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation<br><input type="checkbox"/> For-profit Corporation<br><input type="checkbox"/> Limited Liability Company                                                                                                                                                                            | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Governmental<br><input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
| <ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>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.</li> </ul> |                                                                                                                               |                                |
| APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.                                                                                                                                                                                                                                  |                                                                                                                               |                                |

#### Primary Contact

[Person to receive ALL correspondence or inquiries]

|                                                                                          |
|------------------------------------------------------------------------------------------|
| Name: Collin Anderson                                                                    |
| Title: Business Development & Regulatory Coordinator                                     |
| Company Name: The Carle Foundation Hospital                                              |
| Address: 611 West Park Street, Urbana IL, 61801                                          |
| Telephone Number: 217-383-7503                                                           |
| E-mail Address: <a href="mailto:Collin.Anderson@Carle.com">Collin.Anderson@Carle.com</a> |
| Fax Number:                                                                              |

#### Additional Contact

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

|                                                                                        |
|----------------------------------------------------------------------------------------|
| Name: Kara Friedman                                                                    |
| Title: Attorney                                                                        |
| Company Name: Polsinelli P.C.                                                          |
| Address: 161 N. Clark Street, Suite 4200 Chicago, IL 60601                             |
| Telephone Number: 312-873-3639                                                         |
| E-mail Address: <a href="mailto:kfriedman@polsinelli.com">kfriedman@polsinelli.com</a> |
| Fax Number:                                                                            |

**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: Collin Anderson                                                                    |
| Title: Business Development & Regulatory Coordinator                                     |
| Company Name: The Carle Foundation Hospital                                              |
| Address: 611 West Park Street, Urbana IL, 61801                                          |
| Telephone Number: 217-383-7503                                                           |
| E-mail Address: <a href="mailto:Collin.Anderson@Carle.com">Collin.Anderson@Carle.com</a> |
| Fax Number:                                                                              |

**Site Ownership**

[Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: The Carle Foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Address of Site Owner: 611 West Park Street, Urbana IL, 61801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Street Address or Legal Description of Site: Northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, IL 61822                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>• Tract 1: Northwest quarter of the Southwest quarter of Section 28, Township 19 North, Range 8 East of the Third Principal Meridian, in Champaign County, Illinois.</li> <li>• Tract 2: Southwest quarter of the Southwest quarter of Section 28, Township 19 North, Range 8 East of the Third Principal Meridian, in Champaign County, Illinois.</li> <li>• Tract 3: Southeast quarter of the southwest quarter of Section 28, Township 19 North, Range 8 East of the Third Principal Meridian, in Champaign County, Illinois.</li> </ul> |
| 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: The Carle Foundation Hospital                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                      |  |                                                 |                                       |  |                                                    |                                              |                                |
| Address: 611 West Park Street, Urbana IL, 61801                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                      |  |                                                 |                                       |  |                                                    |                                              |                                |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> Non-profit Corporation</td> <td><input type="checkbox"/> Partnership</td> <td></td> </tr> <tr> <td><input type="checkbox"/> For-profit Corporation</td> <td><input type="checkbox"/> Governmental</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Other</td> </tr> </table> | <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |  | <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |  | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Partnership                       |                                      |  |                                                 |                                       |  |                                                    |                                              |                                |
| <input type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Governmental                      |                                      |  |                                                 |                                       |  |                                                    |                                              |                                |
| <input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Sole Proprietorship               | <input type="checkbox"/> Other       |  |                                                 |                                       |  |                                                    |                                              |                                |
| <ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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.</li> <li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>     |                                                            |                                      |  |                                                 |                                       |  |                                                    |                                              |                                |
| 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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 Carle Foundation ("Carle") proposes a new construction project on the northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, IL (the "Project"). The project consists of construction of outpatient medical office buildings (MOBs) to accommodate physician medical offices and exam rooms, offering an array of physician and related ancillary services.

The project does not have an inpatient component nor does it establish any category of service; however, it is an expenditure on behalf of a hospital for non-reviewable services. As such, it is classified as non-substantive.

Total newly constructed space will be 150,500 gsf.

**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.

| <b>Project Costs and Sources of Funds</b>                                                                                                             |                 |                     |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|---------------------|
| <b>USE OF FUNDS</b>                                                                                                                                   | <b>CLINICAL</b> | <b>NONCLINICAL</b>  | <b>TOTAL</b>        |
| Preplanning Costs                                                                                                                                     | \$0             | \$250,000           | \$250,000           |
| Site Survey and Soil Investigation                                                                                                                    | \$0             | \$50,000            | \$50,000            |
| Site Preparation                                                                                                                                      | \$0             | \$4,500,000         | \$4,500,000         |
| Off Site Work                                                                                                                                         | \$0             | \$500,000           | \$500,000           |
| New Construction Contracts                                                                                                                            | \$0             | \$43,000,000        | \$43,000,000        |
| Modernization Contracts                                                                                                                               | \$0             | \$0                 | \$0                 |
| Contingencies                                                                                                                                         | \$0             | \$4,645,000         | \$4,645,000         |
| Architectural/Engineering Fees                                                                                                                        | \$0             | \$3,100,000         | \$3,100,000         |
| Consulting and Other Fees                                                                                                                             | \$0             | \$1,000,000         | \$1,000,000         |
| Movable or Other Equipment (not in construction contracts)                                                                                            | \$0             | \$6,000,000         | \$6,000,000         |
| Bond Issuance Expense (project related)                                                                                                               | \$0             | \$1,420,000         | \$1,420,000         |
| Net Interest Expense During Construction (project related)                                                                                            | \$0             | \$500,000           | \$500,000           |
| Fair Market Value of Leased Space or Equipment                                                                                                        | \$0             | \$0                 | \$0                 |
| Other Costs To Be Capitalized                                                                                                                         | \$0             | \$1,847,449         | \$1,847,449         |
| Acquisition of Building or Other Property (excluding land)                                                                                            | \$0             | \$0                 | \$0                 |
| <b>TOTAL USES OF FUNDS</b>                                                                                                                            | <b>\$0</b>      | <b>\$66,812,449</b> | <b>\$66,812,449</b> |
| <b>SOURCE OF FUNDS</b>                                                                                                                                | <b>CLINICAL</b> | <b>NONCLINICAL</b>  | <b>TOTAL</b>        |
| Cash and Securities                                                                                                                                   | \$0             | \$34,965,000        | \$34,965,000        |
| Pledges                                                                                                                                               | \$0             | \$0                 | \$0                 |
| Gifts and Bequests                                                                                                                                    | \$0             | \$0                 | \$0                 |
| Bond Issues (project related)                                                                                                                         | \$0             | \$30,000,000        | \$30,000,000        |
| Mortgages                                                                                                                                             | \$0             | \$0                 | \$0                 |
| Leases (fair market value)                                                                                                                            | \$0             | \$0                 | \$0                 |
| Governmental Appropriations                                                                                                                           | \$0             | \$0                 | \$0                 |
| Grants                                                                                                                                                | \$0             | \$0                 | \$0                 |
| Other Funds and Sources                                                                                                                               | \$0             | \$1,847,449         | \$1,847,449         |
| <b>TOTAL SOURCES OF FUNDS</b>                                                                                                                         | <b>\$0</b>      | <b>\$66,812,449</b> | <b>\$66,812,449</b> |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |                 |                     |                     |

**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                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Purchase Price: \$                                                                                                                                                                                                                             | _____                        |                                        |
| Fair Market Value: \$                                                                                                                                                                                                                          | _____                        |                                        |
| The project involves the establishment of a new facility or a new category of service<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                   |                              |                                        |
| If yes, provide the dollar amount of all <b>non-capitalized</b> 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**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>For facilities in which prior permits have been issued please provide the permit numbers.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Indicate the stage of the project's architectural drawings:<br><br><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary<br><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working                                                                                                                                                                                                                                                                                         |
| Anticipated project completion date (refer to Part 1130.140): August 31, 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):<br><br><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.<br><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies<br><input checked="" type="checkbox"/> Project obligation will occur after permit issuance. |
| APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.                                                                                                                                                                                                                                                                                                                                                                                                                   |

**State Agency Submittals**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are the following submittals up to date as applicable:<br><input checked="" type="checkbox"/> Cancer Registry<br><input checked="" type="checkbox"/> APORS<br><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted<br><input checked="" type="checkbox"/> All reports regarding outstanding permits<br><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 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 |
| <b>REVIEWABLE</b>     |      |                   |          |                                                     |            |       |               |
| Medical Surgical      |      |                   |          |                                                     |            |       |               |
| Intensive Care        |      |                   |          |                                                     |            |       |               |
| Diagnostic Radiology  |      |                   |          |                                                     |            |       |               |
| MRI                   |      |                   |          |                                                     |            |       |               |
| Total Clinical        |      |                   |          |                                                     |            |       |               |
|                       |      |                   |          |                                                     |            |       |               |
| <b>NON REVIEWABLE</b> |      |                   |          |                                                     |            |       |               |
| Administrative        |      |                   |          |                                                     |            |       |               |
| Parking               |      |                   |          |                                                     |            |       |               |
| Gift Shop             |      |                   |          |                                                     |            |       |               |
|                       |      |                   |          |                                                     |            |       |               |
| Total Non-clinical    |      |                   |          |                                                     |            |       |               |
| <b>TOTAL</b>          |      |                   |          |                                                     |            |       |               |

APPEND DOCUMENTATION AS ATTACHMENT-9, 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: Carle Foundation Hospital              |                 |            | CITY: Urbana, IL |             |               |
| REPORTING PERIOD DATES: From: 1/1/2015 to: 12/31/2015 |                 |            |                  |             |               |
| Category of Service                                   | Authorized Beds | Admissions | Patient Days     | Bed Changes | Proposed Beds |
| Medical/Surgical                                      | 260             | 17,692     | 80,125           | n/a         | 260           |
| Obstetrics                                            | 35              | 2,992      | 7,791            | n/a         | 35            |
| Pediatrics                                            | 20              | 1,293      | 3,447            | n/a         | 20            |
| Intensive Care                                        | 38              | 2,513      | 8,838            | n/a         | 38            |
| Comprehensive Physical Rehabilitation                 | 15              | 313        | 4,233            | n/a         | 15            |
| Acute/Chronic Mental Illness                          | 0               | 0          | 0                | n/a         | 0             |
| Neonatal Intensive Care                               | 25              | 513        | 3,753            | n/a         | 25            |
| General Long Term Care                                | 0               | 0          | 0                | n/a         | 0             |
| Specialized Long Term Care                            | 0               | 0          | 0                | n/a         | 0             |
| Long Term Acute Care                                  | 0               | 0          | 0                | n/a         | 0             |
| Other ((identify))                                    | 0               | 0          | 0                | n/a         | 0             |
| TOTALS:                                               | 393             | 25,316     | 108,187          | n/a         | 393           |

