

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:	Northwestern Medicine Winfield Town Center Medical Office Building		
Street Address:	Southeast corner of Jewell Road and Church Street		
City and Zip Code:	Winfield, Illinois 60191		
County:	DuPage	Health Service Area:	7
		Health Planning Area:	A-05

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

Exact Legal Name:	Northwestern Memorial HealthCare		
Street Address:	251 East Huron Street		
City and Zip Code:	Chicago, Illinois 60611		
Name of Registered Agent:	Danae Prousis		
Registered Agent Street Address:	211 East Ontario Street, Suite 1800		
Registered Agent City and Zip Code:	Chicago, Illinois 60611		
Name of Chief Executive Officer:	Dean M. Harrison		
CEO Street Address:	251 East Huron Street		
CEO City and Zip Code:	Chicago, Illinois 60611		
CEO Telephone Number:	312-926-3007		

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input 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:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street, Suite 1750, Chicago, Illinois 60611
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

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

Name:	Rob Christie
Title:	Senior Vice President
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street, Suite 1750, Chicago, Illinois 60611
Telephone Number:	312-926-7527
E-mail Address:	robert.christie@nm.org
Fax Number:	312-926-0373

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:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street, Suite 1750, Chicago, Illinois 60611
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Central DuPage Hospital Association
Address of Site Owner:	25 North Winfield Road, Winfield, Illinois 60190
Street Address or Legal Description of the Site:	
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:	Northwestern Memorial HealthCare		
Address:	251 East Huron Street, Chicago, Illinois 60611		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> 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>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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.

Northwestern Memorial HealthCare (NMHC) proposes to construct a medical office building located at the southeast corner of Jewell Road and Church Street in Winfield, IL.

The building will include physician practice space and retail space.

The total project square footage is 52,048 GSF.

The total project cost is \$38,825,000.

The anticipated project completion date is August 30, 2023.

The project is classified as non-substantive because it does not establish a new category of service or facility as defined in 20 ILCS 3690/3.

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	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$ -	\$ 50,000	\$ 50,000
Site Survey and Soil Investigation	\$ -	\$ 115,000	\$ 115,000
Site Preparation	\$ -	\$ 1,045,000	\$ 1,045,000
Off Site Work	\$ -	\$ -	\$ -
New Construction Contracts	\$ -	\$ 21,150,000	\$ 21,150,000
Modernization Contracts	\$ -	\$ -	\$ -
Contingencies	\$ -	\$ 2,115,000	\$ 2,115,000
Architectural/Engineering Fees	\$ -	\$ 1,375,000	\$ 1,375,000
Consulting and Other Fees	\$ -	\$ 2,400,000	\$ 2,400,000
Movable or Other Equipment (not in construction contracts)	\$ -	\$ 8,500,000	\$ 8,500,000
Bond Issuance Expense (project related)	\$ -	\$ -	\$ -
Net Interest Expense During Construction (project related)	\$ -	\$ -	\$ -
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -
Other Costs to Be Capitalized	\$ -	\$ 2,075,000	\$ 2,075,000
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -
TOTAL USES OF FUNDS	\$ -	\$ 38,825,000	\$ 38,825,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$ -	\$ 38,825,000	\$ 38,825,000
Pledges	\$ -	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -	\$ -
Bond Issues (project related)	\$ -	\$ -	\$ -
Mortgages	\$ -	\$ -	\$ -
Leases (fair market value)	\$ -	\$ -	\$ -
Governmental Appropriations	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Other Funds and Sources	\$ -	\$ -	\$ -
TOTAL SOURCES OF FUNDS	\$ -	\$ 38,825,000	\$ 38,825,000

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 ☐ Yes ☒ No
 Purchase Price: \$ N/A
 Fair Market Value: \$ N/A

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ 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 \$ N/A

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): August 30, 2023

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
☒ 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: N/A		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 representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Northwestern Memorial HealthCare (NMHC) *
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 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 fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Dean M. Harrison
PRINTED NAME

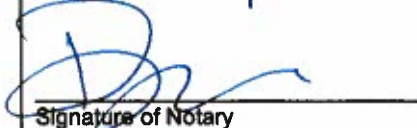
President and CEO
PRINTED TITLE


SIGNATURE

John A. Orsini
PRINTED NAME

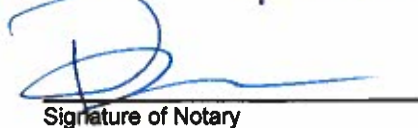
SVP and CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28 day of April 2021


Signature of Notary

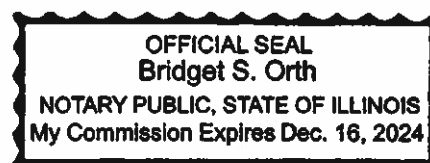
Seal

Notarization:
Subscribed and sworn to before me
this 28 day of April 2021


Signature of Notary

Seal

*Insert the EXACT legal name of the applicant



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 can 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 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:

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:

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.

