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

April 9, 2020

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

Re: Annual Progress Report. Section 1130.760
Project #17-065, Fresenius Kidney Care New Lenox
Permit Holder: Fresenius Medical Care New Lenox, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: $6,488,198

Dear Ms. Avery:

Enclosed please find the annual progress report which summarizes the status of the above-mentioned project.

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

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

FRESENIUS KIDNEY CARE

April 9, 2020

Annual Progress Report, Section 1130.760

Project #17-065, Fresenius Kidney Care New Lenox
Permit Holder: Fresenius Medical Care New Lenox, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: $6,488,198

Status of the Project

This project is for the establishment of a 12-station ESRD facility located at 162 Cedar Crossings Drive, New Lenox. The project was obligated with the execution of the lease on November 30, 2018. The shell is complete, and all interior construction is expected to be complete by April 29, 2020. The facility will then be waiting for certification to be fully complete.

Application and Certificate for Payment (AIA G702)

G-702 form attached.

Anticipated Completion Date

The project is approximately 95% complete and is expected to be complete prior to December 31, 2020.

FRESENIUS KIDNEY CARE

Sources and Uses of Funds

Project Costs and Sources of Funds

Line Item	Allowance/CON	Realized Costs
Preplanning Costs	N/A	N/A
Site Survey & Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off-site work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization	1,419,600	613,676
Contingencies	140,400	0
Architectural/Engineering	152,800	74,690
Consulting and other fees	N/A	N/A
Movable & Other Equipment	368,000	29,455
Bond Issuance Expense	N/A	N/A
Net Interest Expense during Construction	N/A	N/A
FMV of Leased Space & Equipment	4,407,398	4,407,398
Other Costs to be Capitalized	N/A	N/A
Acquisition of Building or other Property (excluding land)	N/A	N/A
Total Project Costs	**$6,488,198**	
Realized Total Project Costs To Date		**$5,125,219**

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO (OWNER): Fresenius Medical Care PROJECT: New Lenox IL FKC 100718

FROM (CONTR.) Cohen Architectural Woodworking VIA (ARCHITECT):

CONTRACT FOR: Millwork & Installation

APPLICATION NO: 19063.2
PERIOD TO: 2/1/2020
CONTRACTOR'S PROJECT NO: 100718-1-DN-W-BO-17
CONTRACT DATE:

Distribution to:
OWNER: ☐
ARCHITECT ☐
CONTRACTOR ☐

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Orders approved in previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			
Approved this month			
Number	Date Approved		
FMC CO 001			-29090.2
TOTALS		0	-29090.2
Net change by Change Orders		29090.2	

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: Date: 2/25/2020

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

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

1. ORIGINAL CONTRACT SUM		$ 112,505.00
2. Net change by Change Orders		$ (29,090.20)
3. CONTRACT SUM TO DATE (Line 1 + 2)		$ 83,414.80
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ 83,414.80
5. RETAINAGE:		
a. 10 % of Completed Work (Columns D + E on G703)	$ 8,341.48	
b. 10 % of Stored Material (Column F on G703)		
Total Retainage (Line 5a + 5b or Total in Column I of G703)		$ 8,341.48
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$ 75,073.32
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 30,376.80
8. CURRENT PAYMENT DUE		$ 44,696.52
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		$ 8,341.48

State of: Missouri County of: Crawford
Subscribed and sworn to before me this 25th day of Feb 2020
Notary Public: A M Gillenwater
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.

TERESA BARNES
DIV ADMIN
FEB 2 8 20

RECS North Central
RECEIVED

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:
New Lenox 100718-1-DN-W-BO-17
332 Cedar Crossing Drive
New Lenox, IL 60451

APPLICATION NO: 2

PERIOD TO: March 2, 2020

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

PROJECT NOS: 100718-1-DN-W-BO-17

CONTRACT DATE: September 16, 2019

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		$ 916,430.00
2. Net change by Change Orders		$ 0.00
3. CONTRACT SUM TO DATE (Line 1 + 2)		$ 916,430.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ 681,862.00
5. RETAINAGE:		
a. 10 % of Completed Work (Column D + E on G703)	$ 68,186.20	
b. 10 % of Stored Material (Column F on G703)	0.00	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)		$ 68,186.20
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)		$ 613,675.80
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 360,451.80
8. CURRENT PAYMENT DUE		$ 253,224.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		$ 302,754.20

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

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 A Dn Date: March 2, 2020

State of: Illinois County of: Will
Subscribed and sworn to before me this 2nd day of March, 2020
Notary Public: Christine A. Hassel
My Commission expires: 7-5-23

OFFICIAL SEAL
CHRISTINE A HASSEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/05/23

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 ..... $ **253,224.00**

(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: _____

TERESA BARNES
DIV ADMIN
MAR 11 20
RECS-North Central
RECEIVED

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.