**CERTIFICATION**

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

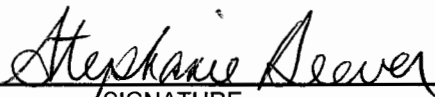
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its 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 The Carle Foundation \*  
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

James C. Leonard, MD  
PRINTED NAME

President and CEO  
PRINTED TITLE

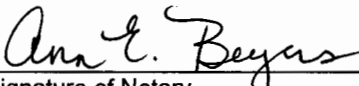
  
SIGNATURE

Stephanie Beever  
PRINTED NAME

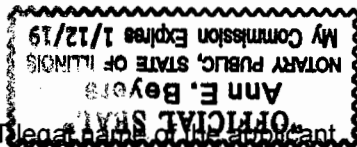
Executive Vice President and Chief Strategy Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 20th day of March 2017

  
Signature of Notary

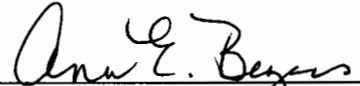
Seal



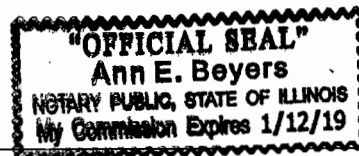
\*Insert EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me  
this 20th day of March 2017

  
Signature of Notary

Seal

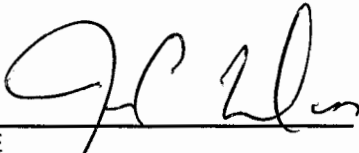


**CERTIFICATION**

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

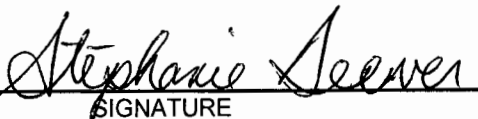
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its 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 The Carle Foundation Hospital \*  
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

James C. Leonard, MD  
PRINTED NAME

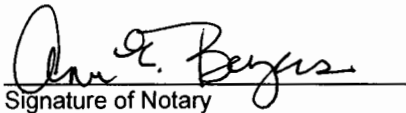
President and CEO  
PRINTED TITLE

  
SIGNATURE

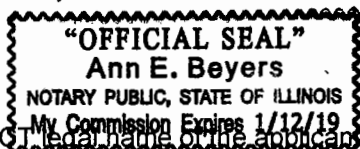
Stephanie Beever  
PRINTED NAME

Executive Vice President and Chief Strategy Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 20th day of March 2017

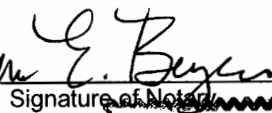
  
Signature of Notary

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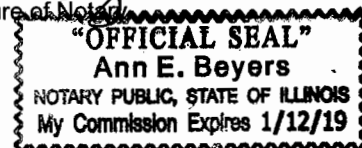


\*Insert EXACT legal name of the applicant

Notarization:  
Subscribed and sworn to before me  
this 20th day of March 2017

  
Signature of Notary

Seal



**SECTION II. DISCONTINUATION (Not Applicable)**

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Criterion 1110.130 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

**IMPACT ON ACCESS**

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**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)**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

**ASSURANCES: (Not Applicable)**

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.

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:**

|       |                              |                                                                                                                                                                                                                                                                                                                                    |
|-------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ | 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.                                                                                                                                                                                                            |
|       | <b>TOTAL FUNDS AVAILABLE</b> |                                                                                                                                                                                                                                                                                                                                    |

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

**IX. 1120.130 - Financial Viability**

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

**Financial Viability Waiver**

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**

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<br>(list below)                            | A                       | B    | C                    | D      | E                     | F      | G                    | H                  | Total<br>Cost<br>(G + H) |
|                                                       | Cost/Square Foot<br>New | Mod. | Gross Sq. Ft.<br>New | Circ.* | Gross Sq. Ft.<br>Mod. | Circ.* | Const. \$<br>(A x C) | Mod. \$<br>(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**

**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.

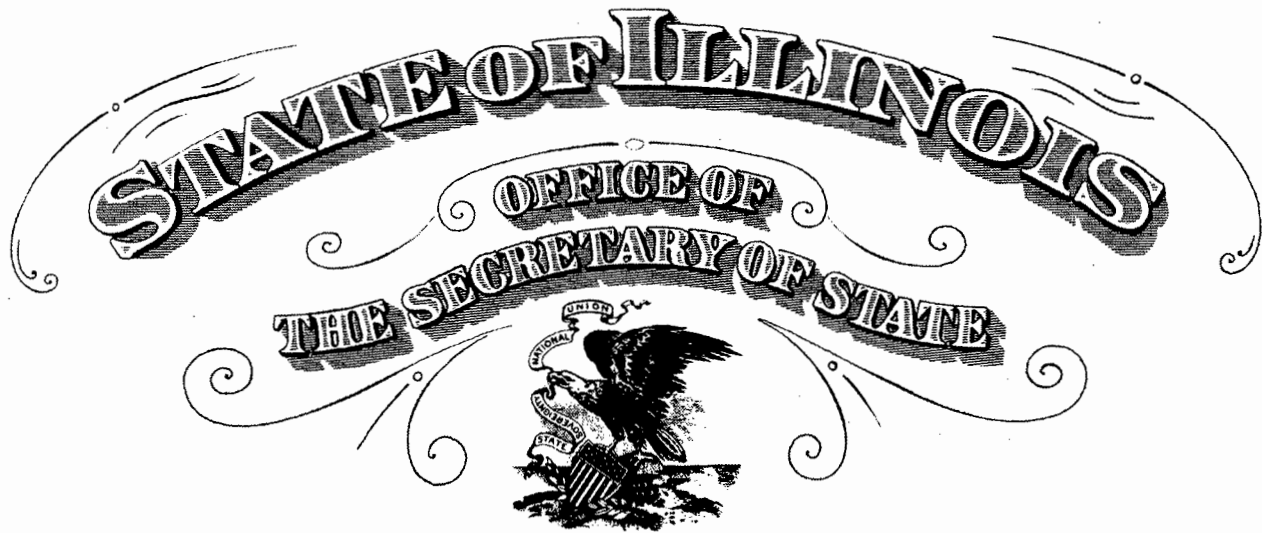
A table in the following format must be provided for all facilities as part of Attachment 44.

| CHARITY CARE                     |      |      |      |
|----------------------------------|------|------|------|
|                                  | Year | Year | Year |
| Net Patient Revenue              |      |      |      |
| Amount of Charity Care (charges) |      |      |      |
| Cost of Charity Care             |      |      |      |

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

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                            | 23-24 |
| 2                    | Site Ownership                                                                                         | 25-34 |
| 3                    | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 35-36 |
| 4                    | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  | 37    |
| 5                    | Flood Plain Requirements                                                                               | 38-39 |
| 6                    | Historic Preservation Act Requirements                                                                 | 40-41 |
| 7                    | Project and Sources of Funds Itemization                                                               | 42    |
| 8                    | Obligation Document if required                                                                        | 43    |
| 9                    | Cost Space Requirements                                                                                | 44    |
| 10                   | Discontinuation                                                                                        | 45    |
| 11                   | Background of the Applicant                                                                            | 46-53 |
| 12                   | Purpose of the Project                                                                                 | 54-58 |
| 13                   | Alternatives to the Project                                                                            | 59    |
| 14                   | Size of the Project                                                                                    | 60    |
| 15                   | Project Service Utilization                                                                            | 61    |
| 16                   | Unfinished or Shell Space                                                                              | 62    |
| 17                   | Assurances for Unfinished/Shell Space                                                                  | 62    |
| 18                   | Master Design Project                                                                                  | 63    |
| 19                   | Mergers, Consolidations and Acquisitions                                                               | 64    |
|                      | <b>Service Specific:</b>                                                                               |       |
| 20                   | Medical Surgical Pediatrics, Obstetrics, ICU                                                           | 65    |
| 21                   | Comprehensive Physical Rehabilitation                                                                  | 65    |
| 22                   | Acute Mental Illness                                                                                   | 65    |
| 23                   | Neonatal Intensive Care                                                                                | 65    |
| 24                   | Open Heart Surgery                                                                                     | 65    |
| 25                   | Cardiac Catheterization                                                                                | 65    |
| 26                   | In-Center Hemodialysis                                                                                 | 65    |
| 27                   | Non-Hospital Based Ambulatory Surgery                                                                  | 65    |
| 28                   | Selected Organ Transplantation                                                                         | 65    |
| 29                   | Kidney Transplantation                                                                                 | 65    |
| 30                   | Subacute Care Hospital Model                                                                           | 65    |
| 31                   | Children's Community-Based Health Care Center                                                          | 65    |
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***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*

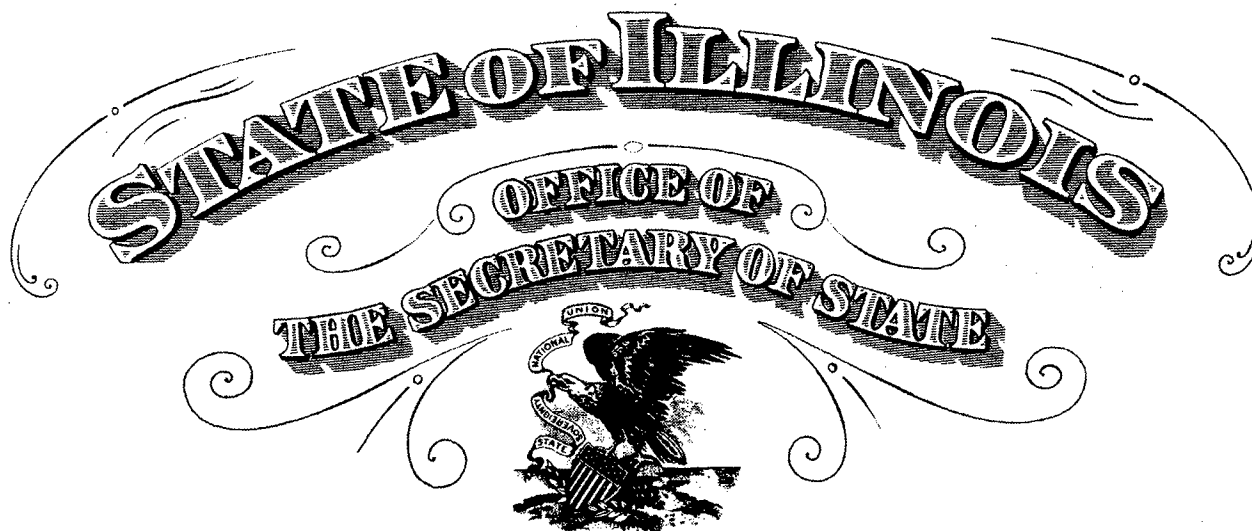
THE CARLE FOUNDATION HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 25TH  
day of JULY A.D. 2016 .***

*Jesse White*

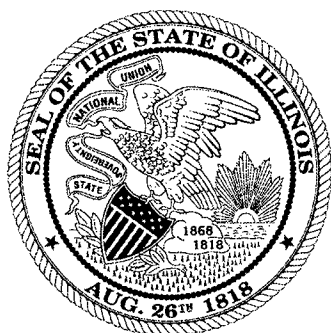
SECRETARY OF STATE



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THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, 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  
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the State of Illinois, this 25TH  
day of JULY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

**OWNER'S POLICY OF TITLE INSURANCE**

Issued by  
*Commonwealth Land Title Insurance Company*

Any notice of claim and any other notice or statement in writing required to be given to the Company under this Policy must be given to the Company at the address shown in Section 18 of the Conditions.