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]:

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<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 timetable 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 timetable 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
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	terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE
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 the project's 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 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

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

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

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

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE 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 37.

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 <u>ATTACHMENT 37</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.					

SECTION X. CHARITY CARE INFORMATION

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.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

- Applicant: Northwestern Memorial HealthCare 251 East Huron Street
Chicago (Name) IL 60611 312-926-8650 (Address)
(City) (State) (ZIP Code) (Telephone Number)
- Project Location: Southeast corner of Jewell Road and Church Street Winfield, IL
(Address) (City) (State)
DuPage Winfield Section 6
(County) (Township) (Section)

- You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go To NFHL Viewer** tab above the map. You can print a

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No X

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____
Name of Official: _____ Title: _____
Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)
Signature: _____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

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	24
2	Site Ownership	25-28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	n/a
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	30-31
6	Historic Preservation Act Requirements	32-33
7	Project and Sources of Funds Itemization	34-36
8	Financial Commitment Document if required	37
9	Cost Space Requirements	38
10	Discontinuation	n/a
11	Background of the Applicant	39-40
12	Purpose of the Project	41-42
13	Alternatives to the Project	43
14	Size of the Project	44-46
15	Project Service Utilization	47
16	Unfinished or Shell Space	48
17	Assurances for Unfinished/Shell Space	48
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
19	Comprehensive Physical Rehabilitation	n/a
20	Acute Mental Illness	n/a
21	Open Heart Surgery	n/a
22	Cardiac Catheterization	n/a
23	In-Center Hemodialysis	n/a
24	Non-Hospital Based Ambulatory Surgery	n/a
25	Selected Organ Transplantation	n/a
26	Kidney Transplantation	n/a
27	Subacute Care Hospital Model	n/a
28	Community-Based Residential Rehabilitation Center	n/a
29	Long Term Acute Care Hospital	n/a
30	Clinical Service Areas Other than Categories of Service	n/a
31	Freestanding Emergency Center Medical Services	n/a
32	Birth Center	n/a
	Financial and Economic Feasibility:	
33	Availability of Funds	49
34	Financial Waiver	49
35	Financial Viability	49
36	Economic Feasibility	50
37	Safety Net Impact Statement	51
38	Charity Care Information	52-53
39	Flood Plain Information	22

SECRETARY OF STATE

Jesse White

Authentication #: 2026102502 verifiable until 09/17/2021
 Authenticate at: <http://www.cyberdriveillinois.com>



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of SEPTEMBER A.D. 2020 .

Business Services. I certify that
 NORTHWESTERN MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION,
 INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1981, APPEARS
 TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT
 CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS
 A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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



File Number

5257-740-3

Issued By: Law Office of Nicole M. Kersten, P.C.
1N141 County Farm Rd Ste 230
Winfield, IL 60190

SCHEDULE A

Address Reference: 27W480 Jewell Rd & OS027 Winfield Rd, Winfield, IL 60190

Date of Policy	Amount of Insurance
April 19, 2018	\$1,119,360.00

1. Name of Insured:

Central DuPage Hospital Association, an Illinois not-for-profit corporation

2. The estate or interest in the Land that is insured by this policy is:

Fee Simple

3. Title is vested in:

Central DuPage Hospital Association, an Illinois not-for-profit corporation

4. The Land referred to in this policy is described as follows:

PARCEL 1:

LOTS 2, 3 AND LOT 4 (EXCEPT THE EAST 75 FEET THEREOF) IN BLOCK 5 IN TOWN OF
FRIEDRICKSBURG, BEING A SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF
SECTION 13, TOWNSHIP 39 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN,
ACCORDING TO THE PLAT THEREOF, RECORDED FEBRUARY 8, 1853 AS DOCUMENT 6843, IN
DUPAGE COUNTY, ILLINOIS.

THIS POLICY VALID ONLY IF SCHEDULE B IS ATTACHED

END OF SCHEDULE A

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ALTA Owners Policy (06/17/2006)



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Dated: April 19, 2018

Chicago Title Insurance Company

The Company insures against loss or damage sustained by the Insured by reason of the failure of a Commercial structure, known as 27W480 Jewell Rd & OS027 Winfield Rd, Winfield, IL 60190, to be located on the Land at Date of Policy. This endorsement is issued as part of the policy. Except as it expressly states, it does not (i) modify any of the terms and provisions of the policy, (ii) modify any prior endorsements, (iii) extend the Date of Policy, or (iv) increase the Amount of Insurance. To the extent a provision of the policy or a previous endorsement is inconsistent with an express provision of this endorsement, this endorsement controls. Otherwise, this endorsement is subject to all of the terms and provisions of the policy and of any prior endorsements.

