



COOK COUNTY HEALTH

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May 10, 2021

VIA FED EXPRESS AND E-MAIL

Mr. Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: **Initial Notice of Completion and Final Cost Report for Project No. 17-017 Provident Hospital of Cook County-Establish Dialysis Service (the "Project")**

Dear Mr. Constantino:

On November 21, 2017, Provident Hospital of Cook County, through Cook County Health and Hospitals System ("Provident") ("Permit Holders") applied for a Certificate of Need permit and the Illinois Health Facilities and Services Review Board (the "Board") approved an establishment of a 12-station ESRD facility ("Facility") on the Provident Hospital campus.

The original completion date for the Project, as identified in the *Application for Permit* was December 31, 2018. On January 15, 2019, the Board approved the first permit renewal request for the above project to December 31, 2019. On June 4, 2019, the Board approved an extension of the financial commitment date to December 31, 2019 and a second renewal of the permit to December 31, 2020. Lastly, on January 26, 2021, the Board approved the final and third permit renewal request to August 31, 2021.

Pursuant to 77 Ill. Admin. Code §1130.770, this notice is the initial notice of completion that the Permit Holders completed the Project on April 13, 2021 ("Project Completion Date"). The Permit Holders state the following as evidence of meeting the Project Completion Date:

1. The construction on the Project completed on March 25, 2021;
2. The Facility is occupied and began accepting its first patient on March 29, 2021; and
3. CMS certification has been issued.

Furthermore, and pursuant to 77 Ill. Admin. Code §1130.770(c), on behalf of Provident Hospital of Cook County, through Cook County Health and Hospitals System ("Provident") (the "Permit Holders"), I hereby certify as follows:

1. The Permit Holders spent \$3,377,531 to complete the Project. This was 51% over the original approved permit amount of \$2,238,268. Exhibit A which is attached delineates an itemization of the Project's costs and sources of funds. Exhibit A also delineates the total costs required to complete the Project.
2. The final realized costs, as itemized, are the total costs required to complete the Project and that there are no additional associated costs or capital expenditures related to the Project.
3. **\$0** of the total project cost will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.
4. There are no other associated costs that will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.
5. Other than the increase in Project costs, the Permit Holders have complied with the terms of the Permit including square footage, scope, number of stations and services to be offered.
6. The Permit Holders were provided the attached G702 Application and Certificate of Payment from its General Contractor for the Project. See Exhibit B attached hereto.

If you have any questions or need any additional information, please feel free to contact me.

Sincerely,



Subscribed and sworn before me

this 10th day of May, 2021.

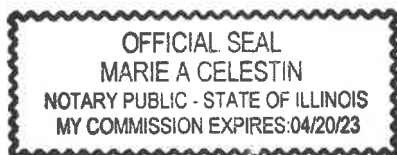
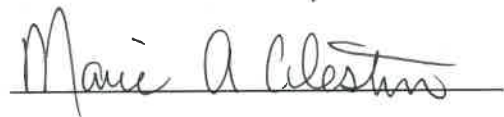


EXHIBIT A

Project Costs and Sources of Funds - CON APPLICATION 17-017-Provident Dialysis Center

USE OF FUNDS	BUDGETED	EXPENDED TO DATE	PROJECT BALANCE
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$1,299,443.00	\$2,380,729.48	(\$1,081,286.48)
Contingencies (included in Modernization Contracts)	\$130,000.00	\$0	\$0
Architectural/Engineering Fees	\$108,000.00	\$143,000.00	(35,000.00)
Consulting and Other Fees	\$100,000.00	\$66,232.35	\$33,767.65
Movable or Other (not in construction contracts)	\$500,825.00	\$48,024.06	\$452,800.94
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)		\$55,721.00	(\$55,721.00)
Fair Market Value of Leased Space or Equipment		\$683,823.70	(\$683,823.70)
Other Costs to Be Capitalized	\$100,000.00	\$0	\$100,000.00
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,238,268.00	\$3,377,530.59.00	(\$1,139,262.59)
SOURCE OF FUNDS			
Cash and Securities	\$2,238,268.00	\$2,693,706.89	(\$455,438.89)
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)		\$683,823.70	(\$683,823.70)
Governmental Appropriations			

Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$ 2,238,268.00	\$3,377,530.59	(\$1,139,262.59)

EXHIBIT B

INSERT G702 APPLICATION AND CERTIFICATE OF PAYMENT

APPLICATION AND CERTIFICATE FOR PAYMENT

DOCUMENT SUMMARY SHEET

TO OWNER/CLIENT:
Cook County
118 N. Clark Street
Chicago, Illinois 60602

PROJECT:
CCH Provident Hospital Renal Dialysis Center
5020 S. Vincennes Avenue
Chicago, Illinois 60615

APPLICATION NO: 6
INVOICE NO: 6
PERIOD: 08/01/20 - 03/10/21
PROJECT NO: 191017
CONTRACT DATE:

DISTRIBUTION TO:

FROM CONTRACTOR:
Powers & Sons Construction Co., Inc. (Gary)
2636 West 13th Avenue
Gary, Indiana 46404

VIA ARCHITECT/ENGINEER:

CONTRACT FOR: CCH Provident Hospital Renal Dialysis Center Prime Contract
CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract, Continuation Sheet is attached.

1. Original Contract Sum \$ 2,429,000.00
2. Net change by change orders (\$48,270.52)
3. Contract sum to date (line 1 + 2) \$ 2,380,729.48
4. Total completed and stored to date (Column G on detail sheet) \$ 2,380,729.48
5. Retainage:
 - a. 0.00% of completed work: \$ 0.00
 - b. 0.00% of stored material: \$ 0.00
6. Total retained less retainage \$ 0.00
7. Less previous certificates for payment (Line 4 less Line 5 Total) \$ 2,380,729.48
8. Current payment due: \$ 2,209,508.69
9. Balance to finish, including retainage (Line 3 less Line 6) \$ 172,220.79

\$ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner/Client:	\$ 0.00	\$ 0.00
Total approved this Month:	\$ 0.00	(\$48,270.52)
Total:	\$ 0.00	(\$48,270.52)
Net change by change orders:	(\$48,270.52)	

OWNER:
By: _____

Date: _____

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

CONTRACTOR: Powers & Sons Construction Co., Inc. (Gary)

By: _____ Date: 3/8/21
State of: Indiana
County of: Lake
Subscribed and sworn to before me this 8th day of March, 2021

Notary Public: [Signature]
My commission expires: 10.26.2024



ARCHITECT'S/ENGINEER'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on the on-site observations and the data comprising this application, the Architect/Engineer certifies to the Owner/Client that to the best of the Architect's/Engineer's knowledge, information and belief that Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED:

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to confirm to the amount certified)

\$ 172,220.79

ARCHITECT/ENGINEER:

By: _____

Date: 3/25/21

This certificate is not negotiable. The amount certified is payable only to the contract named herein. Issuance, payment and acceptance of payment are without prejudice to the rights of the Owner/Client or Contractor under this Contract.

