

October 2, 2020

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 #18-006 Fresenius Kidney Care Madison County
Permit Holder: Fresenius Medical Care of Illinois, LLC and Fresenius Medical Care Holdings, Inc.
Permit Amount: \$4,383,915

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Kidney Care Madison County, #18-006, 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 #18-006, Fresenius Kidney Care Madison County
Permit Holder: Fresenius Medical Care of Illinois, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: \$4,383,915

This project is for the establishment of the 9-station in-center hemodialysis facility located at 1946 Grand Avenue, Granite City. The project was obligated with the execution of the lease for premises on June 14, 2019. The project was complete upon receipt of the CMS certification letter on August 4, 2020 with an effective date of July 29, 2020.

Application and Certificate for Payment (AIA G702)

G-702 attached.

Project Costs and Sources of Funds

Line Item	Allowance/CON	Realized Costs
Modernization	1,092,182	817,392
Contingencies	108,018	0
Architectural/Engineering Fees	117,000	36,000
Movable & Other Equipment	279,000	300,282
FMV of Leased Equipment	2,787,715	2,787,715
Total Project Costs Allowed	\$4,383,915	
Realized Total Project Costs	TOTAL	\$3,941,389

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 Madison County
Project #18-006

Fresenius Medical Care of Illinois, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Madison County, Project #18-006 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 Treasurer

ITS: Assistant Secretary

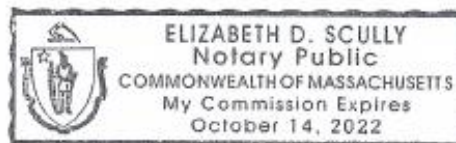
Subscribed and Sworn to before me
this 1st day of September, 2020

Subscribed and Sworn to before me
this _____ day of _____, 2020


Notary Public Notary Public

My commission expires: 10/14/22 My commission expires: _____

Seal





FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Kidney Care Madison County
Project #18-006

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Kidney Care Madison County, Project #18-006, 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 17th day of September, 2020

Subscribed and Sworn to before me
this _____ day of _____, 2020

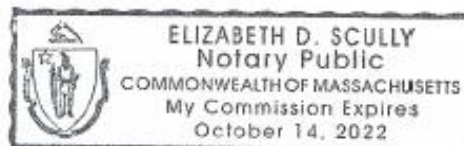

Notary Public

Notary Public

My commission expires: 10/14/22

My commission expires: _____

Seal



APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER): Fresenius Medical Care PROJECT: Granite City IL Madison County FRC 100931
 FROM (CONTR.): Gahan Architectural VIA (ARCHITECT):
 CONTRACT FOR: Millwork & Installation

AIA DOCUMENT G702

APPLICATION NO: 1915/3
 PERIOD TO: July 2020
 CONTRACTOR'S: ARCHITECT
 PROJECT NO: 100931-1-DN-W-GIL-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			
Approved this month			
Number	Date Approved		
TOTALS		-	-
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: 7/27/2020

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

1. ORIGINAL CONTRACT SUM \$ 67,167.00
2. Net change by Change Orders \$ -
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 67,167.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 67,167.00
5. RETAINAGE:
 - a. % of Completed Work \$ -
 - b. (Columns D + E on G703) 100 % of Stored Material (Column F on G703)

Total Retainage (Line 5a + 5b or Total in Column I of G703) \$ 67,167.00

6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total) \$ 0

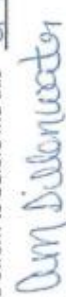
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 60,450.30

8. CURRENT PAYMENT DUE \$ 6,716.70

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

State of: Missouri County of: Crawford

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

Notary Public: 

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.

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.

AIA[®] Document G702[™] - 1992

Application and Certificate for Payment

NOTICE TO OWNER
FAILURE OF THIS CONTRACTOR TO PAY THOSE PERSONS SUPPLYING MATERIAL OR SERVICES TO COMPLETE THIS CONTRACT CAN RESULT IN THE FILING OF A MECHANIC'S LIEN ON THE PROPERTY WHICH IS THE SUBJECT OF THIS CONTRACT PURSUANT TO CHAPTER 429 R.S.MO. TO AVOID THIS RESULT, YOU MAY ASK THIS CONTRACTOR FOR "LIEN WAIVERS" FROM ALL PERSONS SUPPLYING MATERIALS OR SERVICES FOR THE WORK DESCRIBED IN THIS CONTRACT. FAILURE TO SECURE LIEN WAIVERS MAY RESULT IN YOUR PAYING FOR LABOR AND MATERIAL TWICE.

TO OWNER: Presenius Medical Care NA
1909 Tyler Street, 8th Floor
Hollywood, FL 33020

PROJECT: FKC Madison County TI
1946 Grand Avenue
Granite City, IL 62040
Madison County#100931-1-DN-W-GU-1

FROM CONTRACTOR: R G Ross Construction Co Inc
4079 Bayless Ave
St Louis, MO 63125

VIA ARCHITECT:

APPLICATION NO: 12320-00004
PERIOD TO: 7/01/2020 7/01/2020

Distribution to:
OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
FIELD ☐
OTHER ☐

INVOICE NO. 20200708

CONTRACTOR'S APPLICATION FOR PAYMENT
Application is made for payment, as shown below, in connection with the Contract.
AIA Document G703[™], Continuation Sheet, is attached.

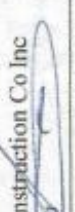
1. ORIGINAL CONTRACT SUM \$ 736,339.00 ✓

2. NET CHANGE BY CHANGE ORDERS \$ 13,885.58 ✓

3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 750,224.58 ✓

4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 750,224.58

5. RETAINAGE:
a. _____ % of Completed Work
(Column D + E on G703) \$
b. _____ % of Stored Material
(Column F on G703) \$
Total Retainage (Lines 5a + 5b, or Total in Column I of G703) \$ 0.00

CONTRACTOR: R G Ross Construction Co Inc
By: 
State of: Missouri Kevin L. Bohnenstiehl - Vice President
County of: St. Louis
Subscribed and sworn to before me this 30th day of July, 2020
Notary Public: Debra S. Jackson
My commission expires: 10/19/2022

NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI
COMMISSIONED FOR JEFFERSON COUNTY
MY COMMISSION EXPIRES OCT. 19, 2022
ID # 14630633

Date: July 30, 2020

ARCHITECT'S CERTIFICATE FOR PAYMENT
In accordance with the Contract Documents, based on on-site observations and the data comprising this 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 \$ 78,011.08 ✓

(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: _____

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.

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	12,793.58	\$
Total approved this month	\$	1,092.00	\$
TOTAL	\$	13,885.58	\$
NET CHANGES by Change Order	\$	13,885.58	\$

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

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