18NW7132407WH

Attached to Policy Number:



Issued By:

CHICAGO TITLE INSURANCE COMPANY

ENDORSEMENT - ALTA 22-06

LOCATION

CHICAGO TITLE INSURANCE COMPANY

OWNER'S POLICY (2006)

SCHEDULE A

POLICY NUMBER: 1401 - 008984107 - D2

DATE OF POLICY: AUGUST 14, 2018

AMOUNT OF INSURANCE: \$210,000.00

1. NAME OF INSURED:
CENTRAL DUPAGE HOSPITAL ASSOCIATION, AN ILLINOIS NOT-FOR-PROFIT CORPORATION

2. THE ESTATE OR INTEREST IN THE LAND THAT IS INSURED BY THIS POLICY IS:
FEE SIMPLE, UNLESS OTHERWISE NOTED.

3. TITLE IS VESTED IN:
THE INSURED

4. THE LAND HEREIN DESCRIBED IS ENCUMBERED BY THE FOLLOWING MORTGAGE OR TRUST DEED
AND ASSIGNMENTS:
NONE

THIS POLICY VALID ONLY IF SCHEDULE B IS ATTACHED

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ATTACHMENT-2

CCT 09/28/18 09:05:18

27

OPAL06 9/11/18 11:17:43 15272700306-1-18-METRO-1401-008984107

#20-015

CHICAGO TITLE INSURANCE COMPANY

OWNER'S POLICY (2006)
SCHEDULE A (CONTINUED)

POLICY NUMBER: 1401-008984107-D2

5. THE LAND REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:

THE EASTERLY 75 FEET OF LOT 4 IN BLOCK 5 IN THE TOWN OF FREDRICKSBURG, A
SUBDIVISION IN THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 13, TOWNSHIP 39
NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN DUPAGE COUNTY ILLINOIS

THIS POLICY VALID ONLY IF SCHEDULE B IS ATTACHED

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ATTACHMENT-2

CC1 09/28/18 09:05:18

28

OPLG06 9/11 WIP 1401-008984107

#20-015

Northwestern Memorial HealthCare



Flood Plain Requirements

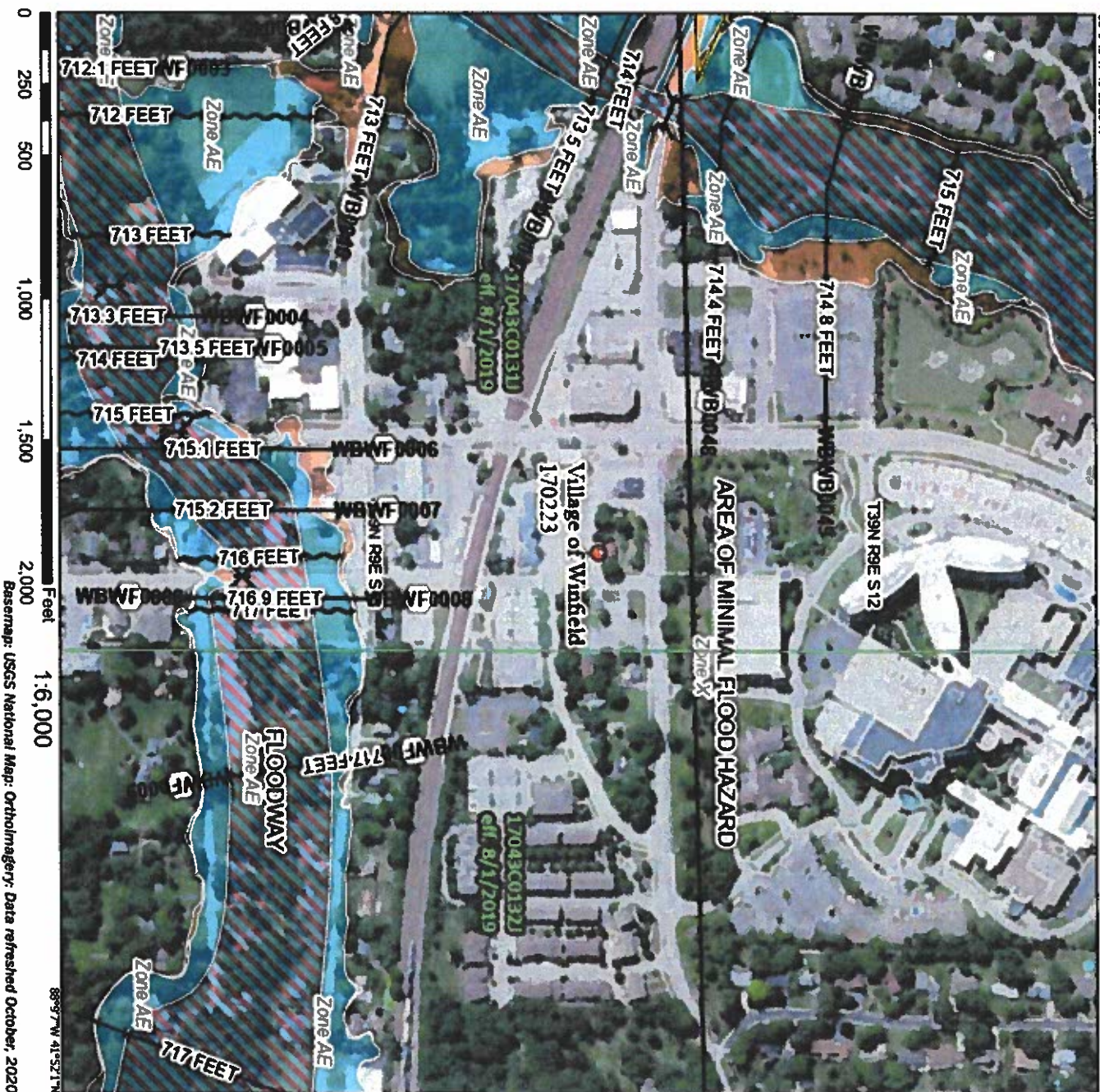
The location for the proposed project is the southeast corner of Jewell Road and Church Street in Winfield.

By their signatures on the Certification pages of this application, the Applicant attests that the project is not located in a flood plain and complies with the Flood Plain Rule under Illinois Executive Order #2006-5.

National Flood Hazard Layer FIRMette



88°57'45" W 41°52'28" N



Legend

SEE THIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS

- Without Base Flood Elevation (BFE) Zone A, X, or D
- With BFE or Depth Zone AE, AO, AH, VE, AP
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD

- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
- Future Conditions 1% Annual Chance Flood Hazard Zone X
- Area with Reduced Flood Risk due to Levee, See Notes, Zone X
- Area with Flood Risk due to Levee Zone D

OTHER AREAS

- NO SCREEN Area of Minimal Flood Hazard Zone X
- Effective LOM/Ra
- Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES

- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES

- Cross Sections with 1% Annual Chance Water Surface Elevation
- Coastal Transsect
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transsect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS

- Digital Data Available
- No Digital Data Available
- Unmapped

The pin displayed on the map is an approximate point, selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not used as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/26/2023 at 2:24 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is valid if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation data, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Historic Resources Preservation Act Requirements

The location for the proposed project is the southeast corner of Jewell Road and Church Street in Winfield. The attached letter from the Illinois Historic Preservation Agency indicates that the project area is not considered a historic, architectural or archaeological site.



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271

JB Pritzker, Governor
Colleen Callahan, Director

Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

www.dnr.illinois.gov

FAX (217) 524-7525

DuPage County
Winfield

Demolition and New Construction of a Parking Lot with Site Improvements, Central DuPage Hospital -
Northwestern Medicine

Area Bounded by Jewell Road, Church St. and High Lake Road; 33 Church St., 27W405 High Lake Road,
27W384 Jewell Road, 27W374 Jewell Road, 27W404 Jewell Road, 27W418 Jewell Road, 27W430 Jewell Road
BLA-316-128
SHPO Log #008061020

July 7, 2020

Erik Olson

BLA, Inc.

333 Pierce Road, Suite 200
Itasca, IL 60143

Dear Mr. Olson:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.
Our review of the records indicates that no historic, architectural or archaeological sites exist within the project
area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency
Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years
from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for
purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please call 217/782-4836.

Sincerely,

Robert F. Appleman
Deputy State Historic
Preservation Officer

#20-015

Project Costs and Sources of Funds

Itemization of each line item:

- Line 1 – Preplanning Costs – (\$50,000) – this includes:**
- Feasibility Study/Concept planning - \$50,000

- Line 2 – Site Survey and Soil Investigation Fees – (\$115,000) – this includes:**
- Soil borings - \$65,000
 - Survey - \$50,000

- Line 3 – Site Preparation – (\$1,045,000) – this includes:**
- Excavation - \$635,000
 - Underground utilities - \$160,000
 - Soil stabilization - \$250,000

- Line 5 – New Construction Contracts – (\$21,150,000) – this includes:**
- All construction contracts/costs to complete the project. Includes Group I fixed equipment and contractor's general requirements and conditions. Costs are escalated to the mid-point of construction.

- Line 7 – Contingencies - (\$2,115,000) – this includes:**
- Allowance for unforeseen New Construction costs

- Line 8 – Architectural / Engineering Fees – (\$1,375,000) – this includes:**

- Schematic Design:
 - Develop diagrammatic plans and documentation to describe the size and character of the space in a way that meets all programmatic and functional objectives.
- Design Development
 - Develop detailed drawings and documentation to describe the size and character of the space. Includes room layouts, structural, mechanical, electrical, and plumbing.
 - Coordinate FF&E specifications to include installation requirements that will be provided to the architect/engineer to ensure that spaces and building systems are planned to appropriately.
- Construction Documents:
 - Provide proposed reconciled statement of probable construction cost
 - Provide drawings and specifications
 - Prepare documentation for alternate bids
 - Assist in filing construction documents for approval by regulatory agencies
 - Signage and way finding solutions
- Bidding and Negotiation Phase Services:
 - Assist in review of contractor scope and proposals
 - Revise construction documents as necessary in accordance with reconciled statement of probable construction cost

Equipment Type	Estimated Cost
Physician Offices	\$6,125,000
Exam Tables	
Diagnostic Equipment	
Scales	
Defibrillators	
Appliances	
Lab Equipment	
Recliners	
Misc. Equipment	
Furnishings	\$1,225,000
Technology	\$1,150,000

Product standards will facilitate detailed equipment planning and appropriate building design, maximize the effectiveness of competitive bidding, and minimize costs for training and long-term maintenance.

Equipment and furnishing planning will be closely coordinated with architectural design. Furniture procurement will be managed by the hospital with support from outside consultants.

The aggregate equipment budget is based on input from consultants and NMHC personnel with experience on other medical office buildings within Northwestern Medicine.

medical equipment is included herein.

- All furniture, furnishings, and equipment for the proposed project. Group I (fixed) equipment is included in the New Construction line item above. Group II and III

Line 10 – Movable Capital Equipment – (\$8,500,000) – this includes:

- Testing and Inspection - \$200,000
- Legal and Accounting Services - \$100,000
- Commissioning - \$100,000
- Pre-Construction Services - \$100,000
- Equipment Planning Consultant - \$150,000
- Project Management Services - \$250,000
- Construction Management Services - \$1,500,000

including:

- Charges for the services of various types of consulting and professional experts

Line 9 – Consulting and Other Fees – (\$2,400,000) – this includes:

- Construction Administration:
 - Conduct regular site visits to review conditions and job progress
 - Review cost changes and pay applications
 - Assist in close-out process

- Line 14 – Other Costs To Be Capitalized – (\$2,075,000) – this includes:**
- Permits and Fees - \$500,000
 - Landscaping/Roadway Improvements - \$1,075,000
 - Signage - \$100,000
 - Surface parking lot - \$400,000

Project Status and Completion Schedules

Anticipated project construction start date: August 2021

Anticipated midpoint of construction date: April 2022

Anticipated project construction substantial completion date: December 2022

Anticipated project completion date: August 30, 2023

Project obligation is contingent upon permit issuance. CDH plans to sign the contract with the general construction contractor in July, 2021 that will be subject to CON approval. This contract will obligate the project. The CON Contingency section of the contract is below:

Certificate of Need. NMHC and the Contractor acknowledge and agree that in addition to permitting required by the Village of Winfield and any other Governmental Authority, this Project and Agreement are subject to the issuance of an appropriate Certificate of Need ("CON") by the Illinois Health Facilities and Services Review Board (the "Board"). The Contractor shall cooperate with NMHC's application to the Board for the CON.

Cost Space Requirements

Department		Cost		Existing GSF	Proposed GSF	New Const.	Modern-ized	As Is	Vacated Space
Departmental Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:							
Physician Office Space	\$ 12,000,000	0	34,488	3,488	0	0	0	0	0
Retail	\$ 6,075,000	0	12,882	12,882	0	0	0	0	0
Lobby/Common Areas	\$ 1,075,000	0	2,605	2,605	0	0	0	0	0
MEP Systems	\$ 2,000,000	0	2,073	2,073	0	0	0	0	0
TOTAL =		\$ 21,150,000	0	52,048	21,048	0	0	0	0
OTHER									
Preplanning Costs	\$ 50,000								
Site Survey & Soil Investigation	\$ 115,000								
Site Preparation	\$ 1,045,000								
Off-Site Work	\$ -								
Contingencies	\$ 2,115,000								
A/E Fees	\$ 1,375,000								
Consulting & Other Fees	\$ 2,400,000								
Movable or Other Equipment	\$ 8,500,000								
Bond Issuance Expense	\$ -								
Net Interest Expense During Construction	\$ -								
Other Costs To Be Capitalized	\$ 2,075,000								
Acquisition of Building (excluding Land)	\$ -								
Other Subtotal =	\$ 17,675,000								
GRAND TOTAL =	\$ 38,825,000								

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES

- INFORMATION REQUIREMENTS

Criterion 1110.110(a)

BACKGROUND OF APPLICANT

A listing of all health care facilities owned or operated by the applicants, including licensing, and certification if applicable.