**COVERED RISKS**

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B, AND THE CONDITIONS, COMMONWEALTH LAND TITLE INSURANCE COMPANY, a Nebraska corporation (the "Company") insures, as of Date of Policy and, to the extent stated in Covered Risks 9 and 10, after Date of Policy, against loss or damage, not exceeding the Amount of Insurance, sustained or incurred by the Insured by reason of:

1. Title being vested other than as stated in Schedule A.
2. Any defect in or lien or encumbrance on the Title. This Covered Risk includes but is not limited to insurance against loss from
  - (a) A defect in the Title caused by
    - (i) forgery, fraud, undue influence, duress, incompetency, incapacity, or impersonation;
    - (ii) failure of any person or Entity to have authorized a transfer or conveyance;
    - (iii) a document affecting Title not properly created, executed, witnessed, sealed, acknowledged, notarized, or delivered;
    - (iv) failure to perform those acts necessary to create a document by electronic means authorized by law;
    - (v) a document executed under a falsified, expired, or otherwise invalid power of attorney;
    - (vi) a document not properly filed, recorded, or indexed in the Public Records including failure to perform those acts by electronic means authorized by law; or
    - (vii) a defective judicial or administrative proceeding.
  - (b) The lien of real estate taxes or assessments imposed on the Title by a governmental authority due or payable, but unpaid.
  - (c) Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the Title that would be disclosed by an accurate and complete land survey of the Land. The term "encroachment" includes encroachments of existing improvements located on the Land onto adjoining land, and encroachments onto the Land of existing improvements located on adjoining land.
3. Unmarketable Title.
4. No right of access to and from the Land.
5. The violation or enforcement of any law, ordinance, permit, or governmental regulation (including those relating to building and zoning) restricting, regulating, prohibiting, or relating to
  - (a) the occupancy, use, or enjoyment of the Land;
  - (b) the character, dimensions, or location of any improvement erected on the Land;
  - (c) the subdivision of land; or
  - (d) environmental protectionif a notice, describing any part of the Land, is recorded in the Public Records setting forth the violation or intention to enforce, but only to the extent of the violation or enforcement referred to in that notice.
6. An enforcement action based on the exercise of a governmental police power not covered by Covered Risk 5 if a notice of the enforcement action, describing any part of the Land, is recorded in the Public Records, but only to the extent of the enforcement referred to in that notice.
7. The exercise of the rights of eminent domain if a notice of the exercise, describing any part of the Land, is recorded in the Public Records.
8. Any taking by a governmental body that has occurred and is binding on the rights of a purchaser for value without Knowledge.
9. Title being vested other than as stated in Schedule A or being defective
  - (a) as a result of the avoidance in whole or in part, or from a court order providing an alternative remedy, of a transfer of all or any part of the title to or any interest in the Land occurring prior to the transaction vesting Title as shown in Schedule A because that prior transfer constituted a fraudulent or preferential transfer under

# OWNER'S POLICY OF TITLE INSURANCE

*First Community Title Services, Inc  
1101 W. Windsor Rd., Suite B  
Champaign, IL 61821*

*AUTHORIZED AGENT OF COMMONWEALTH LAND TITLE CORPORATION*

## SCHEDULE A

Name and Address of Title Insurance Company:  
**COMMONWEALTH LAND TITLE CORPORATION**  
P.O. Box 45023 Jacksonville 32232-5023

File No.: **1308886**

Policy No.: **2013.81306-90033422**

Address Reference: **farm ground, Champaign County, Illinois**

Amount of Insurance: **\$5,951,124.80**

Date of Policy: **October 16, 2013, at 09:26am**

1. Name of Insured:

**The Carle Foundation**

2. The estate or interest in the Land that is insured by this policy is:

**Fee Simple**

3. Title is vested in:

**The Carle Foundation**

4. The Land referred to in this policy is described as follows:

### Tract 1

**The Northwest Quarter of the Southwest Quarter of Section 28, Township 19 North, Range 8 East of the Third Principal Meridian, EXCEPT that part conveyed and dedicated to the People of the County of Champaign, Illinois by instrument recorded February 19, 1993 in Book 763 as Document 93R 4006, in Champaign County, Illinois.**

### Tract 2

**The Southwest Quarter of the Southwest Quarter of Section 28, Township 19 North, Range 8 East of the Third Principal Meridian, in Champaign County, Illinois:**

**EXCEPT that part conveyed and dedicated to the People of the County of Champaign, Illinois by instrument recorded February 19, 1993 in Book 1887 at Page 759 as Document 93R 4005;**

**ALSO EXCEPT that part described as follows: Beginning at a found iron pin at the Southwest corner of said Section 28; thence North 0°36'14" West (bearings based on Illinois State Plane Coordinates, East Zone NAD 83) 1013.05 feet along the West line of the Southwest Quarter of said Section 28; thence North 89°23'46" East 45.00 feet to the existing Easterly right of way line of FAP 810 (Staley Rd.); thence South 2D33'52" East 750.85 feet; thence South 14D50'21" East 130.23 feet; thence North 88°53'03" East 1218.65 feet to the East line of the Southwest Quarter of the Southwest Quarter of said Section 28; thence South 0°34'09" East 176.41 feet along said East line to the South line of the Southwest Quarter of said Section 28; thence North 89°20'28" West 1321.52 feet along said South line, to the point of beginning, in Champaign County, Illinois.**

### Tract 3

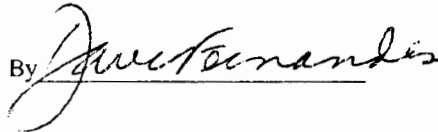
**The Southeast Quarter of the Southwest Quarter of Section 28, Township 19 North, Range 8 East of the Third Principal Meridian, in Champaign County, Illinois;**

**EXCEPT that part described as follows: Beginning at a found railroad spike at the Southeast corner of the Southwest**

Quarter of said Section 28; thence North 89°20'28" West (bearings based on Illinois State Plane Coordinates, East Zone NAD 83) 1321.52 feet along the South line of the Southwest Quarter of said Section 28, to the West line of the Southeast Quarter of the Southwest Quarter of said Section 28; thence North 0°34'09" West 176.41 feet along said West line thence North 88°53'03" East 181.92 feet; thence North 84°48'36" East 402.00 feet; thence North 45°31'15" East 70.71 feet; thence North 19°12'57" East 312.48 feet; thence North 47°13'56" East 445.98 feet; thence North 0°29'38" West 400.00 feet, said line being parallel with and 430.00 feet Westerly of the centerline of FAP 57; thence North 27°57'11" East 59.04 feet to the North line of the Southeast Quarter of the Southwest Quarter of said Section 28; thence South 89°19'14" East 223.65 feet to the East line of the Southwest Quarter of said Section 28; thence South 0°32'03" East 1328.51 feet along said East line to the point of beginning, in Champaign County, Illinois.

Countersigned

First Community Title Services, Inc

By 

# OWNER'S POLICY OF TITLE INSURANCE

*First Community Title Services, Inc*

*1101 W. Windsor Rd., Suite B*

*Champaign, IL 61821*

*AUTHORIZED AGENT OF COMMONWEALTH LAND TITLE CORPORATION*

## SCHEDULE B

File No.: 1308886

Policy No.: 2013.81306-90033422

## EXCEPTIONS FROM COVERAGE

This policy does not insure against loss or damage, and the Company will not pay costs, attorneys' fees, or expenses that arise by reason of:

1. Any facts, rights, interests or claims which are not shown by the public records but which could be ascertained by an inspection of said land or by making inquiry of persons in possession thereof.
2. Any lien or right to a lien, for services, labor or material theretofore or hereafter furnished, imposed by law and not shown by the public records.
3. Any encroachments, encumbrance, violation, variation, or adverse circumstance affecting the Title that would be disclosed by an accurate and complete land survey of the land.
4. Rights of parties in actual possession of all or any part of the premises.
5. Easements or claims of easements, not shown by the public records.
6. Taxes for the years 2013 and all subsequent years.  
Champaign Township; Tax ID No. 03-20-28-300-001 (Tract 1).
7. Taxes for the years 2013 and all subsequent years.  
Champaign Township; Tax ID No. 03-20-28-300-006 (Tract 2).
8. Taxes for the years 2013 and all subsequent years.  
Champaign Township; Tax ID No. 03-20-28-300-008 (Tract 3).
9. Easement in favor of the American Telephone and Telegraph Company of Illinois, its successors and assigns, and the provisions relating thereto contained in the grant recorded March 4, 1929 in book 211 at page 391, said line to be erected along public highways and upon and along road, streets or highways adjoining said property (Tracts 1 and 2)
10. Easement in favor of Illinois Power and Light Corporation, its successors and assigns, and the provisions relating thereto contained in the grant recorded July 15, 1937 in Book 239 at page 365, affecting the West half of the Southwest Quarter and the Northwest Quarter of Section 28, with poles to be set along and not more than 6 inches within the West property line.

