

December 17, 2024

Via Federal Express  
Via Email

Mr. John Kniery  
Administrator  
Illinois Health Facilities and Services Review  
Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: River North Center for Reproductive Health (Proj. No. 19-003)  
Notice of Project Completion & Final Realized Cost Report**

Dear Mr. Kniery:

I am writing to submit the notice of project completion and final realized cost report for Project No. 19-003. On April 30, 2019, the Illinois Health Facilities and Services Review Board approved River North Surgery Center, LLC's ("River North") application to establish a limited specialty ambulatory surgical treatment center focused on family building located at 361 West Chestnut, Chicago, Illinois (the "Project"). On August 1, 2024, the Illinois Department of Public Health issued the ambulatory surgical treatment center license to River North.

For your review, River North submits the following information as its final realized cost report for the establishment of the ambulatory surgical treatment center:

**1. Final Realized Costs**

<b>River North Center for Reproductive Health Final Realized Project Costs</b>		
	<b>Approved</b>	<b>Expended</b>
Preplanning Costs	\$79,602	\$39,747
Site Survey and Soil Investigation	\$20,000	\$9,000
Site Preparation	\$300,000	\$281,409
New Construction Contracts	\$4,774,794	\$4,868,107
Contingencies	\$477,479	\$243,422

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River North Center for Reproductive Health Final Realized Project Costs		
	Approved	Expended
Architectural/Engineering Fees	\$478,744	\$310,813
Consulting and Other Fees	\$71,000	\$90,293
Moveable or Other Equipment	\$2,329,834	\$1,597,622
Fair Market Value of Leased Space	\$6,233,659	\$6,233,659
Other Costs to be Capitalized	\$850,000	\$78,389
<b>Estimated Total Project Cost</b>	<b>\$15,615,112</b>	<b>\$13,752,461</b>

## 2. Certification of Final Realized Costs and Compliance

Pursuant to 77 Ill. Admin. Code §1130.770, the final realized costs, as itemized, are the total costs required to complete the project and that there are no additional associated costs or capital expenditures related to the Project. I further certify that River North complied with all of the terms of the permit to date, and all information submitted in this cost report for the facility is true and correct.

## 3. Final Application and Certification for Payment

Attached is the final Application and Certification for Payment (G702) for the Project.

If you have any questions or need any additional information related to the Project, please feel free to contact Anne Cooper at 312-873-3606 or [acooper@polsinelli.com](mailto:acooper@polsinelli.com).

Sincerely

  
[Christopher S. Sipe, MD \(Dec 17, 2024 13:55 CST\)](#)

Christopher Sipe, M.D.







# River North - CON Notice of Project Completion \_ Final Realized Cost Report(12-17-2024)-c

Final Audit Report

2024-12-17

Created:	2024-12-17
By:	Megan Honke (Megan.Honke@fcionline.com)
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## "River North - CON Notice of Project Completion \_ Final Realized Cost Report(12-17-2024)-c" History

-  Document created by Megan Honke (Megan.Honke@fcionline.com)  
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-  Signer christopher.sipe@fcionline.com entered name at signing as Christopher S. Sipe, MD  
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-  Document e-signed by Christopher S. Sipe, MD (christopher.sipe@fcionline.com)  
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-  Agreement completed.  
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# APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF 1

PAGES 2

TO OWNER Fertility Centers of Illinois  
2555 Patriot Blvd., Ste. 200  
Glenview, IL 60026

PROJECT: 21-0746 Fertility Centers of IL  
ASC - Chicago

Distribution to:

<input checked="" type="checkbox"/>	OWNER
<input type="checkbox"/>	ARCHITECT
<input type="checkbox"/>	CONTRACTOR
<input type="checkbox"/>	
<input type="checkbox"/>	

FROM CONTRACTOR:

Leopardo Construction, Inc.  
5200 Prairie Stone Parkway  
Hoffman Estates, IL 60192

VIA ARCHITECT:

Atul Karkhanis Architects Ltd.  
2514 West Peterson Avenue  
Chicago, IL 60659

PERIOD TO: 12/31/2023

PROJECT NOS: 21-0746 (LCI)

CONTRACT FOR:

CONTRACT DATE 4/29/2022

## 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  | \$ 4,868,107.00 |
| 2. Net change by Change Orders  | \$              |
| 3. CONTRACT SUM TO DATE (Line 1 ± 2)                                      | \$ 4,868,107.00 |
| 4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)                    | \$ 4,868,107.00 |
| 5. RETAINAGE:   |                 |
| a. 0 % of Completed Work (Column D + E on G703)                           | \$ 0.00         |
| b. % of Stored Material (Column F on G703)                                | \$              |
| Total Retainage (Lines 5a + 5b or Total in Column I of G703)              |                 |
| 6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)                 | \$ 4,868,107.00 |
| 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) | \$ 0.00         |
| 8. CURRENT PAYMENT DUE  | \$ 4,868,107.00 |
| 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	
Total approved this Month	\$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:

By: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ th day of \_\_\_\_\_, 2024  
Notary Public:  
My Commission expires:



## ARCHITECT'S 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 ..... \$ \_\_\_\_\_

(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.