Northwestern Memorial HealthCare (NMHC):

IDPH License No.	Joint Commission Organization No.	
0003251	7267	Northwestern Memorial Hospital
0005660	3918	Northwestern Lake Forest Hospital
0005744	7444	Central DuPage Hospital Association
0005736	5291	Delnor-Community Hospital
0003228	7445	Marianjoy Rehabilitation Hospital & Clinics
0005470	7325	Kishwaukee Community Hospital
0004690	382957	Valley West Community Hospital
0003889	7375	Northern Illinois Medical Center (McHenry)
0003890	7375	Northern Illinois Medical Center (Huntley)
0004606	7447	Memorial Medical Center (Woodstock)
0003210	7306	Palos Community Hospital
7003156	3918	Grayslake ASTC
7003149	3918	Grayslake Endoscopy ASTC
7003173	n/a	Cadence Ambulatory Surgery Center (NMSC)
7003148	n/a	The Midland Surgical Center
7003224	n/a	Palos Health Surgery Center*
22002	3918	Grayslake Freestanding Emergency Center
n/a	n/a	Illinois Proton Center

*denotes partial ownership > 50%

A certified listing of any adverse action taken against any facility owned and/or operated by the applicants, directly or indirectly, during the three years prior to the filing of the application.

By the signatures on the Certification page of this application, NMHC attests that no adverse action has been taken against any facility owned and/or operated by NMHC during the three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.140.

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.

By the signatures on the Certification page of this application, NMHC authorizes HFSRB and DPH to access any documentation which it finds necessary to verify any information submitted, including, but not limited to official records of DPH or other State agencies and/or the records of nationally recognized accreditation organizations.

Criterion 1110.110(b)

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.

The purpose of this project is to provide physician practice space for Northwestern Medicine Regional Medical Group (RMG). It will improve access to NM care and preventative services by providing a convenient care delivery location close to NM Central DuPage Hospital (NM CDH).

2. Define the planning area or market area.

The market area for the project is the primary service area for NM CDH. NM CDH primarily serves central and western DuPage County which is defined by seven ZIP codes (60555, 60137, 60185, 60187, 60188, 60190, and 60199) and accounts for 65.3% of inpatient admissions at NM CDH.

3. Identify the existing problems or issues that need to be addressed.

Demand for physician services in the United States has grown substantially over the past decades due to the aging of the American population, increasing pace of medical advances, and access to healthcare insurance. RMG has experienced significant growth in the past two decades, increasing from 100 physicians in 2010 to 534 physicians today (432% increase). Space is needed to accommodate this increase in physicians.

One of the priority health needs identified in several NM hospitals' FY19 Community Health Needs Assessments (CHNA) was access to health care services with a focus on chronic disease. The proposed project will address this issue by increasing convenient access to RMG physicians. Access to health care services has a profound effect on every aspect of a person's health. Increasing access to medical care is vital for improving the health of a community. Regular and reliable access to health services can:

- Prevent disease and disability
- Detect and treat illnesses and other health conditions
- Increase quality of life
- Increase life expectancy

4. Cite the sources of the documentation.

Sources of information include:

- Hospital Records
- www.NIH.gov
- NM FY19 Community Health Needs Assessments

5. *Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.*
- The proposed project will improve access to RMG's high-quality healthcare services in a convenient location for patients and care givers.
- More accessible preventive services will prove beneficial in improving health status, increasing life spans, and elevating the quality of life, as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.
6. *Provide goals for the proposed project.*
- The goal of the proposed project is to provide space for RMG physicians in a location close to NM CDH which will increase access to NM care and preventive services.

Criterion 1110.110(d)

ALTERNATIVES

The proposed project addresses the need to provide space for physicians' practices in close proximity to CDH.

Background

The sites for the proposed project were acquired by CDH between 2016 – 2018 to be used for potential future expansion needs given their proximity to the CDH campus. Since that time, CDH has engaged in a planning process with the Village of Winfield to determine how NM services could continue to grow in a complementary way to Village offerings. To further the Village's Town Center development plan, NMHC/CDH agreed to include ground floor space for retail in the proposed project.

Originally, NMHC planned to build an administrative building on the site that would serve to relocate administrative functions out of the hospital and consolidate several administrative functions located in various off-site locations. However, with the continued growth of the Northwestern Medicine Regional Medical Group (RMG), it was determined that the best use for the site would be physician practice space.

The following alternative was considered for the project:

1. Build or lease a medical office building in a different location

Alternative 1: Build or lease a Medical Office Building in a Different Location

The proposed project is approximately 52,000 square feet and will accommodate approximately 22 – 34 physicians. Because of its proximity to CDH, the proposed project site provides continuity in location for patients in accessing their medical care.

