# **SWEDISHAMERICAN**

#### A DIVISION OF UW HEALTH



Administration Office 1401 East State Street Rockford, IL 61404 779.696.4002 779.696.2463 Fax

## CERTIFIED MAIL RETURN RECEIPT REQUESTED

November 19, 2019

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

Re: Final Realized Costs Report for Project # 17-030

Project #17-030 SwedishAmerican Hospital / Medical Office Building

Dear Mr. Constantino,

Construction of the above-referenced Project was completed on August 22, 2019. Pursuant to 77III. Admin. Code 1130.770(d), on behalf of SwedishAmerican Hospital, SwedishAmerican Health System Corporation, and University of Wisconsin Hospitals and Clinics Authority, collectively the "Permit Holders", I hereby certify as follows:

- 1. The Permit Holders realized costs of \$25,123,882 to complete the Project which was <u>less</u> than the approved permit amount of \$25,266,473 allowed pursuant to the alteration request approved by the Review Board on August 6, 2019. See <u>Exhibit A</u>, attached hereto, for a detailed itemization of the Project's costs and sources of funds;
- 2. Exhibit A Sets forth the total costs required to complete the Project and there are no additional or associated costs or capital expenditures related to the Project;
- 3. The Permit Holders have complied with all terms of the permit to date, including project cost, square footage, and services. See Exhibit B, attached hereto, for a detailed itemization of the Project's square footage and services;

Michael Constantino November 21, 2019 Page 2

4. The Permit Holders were provided the attached AIA G702 Application and Certificate for Payment from its General Contractor for the Project. See Exhibit C attached hereto.

If you have any questions, please feel free to contact me at (779) 696-4005.

Sincerely,

ledediah L. Cantrell, PACHE, MBA, RHIA

Vice President, Operations

LINDA S MARTZ
Official Seal
Notary Public - State of Illinois
Wy Commission Expires Aug 27, 2022

Subscribed and Sworn Before me this \alpha day of November, 2019.

Notary Public

Michael Constantino SwedishAmerican Hospital, Project 17-030 Final Realized Costs Report November 21, 2019 Page 3

#### Exhibit A

# SwedishAmerican Hospital Project# 17-030 Creekside Medical Office Building Project Costs and Sources of Funds

CON 17-030 per Alteration (Approved Budget) CON 17-030 As Built (Committed Actual) Use of Funds Non-Reviewable Reviewable Non-Reviewable Reviewable Total Total 89,022 **Preplanning Costs** 5,733 78,831 84,564 6,036 82,986 1,218 16,747 17,965 Site Survey 1,218 16,747 17,965 Site Preparation 124,307 1,709,134 1,833,442 100,656 1,383,952 1,484,608 Off Site Work 17,211,199 18,462,989 **New Construction Contracts** 1,222,431 16,783,633 18,006,064 1,251,791 **Modernization Contracts** 250,000 Contingencies 16,973 233,027 Architectural/Engineering Fees 112,444 1,546,015 1,658,459 114,124 1,569,115 1,683,239 **Consulting and Other Fees** 18,824 258,822 277,646 252,296 270,646 18,350 Moveable and Other Equipmer 212,779 2,925,554 3,138,333 211,225 2,904,189 3,115,414 1,714,710 23,420,483 25,123,882 **Total Costs** 23,551,763 25,266,473 1,703,399 Source of Funds **Cash and Securities** 1,714,710 23,551,763 25,266,473 1,703,399 23,420,483 25,123,882 **Total Funds** 1,714,710 23,551,763 25,266,473 1,703,399 23,420,483 25,123,882

Michael Constantino SwedishAmerican Hospital, Project 17-030 Final Realized Costs Report November 21, 2019 Page 4

### Exhibit B

	Swedis	hAmerican Ho	ospital - COI	N #17-030		
	Cree	kside Medic	cal Office E	Building		
	Units	State Standard		Proposed GSF	As Built GSF	
		Per Unit	Total			
Radiology	2	1300 dgsf	2,600dgsf	1,450 dgsf	1,450 dgsf	
Ultrasound	2	900 dgsf	1,800 dgsf	817 dgsf	817 dgsf	
Exam Rooms	89	800 dgsf	69,600 dgsf	66,063 dgsf	66,063 dgsf	
Lab w draw	1	None	None	2,545 dgsf	2,545 dgsf	
stations						

Michael Constantino SwedishAmerican Hospital, Project 17-030 Final Realized Costs Report November 21, 2019 Page 5

### Exhibit C

### APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE 1

ROM (CONTRACTOR): Scandroli Construction Co. VIA (ARCHITECT): S55 North Madison Street Rockford, IL 61107 PG Architecture Design/Build JOB NO. 17290 X CONTRACTOR  2601 Reid Farm Road  CONTRACT DATE: 4/12/2018	70 (OWNER) Swedish American Health System PROJECT: 12020 1401 East State Street Rookford, IL 61104		PROJECT	Swedish American New Northeast Clinic 3505 N. Bell School Road Rockford, Illinois 61114	PERIOD TO	19 - Final 10/31/2019 PO C101679	S OWNER	
Change Orders approved in previous Sagar 403.12 Approved this Month Number Oate Approved  TOTAL \$237.403.12 S0.00  Net change by Change Orders \$20.00	855 North	Madison Street	VIA (ARCHITECT)	PG Architecture Design/Build	ON BOL	17290	***	
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State of: Illinois County of Winfrebayo OFFICAL SEAL JENNETER REDIESKE Notary Public: Notary Pub	Certificates for Payment were assume	and payments receive	d from the Owner,				S 677 - 30.207	
By: Date: November 8, 2019  Joseph Scandroli President  ARCHITECT'S CERTIFICATE FOR PAYMENT In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Dwner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the questy of the Work is in accordance with the contract Documents, and the contractor is				(Ellie 3 teas Cr				
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comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as Indicated, the questry of the Work is in accordance with the contract Documents, and the contractor is  (Attach explanation if emount certified differs from the amount applied for J  ARCHITECT:  By:  Date: 11.13.19	In accordance with the Contract Docume	ints, based on on-site obs	ervations and the data				3 1,149,862.01	
Architect's knowledge, information and belief the Work has progressed as indicated, the quelty of the Work is in accordance with the contract Documents, and the contractor is  ARCHITECT:  By:  Date: 11.13.19	comprising the above application, the Ar	chatect certifies to the Own	er that to the best of the		d amount certified differs fro	orique trucome ent mo	a for j	
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entitled to payment of the AMOUNT CERTIFIED.			and the contractor is	Ву:	the faultit		11,13,13	
	entitled to payment of the AMOUNT CER	RTIFIED			-		44	