Subordination of Surface rights for Public Road Purpose recorded November 29, 1961 in Book 686 at Page 579 as Document No. 672048

Agreement between the County of Champaign, Illinois and Illinois Power Company recorded September 26, 1995 in book 2335 at page 129 as Document No. 95R 20649

**SCHEDULE B**  
Continued

Subordination of Surface Rights for Public Road Purposes recorded February 10, 2005 as Document No. 2005 R 03738 (Tracts 1 and 2)

11. Easement in favor of Illinois Bell Telephone Company, its successors and assigns, and the provisions relating thereto contained in the grant recorded January 6, 1958 in Book 588 at page 260 as Document No. 603163, affecting part of the Southwest Quarter of the Southwest Quarter of Section 28 (Tract 2)
12. Pipeline Easement and Right of Way Grant in favor of Natural Gas Pipeline Company of America, its successors and assigns, and the provisions relating thereto contained in the grant recorded August 17, 1989 in Book 1650 at Page 622 as Document No. 89R 15833

Assigned to The Board of Trustees of the University of Illinois, its successors and assigns, by instrument recorded April 8, 1993 in Book 1898 at Page 250 as Document No. 93R 8233 (Tract 2)

13. Pipeline Easement and Right of Way Grant in favor of Natural Gas Pipeline Company of America, its successors and assigns, and the provisions relating thereto contained in the grant recorded August 17, 1989 in Book 1650 at Page 628 as Document No. 89R 15835

Assigned to The Board of Trustees of the University of Illinois, its successors and assigns, by instrument recorded April 8, 1993 in Book 1898 at Page 250 as Document No. 93R 8233 (Tract 3)

14. Council Bill No. 98-134, A Resolution Amending Design Guidelines Pertaining to Right-of-Way for Curtis Road recorded June 26, 1998 as Document 98R 18904. (Tracts 2 and 3)
15. Terms and provisions of Council Bill No. 2001-275, "A Resolution Authorizing the City Manager to Execute an Intergovernmental Agreement for the Design, Property Acquisition, Utility Relocation and Construction of Curtis Road from First Street to Staley Road" recorded January 15, 2002 as Document No. 2002 R 2055 (Tracts 2 and 3)
16. Terms and provisions of Council Bill No. 2010-184, "An Ordinance Approving an Annexation Agreement Between the City of Champaign and Tuscany Pointe, LLC and Raufeisen Development Company, Including an Overall Development Plan. (3702 and 4002 W Curtis Road - located at the Northeast Corner of Curtis Road and Staley Road)." recorded October 5, 2010 as Document No. 2010 R 23116.
17. Any and all easements, restrictions, agreements, outstanding oil, gas and mineral rights, but omitting restrictions, if any, based on race, color, religion, sex, handicap, familial status or national origin.
18. Rights of way for drainage ditches, feeders, tiles, laterals and underground pipes, if any.
19. Rights of the Public, the State of Illinois and the Municipality in and to that part of the land, if any, taken or used for road purposes.
20. Existing leases and tenancies, and rights of tenants thereunder, and those claiming by, through or under those tenants.
21. **NOTE:** If any documents referenced herein contains a covenant, condition or restriction violative of 42 USC 3604 (c), such covenant, condition or restriction is hereby deleted.

**SCHEDULE B**  
Continued

**End of Schedule B**

## EXCLUSIONS FROM COVERAGE

The following matters are expressly excluded from the coverage of this policy, and the Company will not pay loss or damage, costs, attorneys' fees, or expenses that arise by reason of:

1. (a) Any law, ordinance, permit, or governmental regulation (including those relating to building and zoning) restricting, regulating, prohibiting, or relating to
  - (i) the occupancy, use, or enjoyment of the Land;
  - (ii) the character, dimensions, or location of any improvement erected on the Land;
  - (iii) the subdivision of land; or
  - (iv) environmental protection;or the effect of any violation of these laws, ordinances, or governmental regulations. This Exclusion 1(a) does not modify or limit the coverage provided under Covered Risk 5.
- (b) Any governmental police power. This Exclusion 1(b) does not modify or limit the coverage provided under Covered Risk 6.
2. Rights of eminent domain. This Exclusion does not modify or limit the coverage provided under Covered Risk 7 or 8.
3. Defects, liens, encumbrances, adverse claims, or other matters
  - (a) created, suffered, assumed, or agreed to by the Insured Claimant;
  - (b) not Known to the Company, not recorded in the Public Records at Date of Policy, but Known to the Insured Claimant and not disclosed in writing to the Company by the Insured Claimant prior to the date the Insured Claimant became an Insured under this policy;
  - (c) resulting in no loss or damage to the Insured Claimant;
  - (d) attaching or created subsequent to Date of Policy (however, this does not modify or limit the coverage provided under Covered Risk 9 and 10); or
  - (e) resulting in loss or damage that would not have been sustained if the Insured Claimant had paid value for the Title.
4. Any claim, by reason of the operation of federal bankruptcy, state insolvency, or similar creditors' rights laws, that the transaction vesting the Title as shown in Schedule A, is
  - (a) a fraudulent conveyance or fraudulent transfer; or
  - (b) a preferential transfer for any reason not stated in Covered Risk 9 of this policy.
5. Any lien on the Title for real estate taxes or assessments imposed by governmental authority and created or attaching between Date of Policy and the date of recording of the deed or other instrument of transfer in the Public Records that vests Title as shown in Schedule A.

## CONDITIONS

### 1. DEFINITION OF TERMS

The following terms when used in this policy mean:

- (a) "Amount of Insurance": The amount stated in Schedule A, as may be increased or decreased by endorsement to this policy, increased by Section 8(b), or decreased by Sections 10 and 11 of these Conditions.
- (b) "Date of Policy": The date designated as "Date of Policy" in Schedule A.
- (c) "Entity": A corporation, partnership, trust, limited liability company, or other similar legal entity.
- (d) "Insured": The Insured named in Schedule A.
  - (i) The term "Insured" also includes
    - (A) successors to the Title of the Insured by operation of law as distinguished from purchase, including heirs, devisees, survivors, personal representatives, or next of kin;
    - (B) successors to an Insured by dissolution, merger, consolidation, distribution, or reorganization;
    - (C) successors to an Insured by its conversion to another kind of Entity;
    - (D) a grantee of an Insured under a deed delivered without payment of actual valuable consideration conveying the Title
      - (1) if the stock, shares, memberships, or other equity interests of the grantee are wholly-owned by the named Insured,
      - (2) if the grantee wholly owns the named Insured,
      - (3) if the grantee is wholly-owned by an affiliated Entity of the named Insured, provided the affiliated Entity and the named Insured are both wholly-owned by the same person or Entity, or
      - (4) if the grantee is a trustee or beneficiary of a trust created by a written instrument established by the Insured named in Schedule A for estate planning purposes.
    - (ii) With regard to (A), (B), (C), and (D) reserving, however, all rights and defenses as to any successor that the Company would have had against any predecessor Insured.
  - (e) "Insured Claimant": An Insured claiming loss or damage.
  - (f) "Knowledge" or "Known": Actual knowledge, not constructive knowledge or notice that may be imputed to an Insured by reason of the Public Records or any other records that impart constructive notice of matters

evidence, obtaining witnesses, prosecuting or defending the action or proceeding, or effecting settlement, and (ii) in any other lawful act that in the opinion of the Company may be necessary or desirable to establish the Title or any other matter as insured. If the Company is prejudiced by the failure of the Insured to furnish the required cooperation, the Company's obligations to the Insured under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such cooperation.

(b) The Company may reasonably require the Insured Claimant to submit to examination under oath by any authorized representative of the Company and to produce for examination, inspection, and copying, at such reasonable times and places as may be designated by the authorized representative of the Company, all records, in whatever medium maintained, including books, ledgers, checks, memoranda, correspondence, reports, e-mails, disks, tapes, and videos whether bearing a date before or after Date of Policy, that reasonably pertain to the loss or damage. Further, if requested by any authorized representative of the Company, the Insured Claimant shall grant its permission, in writing, for any authorized representative of the Company to examine, inspect, and copy all of these records in the custody or control of a third party that reasonably pertain to the loss or damage. All information designated as confidential by the Insured Claimant provided to the Company pursuant to this Section shall not be disclosed to others unless, in the reasonable judgment of the Company, it is necessary in the administration of the claim. Failure of the Insured Claimant to submit for examination under oath, produce any reasonably requested information, or grant permission to secure reasonably necessary information from third parties as required in this subsection, unless prohibited by law or governmental regulation, shall terminate any liability of the Company under this policy as to that claim.

#### **7. OPTIONS TO PAY OR OTHERWISE SETTLE CLAIMS; TERMINATION OF LIABILITY**

In case of a claim under this policy, the Company shall have the following additional options:

(a) To Pay or Tender Payment of the Amount of Insurance.

To pay or tender payment of the Amount of Insurance under this policy together with any costs, attorneys' fees, and expenses incurred by the Insured Claimant that were authorized by the Company up to the time of payment or tender of payment and that the Company is obligated to pay.

Upon the exercise by the Company of this option, all liability and obligations of the Company to the Insured under this policy, other than to make the payment required in this subsection, shall terminate, including any

liability or obligation to defend, prosecute, or continue any litigation.

(b) To Pay or Otherwise Settle With Parties Other Than the Insured or With the Insured Claimant.

(i) To pay or otherwise settle with other parties for or in the name of an Insured Claimant any claim insured against under this policy. In addition, the Company will pay any costs, attorneys' fees, and expenses incurred by the Insured Claimant that were authorized by the Company up to the time of payment and that the Company is obligated to pay; or

(ii) To pay or otherwise settle with the Insured Claimant the loss or damage provided for under this policy, together with any costs, attorneys' fees, and expenses incurred by the Insured Claimant that were authorized by the Company up to the time of payment and that the Company is obligated to pay.

Upon the exercise by the Company of either of the options provided for in subsections (b)(i) or (ii), the Company's obligations to the Insured under this policy for the claimed loss or damage, other than the payments required to be made, shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation.

#### **8. DETERMINATION AND EXTENT OF LIABILITY**

This policy is a contract of indemnity against actual monetary loss or damage sustained or incurred by the Insured Claimant who has suffered loss or damage by reason of matters insured against by this policy.

(a) The extent of liability of the Company for loss or damage under this policy shall not exceed the lesser of

(i) the Amount of Insurance; or

(ii) the difference between the value of the Title as insured and the value of the Title subject to the risk insured against by this policy.

(b) If the Company pursues its rights under Section 5 of these Conditions and is unsuccessful in establishing the Title, as insured,

(i) the Amount of Insurance shall be increased by 10%, and

(ii) the Insured Claimant shall have the right to have the loss or damage determined either as of the date the claim was made by the Insured Claimant or as of the date it is settled and paid.

(c) In addition to the extent of liability under (a) and (b), the Company will also pay those costs, attorneys' fees, and expenses incurred in accordance with Sections 5 and 7 of these Conditions.

#### **9. LIMITATION OF LIABILITY**

(a) If the Company establishes the Title, or removes the alleged defect, lien, or encumbrance, or cures the lack of a right of access to or from the Land, or cures the claim of Unmarketable Title, all as insured, in a reasonably diligent manner by any method, including

#### 17. CHOICE OF LAW; FORUM

(a) Choice of Law: The Insured acknowledges the Company has underwritten the risks covered by this policy and determined the premium charged therefor in reliance upon the law affecting interests in real property and applicable to the interpretation, rights, remedies, or enforcement of policies of title insurance of the jurisdiction where the Land is located.

