



Hospital Sisters
HEALTH SYSTEM

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Breese, IL
HSHS St. Joseph's Hospital

April 30, 2020

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial
Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

O'Fallon, IL
HSHS St. Elizabeth's Hospital

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital
Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial
Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois 62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

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Hospital Sisters Ministries

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

Re: Final Realized Cost Report (Section 1130.770)
CON Permit Project # 17-067
HSHS St. John's Hospital, Springfield,
Modernization of the 5th Floor M/S Patient Rooms

Dear Ms. Avery,

Please accept this final realized cost report for CON permit #17-067 HSHS St. John's Hospital – Modernization of the 5th Floor M/S Patient Rooms. The project was completed and approved by IDPH on January 31, 2020, notification was sent to the Illinois Health Facilities and Services Review Board on February 17, 2020.

This final realized cost report documentation certified that:

1. The itemized project capital cost is the amount of \$14,724,878.00 (see attachment A) which is below the approved cost of \$15,775,290.00 by \$1,050,412.00 or 6.6%.
2. The final realized costs, as itemized in Attachment A to this attestation, are the total project cost.
3. The project did not use bond funding as noted in the original approved application the entire project cost was funded through cash. The final realized cost report reflects this change.
4. The enclosed AIA form G702 documents the final construction payout (Attachment B).

To the best of my knowledge we have complied with all Illinois Health Facilities and Services Review Board Requests in developing and completing this project.

If you have any questions, I can be reached at Amy.Bulpitt@hshs.org or at (217) 492-9167.

Sincerely,
Signed by:

Handwritten signature of Amy Bulpitt in black ink.

Amy Bulpitt
VP & General Counsel
Hospital Sisters Health System
4936 LaVerna Road
Springfield, IL 62707

Enclosures: Attachment A, Final Realized Cost Report
Attachment B, AIA Form G-702

Project Completion, Final Realized Cost Report
CON Permit Project # 17-067
HSHS St. John's Hospital, Springfield,
April 30, 2020
Page 2 of 4

CC: Mike Constantino
Michelle Clatfelter
Julie Goebel
Daniel Lawler
Tim Ferguson

Notarization:

Subscribed and sworn to before me
this 30 day of April, 2020

Melinda M. Mancini
Printed Name

Melinda M. Mancini
Signature of Notary

Seal



Project Completion, Final Realized Cost Report
 CON Permit Project # 17-067
 HSHS St. John's Hospital, Springfield,
 April 30, 2020
 Page 3 of 4

Attachment A
Final Realized Cost Report
CON Permit #17-067
HSHS St. John's Hospital, Springfield
Modernization of the 5th Floor M/S Patient Rooms

Project Costs and Sources of Funds			
USE OF FUNDS	Approved Project Costs	Project Expenditure and Committed through 4/30/20	To Be Expended (Variance)
Preplanning Costs	\$ 30,900	\$ 30,553	\$ 347
Site Survey and Soil Investigation	\$ -	\$ -	\$ -
Site Preparation	\$ -	\$ -	\$ -
Off Site Work	\$ -	\$ -	\$ -
New Construction Contracts	\$ -	\$ -	\$ -
Modernization Contracts	\$ 9,733,500	\$ 10,151,581	\$ (418,081)
Contingencies	\$ 966,140	\$ 966,140	\$ -
Architectural/Engineering Fees	\$ 1,024,900	\$ 1,022,499	\$ 2,401
Consulting and Other Fees	\$ 56,600	\$ 27,636	\$ 28,964
Movable or Other Equipment (not in construction contracts)	\$ 1,493,500	\$ 1,427,687	\$ 65,813
Bond Issuance Expense (project related)	\$ 222,000	\$ -	\$ 222,000
Net Interest Expense During Construction (project related)	\$ 368,000	\$ -	\$ 368,000
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 1,879,750	\$ 1,098,782	\$ 780,968
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -
TOTAL USES OF FUNDS	\$ 15,775,290	\$ 14,724,878	\$ 1,050,412

SOURCE OF FUNDS	Approved Project Costs	Project Expenditure and Committed through 4/30/20	To Be Expended (Variance)
Cash and Securities	\$ 15,775,290	\$ 14,724,878	\$ 1,050,412
Pledges			\$ -
Gifts and Bequests			\$ -
Bond Issues (project related)			\$ -
Mortgages			\$ -
Leases (fair market value)			\$ -
Government Appropriations			\$ -
Grants			\$ -
Other Funds and Sources			\$ -
TOTAL SOURCES OF FUNDS	\$ 15,775,290	\$ 14,724,878	\$ 1,050,412

Project Completion, Final Realized Cost Report
 CON Permit Project # 17-067
 HSHS St. John's Hospital, Springfield,
 April 30, 2020
 Page 4 of 4

Attachment B
 AIA Form G-702
 CON Permit #17-067
 HSHS St. John's Hospital, Springfield
 Modernization of the 5th Floor M/S Patient Rooms

APPLICATION AND CERTIFICATE FOR PAYMENT

Page 1 of 6

TO OWNER: HSHS/St. John's Hospital
 Springfield, IL

PROJECT: HSHS/St. John's
 PT 5th Floor Remodeling
 Springfield, Illinois

APPLICATION NO: 19
 PERIOD TO: 03/31/20
 PROJECT NO: 1803

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR

FROM CONTRACTOR: Jones-Blythe Construction Co
 1030 West Reynolds
 Springfield, IL 62702

VIA ARCHITECT: Benner-Schaber Assoc.
 Green Bay, WI

CONTRACT DATE: 7/3/18

CONTRACT FOR: General Contracting

CONTRACTOR'S APPLICATION FOR PAYMENT

1. ORIGINAL CONTRACT SUM

\$ 11,014,304.00

2. Net change by Change Orders

\$ 101,431.75

3. CONTRACT SUM TO DATE (Line 1 + 2)

\$ 11,115,735.75

4. TOTAL COMPLETED & STORED TO DATE
 (Column G on G703)

\$ 11,115,735.75

5. RETAINAGE:

a. 0 % of Completed Work

\$ 0.00

b. 0 % of Stored Material
 (Column F on G703)

\$ 0.00

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

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

\$ 11,115,735.75

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

\$ 10,473,217.76

8. CURRENT PAYMENT DUE

\$ 642,517.99

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

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		\$200,128.75	\$171,247.00
Total approved this Month		\$94,300.00	\$11,750.00
TOTALS		\$284,428.75	\$182,997.00
NET CHANGES by Change Order			\$101,431.75

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: Jones-Blythe Construction Co.

By: *Jones-Blythe* Date: 03/27/20

State of: Illinois
 County of: Sangamon
 Subscribed and sworn to before me this day of

Notary Public:
 My Commission expires:

ARCHITECTS CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Construction Manager and Architect certify to the Owner that to the best of their 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. Initial all figures on this Application and on the Continuation Sheet that changed to conform to the amount certified.)

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.