February 4, 2021

Via Email

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

Re: Chicago Prostate Cancer Surgery Center (Proj. No. 19-018)

Dear Ms. Avery:

On behalf of the Permit Holders for the above referenced project, Chicago Prostate Cancer Surgery Center LLC d/b/a DuPage Medical Group Surgery Center Westmont (the "Surgery Center"), I am writing to submit the notice of project completion and project cost report for Project No. 19-018. The project completion date of record is December 17, 2020. On August 6, 2019, the Illinois Health Facilities and Services Review Board ("State Board") approved DMG's application to add surgical specialties to its existing surgery center located at 815 Pasquinelli Drive, Westmont, Illinois (the "Project"). On October 29, 2020, the Illinois Department of Public Health approved the occupancy of the Surgery Center.

For your review, DMG submits the following information as its cost report for the expansion of surgical specialties of the Surgery Center:

1. **Final Realized Cost Report**

DuPage Medical Group Surgery Center Westmont Final Realized Project Costs		
	Approved	**Expended**
Modernization Contracts	$2,303,650	$2,304,229
A & E Fees	$218,847	$168,726
Consulting & Other Fees	$50,000	$139,149

DuPage Medical Group Surgery Center Westmont Final Realized Project Costs		
	Approved	**Expended**
Moveable Equipment	$2,173,959	$2,390,342
Other Costs to be Capitalized[1]	$504,513	$17,500
Estimated Total Project Cost	**$5,250,969**	**$5,019,946**

[1]Two c-arms from DMG Surgical Center were transferred to DuPage Medical Group Surgery Center Westmont and were fully depreciated at the time of transfer. As the equipment has salvage value, DMG obtained the fair market value figure for the equipment, $17,500 from GE Healthcare.

2. Certification of Realized Costs and Compliance

Pursuant to 77 Ill. Admin. Code §1130.770, DMG certifies the 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 DMG 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 as Attachment A 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

Sincerely,

Donna S Cooper

Donna Cooper
Chief Operating Officer
DuPage Medical Group

Attachment
cc: Michael Constantino, HFSRB

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702 **Invoice # :** 52222

To Owner: DuPage Medical Group
1100 W. 31st Street, Suite 300
Downers Grove,IL 60515

Project: 19-5466 DMG Chicago Prostate Cancer Center

Application No: 6
Period: 09/01/2020 - 11/30/2020
Project Number: 19-5466
Contract Date: 12/20/2019
Client Reference:

Distribution to:
☐ Owner
☐ Architect
☐ Contractor
☐
☐

From Contractor: Leopardo Companies, Inc.
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192

Via Architect: Eckenhoff Saunders Architects
One Prudential Plaza, 130 East Ranc
Chicago,IL 60601

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 $2,303,650.00
2. Net Change By Change Orders $579.00
3. Contract Sum To Date $2,304,229.00
4. Total Completed and Stored To Date $2,304,229.00
5. Retainage:
   a. 0.00% of Completed Work (*Column D+E on G703*) $0.00
   b. 0% of Stored Material (*Column F on G703*) $0.00
   Total Retainage (*Lines 5a + 5b*) $0.00
6. Total Earned Less Retainage (*Line 4 Less Line5 Total*) $2,304,229.00
7. Less Previous Certificates For Payment (*Line 6 from prior Certificate*) $2,189,017.55
8. Current Payment Due $115,211.45
9. Balance To Finish, Including Retainage (*Line 3 Less Line 6*) $0.00

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous month by Owner	579.00	0.00
Total Approved this Month	0.00	0.00
TOTALS	579.00	0.00
Net Changes By Change Order	579.00	

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 where issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: **Leopardo Companies, Inc.**

OFFICIAL SEAL
DEIDRE M. GROUNDS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/17/2022

By : Rick [signature] Date : 11/24/2020

State of : Illinois County of : Cook
Subscribed and sworn to before me on 24th day of November, 2020
Notary Public: [signature]
My Commission expires: 11-17-2022

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 $115,211.45

(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.

Owner: (if applicable)

By : ____________ Date : ____________