Therefore, the court or an arbitrator shall apply the law of the jurisdiction where the Land is located to determine the validity of claims against the Title that are adverse to the Insured and to interpret and enforce the terms of this policy. In neither case shall the court or arbitrator apply its conflicts of law principles to determine the applicable law.

(b) Choice of Forum: Any litigation or other proceeding brought by the Insured against the Company must be filed only in a state or federal court within the United States of America or its territories having appropriate jurisdiction.

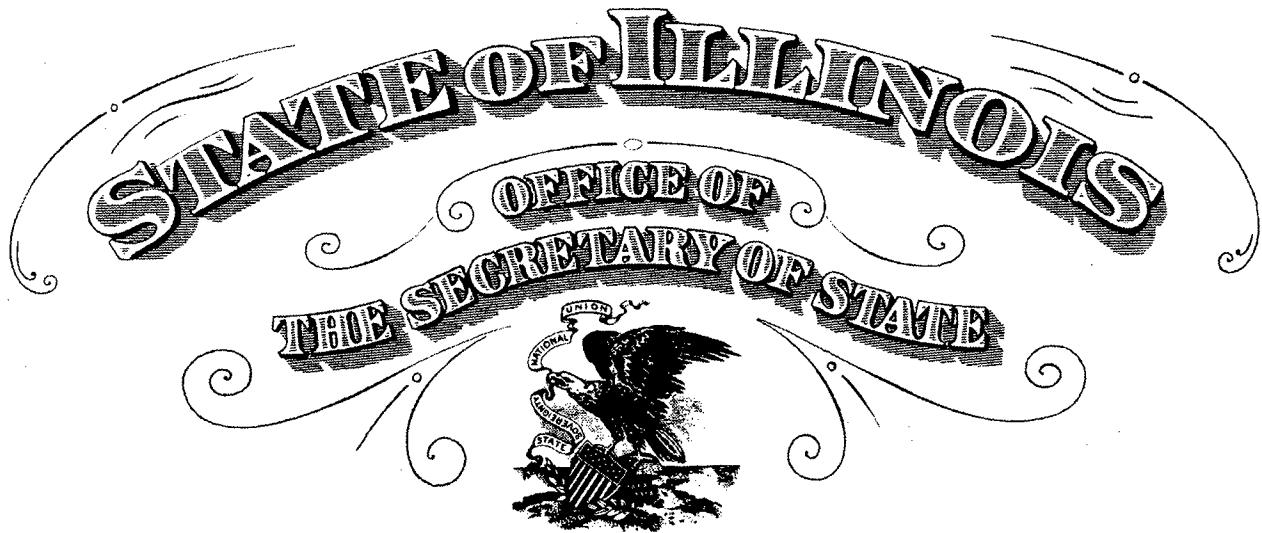
#### 18. NOTICES, WHERE SENT

Any notice of claim and any other notice or statement in writing required to be given to the Company under this Policy must be given to the Company at: P.O. Box 45023, Jacksonville, FL 32232-5023.

The subject parcel where the buildings will be located is still under development. In addition to the two structures that will be built pursuant to this CON permit application, there is a third building under construction (Champaign SurgiCenter CON Permit 16-045). Addresses for the buildings have not yet been assigned but all of the buildings will be attached to some degree by corridors and/or walkways.

File Number

2932-580-4



**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*

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, 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.



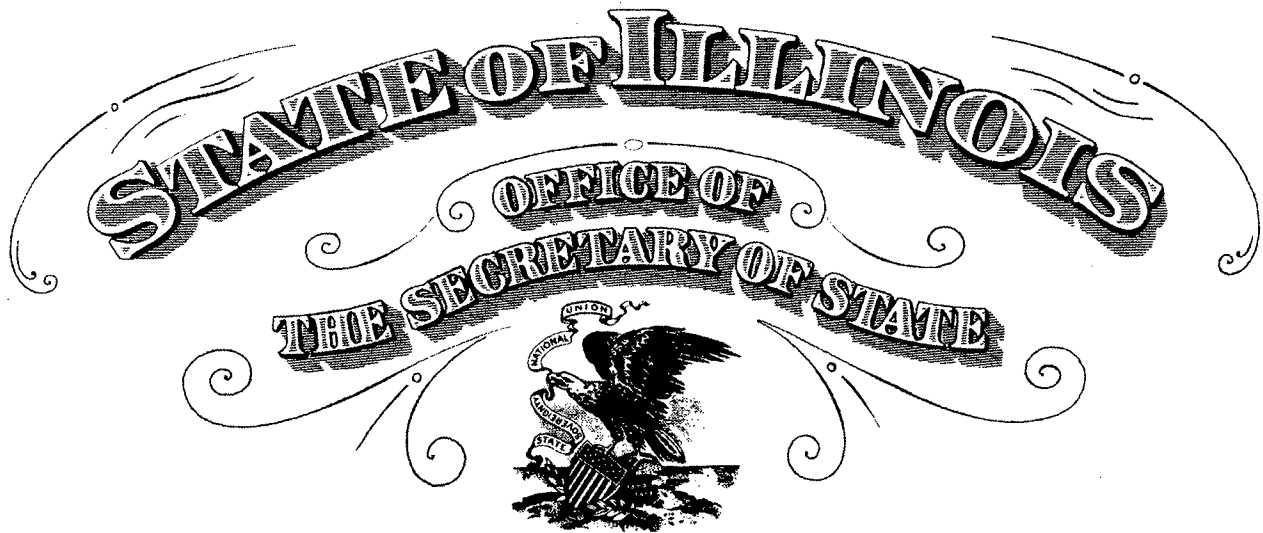
**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 25TH*  
*day of JULY A.D. 2016 .*

*Jesse White*

SECRETARY OF STATE

Authentication #: 1620702344 verifiable until 07/25/2017

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



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***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***

THE CARLE FOUNDATION HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 1982, 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.

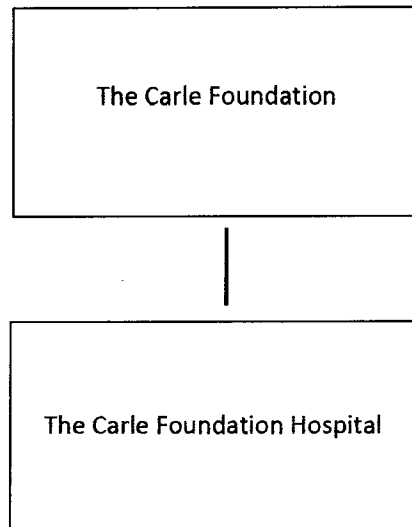


***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 25TH  
day of JULY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

### Entity Chart



### **Flood Plain Requirements**

The site of the proposed project complies with the requirements of Illinois Executive Order #2005-5. Please see the attached Flood Plain Insurance Rate Map (FIRM) documenting that the northeast corner of S. Staley Rd. and W. Curtis Rd. in Champaign, Illinois is not located in a Special Flood Hazard Area.

## Champaign County Map Panels

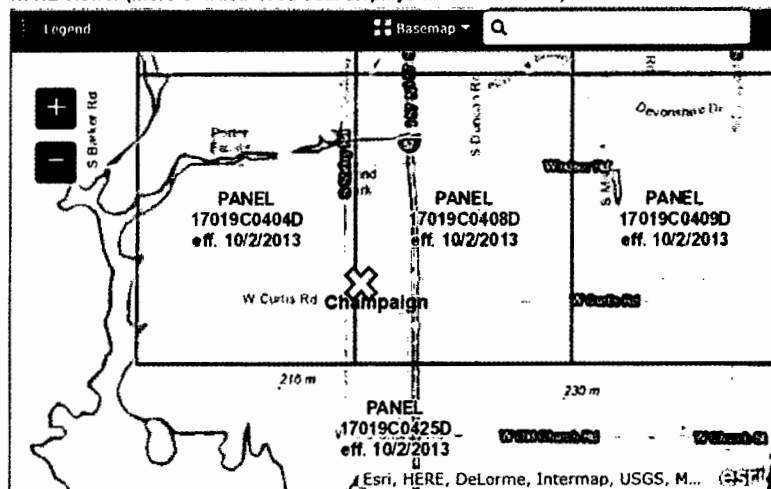
Effective Flood Insurance Rate Maps for County may be viewed and/or downloaded at the FEMA Map Service Center

... even more!

Below are links to resources pertaining to Champaign County

- Upper Sangamon River Watershed Discovery
- Unmapped Special Flood Hazard Areas (SFHA) (pdf)
- Destined for DFIRMs - stream studies becoming flood maps

NFHL Viewer (more detailed flood data displays when zoomed in)



Launch full screen NFHL Viewer

### What is a DFIRM?

The DFIRM Database is a digital version of the FEMA flood insurance rate map that is designed for use with digital mapping and analysis software.



The DFIRM is designed to provide the user with the ability to determine the flood zone, base flood elevation and the floodway status for a particular location. It also has NFIP community information, map panel information, cross section and hydraulic structure information, and base map information like road, stream, and public land survey data.

## **Historic Resources Preservation Act Requirements**

The applicants propose to build a medical office development on S. Staley Rd. in Champaign, Illinois. A letter from the Illinois Historic Preservation Agency stating that the proposed project complies with the requirements of the Historic Resources Preservation Act is included as part of this Attachment-6.



FAX 217/524-7525

Champaign County  
Champaign  
NE of South Staley Road and West Curtis Road  
IEPA  
New construction, medical office building & ambulatory surgery center

PLEASE REFER TO: IHPA LOG #019060415

June 10, 2015

Collin Anderson  
Carle Foundation Hospital  
611 W. Park St.  
Urbana, IL 61801

Dear Mr. Anderson:

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

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

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

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

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

Sincerely,

Rachel Leibowitz, Ph.D.  
Deputy State Historic  
Preservation Officer

| Project Costs                                                      |            |                     |                     |
|--------------------------------------------------------------------|------------|---------------------|---------------------|
| Use of Funds                                                       | Clinical   | Nonclinical         | Total               |
| <b>Preplanning Costs</b>                                           | <b>\$0</b> | <b>\$250,000</b>    | <b>\$250,000</b>    |
| Preliminary Design                                                 | \$0        | \$150,000           | \$150,000           |
| Precon Budgets                                                     | \$0        | \$100,000           | \$100,000           |
| <b>Site Survey and Soil Investigation</b>                          | <b>\$0</b> | <b>\$50,000</b>     | <b>\$50,000</b>     |
| Site Preparation                                                   | \$0        | \$4,500,000         | \$4,500,000         |
| Off Site Work                                                      | \$0        | \$500,000           | \$500,000           |
| <b>New Construction Costs</b>                                      | <b>\$0</b> | <b>\$43,000,000</b> | <b>\$43,000,000</b> |
| <b>Modernization Contracts</b>                                     | <b>\$0</b> | <b>\$0</b>          | <b>\$0</b>          |
| <b>Contingencies</b>                                               | <b>\$0</b> | <b>\$4,645,000</b>  | <b>\$4,645,000</b>  |
| A/E                                                                | \$0        | \$645,000           | \$645,000           |
| New Construction                                                   | \$0        | \$4,000,000         | \$4,000,000         |
| <b>Architectural/Engineering Fees</b>                              | <b>\$0</b> | <b>\$3,100,000</b>  | <b>\$3,100,000</b>  |
| Architectural Engineering                                          | \$0        | \$1,800,000         | \$1,800,000         |
| Mechanical Engineering                                             | \$0        | \$1,000,000         | \$1,000,000         |
| Structural Engineering                                             | \$0        | \$200,000           | \$200,000           |
| Code Review                                                        | \$0        | \$100,000           | \$100,000           |
| <b>Consulting and Other Fees</b>                                   | <b>\$0</b> | <b>\$1,000,000</b>  | <b>\$1,000,000</b>  |
| City Permits                                                       | \$0        | \$250,000           | \$250,000           |
| Special Inspections                                                | \$0        | \$250,000           | \$250,000           |
| Commissioning                                                      | \$0        | \$250,000           | \$250,000           |
| CON Fees/Expenses                                                  | \$0        | \$100,000           | \$100,000           |
| Consultants                                                        | \$0        | \$150,000           | \$150,000           |
| <b>Movable and Other Equipment (not in construction contracts)</b> | <b>\$0</b> | <b>\$6,000,000</b>  | <b>\$6,000,000</b>  |
| Equipment General                                                  | \$0        | \$1,800,000         | \$1,800,000         |
| Furniture                                                          | \$0        | \$800,000           | \$800,000           |
| Security Access/Cameras                                            | \$0        | \$500,000           | \$500,000           |
| IT/Telecom                                                         | \$0        | \$2,000,000         | \$2,000,000         |
| Signs/Wayfinding                                                   | \$0        | \$400,000           | \$400,000           |
| Artwork, Exterior Furniture, Kiosks                                | \$0        | \$500,000           | \$500,000           |
| <b>Bond Issuance Expense (Project related)</b>                     | <b>\$0</b> | <b>\$1,420,000</b>  | <b>\$1,420,000</b>  |
| <b>Net Interest Expense During Construction (Project related)</b>  | <b>\$0</b> | <b>\$500,000</b>    | <b>\$500,000</b>    |
| <b>Fair Market Value of Leased Space or Equipment</b>              | <b>\$0</b> | <b>\$0</b>          | <b>\$0</b>          |
| <b>Other Costs to be Capitalized</b>                               | <b>\$0</b> | <b>\$1,847,449</b>  | <b>\$1,847,449</b>  |
| Net Book Value of Assets to be Transferred from Existing Locations | \$0        | \$1,847,449         | \$1,847,449         |
| <b>Acquisition of Building or Other Property (Excluding land)</b>  | <b>\$0</b> | <b>\$0</b>          | <b>\$0</b>          |
| <b>Total Uses of Funds</b>                                         | <b>\$0</b> | <b>\$66,812,449</b> | <b>\$66,812,449</b> |

## **Active CON Permits**

The Carle Foundation Hospital has five active CON/COE permits:

### **CON 15-002: Outpatient Orthopedic and Sports Medicine Facility**

- The CON permit for project 15-002 was approved on April 21, 2015.
- An annual progress report was filed in May 2016.
- The project completion date of record is January 31, 2017. The project was completed within that timeframe.

### **CON 15-031: Curtis Rd. Clinic Expansion**

- The CON permit for project 15-031 was approved on August 25, 2015.
- An annual progress report was filed in September 2016.
- The project completion date of record is October 31, 2017. It is anticipated that the project will be completed in advance of this date.

### **COE E-16-034: Richland Memorial Hospital Change of Ownership**

- The COE for project 16-034 was approved on October 14, 2016.
- It is anticipated that, within 90 days of the closing date of the transaction, the exemption holder will certify that the transaction was completed according to the key terms outlined in the application.

### **CON 16-045: Champaign SurgiCenter**

- The CON permit for project 16-045 was approved on January 24, 2017.
- It is anticipated that an annual progress report will be filed by the deadline.
- The project completion date of record is June 30, 2019. It is anticipated that the project will be completed in advance of this date.

### **COE E-16-060: Champaign SurgiCenter Discontinuation**

- The COE for project 16-060 was approved on January 24, 2017.
- It is anticipated that an annual progress report will be filed by the deadline.
- The project completion date of record is June 30, 2019. It is anticipated that the project will be completed in advance of this date.

## Cost Space Requirements

The Applicants propose to build a medical office development.

|                                              |              | Gross Square Feet |          | Amount of Proposed Total Gross Square Feet That Is: |            |       |               |
|----------------------------------------------|--------------|-------------------|----------|-----------------------------------------------------|------------|-------|---------------|
| Dept. / Area (list below)                    | Cost         | Existing          | Proposed | New Const.                                          | Modernized | As Is | Vacated Space |
| Reviewable                                   |              |                   |          |                                                     |            |       |               |
| Total Reviewable                             | \$0          | 0                 | 0        | 0                                                   | 0          | 0     | 0             |
| Non-Reviewable                               |              |                   |          |                                                     |            |       |               |
| Physician offices, exam and treatment spaces | \$51,490,632 | 0                 | 116,000  | 116,000                                             | 0          | 0     | 0             |
| Administrative services                      | \$15,321,817 | 0                 | 34,500   | 34,500                                              | 0          | 0     | 0             |
| Total Non-Reviewable                         | \$66,812,449 | 0                 | 150,500  | 150,500                                             | 0          | 0     | 0             |

### **Section 1110.130 Discontinuation**

The applicants do not propose the discontinuation of a health care facility or a category of service. Therefore this section is not applicable.



611 West Park Street, Urbana, IL 61801-2595

Kathryn J. Olson, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**RE: Attachment 11 - Background of Applicant**

Dear Chair Olson:

The following information addresses the four points of the subject criterion 1110.230:

1. The health care facilities owned or operated by the applicants include:

**The Carle Foundation Hospital**

License Identification Number: 003798

Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO

**Hoopeston Community Memorial Hospital, DBA Carle**

**Hoopeston Regional Health Center**

License Identification Number: 004200

Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO

**Champaign SurgiCenter, LLC**

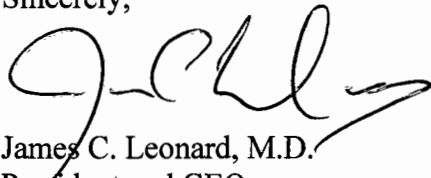
License Identification Number: 7002959

**Carle SurgiCenter – Danville**

License Identification Number: 7002439

2. Proof of current licensure and accreditation is attached.
3. There have been no adverse actions taken against the health care facilities owned or operated by the applicant during the three years prior to the filing of this application.
4. This letter serves as authorization permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information which the State Board or Agency finds pertinent to this subsection.

Sincerely,

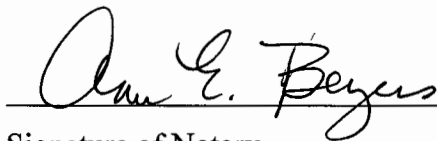


James C. Leonard, M.D.  
President and CEO

Attachments

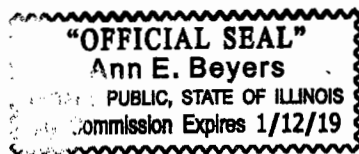
Notarization:

Subscribed and sworn to before  
me this 20th day of March 2017.



Signature of Notary

seal





**Illinois Department of  
PUBLIC HEALTH**

HF112044

**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<br><b>12/31/2017</b> | License<br>Category | License<br>Number<br><b>0003798</b> |
| <b>General Hospital</b>              |                     |                                     |
| <b>Effective: 01/01/2017</b>         |                     |                                     |

**The Carle Foundation Hospital**  
**611 West Park Street**  
**Urbana, IL 61801**

The face of this license has a colored background. Printed by Authority of the State of Illinois • PCD 44012528 11/04 5/12

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 6/30/2017  
Lic Number 0004200

Date Printed 5/3/2016

Hoopeston Community Memorial Hosp  
701 East Orange Street  
Hoopeston, IL 60942

FEE RECEIPT NO.

|                                                                                                                                                                                                                                                     |         |                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------|--|
|                                                                                                                                                                  |         | HF110776                                                                               |  |
| <b>Illinois Department of<br/>PUBLIC HEALTH</b>                                                                                                                                                                                                     |         |                                                                                        |  |
| <b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>                                                                                                                                                                                                 |         |                                                                                        |  |
| <small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes which relate to the licensure, certification, registration and regulation of health care personnel.</small> |         |                                                                                        |  |
| Nirav D. Shah, M.D., J.D.<br>Director                                                                                                                                                                                                               |         | Hoopeston Community Memorial Hospital<br>701 East Orange Street<br>Hoopeston, IL 60942 |  |
| 6/30/2017                                                                                                                                                                                                                                           | 0004200 | Critical Access Hospital                                                               |  |
| Effective 07/01/2016                                                                                                                                                                                                                                |         |                                                                                        |  |

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

HF112209



**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                            | ID NUMBER |
|-----------------------|-------------------------------------|-----------|
| 1/31/2018             | Ambulatory Surgery Treatment Center | 7002959   |
| Effective: 02/01/2017 |                                     |           |

Champaign Surgicenter, LLC  
dba Carle Surgicenter  
1702 S. Mattis Avenue, Suite 120

Champaign, IL 61821

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

Exp. Date 1/31/2018

Lic Number 7002959

Date Printed 11/30/2016

Champaign Surgicenter, LLC  
dba Carle Surgicenter  
1702 S. Mattis Avenue  
Champaign, IL 61821

FEARLESSLY



**Illinois Department of  
PUBLIC HEALTH**

HF111221

**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  
**7/31/2017**

Lic Number  
**7002439**

**Ambulatory Surgery Treatment Center**

Effective: 08/01/2016

Carle Surgicenter  
2300 N. Vermillion  
Danville, IL 61832

Seal of the State of Illinois is a symbol of the State of Illinois. Printed by Authority of the State of Illinois. P.D. 4471 (2010) (1000 310)

