Northwestern Medicine®

Northwestern Memorial HealthCare
251 East Huron Street
Chicago, Illinois 60611-2908
312.926.2033
nm.org

June 17, 2020

RECEIVED
JUN 1 9 2020
HEALTH FACILITIES & SERVICES REVIEW BOARD

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

Re: ***Project Completion***
Project # 17-036
Establishment of Comprehensive Physical Rehabilitation Category of Service
Northwestern Medicine Woodstock Hospital

Dear Ms. Avery:

This letter certifies that Project #17-036 has been completed and is in compliance with all terms of the permit, including total project cost, square footage, and services. The final realized cost is $4,235,227 which is less than the approved permit amount of $4,241,676. This is the total amount required to complete the project.

A detailed itemization of expenditures and sources of funds is attached. The entire project cost will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act. There are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX.

This letter is intended to complete the project close-out process for this permit. If further information or action is needed, please contact Bridget Orth at 312-926-8650.

Sincerely,

Mattias Carlen
President, Northwestern Medicine
Woodstock Hospital

John A. Orsini
Senior Vice President &
Chief Financial Officer, NMHC

GABRIELLA GUZIEC
Official Seal
Notary Public – State of Illinois
My Commission Expires Jan 9 2022

Attachments

Establishment of 22-Bed Comprehensive Physical Rehabilitation Unit
Project # 17-036

Centegra Hospital - Woodstock Permit Project Expenditures
Final Realized Costs

Category	CON Approved Budget		Project to Date (Final)	
USE OF FUNDS				
1 PREPLANNING COSTS	$	46,000	$	18,435
2 SITE SURVEY AND SOIL INVESTIGATION	$	-	$	-
3 SITE PREPARATION	$	-	$	-
4 OFF SITE WORK	$	-	$	-
5 NEW CONSTRUCTION CONTRACTS	$	-	$	-
6 MODERNIZATION CONTRACTS	$	3,081,149	$	3,386,597
7 CONTINGENCIES	$	462,172	$	-
8 ARCHITECTURAL/ENGINEERING FEES	$	236,750	$	225,520
9 CONSULTING & OTHER FEES	$	58,306	$	12,100
10 MOVABLE CAPITAL EQUIPMENT (not in construction contracts)	$	357,299	$	592,575
11 BOND ISSUANCE EXPENSE (project related)	$	-	$	-
12 NET INTEREST EXPENSE DURING CONSTRUCTION (project rela	$	-	$	-
14 OTHER COSTS WHICH ARE TO BE CAPITALIZED	$	-	$	-
GRAND TOTAL	$	4,241,676	$	4,235,227
SOURCE OF FUNDS				
16 CASH & SECURITIES	$	4,241,676	$	4,235,227
18 GIFTS & BEQUESTS	$	-	$	-
19 BOND ISSUES (project related)	$	-	$	-
25 TOTAL FUNDS	$	4,241,676	$	4,235,227
CON PERMIT AMOUNT	$	4,241,676	$	4,235,227
% COMPLETE 100.0%				

APPLICATION AND CERTIFICATE FOR PAYMENT

To Owner: Northwestern Memorial HealthCare
c/o Northwestern Memorial HealthCare
P.O. Box 13776
Philadelphia, PA 19101-3776
Attn: Accounts Payable

From Contractor: Bear Construction Company
1501 Rohlwing Road, Rolling Meadows, IL 60008

Project: Rehabilitation Relocation - Woodstock

Address: 3701 Doty Road, Woodstock, IL

Architect: Legat Architects

Application No.: 7
Job No..: 204365-
Invoice No.: 204365-200
Period To: 5/31/2020

Distribution to:
- [ ]
- [ ] Architect
- [ ] Contractor
- [ ]
- [ ]

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. Original Contract Sum		$2,892,027.00
2. Net Change By Change Order		$531,523.84
3. Contract Sum To Date		$3,423,550.84
4. Total Completed and Stored To Date		$3,423,550.84
5. Retainage:		
a. 0.00% of Completed Work	$0.00	
b. 0.00% of Stored Material	$0.00	
Total Retainage		$0.00
6. Total Earned Less Retainage		$3,423,550.84
7. Less Previous Certificates For Payments		$3,248,513.45
8. Current Payment Due		$175,037.39
9. Balance To Finish, Plus Retainage		$0.00

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	$581,662.12	$50,138.28
Total Approved this Month	$0.00	$0.00
TOTALS	$581,662.12	$50,138.28
NET CHANGES by Change Order	$531,523.84	

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

CONTRACTOR: **Bear Construction Company**

By: James S. Wienold, President Date: **5/31/2020**

State of: **Illinois**
County of: **Cook**

Subscribed and sworn to before me this
31st day of **May, 2020**
Notary Public:
My Commission expires: 1/30/24

OFFICIAL SEAL
JULIA LAMANNA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/30/24

ARCHITECT'S CERTIFICATE FOR PAYMENT

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

AMOUNT CERTIFIED **$175,037.39**

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

ARCHITECT:

By: Date: 5/31/20

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