There are no other available sites in Winfield that would accommodate the proposed project. Potential sites were evaluated in neighboring communities, however, many existing office buildings have sub-optimal infrastructure for medical uses. Renovating those types of properties would be very costly and would yield a product that is inferior to the proposed project. Frequently, landlords are unwilling or unable to invest in necessary infrastructure improvements and it is a risky financial investment for NMHC to make extensive improvements as a tenant.

Additionally, constructing a new medical office building in a different location would have a similar cost to the proposed project but would also include the purchase of the land (which has already been done for the proposed project).

This alternative was rejected because it would have a comparable project cost but would not be located as close to CDH.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120

SIZE OF PROJECT

The proposed project will provide physician practice space for Northwestern Medicine Regional Medical Group (RMG). There will not be any hospital-based services and therefore is not subject to licensure under the Illinois Hospital Licensing Act. The project is comprised entirely of non-clinical/non-reviewable components for which there are no State Guidelines. In determining the project size, NM's planning team members, architects, and consultants utilized existing functional standards and incorporated experience from other developments in the healthcare system during the past 2+ decades of growth.

Non-Clinical Components

The following non-clinical/non-reviewable components are included in this project:

Physician Office Space

The proposed project includes physician office space for RMG physicians. RMG provides healthcare services in the Chicago west and northwest suburbs and has more than 500 primary care physicians and specialists on the medical staff at NM Central DuPage Hospital, NM Delnor Hospital, NM Kishwaukee Hospital, NM Valley West Hospital, NM Huntley Hospital, NM McHenry Hospital, and NM Woodstock Hospital. RMG is one of the largest employers in DuPage and Kane counties. RMG has experienced significant growth in the past two decades, increasing from 100 physicians in 2010 to 534 physicians today (432% increase).

It is anticipated that the following specialties will be included in the proposed project:

- Allergy
- Ophthalmology
- Urology

Based on physician practice space in other NM buildings throughout the healthcare system, the space assumption for the physician office space is 1,000 – 1,500 DGSF per physician. The proposed project includes physician office space totaling 34,488 GSF. This amount will provide space for 22 – 34 physicians.

The Physician Office Space areas in the proposed project total 34,488 GSF.

Retail

Retail space is on the 1st floor of the building. No leases have been finalized but potential tenants could include commercial services, restaurants, and/or retail shops.

The Retail space in the proposed project totals 12,882 GSF.

Lobby/Common Areas

The main lobby is on the 1st floor of the building.

The Lobby/Common Areas in the proposed project total 2,605 GSF.

MEP Systems

The proposed project includes the following MEP Systems work:

- Mechanical
 - Two packaged DX RTUs to serve all floors
 - Single duct VAV terminal units and fan-powered boxes with hot water reheat
 - New roof mounted energy recovery ventilator which not only serves as the building exhaust, but it pre-conditions outside air before delivering it to the RTUs as an energy saving mechanism
 - New building automation system
 - Dedicated split system cooling for elevator equipment room, electrical closets, and IDF rooms.
- Plumbing
 - New 12" incoming combined fire protection / domestic water service
 - New domestic water distribution to new fixtures
 - Electric water heater and recirculation pumps
 - New Sanitary 8" service and vent piping to each fixture
 - Two 12" storm connections to new detention tank
 - Three elevator pit pumps
- Fire Protection
 - New 12" incoming combined fire protection / domestic water service
 - 750 gpm fire pump
 - Combined sprinkler stand pipe system with two exit stairway standpipes
- Electrical
 - New 480/277 volt electrical services will support the overall building loads – the quantity and sizing are being driven by the projected building loads
 - New electrical distribution will be provided throughout the building to panelboards and end-use devices/loads
 - New electrical, lighting, data, security and fire alarm systems

- While the project will not be formally submitted to USGBC to achieve LEED certification, the following sustainability features have been incorporated in the design:
- Site design features: location is within walking distance to train, shops, Village Hall, hospital, and residential areas and will feature several bike racks
 - Energy efficiency
 - Envelope design
 - Green roof to reduce heat island effect and contribute to permeable area on the site, along with the incorporation of permeable pavers in the parking area
 - Natural and electrical lighting approach
 - Material and finish selection

PROJECT SERVICES UTILIZATION

The proposed project will provide physician practice space for Northwestern Medicine Regional Medical Group (RMG). There will not be any hospital-based services and therefore is not subject to licensure under the Illinois Hospital Licensing Act. The project is comprised entirely of non-clinical/non-reviewable components for which there are no State utilization guidelines.

UNFINISHED OR SHELL SPACE

Not Applicable – there is no unfinished or shell space planned in the project.

