

October 2, 2020

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

**Re: Final Cost Report. Section 1130.770**  
**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 final realized cost report submission for Fresenius Kidney Care New Lenox, #17-065, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

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

Sincerely,



Lori Wright  
Senior CON Specialist

September 17, 2020

**Final Cost Report, Section 1130.770**

**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

This project is for the establishment of the 12-station in-center hemodialysis facility located at 662 Cedar Crossing Drive, New Lenox. The project was obligated with the execution of the lease for premises on November 30, 2018. The project was complete upon receipt of the CMS certification letter on August 27, 2020 with an effective date of June 19, 2020.

**Application and Certificate for Payment (AIA G702)**

G-702 attached.

**Project Costs and Sources of Funds**

| Line Item                           | Allowance/CON      | Realized Costs     |
|-------------------------------------|--------------------|--------------------|
| Modernization                       | 1,419,600          | 1,053,361          |
| Contingencies                       | 140,400            | 0                  |
| Architectural/Engineering Fees      | 152,800            | 72,227             |
| Movable & Other Equipment           | 368,000            | 565,030            |
| FMV of Leased Equipment             | 4,407,398          | 4,193,848*         |
| <b>Total Project Costs Allowed</b>  | <b>\$6,488,198</b> |                    |
| <b>Realized Total Project Costs</b> | <b>TOTAL</b>       | <b>\$5,884,466</b> |

\*Dialysis machines were purchased rather than leased. Cost removed from FMV Leased Equipment and added to Moveable and Oher Equipment.

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



Certification Of Cost Report  
Fresenius Kidney Care New Lenox  
Project #17-065

Fresenius Medical Care New Lenox, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care New Lenox, Project #17-065 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: MWiekierak  
Marybeth Wiekierak

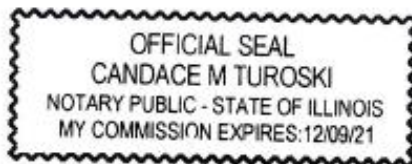
ITS: Regional Vice President

Subscribed and Sworn to before me  
this 1st day of October, 2020

Candace M Turosski  
Notary Public

My commission expires: 12-09-2021

Seal





Certification Of Cost Report  
Fresenius Kidney Care New Lenox  
Project #17-065

Fresenius Medical Care New Lenox, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care New Lenox, Project #17-065 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: LMParinas  
Lailane Parinas

ITS: Director of Operations

Subscribed and Sworn to before me  
this 1st day of October, 2020

Candace M Turosski  
Notary Public

My commission expires: 12-09-2021

Seal





Certification Of Cost Report  
Fresenius Kidney Care New Lenox  
Project #17-065

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care New Lenox, Project #17-065, 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:   
ITS: Assistant Treasurer

BY:   
ITS: Assistant Secretary

Subscribed and Sworn to before me  
this 17<sup>th</sup> day of September, 2020

Subscribed and Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2020

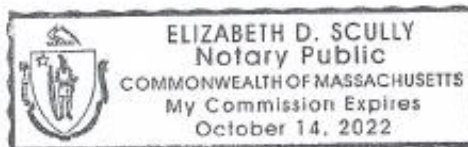
  
Notary Public

Notary Public

My commission expires: 10/14/22

My commission expires: \_\_\_\_\_

Seal



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

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

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

CONTRACT FOR:  
General Construction

APPLICATION NO: 4

PERIOD TO: May 7, 2020

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

CONTRACT DATE: September 16, 2019

Distribution to:  
☒ OWNER  
☐ ARCHITECT  
☒ CONTRACTOR

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 \$ 53,515.78

3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 969,945.78

4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 969,945.78

5. RETAINAGE: a. 0 % of Completed Work \$ 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) \$ 969,945.78

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 859,775.20

8. CURRENT PAYMENT DUE \$ 110,170.58

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 | \$44,736.78 | \$0.00     |
| Total approved this Month                          | \$8,779.00  | \$0.00     |
| TOTALS                                             | \$53,515.78 | \$0.00     |
| NET CHANGES by Change Order                        | \$53,515.78 |            |

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: *Charles D. DiNaso* Date: June 22, 2020

State of: Illinois County of: Will

Subscribed and sworn to before me this 22nd day of June, 2020

Notary Public: *Christine A. Hassel*

My Commission expires: 7-5-2023



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 ..... \$ 110,170.58

(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.

APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER): Fresenius Medical Care PROJECT: New Lenox IL FKC 100718  
FROM (CONTR.) Cohen Architectural VIA (ARCHITECT):  
CONTRACT FOR: Millwork & Installation

AIA DOCUMENT G702

APPLICATION NO: 19063.3  
PERIOD TO: July 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                               |  |               |  | ADDITIONS   | DEDUCTIONS |
|----------------------------------------------------|--|---------------|--|-------------|------------|
| Change Orders approved in previous months by Owner |  |               |  |             |            |
| TOTAL                                              |  |               |  |             | 29,090.20  |
| Approved this month                                |  |               |  |             |            |
| Number                                             |  | Date Approved |  |             |            |
| FMC CO 001                                         |  |               |  |             |            |
| TOTALS                                             |  |               |  | -           | -          |
| Net change by Change Orders                        |  |               |  | (29,090.20) |            |

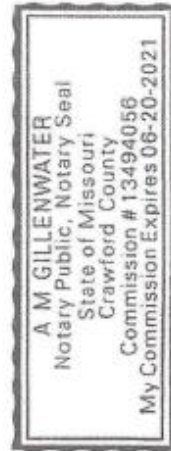
Net change by Change Orders

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: 7/14/2020



State of: Missouri County of: Crawford

Subscribed and sworn to before me this 27 day of July 2020

Notary Public: Amy D. Slemmons

My Commission expires: 6/20/2021

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.

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 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. % of Completed Work \$  
(Columns D + E on G703)  
b. 10 % of Stored Material (Column F on G703)

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

\$ 83,414.80

6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)

\$ 75,073.32

8. CURRENT PAYMENT DUE

\$ 8,341.48

9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)

\$ -