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

Exp. Date 7/31/2017

Lic Number 7002439

Date Printed 6/30/2016

Carle Surgicenter

2300 N. Vermillion  
Danville, IL 61832-7499

**FEE RECEIPT NO.**

# CERTIFICATE OF ACCREDITATION

Certificate No.:  
181715-2015-AHC-USA-NIAHO

Initial date:  
6/29/2015

Valid until:  
6/29/2018

This is to certify that:

## **Carle Foundation Hospital**

611 W. Park St, Urbana, IL 61801

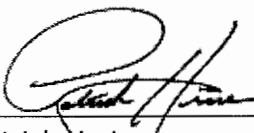
has been found to comply with the requirements of the:

## **NIAHO® Hospital Accreditation Program**

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:  
DNV GL - Healthcare  
Katy, TX



Patrick Horine  
Chief Executive Officer



October 14, 2015

Harry Brockus  
Chief Executive Officer  
Hoopeston Community Memorial Hospital  
d/b/a Carle Hoopeston Regional Health Center  
701 East Orange Street  
Hoopeston, IL 60942

Program: CAH  
CCN: 141316  
Survey Type: Medicare Recertification/DNV Reaccreditation  
Certificate #: 188047-2014-AHC-USA-NIAHO  
Survey Dates: September 1-2, 2015  
Accreditation Decision: Full accreditation  
Date Acceptable Plan of Correction Received: 10/12/2015  
Method of Follow-up: Acceptable Plan of Correction,  
Self-Attestation, Document Review  
Effective Date of Accreditation: 12/19/2015  
Expiration Date of Accreditation: 12/19/2018  
Term of Accreditation: Three (3) years

Dear Mr. Brockus:

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Hoopeston Community Memorial Hospital d/b/a Carle Hoopeston Regional Health Center is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485) and awarded full accreditation for a three (3) year term effective on the date referenced above. DNV GL Healthcare USA, Inc. is recommending your organization for continued deemed status in the Medicare Program.

This accreditation is applicable to all facilities operating under the above-referenced CCN number at the following address(es):

Hoopeston Community Memorial Hospital d/b/a Carle Hoopeston Regional Health Center -  
701 East Orange Street - Hoopeston, IL 60942

This accreditation requires an annual survey and the organization's continual compliance with the DNVHC Accreditation Process. Failure to complete these actions or otherwise comply with your Management System Certification/Accreditation Agreement may result in a change in your organization's accreditation status.

Congratulations on this significant achievement.

Sincerely,



Patrick Horine  
Chief Executive Officer  
cc: CMS CO and CMS RO V (Chicago)

### **Section III, Purpose of the Project, and Alternatives – Information Requirements**

#### **Purpose of Project**

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

The Applicants' proposed construction of facilities for medical offices in southwest Champaign, Illinois is the culmination of focused planning in response to the health care needs of a growing and aging population and changes in the health care delivery system. The Project is anticipated to improve access to quality, coordinated, efficient and cost effective services for the residents of east central Illinois.

The project would relocate both employed and community providers from multiple sites throughout Champaign and Urbana to a location immediately next to the new site of the Champaign SurgiCenter ASTC (CON 16-045). Co-locating these buildings will minimize travel times for health care professionals and create efficiencies for patients, surgeons and staff. The proposed offices will also accommodate projected growth in demand for outpatient medical services.

The purpose of this project is to improve continuity and quality of care to patients in the geographic area currently served by Carle. To complement the tertiary services that Carle Foundation Hospital provides, Carle consistently recruits physicians in the various disciplines required in a metropolitan area. Doing so ensures the availability of physician services as care shifts to the outpatient setting. The Project will improve access in Planning Area D-01 to surgical and other specialty care, including key areas of demand for complex, specialized health care in the area. Access to surgical and other specialty care is essential to the overall well-being of the communities Carle Foundation Hospital services, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort.

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

A map of the Carle Foundation Hospital service area is attached as Attachment 12A. Carle Foundation Hospital serves a 26 county region extending from Kankakee County in the north to Edwards County in southern Illinois and as far west as Christian County and east to the Indiana border.

3. **Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.**

#### **A. Increasing Demand Has Brought About a Need For Additional Space**

Demand for physician services in the United States has grown substantially over the past two decades due to the nation's expanding and aging population and improving insurance coverage. This growth is projected to continue among services that will be located in these planned clinics. According to the Association of American Medical Colleges, demand for surgical services was projected to increase significantly between 2013 and 2025.

Surgical and other specialty services at Carle Physician Group are no exception to national growth trends. In addition to external growth drivers, Carle's projected growth in utilization

is also attributable to several internal factors, which the Applicants anticipate will continue for the foreseeable future. These factors include Carle Foundation Hospital's position as a tertiary care facility and Level 1 Trauma Center as well as its affiliations, strategic partnerships and outreach initiatives designed to ensure the medical needs of residents in east central Illinois are met close to home.

#### **B. Proximity to Recently Approved ASTC**

The new buildings will be immediately adjacent to the site of the recently approved Champaign SurgiCenter ASTC relocation (CON 16-045). By co-locating surgeons' offices near where they perform surgery, Carle will minimize travel times and create efficiencies for patients, surgeons and staff.

#### **C. Efficiency and Convenience**

It is ineffective to have services located in many separate locations, as doing so requires duplication of resources and creates inefficiencies for patients. Also, by co-locating services, physicians can more easily discuss and collaborate on mutual patients.

#### **D. Limitations of Current Spaces**

There are significant issues with Carle's current Kirby Ave. location related to space, accessibility and security for patients and staff. First of all, the space is not ideal for current volumes, and can certainly not accommodate additional providers. For example, some support staff must currently work in the hallways due to lack of offices and work stations. The building itself also has a number of issues. Since it is quite old, there are ongoing problems with heating/cooling, septic and roof leaking. Patient parking has also become a serious concern since the lot is small, has few handicapped spaces and is shared with commercial businesses including restaurants and service businesses. Finally, there have been increased security issues over the past year with staff cars being burglarized and damaged, drug dealing concerns, and patients and staff being harassed for money in the parking lot.

Similarly, the clinical and support space at the current Mattis Avenue location are not large enough and the physical layout is not ideal for current and projected patient volumes. Unfortunately, these shortcomings result in inefficient throughput and impact the patient experience.

The current main campus locations that will be vacated are also not ideal for a number of reasons. For example, many of the exam rooms are undersized and/or have inadequate storage space. There are also issues with wheelchair accessibility in some of the spaces. Finally, some layouts do not allow for efficient workflow and/or sufficient privacy for staff who need to speak with patients on the phone.

#### **E. Ability to Backfill Current Spaces with Other Necessary Services**

After services are moved from their current Main Campus and Mattis Avenue locations, Carle will backfill these spaces. This opportunity to make use of these vacated spaces is a vital component of the project, as Carle has experienced significant growth in a number of

outpatient services in addition to those directly involved in this project. Carle is still finalizing a backfill plan to optimize the use of these resources.

#### **F. Cost Savings Due to Eliminating Space Lease**

After services are moved from Kirby Avenue to the proposed location, Carle plans to terminate its space lease for the Kirby location. This opportunity to consolidate services will provide ongoing cost savings.

#### **G. Accessibility**

Being immediately adjacent to Interstate 57, the new location will be a very convenient access point for patients and staff.

#### **H. Carle Illinois College of Medicine**

Since Carle is collaborating with the University of Illinois to launch a globally-recognized engineering-based College of Medicine, appropriate support space is needed to accommodate additional medical students and residents.

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

Carle performs ongoing internal utilization studies based on internal reports.

Illinois Health Facilities and Services Review Board, Individual Hospital Profiles 2011-2015 available at <http://www.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx> (last visited January 30, 2017).

Information on historical growth in physician visits taken from the American Journal of Managed Care available at <http://www.ajmc.com/journals/issue/2014/2014-vol20-n10/the-duration-of-office-visits-in-the-united-states-1993-to-2010> (last visited January 30, 2017).

Information on expected growth in demand for surgical services taken from Association of American Medical Colleges available at <https://www.aamc.org/download/426260/data/physiciansupplyanddemandthrough2025keyfindings.pdf> (last visited January 30, 2017).

Additional information on expected growth in demand for surgical services taken from Annals of Surgery available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1422682/> (last visited January 30, 2017).

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

Utilization of services impacted by the project has now increased to a point where Carle will not be able to meet all of the medical needs of patients residing in east central Illinois without addressing its space concerns. Accordingly, the proposed building is needed to maintain access to high quality health services for patients residing in Carle Foundation Hospital's service area.

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

Carle's prevailing objectives are to enhance access to specialty outpatient care for patients and to improve the quality of these services. Specifically, the goals of the Project are:

- To meet the increased demand for specialty services.
- To mitigate an anticipated shortage of exam rooms.
- To streamline the delivery of medical care to patients in the outpatient setting.

These goals can be achieved within the timeframe for Project completion.

ATTACHMENT 12-A

Carle's Service Area



## **Alternatives to the Proposed Project**

The Applicants propose to build a medical office development. They believe that the proposed project is the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative consists of a comparison of the proposed project to alternative options.

The applicants have considered a number of alternatives as follows:

### **Proposing a project of greater or lesser scope and cost.**

There are several options in this category.

#### **Project of Lesser Scope: Do Nothing (\$0)**

This option would not address the growing demand for services described in Attachment 12 and would, therefore, result in a deterioration of patient access over time. Furthermore, doing nothing would not increase patient convenience and operational efficiency. Finally, doing nothing would not allow Carle to eliminate its existing space lease. As a result, health care costs will not be reduced.

Under this option, patient access and the cost of providing care would be adversely affected. For these reasons, this alternative was rejected.

### **Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project.**

#### **Expand and Renovate Existing Spaces Where Services Are Currently Located (\$72,000,000)**

Renovating and expanding on existing sites would require significant financial resources to achieve suboptimal results since the cost of a major renovation and expansion in today's construction dollars is often equal to or greater than that of new construction. This option would also negatively impact patient access by requiring portions of the facilities to be inoperable during construction, and would result in disruptions due to construction noise and debris. Furthermore, this alternative would not co-locate the impacted physician offices next to Champaign SurgiCenter.

Under this option, project costs would increase, patient satisfaction would be adversely impacted, efficiencies would not be realized, and maintenance costs would increase. For these reasons, this alternative was rejected.

### **Build a medical office development (Proposed). (\$66,812,449)**

The chosen option will improve patient access by ensuring adequate office space to meet forecasted volumes. It will also improve operational efficiency and reduce healthcare costs.

For all of these reasons, this option is the one chosen for the proposed project.