SECTION VI. 1120.120 – AVAILABILITY OF FUNDS

Not Applicable – proof of bond rating was submitted as part of CON #21-008.

SECTION VII. 1120.130 – FINANCIAL VIABILITY

Not Applicable – proof of bond rating was submitted as part of CON #21-008.

SECTION VIII. 1120.140 – ECONOMIC FEASIBILITY

A. Reasonableness of Financing Arrangements

Not Applicable – proof of bond rating was submitted as part of CON #21-008.

B. Conditions of Debt Financing

Not Applicable – the proposed project will be funded by cash and securities.

C. Reasonableness of Project and Related Costs

COST AND GROSS SQUARE FEET BY DEPARTMENT						
Department	A		B	C	D	E
	Cost/Square Foot		New Circ.*	GSF	Mod. Circ.*	GSF
			New Square Foot		(A x C)	(B x E)
			Total Cost	(G + H)		
NON-CLINICAL						
Physician Office Space	\$ 347.95	34,488	35.0%		\$ 12,000,000	\$ 12,000,000
Retail	\$ 471.59	12,882	7.0%		\$ 6,075,000	\$ 6,075,000
Lobby/Common Areas	\$ 412.67	2,605			\$ 1,075,000	\$ 1,075,000
MEP Systems	\$ 964.79	2,073	10.0%		\$ 2,000,000	\$ 2,000,000
Non-Clinical Subtotal	\$ 406.36	52,048			\$ 21,150,000	\$ 21,150,000
Non-Clinical Contingency	\$ 40.64				\$ 2,115,000	\$ 2,115,000
Non-Clinical Total	\$ 446.99	52,048			\$ 23,265,000	\$ 23,265,000

D. Projected Operating Costs

Not Applicable – the proposed project does not include hospital-related clinical departments or services.

E. Total Effect of the Project on Capital Costs

Not Applicable – the proposed project does not include hospital-related clinical departments or services.

SECTION IX. SAFETY NET IMPACT STATEMENT

Not Applicable – the proposed project is NON-SUBSTANTIVE and does not involve discontinuation.

SECTION X. CHARITY CARE INFORMATION

With a mission-driven commitment to provide quality medical care regardless of the patient's ability to pay, NMHC is dedicated to improving the health of the most medically underserved members of the community. NMHC's financial assistance programs and outreach services continue to expand so that we are able to serve the most vulnerable in our communities. Through our financial assistance programs and Presumptive Eligibility policy, NMHC continues to provide medically necessary health care for those in need.

NMHC's commitment to our patients and communities has never been more evident as during the COVID-19 pandemic. The simultaneous demand for access to lifesaving healthcare services, rapid scientific discovery, immediate development of novel treatments, participation in expansive public health strategies, and response to our communities' basic needs for food, personal protective equipment (PPE) and reliable information was met in a way that only an organization of dedicated caregivers could respond — through relentless, compassionate delivery of uncompromised, high-quality care.

Through the course of the pandemic, NMHC not only provided the highest level of care for patients in our communities, but also continued to expand upon our commitment to improve access to care. From deepening relationships with FQHCs and community clinics, to improving telehealth collaborations and expanding transitional care programs, FY20 was a year of reinvigorated commitment to improving the health of our communities.

NMH has been among the top providers of care under the Medicaid program in Illinois for more than 15 years. Based on the most recently available information from the Illinois Department of Healthcare and Family Services, NMH is the sixth-largest provider of Medicaid services among acute-care hospitals in Illinois when measured by total Medicaid patient days as well as admissions. Additionally, NMH is the 3rd largest provider of charity care in both Cook County and Illinois (FY19). Several other NMHC hospitals are also the top Medicaid providers in their respective communities. NM CDH is the single-largest Medicaid provider in DuPage County; NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County; and NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest Medicaid provider in McHenry County. NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals.

Driven by the continued participation of NMHC in Illinois' Medicaid program, the total cost of care provided under government-sponsored Medicaid and Medicare programs increased in FY20. In FY20, the unreimbursed cost of government sponsored indigent health care services for NMHC totaled approximately \$866.7 million.

During FY20, Northwestern Memorial HealthCare contributed more than \$1.16 billion in community benefits programs including charity care, other unreimbursed care, research, education, language assistance, and other community benefits.

Northwestern Memorial HealthCare			
	FY18	FY19	FY20
Net Patient Revenue	\$4,877,615,420	\$5,665,736,442	\$5,570,736,744
Amount of Charity Care (charges)	\$ 321,715,102	\$ 354,450,428	\$ 411,965,498
Cost of Charity Care	\$ 65,929,276	\$ 68,334,946	\$ 89,728,349

Note: numbers do not reflect the impact on acquisitions/affiliations for periods prior to the acquisition/affiliation.