FRESENIUS
KIDNEY CARE

Fresenius Kidney Care
3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

June 19, 2019

RECEIVED
JUN 19 2019
HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

Re: **Final Cost Report. Section 1130.770**
Project #17-038, Fresenius Kidney Care South Elgin
Permit Holder: Fresenius Medical Care Elgin, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: $6,212,841

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for the establishment of Fresenius Kidney Care South Elgin, #17-038, along with a signed notarized cost report certification for the project as required pursuant to 7Il. Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

FRESENIUS
KIDNEY CARE

June 19, 2019

Final Cost Report, Section 1130.770

Project #17-038, Fresenius Kidney Care South Elgin
Permit Holder: Fresenius Medical Care Elgin, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: $6,212,841

This project is for the establishment of the 12-station Fresenius Kidney Care South Elgin ESRD facility located at 770 N. McLean Blvd., South Elgin. The project was obligated with the execution of the lease on January 12, 2018. The facility began operations on April 10, 2019 and was complete upon receipt of the CMS certification letter on May 21, 2019 with an effective date of May 6, 2019.

Application and Certificate for Payment (AIA G702)

G-702 attached.

Project Costs and Sources of Funds

Project Costs	**Allowance/CON**	**Realized**
Modernization	1,345,200	1,057,200
Contingencies	129,200	0
Architectural/Engineering	144,000	72,647
Moveable & Other Equipment	368,000	373,939
FMV of Leased Space/Equipment	4,226,441	4,226,441
Total Project Costs	**$6,212,841**	**$5,730,227**

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

FRESENIUS
KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care South Elgin
Project #17-038

Fresenius Medical Care Elgin, LLC certifies that pursuant to 77I1. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Elgin, Project #17-038, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: Abbie Morrison BY: Regina Ali

ITS: Abbie Morrison/Regional Vice President ITS: Regina Ali/Manager

Subscribed and Sworn to before me Subscribed and Sworn to before me

this 19th day of June, 2019 this 19th day of June, 2019

Candace M. Turoski
Notary Public

My commission expires: 12-09-2021

Seal

FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care South Elgin
Project #17-038

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care South Elgin, Project #17-038, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: ____________________ BY: ____________________

ITS: Assistant Secretary ITS: Asst. Treasurer

Subscribed and Sworn to before me this 19th day of June, 2019

Subscribed and Sworn to before me this 19th day of June, 2019

Elizabeth D. Scully
Notary Public

My commission expires: 10/14/22

ELIZABETH D. SCULLY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
October 14, 2022

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO (OWNER): Fresenius Medical Care
PROJECT: South Elgin IL South Elgin FKC 9153-1
FROM (CONTR.) Cohen Architectural Woodworking
VIA (ARCHITECT):
CONTRACT FOR: Millwork & Installation

APPLICATION NO: 3
PERIOD TO: December 2018
CONTRACTOR'S PROJECT NO: 100767-1-DN-W-GU-17-003
CONTRACT DATE:

Distribution to:
OWNER: ☐
ARCHITECT ☐
CONTRACTOR ☐
☐

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner TOTAL			
Approved this month			
Number	Date Approved		
TOTALS		0	0
Net change by Change Orders		0	

The undersigned Subcontractor certifies that to the best of Subcontractor'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:

By [signature] Date: 12/11/18

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM $ 92,312.77
2. Net change by Change Orders $ -
3. CONTRACT SUM TO DATE (Line 1 + 2) $ 92,312.77
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) $ 92,312.77
5. RETAINAGE:
   a. ______ % of Completed Work (Columns D + E on G703) $ -
   b. 100 % of Stored Material (Column F on G703)

Total Retainage (Line 5a + 5b or Total in Column I of G703) $ -

6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total) $ 92,312.77
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) $ 83,081.49
8. CURRENT PAYMENT DUE $ 9,231.28
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) $ -

A M GILLENWATER
Notary Public, Notary Seal
State of Missouri
Crawford County
Commission # 13494056
My Commission Expires 06-20-2021

State of: Missouri County of: Crawford
Subscribed and sworn to before me this 11 day of Dec 2018
Notary Public: [signature]
My Commission expires: 6/20/21

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
(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT:

By: ______ Date: ______

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.

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION CONCERNING MECHANICS LIENS ON REVERSE SIDE.

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702/CMa

CONSTRUCTION MANAGER-ADVISER EDITION

TO CONTRACTOR
DiNaso & Sons Construction Co., Inc
9910 W. 191st St., Suite A
Mokena, IL 60448

PROJECT
South Elgin (Previously A091533-1)
1201 Bowes Road
South Elgin, IL 60177

APPLICATION NO: 4

PERIOD TO: 11/13/18

Distribution to
[X] OWNER
[ ] ARCHITECT
[X] CONTRACTOR

FROM SUBCONTRACTOR
DiNaso & Sons Construction Co., Inc
9910 W. 191st St., Suite A
Mokena, IL 60448

OWNER
Fresenius Medical Care Elgin, LLC
C/O Fresenius Medical Care NA
1909 Tyler Street, 8th Floor
Hollywood, FL 33020

PROJECT NOS: 100767-1-DN-W-GU-17

CONTRACT DATE: June 25, 2018

CONTRACT FOR
General Construction

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached

1. ORIGINAL CONTRACT SUM $ 964,000.00
2. Net change by Change Orders $ 887.19
3. CONTRACT SUM TO DATE (Line 1 ± 2) $ 964,887.19
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) $ 964,887.19
5. RETAINAGE:
   a. 0 % of Completed Work (Column D + E on G703) $ 0.00
   b. 10 % of Stored Material (Column F on G703) 0.00

   Total Retainage (Lines 5a + 5b or Total in Column I of G703) $ 0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) $ 964,887.19
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) $ 867,600.00
8. CURRENT PAYMENT DUE $ 97,287.19
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) $ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$0.00	$0.00
Total approved this Month	$887.19	$0.00
TOTALS	$887.19	$0.00
NET CHANGES by Change Order	$887.19	

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: DiNaso & Sons Construction Co., Inc

By: Chad L D[illegible] Date: April 15, 2019

State of: Illinois County of: Will
Subscribed and sworn to before me this 15th day of April, 2019
Notary Public: Christine A Hassel
My Commission expires: 7-5-19

OFFICIAL SEAL
CHRISTINE A HASSEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/05/19

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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 .... $ 97,287.19

(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.)

CONSTRUCTION MANAGER:

By: ______ Date: ______

ARCHITECT:

By: ______ Date: ______

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.

FONDA PRINCE
DIV ADMIN
MAY - 3 19
RECS North Central
RECEIVED

FRESENIUS
KIDNEY CARE

Fresenius Kidney Care
3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

June 19, 2019

Courtney Avery
Administrator
Illinois Health Facilities Planning Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Fresenius Kidney Care Gurnee
50 Tower Court, Suite 8
Gurnee, IL 60031

Dear Ms. Avery,

Fresenius Medical Care is planning on adding three additional stations to the above-mentioned facility. According to the CON statute a provider may add three stations or 10% of the current station capacity (whichever is less) if stations were not added in the previous two years.

The facility currently has 24 stations and no additional stations have been added in the last two years. This will bring the total station count to 27. We understand that for a period of two years after the stations are certified that we cannot add additional stations without a permit.

We expect the new stations to be operational by June 30, 2019. I will notify the Board when they are certified.

I can be reached at 630-960-6807 if you have any questions or concerns.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist