

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: DuPage Medical Group- Westmont Medical Office Building		
Street Address: 301-319 W. Ogden Ave.		
City and Zip Code: Westmont, IL 60559		
County: DuPage County	Health Service Area: HSA-7	Health Planning Area: A-05

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: DuPage Medical Group, Ltd.	
Street Address: 1100 West 31 st Street Suite 300	
City and Zip Code: Downers Grove, IL 60515	
Name of Registered Agent: Tracey Salinski	
Registered Agent Street Address: 1100 West 31 st Street Suite 300	
Registered Agent City and Zip Code: Downers Grove, IL 60515	
Name of Chief Executive Officer: Mike Pacetti	
CEO Street Address: 3010 Highland Parkway Suite 800	
CEO City and Zip Code: Downers Grove, IL 60515	
CEO Telephone Number: 630-469-9200	

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Christos Georgacopoulos
Title: Executive Director of Business Excellence
Company Name: DuPage Medical Group
Address: 3010 Highland Parkway Suite 800 Downers Grove, IL 60515
Telephone Number: 630-456-7155
E-mail Address: Christos.Georgacopoulos@dupagemd.com
Fax Number:

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APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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City and Zip Code: Westmont, IL 60559		
County: DuPage County	Health Service Area: HSA-7	Health Planning Area: A-05

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: DMG Practice Management Solutions, LLC
Street Address: 1100 West 31 st Street Suite 300
City and Zip Code: Downers Grove, IL 60515
Name of Registered Agent: Capitol Services, Inc.
Registered Agent Street Address: 1675 South State St., Suite B
Registered Agent City and Zip Code: Dover, Delaware 19901
Name of Chief Executive Officer: Mike Pacetti
CEO Street Address: 3010 Highland Parkway Suite 800
CEO City and Zip Code: Downers Grove, IL 60515
CEO Telephone Number: 630-469-9200

Type of Ownership of Applicants

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
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Telephone Number: 630-456-7155
E-mail Address: Christos.Georgacopoulos@dupagemd.com
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: Kara Friedman

Title: Attorney

Company Name: Polsinelli PC

Address: 150 North Riverside Plaza, Suite 3000, Chicago, IL 60606

Telephone Number: 312-873-3639

E-mail Address: kfriedman@polsinelli.com

Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Westmont MOB, LLC

Address of Site Owner: 1111 E. Touhy Ave. Suite 230 Des Plaines, IL 60018

Street Address or Legal Description of the Site: 301-319 W. Ogden Ave. Westmont, IL 60559

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: DuPage Medical Group, Ltd.

Address: 1100 West 31st Street, Suite 300 Downers Grove, IL 60515

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT 5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT 6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- ☐ Substantive
- ☒ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

DuPage Medical Group Ltd. seeks authority to build an outpatient medical office building to be located in Westmont, Illinois for the purpose of consolidating physician practice space (the "Project"). These services will be non-hospital based ambulatory care. The total project cost is expected to be \$29,627,195 and will be funded with cash and cash equivalents (operating lease which includes the fair market value of the real estate).

The project does not have an inpatient component nor does it establish any Category of Service; however, it requires an expenditure in excess of the capital expenditure threshold. As such, it is classified as non-substantive.

The project will include new construction of 50,220 gross square feet of non-reviewable space.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
Use of Funds	Reviewable	Non-Reviewable	Total
Preplanning Costs	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$10,044,000	\$10,044,000
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$703,080	\$703,080
Architectural/Engineering Fees	\$0	\$400,000	\$400,000
Consulting and Other Fees	\$0	\$150,000	\$150,000
Movable or Other Equipment (not in construction contracts)	\$0	\$7,030,615	\$7,030,615
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$11,299,500	\$11,299,500
Other Costs To Be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$0	\$29,627,195	\$29,627,195
Source of Funds	Reviewable	Non-Reviewable	Total
Cash and Securities	\$0	\$8,283,695	\$8,283,695
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)*	\$0	\$21,343,500	\$21,343,500
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$0	\$29,627,195	\$29,627,195
*\$10,044,000 of the project will be funded through the operating lease as tenant improvements and the remaining project costs will be funded by cash. The value of the building to be built by a third party landlord developer is \$11,299,500.			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

- ☐ None or not applicable
 ☐ Preliminary
☒ Schematics
 ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2021

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
☒ APORS (n/a)
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS **ATTACHMENT 9**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:		From:		to:	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DuPage Medical Group, Ltd. *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Dr. Paul Merrick
PRINTED NAME

President & Co-CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 22 day of January

Signature of Notary

Seal

SIGNATURE

Mike Pacetti
PRINTED NAME

CFO & Co-CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 22 day of January

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

MARGARET H KLEBER
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 3, 2023

MARGARET H KLEBER
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 3, 2023

CERTIFICATION

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- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DMG Practice Management Solutions, LLC* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Dr. Paul Merrick
PRINTED NAME

President & Co-CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 22 day of January

Margaret H Kleber
Signature of Notary

Seal

SIGNATURE

Mike Pacetti
PRINTED NAME

CFO & Co-CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 22 day of January

Margaret H Kleber
Signature of Notary

Seal

*Insert EXACT legal name of the applicant

MARGARET H KLEBER
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 3, 2023

MARGARET H KLEBER
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 3, 2023

SECTION II. DISCONTINUATION (not applicable)

This Section is applicable to the discontinuation of a health care facility maintained by a State agency.

NOTE: If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.290 – Discontinuation (State-Owned Facilities and All Relocations)

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

APPEND DOCUMENTATION AS **ATTACHMENT 10**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE: (Not Applicable)

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES: (Not Applicable)

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA (not applicable)

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **(Indicate the dollar amount to be provided from the following sources):**

<p><u>\$8,283,695</u></p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion; <p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p> <p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p> <p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<p><u>\$21,343,500</u> (Leases FMV)</p>	

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS **ATTACHMENT 34**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS **ATTACHMENT 35**, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing (Not Applicable)

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs (Not Applicable)

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs (Not Applicable)

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT (NOT APPLICABLE)

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			

	Outpatient				
	Total				

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION (NOT APPLICABLE)

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS **ATTACHMENT 38**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	27-28
2	Site Ownership	29-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32-33
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	34
5	Flood Plain Requirements	35-36
6	Historic Preservation Act Requirements	37
7	Project and Sources of Funds Itemization	38
8	Financial Commitment Document if required	39-40
9	Cost Space Requirements	41
10	Discontinuation	42
11	Background of the Applicant	43-52
12	Purpose of the Project	53-55
13	Alternatives to the Project	56
14	Size of the Project	57
15	Project Service Utilization	58
16	Unfinished or Shell Space	59
17	Assurances for Unfinished/Shell Space	59
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	60
19	Comprehensive Physical Rehabilitation	60
20	Acute Mental Illness	60
21	Open Heart Surgery	60
22	Cardiac Catheterization	60
23	In-Center Hemodialysis	60
24	Non-Hospital Based Ambulatory Surgery	60
25	Selected Organ Transplantation	60
26	Kidney Transplantation	60
27	Subacute Care Hospital Model	60
28	Community-Based Residential Rehabilitation Center	60
29	Long Term Acute Care Hospital	60
30	Clinical Service Areas Other than Categories of Service	60
31	Freestanding Emergency Center Medical Services	60
32	Birth Center	60
	Financial and Economic Feasibility:	
33	Availability of Funds	61-65
34	Financial Waiver	66
35	Financial Viability	67-68
36	Economic Feasibility	69-73
37	Safety Net Impact Statement	74
38	Charity Care Information	75

File Number

4887-921-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DU PAGE MEDICAL GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 22, 1968, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of DECEMBER A.D. 2018 .

Jesse White

SECRETARY OF STATE

Authentication #: 1834102184 verifiable until 12/07/2019
Authenticate at: <http://www.cyberdriveillinois.com>

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DMG PRACTICE MANAGEMENT SOLUTIONS LLC"
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2019.
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



5903346 8300

SR# 20195666221

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203103303

Date: 06-26-19

**301-319 WEST OGDEN AVENUE, WESTMONT, ILLINOIS
LEASEHOLD INTEREST OVERVIEW**

Westmont MOB, LLC, an Illinois limited liability company ("**Westmont**") possesses a 99 year land lease for the real property located at the address commonly known as 301-319 West Ogden Avenue in Westmont, Illinois, as more particularly described in the attached Exhibit A. Westmont intends to construct on the said real property a medical office building consisting of approximately 50,220 square feet (the "**Building**"), which DuPage Medical Group, Ltd. ("**DMG**") intends to occupy in its entirety in order to provide professional medical services pursuant to a leasing arrangement (the "**Lease**").

In connection with DMG's planned use and occupancy of the Building, Westmont has agreed to fund the construction of the core and shell of the Building, along with the tenant improvements of the Building to be constructed by and on behalf of DMG which shall be funded in part by a tenant improvement allowance from GSP (the "**Allowance**"). As consideration for receipt of the Allowance, DMG has agreed to comply with all tenant obligations under the Lease in the Building, as summarized below:

Allowance	Westmont is providing an Allowance of \$425.00 per square foot of the Building, to be used for construction of base building and site work and tenant improvements therein, subject to Rent adjustments as set forth below.
Building Rent	Building Rent = \$41.04 per square foot; subject to 2¼% annual escalation <i>plus</i> supplemental payment of all other amounts associated with ownership, use, repair, maintenance, possession, management, and operation of the Building in consideration of DMG's sole and exclusive occupancy and use of the entire Building.
Initial Lease Term	15 years
Extension Option	Two 5-year options

Accepted and agreed to this _____ day of January, 2020.

DUPAGE MEDICAL GROUP, LTD.,
a professional corporation

WESTMONT MOB LLC,
an Illinois limited liability company

By: [Signature]
Name: Michael T. [Signature]
Title: CEO

By: [Signature]
Name: Lawrence Debb
Title: Authorized Signatory

Exhibit A
LEGAL DESCRIPTION

PARCEL 1:

LOTS 1, 2 AND 3 IN BLOCK 1 IN ARTHUR T. MC INTOSH AND COMPANY'S OGDEN AVENUE SUBDIVISION, BEING A SUBDIVISION IN THE SOUTH WEST $\frac{1}{4}$ OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 7, 1923 AS DOCUMENT 172336, IN DUPAGE COUNTY, ILLINOIS

PARCEL 2:

LOT 1 IN BLOCK 4 IN ARTHUR T. MC INTOSH AND COMPANY'S FAIRMONT GARDENS, BEING A SUBDIVISION IN THE SOUTH EAST $\frac{1}{4}$ OF SECTION 4, AND IN THE NORTH EAST $\frac{1}{4}$ OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 7, 1920 AS DOCUMENT 144142, IN DUPAGE COUNTY, ILLINOIS

PARCEL 3:

LOT 2 IN BLOCK 4 IN ARTHUR T. MC INTOSH AND COMPANY'S FAIRMONT GARDENS, BEING A SUBDIVISION IN THE SOUTH EAST $\frac{1}{4}$ OF SECTION 4, AND IN THE NORTH EAST $\frac{1}{4}$ OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 7, 1920 AS DOCUMENT 144142, IN DUPAGE COUNTY, ILLINOIS.

File Number

4887-921-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DU PAGE MEDICAL GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 22, 1968, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



**In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of DECEMBER A.D. 2018 .**

Jesse White

SECRETARY OF STATE

Authentication #: 1834102164 verifiable until 12/07/2019
Authenticate at: <http://www.cyberdriveillinois.com>

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DMG PRACTICE MANAGEMENT SOLUTIONS LLC"
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
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THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



5903346 8300

SR# 20195666221

You may verify this certificate online at corp.delaware.gov/authver.shtml

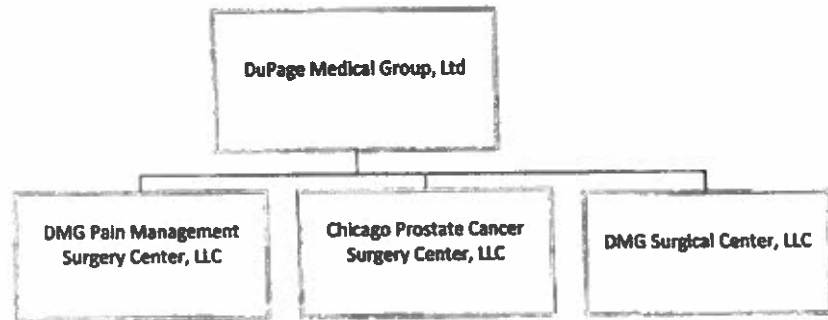
A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203103303

Date: 06-26-19

Organizational Chart



Because DMG's financial statements are combined with those of DMG Practice Management Solutions in consolidated financial statements, DMG Practice Management Solutions, LLC was included as a co-applicant within this application.

Flood Plain Requirements

The site of the proposed project complies with the requirements of Illinois Executive Order #2005-5. The project site is located at 301-319 W. Ogden Ave. Westmont, IL 60559. Please see the attached Flood Plain Insurance Rate Map (FIRM) documenting that the project site is not located in a Special Flood Hazard Area.

Historic Resources Preservation Act Requirements

DMG has requested a Historic Preservation Act determination from the Illinois Historic Preservation Agency. Documentation that no historic, architectural or archaeological sites exist within the project site will be submitted under separate cover upon receipt.

Project Costs

Use of Funds	Reviewable	Non-Reviewable	Total
Preplanning Costs	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Costs	\$0	\$10,044,000	\$10,044,000
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$703,080	\$703,080
Architectural/Engineering Fees	\$0	\$400,000	\$400,000
Consulting and Other Fees	\$0	\$150,000	\$150,000
City Permits	\$0	\$150,000	\$150,000
Movable and Other Equipment (not in construction contracts)	\$0	\$7,030,615	\$7,030,615
Equipment General	\$0	\$5,866,590	\$5,866,590
Furniture	\$0	\$244,170	\$244,170
IT/Telecom	\$0	\$919,855	\$919,855
Bond Issuance Expense (Project related)	\$0	\$0	\$0
Net Interest Expense During Construction (Project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$11,299,500	\$11,299,500
FMV of Building	\$0	\$11,299,500	\$11,299,500
Other Costs to be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (Excluding land)	\$0	\$0	\$0
Total Uses of Funds	\$0	\$29,627,195	\$29,627,195

Active CON Permits

DuPage Medical Group, Ltd. has two active CON permits:

CON 19-018: Chicago Prostate Cancer Surgery Center, Westmont

- The CON permit for project 19-018 was approved on August 6, 2019.
- The project completion date of record is July 31, 2020. It is anticipated that the project will be completed in advance of this date.

CON 19-019: Lockport Crossing Medical Office Building, Lockport

- The CON permit for project 19-019 was approved on August 6, 2019.
- The project completion date of record is March 31, 2020. It is anticipated that the project will be completed in advance of this date.



3D North-West View

Proposed Building 3D Rendering

October 7th, 2019

WESTMONT MEDICAL OFFICE BUILDING
303 W. Ogden Avenue, Westmont, Illinois

GSP Development
STEPHEN HANKIN ASSOCIATES
DISTINCTIVE ARCHITECTURAL DESIGN & PLANNING

Cost Space Requirements

DMG proposes to build a medical office building. The following is a list of equipment and construction costs by department.

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That is:			
Dept. / Area (list below)	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable							
Total Reviewable	\$0	0	0	0	0	0	0
Non-Reviewable							
Exam and treatment spaces	\$8,567,817			14,523			
Physician offices	\$470,779			798			
Staff Workspaces and Nurses Stations	\$3,894,838			6,602			
Reception, Waiting and Registration	\$2,429,406			4,118			
Storage and Supplies	\$1,062,497			1,801			
Staff lounge and lockers	\$705,578			1,196			
Toilets	\$742,745			1,259			
Communication, IT, and Electrical Closets	\$253,088			429			
Entry and circulation	\$6,527,186			11,064			
Mechanical, Plumbing, Building Support	\$2,882,487			4,886			
Stairs and Elevators	\$1,187,566			2,013			
Administrative spaces and offices	\$903,211			1,531			
Total Non-Reviewable	\$29,627,195	0	0	50,220	0	0	0

Section 1110.130 Discontinuation

DMG does not propose the discontinuation of a health care facility or a category of service. Therefore this section is not applicable.

Debra Savage, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

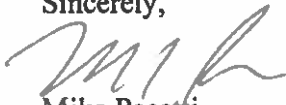
RE: Attachment 11 - Background of Applicant

Dear Chair Savage:

The following addresses the Background of Applicant information requirements:

- Proof of current licensure and accreditation for the healthcare facilities owned or operated by DuPage Medical Group is attached as Attachment 11a.
- There have been no adverse actions taken against the health care facilities owned or operated by the applicant during the three years prior to the filing of this application.
- This letter serves as authorization permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information which the State Board or Agency finds pertinent to this subsection.

Sincerely,



Mike Pacetti
DuPage Medical Group, Ltd.
Attachments

Notarization:

Subscribed and sworn to before
me this 22 day of January



Signature of Notary


seal



Healthcare Facilities

The licenses and accreditations for the following facilities are attached as Attachment-11a:

- **Chicago Prostate Surgery Center, LLC**
License Identification Number: 7003098
Accreditation Identification Number: TJC 293933
- **DMG Pain Management Surgery Center, LLC**
License Identification Number: 7003162
Accreditation Identification Number: AAAHC 95139
- **DMG Surgical Center, LLC**
License Identification Number: 7003023
Accreditation Identification Number: AAAHC 68951

 Illinois Department of PUBLIC HEALTH			HF 118338
LICENSE, PERMIT, CERTIFICATION, REGISTRATION			
<small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</small>			
Ngozi O. Ezike, M.D. Director		<small>Issued under the authority of the Illinois Department of Public Health</small>	
EXPIRATION DATE	CATEGORY	LIC. NUMBER	
7/16/2020		7003098	
Ambulatory Surgery Treatment Center			
Effective: 07/17/2019			
Chicago Prostate Cancer Surgery Center 815 Pasquinelli Dr Westmont, IL 60559			
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18</small>			

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 7/16/2020


Lic Number 7003098

Date Printed 5/29/2019

Chicago Prostate Cancer Surgery Cent

815 Pasquinelli Dr
Westmont, IL 60559-1276

FEE RECEIPT NO.

 Illinois Department of PUBLIC HEALTH		HF 118525
LICENSE PERMIT CERTIFICATION REGISTRATION		
<small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</small>		
Ngozi O. Ezike, M.D. Director		<small>Issued under the authority of the Illinois Department of Public Health</small>
<small>EXPIRATION DATE</small> 9/6/2020	<small>CATEGORY</small>	<small>ID NUMBER</small> 7003162
Ambulatory Surgery Treatment Center		
Effective: 09/07/2019		
DMG Pain Management Surgery Center, LLC 2940 Rollingridge Rd Ste 200 Naperville, IL 60564		
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18</small>		

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 9/6/2020

Lic Number 7003162

Date Printed 7/9/2019

DMG Pain Management Surgery Cent

2940 Rollingridge Rd Ste 200
Naperville, IL 60564-4226

FEE RECEIPT NO.

 Illinois Department of PUBLIC HEALTH			HF 118628
LICENSE, PERMIT, CERTIFICATION, REGISTRATION			
<small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</small>			
Ngozi O. Ezike, M.D. Director		<small>Issued under the authority of the Illinois Department of Public Health</small>	
EXPIRATION DATE 9/9/2020	CATEGORY	L.D. NUMBER 7003023	
Ambulatory Surgery Treatment Center			
Effective: 09/10/2019			
DMG Surgical Center, LLC 2725 S Technology Drive Lombard, IL 60148			
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10/4 9/18</small>			

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 9/9/2020

Lic Number 7003023

Date Printed 7/25/2019

Validation Num 1782

DMG Surgical Center, LLC

2725 S Technology Drive
Lombard, IL 60148-5675

FEE RECEIPT NO.



June 25, 2018

Re: # 293933

CCN: #14C0001126

Program: Ambulatory Surgical Center

Accreditation Expiration Date: March 16, 2021

Brian J. Moran
Chief Executive Officer
Chicago Prostate Cancer Surgery Center
815 Pasquinelli Drive
Westmont, Illinois 60559

Dear Dr. Moran:

This letter confirms that your March 13, 2018 - March 15, 2018 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for ambulatory surgical centers through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 30, 2018 and June 06, 2018, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 16, 2018.

The Joint Commission is also recommending your organization for continued Medicare certification effective March 16, 2018. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location:

Chicago Prostate Cancer Surgery Center
d/b/a Chicago Prostate Surgery Center
815 Pasquinelli Drive, Westmont, IL, 60559

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

January 7, 2019

Organization #	95139	Program Type	Ambulatory Surgery Center
Decision Recipient	Mrs. Kristina Sharkey	CCN	14C0001149
Organization Name	DMG Pain Management Surgery Center		
Address	2940 Rollingridge Road, Suite 200		
City State Zip	Naperville	IL	60564-4226

Dear DMG Pain Management Surgery Center,

As an ambulatory surgery center (ASC) that has undergone the AAAHC/Medicare Deemed Status Survey, your ASC has demonstrated its compliance with the AAAHC Standards and all Medicare Conditions for Coverage (CfC).

Survey Date	10/23/2018-10/24/2018	Deficiency Level	Condition
Type of Survey	Re-accreditation/Medicare Deemed Status	Condition-level CFR citation(s)	416.44 Environment
Acceptable PoC Received	12/1/2018	Correction Method	Document Review, Self Attestation, Plan of Action, Follow up Survey

Survey Date	1/23/2019	Deficiency Level	None
Type of Survey	Medicare Follow-up		

Congratulations!

The AAAHC Accreditation Committee recommends your ASC for participation in the Medicare Deemed Status program. The Centers for Medicare and Medicaid Services (CMS) has the final authority to determine participation and effective dates in Medicare Deemed Status in accordance with the regulations at 42 CFR 489.13.

Accreditation Type	Full Accreditation	Recommend Medicare Deemed Status	Yes
Accreditation Term Begins	11/23/2018	Accreditation Term Expires	11/22/2021

Special CC: CMS CO - Baltimore
CMS RO V - Chicago

Accreditation Renewal Code: 470DF82495139

QI Study Code: 95139FREEIQI

Organization # 95139 Organization: DMG Pain Management Surgery Center
January 7, 2019

Page 2

Next Steps

1. Leadership and staff of your ASC should take time to thoroughly review your Survey Report and Plan of Correction (PoC).
 - Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed within the timeframes of your PoC.
 - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
 2. AAAHC requires notification of any changes within your organization in accordance with policies and procedures in the front section of the *Accreditation Handbook*. Visit the AAAHC website "I want to" section and select "Notify AAAHC of a change in my organization" and follow instructions.
 3. AAAHC Standards, policies and procedures are reviewed and revised on an ongoing basis. You are invited to participate in the review through the periodic public comment process. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website for details.
 4. Accredited ASCs are required to maintain operations in compliance with the current AAAHC policies and Standards, which include the CMS Conditions for Coverage. Updates are published in the *AAAHC Handbooks*. Any mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.
 5. In order to ensure uninterrupted accreditation, your ASC should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for review and scheduling the survey.
- NOTE:** You will need the Accreditation Renewal Code found above to submit your renewal application:

Additional Information

The complimentary AAAHC Institute QI study participation code on the first page of this document may be used to register for one six-month, AAAHC Institute for Quality Improvement benchmarking study. Please visit www.aaahc.org/institute for more information.

Throughout your term of accreditation, AAAHC will communicate announcements via e-mail to the primary contact for your organization. Please be sure to notify us (notifyeast@aaahc.org) should this individual or his/her contact information change.

If you have questions or comments about the accreditation process, please contact AAAHC Accreditation Services at 847.853.6060. We look forward to continuing to partner with you to deliver safe, high-quality health care.



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

November 1, 2018

Organization #	68951		
Organization Name	DMG Surgical Center, LLC dba Surgical Center of DuPage Medical Group		
Address	2725 S Technology Drive		
City State Zip	Lombard	IL	60148-5675
Decision Recipient	Mr. Alex Andrade		
Survey Date	10/4/2018-10/5/2018	Type of Survey	Re-Accreditation
Accreditation Type	Full Accreditation		
Accreditation Term Begins	11/2/2018	Accreditation Term Expires	11/1/2021
Accreditation Renewal Code	EF42FCFC68951		
Complimentary AAAHC Institute study participation code	68951FREEIQI		

As an ambulatory health care organization that has undergone the AAAHC Accreditation Survey, your organization has demonstrated its substantial compliance with AAAHC Standards. The AAAHC Accreditation Committee recommends your organization for accreditation.

Next Steps

- Members of your organization should take time to thoroughly review your Survey Report.
 - Any standard rated less than "FC" (Fully Compliant) must be corrected promptly. Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
 - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
- AAAHC Standards, policies and procedures are reviewed and revised annually. You are invited to participate in the review through the public comment process each fall. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website in late summer for details.
- Accredited organizations are required to maintain operations in compliance with the current AAAHC Standards and policies. Updates are published annually in the AAAHC *Handbooks*. Mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.

Organization # 68951

Organization: DMG Surgical Center, LLC dba Surgical Center of DuPage Medical Group

November 1, 2018

Page 2

4. In order to ensure uninterrupted accreditation, your organization should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for scoping and scheduling the survey.

NOTE: You will need the Accreditation Renewal Code found in the table at the beginning of this document to submit your renewal application.

Additional Information

The complimentary AAAHC Institute study participation code on the first page of this document may be used to register for one six-month, AAAHC Institute for Quality Improvement benchmarking study. Please visit www.aaahc.org/institute for more information.

Throughout your term of accreditation, AAAHC will communicate announcements via e-mail to the primary contact for your organization. Please be sure to notify us (notifyeast@aaahc.org) should this individual or his/her contact information change.

If you have questions or comments about the accreditation process, please contact AAAHC Accreditation Services at 847.853.6060. We look forward to continuing to partner with you to deliver safe, high-quality health care.



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

Attachment – 11A

Section III, Purpose of the Project, and Alternatives – Information Requirements

Purpose of Project

As a physician-based practice, there are no review standards or criteria for the space to be occupied by DuPage Medical Group (DMG).

1. **Document that the Project will provide health care services that improve the health care or well-being of the market area population to be served.**

Founded in 1999, DMG is the largest independent, multi-specialty physician group in the Chicago area with more than 700 physicians in over 100 suburban Chicago locations. DMG is a patient-centered organization focused on improving access to convenient, quality healthcare using the latest technology and treatment options.

DMG proposes to build a medical office building (MOB) for the purpose of consolidating physician practice space in Westmont, Illinois. The Project will eliminate multiple single practice sites, including individual orthopedics, physical therapy, pulmonology and cardiology practices. Co-locating complementary services into a single location will improve continuity of care, wayfinding and efficiency and will eliminate costly space leases. The Project will also help DMG serve its large patient base in the Westmont area by placing a wide variety of specialty services less than two miles from DMG's very large primary care facility located at 801 N. Cass Avenue in Westmont. In doing so, DMG will have a broad variety of complementary services in close proximity to one another.

The purpose of the Project is to ensure continued access to quality, coordinated, efficient and cost-effective services for the residents of Westmont and surrounding areas. The Project will provide office space for physicians and midlevel providers to ensure the availability of healthcare services as care shifts to the outpatient setting. Access to these services is essential to the overall well-being of the communities DMG serves, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort.

2. **Define the planning area or market area, or other, per the applicant's definition.**

It is anticipated that the majority of the patients using the proposed MOB will reside within 10 miles of the facility. A list of all zip codes located, in total or in part, within 10 miles of the site is provided below:

ZIP	Name
60101	Addison
60104	Bellwood
60106	Bensenville
60108	Bloomington
60126	Elmhurst
60130	Forest Park
60131	Franklin Park
60137	Glen Ellyn
60139	Glendale Heights

60141	Hines
60143	Itasca
60148	Lombard
60153	Maywood
60154	Westchester
60155	Broadview
60160	Melrose Park
60162	Hillside
60163	Berkeley
60164	Melrose Park
60165	Stone Park
60181	Villa Park
60187	Wheaton
60188	Carol Stream
60189	Wheaton
60190	Winfield
60191	Wood Dale
60305	River Forest
60402	Berwyn
60439	Lemont
60440	Bolingbrook
60455	Bridgeview
60457	Hickory Hills
60458	Justice
60464	Palos Park
60465	Palos Hills
60480	Willow Springs
60501	Summit Argo
60513	Brookfield
60514	Clarendon Hills
60515	Downers Grove
60516	Downers Grove
60517	Woodridge
60521	Hinsdale
60523	Oak Brook
60525	La Grange
60526	La Grange Park
60527	Willowbrook
60532	Lisle
60534	Lyons
60540	Naperville

60546	Riverside
60555	Warrenville
60558	Western Springs
60559	Westmont
60561	Darien
60563	Naperville
60565	Naperville
60638	Chicago

3. **Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.**

DMG currently has multiple space leases for single practice sites, including individual orthopedics, physical therapy, pulmonology and cardiology practices, which DMG is seeking to consolidate into a single site. Doing so will improve continuity of care, wayfinding, efficiency and the cost of care.

Further, demand for physician services in the United States has grown substantially over the past two decades due to the nation's expanding and aging population and improving insurance coverage. This growth has led DMG to significantly expand its complement of providers and number of locations over the past several years. To address existing demand and allow for anticipated growth among the services that will occupy the proposed clinic, DMG must add office space to accommodate additional providers.

4. **Cite the sources of the information provided as documentation.**

The Project takes into account multiple external sources that demonstrate historical and anticipated growth in demand for outpatient physician services. It was also informed by analysis of internal documents.

5. **Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.**

As discussed in greater detail above, the Project will allow DMG to improve access to care for residents of Westmont and surrounding areas.

6. **Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

The goal of the Project is to provide contemporary and easily accessible office space for DMG providers. Upon project completion, that goal, as it relates to the market area identified above, will be met.

Alternatives to the Proposed Project

DMG proposes to build a medical office building for the purpose of consolidating physician practice space in Westmont, Illinois. It believes that the proposed project is the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative consists of a comparison of the proposed project to alternative options.

DMG has considered the following alternatives:

A) Project of Lesser Scope: Do Nothing (\$0)

This option would not allow DMG to consolidate multiple single practice sites into a single location to improve efficiency and eliminate space leases. Further, it would not address the growing demand for services in Westmont and surrounding areas.

Under this option, patient access, patient satisfaction and the cost of care would be adversely affected. For these reasons, this alternative was rejected.

B) Proposed: Build an MOB in Westmont, Illinois (\$29,627,195)

DMG ultimately decided to build a medical office building for the purpose of consolidating physician practice space in Westmont. The chosen option will provide additional medical office space in a cost effective manner. It will also improve continuity of care by locating specialty services within two miles of DMG's existing primary care facility.

For all of these reasons, this option is the one chosen for the proposed project.

Size of Project

This space criterion is applicable only to projects that involve hospital spaces under licensure of the Illinois Hospital Licensing Act for which standards are set pursuant to Appendix B of Part 1110 of the Illinois Health Facilities and Services Review Board rules. This building will consist of non-hospital affiliated physician offices and none of the spaces will be under a hospital license (nor will they include long-term care, ICF/DD Facilities, ASTC, Dialysis or Freestanding Emergency Center space). Accordingly, all of this space is non-reviewable and this criterion is not applicable.

Project Services Utilization

This utilization criterion is applicable only to projects that involve hospital services under licensure of the Illinois Hospital Licensing Act for which standards are set pursuant to Appendix B of Part 1110 of the Illinois Health Facilities and Services Review Board rules. This building will consist of non-hospital affiliated physician offices and none of the spaces will be under a hospital license (nor will they include long-term care, ICF/DD Facilities, ASTC, Dialysis or Freestanding Emergency Center space). Accordingly, all of these services are non-reviewable and this criterion is not applicable.

Unfinished or Shell Space

The proposed project does not entail unfinished or shell space, so this section is not applicable.

Section VII Service Specific Review Criteria

This project does not involve any of the following services. Therefore the associated sections are not applicable.

- Medical/Surgical, Obstetric, Pediatric and Intensive Care
- Comprehensive Physical Rehabilitation
- Acute Mental Illness and Chronic Mental Illness
- Open Heart Surgery
- Cardiac Catheterization
- In-Center Hemodialysis
- Non-Hospital Based Ambulatory Surgery
- Selected Organ Transplantation
- Kidney Transplantation
- Subacute Care Hospital Model
- Community-Based Residential Rehabilitation Center
- Long Term Acute Care Hospital
- Clinical Service Areas Other than Categories of Service

Section 1120.120 Availability of Funds

The project will be funded through cash on hand and an operating lease. To support the fact that there are sufficient funds to cover the cost of the proposed project, DMG obtained the enclosed letter from Bank of America evidencing the sufficiency of cash available for the Project (see Attachment- 33A).

**301-319 WEST OGDEN AVENUE, WESTMONT, ILLINOIS
LEASEHOLD INTEREST OVERVIEW**

Westmont MOB, LLC, an Illinois limited liability company ("**Westmont**") possesses a 99 year land lease for the real property located at the address commonly known as 301-319 West Ogden Avenue in Westmont, Illinois, as more particularly described in the attached Exhibit A. Westmont intends to construct on the said real property a medical office building consisting of approximately 50,220 square feet (the "**Building**"), which DuPage Medical Group, Ltd. ("**DMG**") intends to occupy in its entirety in order to provide professional medical services pursuant to a leasing arrangement (the "**Lease**").

In connection with DMG's planned use and occupancy of the Building, Westmont has agreed to fund the construction of the core and shell of the Building, along with the tenant improvements of the Building to be constructed by and on behalf of DMG which shall be funded in part by a tenant improvement allowance from GSP (the "**Allowance**"). As consideration for receipt of the Allowance, DMG has agreed to comply with all tenant obligations under the Lease in the Building, as summarized below:

Allowance	Westmont is providing an Allowance of \$425.00 per square foot of the Building, to be used for construction of base building and site work and tenant improvements therein, subject to Rent adjustments as set forth below.
Building Rent	Building Rent = \$41.04 per square foot; subject to 2¼% annual escalation <i>plus</i> supplemental payment of all other amounts associated with ownership, use, repair, maintenance, possession, management, and operation of the Building in consideration of DMG's sole and exclusive occupancy and use of the entire Building.
Initial Lease Term	15 years
Extension Option	Two 5-year options

Accepted and agreed to this _____ day of January, 2020.

DUPAGE MEDICAL GROUP, LTD.,
a professional corporation

WESTMONT MOB LLC,
an Illinois limited liability company

By: [Signature]
Name: Michael L. Paul
Title: CEO

By: [Signature]
Name: Lawrence Debb
Title: Authorized Signatory

Exhibit A
LEGAL DESCRIPTION

PARCEL 1:

LOTS 1, 2 AND 3 IN BLOCK 1 IN ARTHUR T. MC INTOSH AND COMPANY'S OGDEN AVENUE SUBDIVISION, BEING A SUBDIVISION IN THE SOUTH WEST $\frac{1}{4}$ OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 7, 1923 AS DOCUMENT 172336, IN DUPAGE COUNTY, ILLINOIS

PARCEL 2:

LOT 1 IN BLOCK 4 IN ARTHUR T. MC INTOSH AND COMPANY'S FAIRMONT GARDENS, BEING A SUBDIVISION IN THE SOUTH EAST $\frac{1}{4}$ OF SECTION 4, AND IN THE NORTH EAST $\frac{1}{4}$ OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 7, 1920 AS DOCUMENT 144142, IN DUPAGE COUNTY, ILLINOIS

PARCEL 3:

LOT 2 IN BLOCK 4 IN ARTHUR T. MC INTOSH AND COMPANY'S FAIRMONT GARDENS, BEING A SUBDIVISION IN THE SOUTH EAST $\frac{1}{4}$ OF SECTION 4, AND IN THE NORTH EAST $\frac{1}{4}$ OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 7, 1920 AS DOCUMENT 144142, IN DUPAGE COUNTY, ILLINOIS.



January 2, 2020

Debra Savage, Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson St, 2nd Floor
Springfield, IL 62761

Dear Chair Savage:

Bank of America has an ongoing banking relationship with DuPage Medical Group, Ltd. and hereby affirms that as of January 2, 2020, DuPage Medical Group has accounts with cash balances in excess of \$8,500,000 which have not been earmarked for another project and are immediately available for funding construction costs, equipment purchases and other capital expenditures associated with the construction of a medical office building at 303 W. Ogden Avenue, Westmont, IL 60559.

Kind Regards,

A handwritten signature in cursive script that reads "Margret A. Smith".

Margret Smith
Vice President
Treasury Solutions
Healthcare, Education & Not-for-Profit
Bank of America Merrill Lynch
Bank of America, N.A.
IL4-135-07-12, 135 S. LaSalle St., Chicago, IL 60603
T 312.992.4535 F 312.533.1483
margret.smith@bamll.com

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Section VII, 1120.130 Financial Viability
Financial Viability Waiver

This project will be funded entirely with cash and cash equivalents (operating lease).
Therefore, financial viability ratios are not required.

Section VII, 1120.140 Financial Viability
Financial Viability Waiver

Because this project will be funded entirely with cash and cash equivalents (operating lease), it qualifies for a financial viability waiver. A copy of the letter from Bank of America evidencing sufficient funds to finance the proposed project is attached as Attachment- 35a.



January 2, 2020

Debra Savage, Chair
 Illinois Health Facilities and Services Review Board
 525 W. Jefferson St, 2nd Floor
 Springfield, IL 62761

Dear Chair Savage:

Bank of America has an ongoing banking relationship with DuPage Medical Group, Ltd. and hereby affirms that as of January 2, 2020, DuPage Medical Group has accounts with cash balances in excess of \$8,500,000 which have not been earmarked for another project and are immediately available for funding construction costs, equipment purchases and other capital expenditures associated with the construction of a medical office building at 303 W. Ogden Avenue, Westmont, IL 60559.

Kind Regards,

Margret Smith
 Vice President
 Treasury Solutions
 Healthcare, Education & Not-for-Profit
 Bank of America Merrill Lynch
 Bank of America, N.A.
 IL4-135-07-12, 135 S. LaSalle St., Chicago, IL 60603
 T 312.992.4535 F 312.533.1483
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Section 1120.140 Economic Feasibility

A. Reasonableness of Financing Arrangements

Attached at Attachment- 36A is a letter attesting that the total estimated project costs will be funded entirely with cash and cash equivalents.

Debra Savage, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Reasonableness of Financing Arrangements

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents (operating lease).

Sincerely,



Mike Pacetti
DuPage Medical Group, Ltd.

Notarization:

Subscribed and sworn to before
me this 22 day of January



Signature of Notary

seal



Section VIII, Economic Feasibility Review Criteria
Criterion 1120.140(B), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

1120.140 Economic Feasibility
C. Reasonableness of Project and Related Costs

DMG proposes to build a medical office building. The State Board does not have cost standards for projects that do not have an inpatient component or fall into a category of service. Below is a list of the non-reviewable departments:

- Exam and treatment spaces
- Physician offices
- Staff workspaces and nurses stations
- Reception, waiting and registration
- Storage and supplies
- Staff lounge and lockers
- Toilets
- Communication, IT, and electrical closets
- Entry and circulation
- Mechanical, plumbing, building support
- Stairs and elevators
- Administrative spaces and offices

Section 1120.140 Economic Feasibility

D. Projected Operating Costs

E. Total Effect of the Project on Capital Costs

D. Projected Operating Costs (1120.140 (d))

This criterion is applicable to projects or portions thereof that involve hospital-related clinical departments or services, and this project does not involve hospital services.

E. Effect on Capital Cost (1120.140 (e))

This criterion is applicable to projects or portions thereof that involve hospital-related clinical departments or services, and this project does not involve hospital services.

Section IX, Safety Net Impact Statement

This project is non-substantive. Accordingly, this criterion is not applicable.

Charity Care Information

This criterion is not applicable in that the proposed project is a non-substantive MOB.



Via Federal Express

Kara Friedman
(312) 873-3639
kfriedman@polsinelli.com

Mr. Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Application for Permit

Dear Mike:

DuPage Medical Group Ltd. ("DMG") hereby submits the attached Certificate of Need application to construct a medical office building in Westmont, Illinois. For your review, I have attached the following:

1. Two copies of the completed application for permit (due to timing constraints, the original signatures will be sent within a few days under separate cover)
2. A check for \$2,500 for the application processing fee

The Illinois Health Facilities and Services Review Board has previously been provided a copy of the most recent DMG Practice Management Solutions, LLC Consolidated Financial Statements (for the year ended December 31, 2018). This was in connection with Project Number 19-018.

Thank you for your time and consideration of the DMG's application for permit. If you have any questions or need any additional information to complete your review of the application for permit, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads 'Kara Friedman'.

Kara M. Friedman

Attachments