## **Size of Project**

This space criterion is applicable only to projects that involve hospital spaces under licensure of the Illinois Hospital Licensing Act for which standards are set pursuant to Appendix B of Part 1110 of the Illinois Health Facilities and Services Review Board rules. These buildings will consist of off-campus physician offices and ancillary spaces and none of the spaces will be under the Carle Foundation Hospital license (nor will they include long-term care, ICF/DD Facilities, ASTC, Dialysis or Freestanding Emergency Center space). Accordingly, this criterion is not applicable.

## **Project Services Utilization**

This utilization criterion is applicable only to projects that involve hospital servicers under licensure of the Illinois Hospital Licensing Act for which standards are set pursuant to Appendix B of Part 1110 of the Illinois Health Facilities and Services Review Board rules. These buildings will consist of off-campus physician offices and ancillary spaces and none of the spaces will be under the Carle Foundation Hospital license (nor will they include long-term care, ICF/DD Facilities, ASTC, Dialysis or Freestanding Emergency Center space). Accordingly, this criterion is not applicable.

### **Unfinished or Shell Space**

The proposed project does not entail unfinished or shell space, so this section is not applicable.

## **Section V Master Design and Related Projects**

This is not a Master Design and Related Projects activity. Therefore this section is not applicable.

**SECTION VI - MERGERS, CONSOLIDATIONS &  
ACQUISITIONS/CHANGES OF OWNERSHIP**

This project does not involve a merger, consolidation or acquisition/change of ownership.  
Therefore this section is not applicable.

## **Section VII Service Specific Review Criteria**

This project does not involve any of the following services. Therefore the associated sections are not applicable.

- Medical/Surgical, Obstetric, Pediatric and Intensive Care
- Comprehensive Physical Rehabilitation
- Acute Mental Illness and Chronic Mental Illness
- Neonatal Intensive Care
- Open Heart Surgery
- Cardiac Catheterization
- In-Center Hemodialysis
- Non-Hospital Based Ambulatory Surgery
- Selected Organ Transplantation
- Kidney Transplantation
- Subacute Care Hospital Model
- Children's Community-Based Health Care Center
- Community-Based Residential Rehabilitation Center
- Long Term Acute Care Hospital
- Clinical Service Areas Other than Categories of Service
- Freestanding Emergency Center Medical Services

## **Section 1120.120 Availability of Funds**

The applicants have the following bond rating:

- A+ from Standard & Poor's Rating Services (May 10, 2016), included as part of Attachment-36

The applicants, therefore, are not required to address Section 1120.120 Availability of Funds

# S&P Global Ratings

130 East Randolph Street  
Suite 2900  
Chicago, IL 60601  
tel 312-233-7000  
reference no.: 792082

May 10, 2016

The Carle Foundation  
602 West University Avenue  
Urbana, IL 61801  
Attention: Mr. Scott Hendrie, Director - Accounting & Treasury Svcs

**Re: *Illinois Finance Authority, Illinois, Issuer Credit Rating***

Dear Mr. Hendrie:

S&P Global Ratings hereby affirms its rating of "A+" for the underlying rating (SPUR) on the above-listed obligations and changed the outlook to stable from positive. A copy of the rationale supporting the rating and outlook is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above rating to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements) will become effective only after we have released the rating on [standardandpoors.com](http://standardandpoors.com). Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable.

To maintain the rating, S&P Global Ratings must receive all relevant financial and other information, including notice of material changes to financial and other information provided to us and in relevant documents, as soon as such information is available. Relevant financial and other information includes, but is not limited to, information about direct bank loans and debt and debt-like instruments issued to, or entered into with, financial institutions, insurance companies and/or other entities, whether or not disclosure of such information would be required under S.E.C. Rule 15c2-12. You understand that S&P Global Ratings relies on you and your agents and advisors for the accuracy, timeliness and completeness of the information submitted in connection with the rating and the continued flow of material information as part of the surveillance process. Please send all information via electronic delivery to [pubfin\\_statelocalgovt@standardandpoors.com](mailto:pubfin_statelocalgovt@standardandpoors.com). If SEC rule 17g-5 is applicable, you may post such information on the appropriate website. For any information not available in electronic format or posted on the applicable website,

Please send hard copies to:

S&P Global Ratings  
Public Finance Department  
55 Water Street  
New York, NY 10041-0003

The rating is subject to the Terms and Conditions, if any, attached to the Engagement Letter applicable to the rating. In the absence of such Engagement Letter and Terms and Conditions, the rating is subject to the attached Terms and Conditions. The applicable Terms and Conditions are incorporated herein by reference.

S&P Global Ratings is pleased to have the opportunity to provide its rating opinion. For more information please visit our website at [www.standardandpoors.com](http://www.standardandpoors.com). If you have any questions, please contact us. Thank you for choosing S&P Global Ratings.

Sincerely yours,

S&P Global Ratings  
a business unit of Standard & Poor's Financial Services LLC

jk  
enclosure

cc: Mr. Dennis P. Hesch, Executive Vice President-Finance  
The Carle Foundation

# S&P Global Ratings

## **S&P Global Ratings Terms and Conditions Applicable To Public Finance Credit Ratings**

General. The credit ratings and other views of S&P Global Ratings are statements of opinion and not statements of fact. Credit ratings and other views of S&P Global Ratings are not recommendations to purchase, hold, or sell any securities and do not comment on market price, marketability, investor preference or suitability of any security. While S&P Global Ratings bases its credit ratings and other views on information provided by issuers and their agents and advisors, and other information from sources it believes to be reliable, S&P Global Ratings does not perform an audit, and undertakes no duty of due diligence or independent verification, of any information it receives. Such information and S&P Global Ratings' opinions should not be relied upon in making any investment decision. S&P Global Ratings does not act as a "fiduciary" or an investment advisor. S&P Global Ratings neither recommends nor will recommend how an issuer can or should achieve a particular credit rating outcome nor provides or will provide consulting, advisory, financial or structuring advice. Unless otherwise indicated, the term "issuer" means both the issuer and the obligor if the obligor is not the issuer.

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No Third Party Beneficiaries. Nothing in any credit rating engagement, or a credit rating when issued, is intended or should be construed as creating any rights on behalf of any third parties, including, without limitation, any recipient of a credit rating. No person is intended as a third party beneficiary of any credit rating engagement or of a credit rating when issued.

### **Section 1120.130 Financial Viability**

The applicants have the following bond rating:

- A+ from Standard & Poor's Rating Services (May 10, 2016), included as part of Attachment-36

The applicants, therefore, are not required to address Section 1120.130 Financial Viability.

**Section 1120.140 Economic Feasibility**  
**A. Reasonableness of Financing Arrangements**

The applicants have the following bond rating:

- A+ from Standard & Poor's Rating Services (May 10, 2016), included as part of Attachment-36

The applicants, therefore, are not required to address Section 1120.140 (a) Reasonableness of Financing Arrangements.



611 West Park Street, Urbana, IL 61801-2595 Phone: (217) 383-3311

Kathryn J. Olson  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Conditions of Debt Financing**

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(b) that the selected form of debt financing the project will be the lowest net cost available.

Sincerely,

James C. Leonard, M.D.  
President and CEO

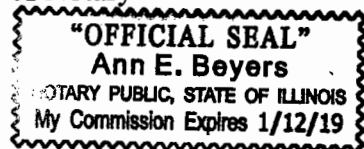
Notarization:

Subscribed and sworn to before

me this 20th day of March 2017.

Signature of Notary

seal



**1120.140 Economic Feasibility**  
**C. Reasonableness of Project and Related Costs**

The Applicants propose to build a medical office development.

The table below shows the cost and gross square foot allocation for all clinical departments impacted by the proposed project.

| Cost and Gross Square Feet by Department of Service |            |     |          |      |          |      |                     |                   |                       |
|-----------------------------------------------------|------------|-----|----------|------|----------|------|---------------------|-------------------|-----------------------|
| Department<br>(list below)                          | A          | B   | C        | D    | E        | F    | G                   | H                 | Total Cost<br>(G + H) |
|                                                     | Cost / sf  |     | Gross sf |      | Gross sf |      | Const \$<br>(A x C) | Mod \$<br>(B x E) |                       |
|                                                     | New        | Mod | New      | Circ | Mod      | Circ |                     |                   |                       |
| Physician Diagnosis<br>& Treatment Rooms            | \$0        |     | 0        |      |          |      | \$0                 |                   | \$0                   |
| Contingency                                         | \$0        |     | 0        |      |          |      | \$0                 |                   | \$0                   |
| <b>TOTALS</b>                                       | <b>\$0</b> |     | <b>0</b> |      |          |      | <b>\$0</b>          |                   | <b>\$0</b>            |

The values in column C reflect the total gross square footage

Circulation is 23.1% of the gross square footage.

The State Board does not have cost standards for projects that do not have an inpatient component or fall into a category of service.

**Section 1120.140 Economic Feasibility**  
**D. Projected Operating Costs**  
**E. Total Effect of the Project on Capital Costs**

**D. Projected Operating Costs (1120.140 (d))**

This criterion is applicable to projects or portions thereof that involve hospital-related clinical departments or services, and this project does not involve hospital services.

**E. Effect on Capital Cost (1120.140 (e))**

This criterion is applicable to projects or portions thereof that involve hospital-related clinical departments or services, and this project does not involve hospital services.

### **Safety Net Impact Statement**

This project is non-substantive. Accordingly, this criterion is not applicable.

## Charity Care Information

Charity care figures for Carle Foundation Hospital and Hoopeston Community Memorial Hospital for the latest three audited fiscal years are provided in the table below:

### Carle Foundation Hospital

|   |                                                          | 2013          | 2014          | 2015          |
|---|----------------------------------------------------------|---------------|---------------|---------------|
| 1 | Net Patient Revenue                                      | \$581,961,262 | \$667,577,000 | \$724,456,000 |
| 2 | Amount of Charity Care (charges)                         | \$131,822,322 | \$118,978,293 | \$103,634,938 |
| 3 | Cost of Charity Care                                     | \$24,787,099  | \$23,678,654  | \$20,180,164  |
| 4 | Ratio of the cost of Charity Care to Net Patient Revenue | 4.3%          | 3.5%          | 2.8%          |

### Hoopeston Community Memorial Hospital

|   |                                                          | 2013         | 2014         | 2015         |
|---|----------------------------------------------------------|--------------|--------------|--------------|
| 1 | Net Patient Revenue                                      | \$25,847,959 | \$34,612,000 | \$46,120,000 |
| 2 | Amount of Charity Care (charges)                         | \$1,829,753  | \$4,785,834  | \$4,499,871  |
| 3 | Cost of Charity Care                                     | \$830,495    | \$2,074,018  | \$2,140,680  |
| 4 | Ratio of the cost of Charity Care to Net Patient Revenue | 3.2%         | 6.0%         | 4.6%         |