Fresenius Kidney Care
3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

October 24, 2023

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

Re: Final Cost Report
Project: **#22-006, Fresenius Medical Care McLean County, Bloomington**
Permit Holder: Fresenius Medical Care Normal, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: $6,802,408

Dear Mr. Kniery:

Enclosed please find the annual progress report which summarizes the status of the above-mentioned project.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

FRESENIUS KIDNEY CARE

October 18, 2023

Final Cost Report, Section 1130.770

Project: **#22-006, Fresenius Medical Care McLean County, Bloomington**
Permit Holder: Fresenius Medical Care Normal, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: $6,802,408

Status of the Project

This project is for the relocation of the Fresenius Medical Care McLean County 20-station ESRD facility, from 1505 Eastland Medical Plaza, Bloomington, to 2205 E. Empire Road, Bloomington, and the addition of 5 stations, resulting in a total of 25 stations.

The replacement facility began operations on June 5, 2023, and is considered complete with the receipt of the CMS certification letter on September 29, 2023, with an effective date of June 5, 2023.

Application and Certificate for Payment (AIA G702)

G-702 attached.

Project Costs	Allowance/CON	Realized
Modernization	2,963,280	2,170,440
Contingencies	246,940	0
Architectural/Engineering	200,000	129,196
Moveable & Other Equipment	709,000	451,728
FMV of Leased Space/Equipment	2,683,188	2,683,188
Total Project Costs	**$6,802,408**	**$5,434,552**

Project Costs and Sources of Funds

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

FRESENIUS
KIDNEY CARE

Certification Of Cost Report
Fresenius Medical Care McLean County
Project #22-006

Fresenius Medical Care Normal, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care McLean County, Project #22-006, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: _____
Malissa Retz, RN

ITS: Regional Vice President

Subscribed and Sworn to before me
this_____day of_____, 2023

_____
Notary Public

My commission expires: _____

BY: Chad Parkinson
Chad Parkinson, RN

ITS: Director of Operations

Subscribed and Sworn to before me
this 23rd day of October, 2023

Candace M. Turoski
Notary Public

My commission expires: 12-09-2025

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/09/2025

FRESENIUS
KIDNEY CARE

Certification Of Cost Report
Fresenius Medical Care McLean County
Project #22-006

Fresenius Medical Care Normal, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care McLean County, Project #22-006, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: _____
Malissa Retz, RN

ITS: Regional Vice President

Subscribed and Sworn to before me
this 23rd day of October, 2023

Candace M. Turoski
Notary Public

My commission expires: 12-09-2025

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/09/2025

BY: _____
Chad Parkinson, RN

ITS: Director of Operations

Subscribed and Sworn to before me
this_____day of_____, 2023

_____
Notary Public

My commission expires: _____

FRESENIUS
KIDNEY CARE

Certification Of Cost Report
Fresenius Medical Care McLean County
Project #22-006

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care McLean County, Project #22-006, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: _____

ITS: Assistant Treasurer

BY: _____

ITS: Assistant Secretary

Subscribed and Sworn to before me
this 18 day of October, 2023

_____
Notary Public

My commission expires: 9/28/29

Subscribed and Sworn to before me
this _____ day of _____, 2023

_____
Notary Public

My commission expires: _____

Elizabeth D. Scully
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
9/28/29

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO (OWNER): Fresenius Medical Care
PROJECT: Bloomington IL McLean County JV FKC 9423
APPLICATION NO: 221104.4
PERIOD TO: April 2023
CONTRACTOR'S PROJECT NO: 009423-1-RL-W-BO-2020
CONTRACT DATE: 08/08/22

FROM (CONTR.) Cohen Architectural Woodworking
VIA (ARCHITECT):
CONTRACT FOR: Millwork & Installation

Distribution to:
OWNER: ☐
ARCHITECT ☐
CONTRACTOR ☐

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner			
	TOTAL	108.54	
Approved this month			
Number	Date Approved		
TOTALS		-	-
Net change by Change Orders		108.54	

The undersigned Subcontractor certifies that to the best of Subcontractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: _____ Date: 4/14/2023

E ALBRITTON
Notary Public - Notary Seal
STATE OF MISSOURI
Maries County
My Commission Expires 1-26-2024
Commission # 20586669

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

1. ORIGINAL CONTRACT SUM		$ 173,060.00
2. Net change by Change Orders		$ 108.54
3. CONTRACT SUM TO DATE (Line 1 + 2)		$ 173,168.54
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ 173,168.54
5. RETAINAGE:		
a. 0% of Completed Work (Columns D + E on G703)	$ -	
b. 0% of Stored Material (Column F on G703)	$ -	
Total Retainage (Line 5a + 5b or Total in Column I of G703)		$ -
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$ 173,168.54
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 155,851.69
8. CURRENT PAYMENT DUE		$ 17,316.85
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		$ -

State of: Missouri County of: Maries

Subscribed and sworn to before me this 14 day of April 2023

Notary Public: E Albritton

My Commission expires: 26 Jan 2024

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION CONCERNING MECHANICS LIENS ON REVERSE SIDE.

AMOUNT CERTIFIED
(Attach explanation if amount certified differs from the amount applied for.)
ARCHITECT:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702/CMa

CONSTRUCTION MANAGER-ADVISER EDITION

TO CONTRACTOR:
DiNaso & Sons Construction Co., Inc.
9910 W. 191st St., Suite A
Mokena, IL 60448

PROJECT:
McLean County - JV
2205 East Empire
Bloomington, IL 61704

APPLICATION NO: #6

PERIOD TO: April 17, 2023

Distribution to:
[X] OWNER
[ ] ARCHITECT
[X] CONTRACTOR

FROM SUBCONTRACTOR:
DiNaso & Sons Construction Co., Inc.
9910 W. 191st St., Suite A
Mokena, IL 60448

OWNER:
Fresenius Medical Care Normal, LLC
C/O Fresenius Medical Care NA
1909 Tyler Street, 8th Floor
Hollywood, FL 33020

PROJECT NOS: 009423-1-RL-W-BO-2020

CONTRACT DATE: August 3, 2022

CONTRACT FOR:
General Construction

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. ORIGINAL CONTRACT SUM		$ 2,034,420.00
2. Net change by Change Orders		$ (37,148.33)
3. CONTRACT SUM TO DATE (Line 1 + 2)		$ 1,997,271.67
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ 1,997,271.67
5. RETAINAGE:		
a. 0 % of Completed Work (Column D + E on G703)	$ 0.00	
b. 10 % of Stored Material (Column F on G703)	0.00	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)		$ 0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)		$ 1,997,271.67
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 1,792,761.97
8. CURRENT PAYMENT DUE		$ 204,509.70
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		$ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$25,543.60	($68,005.86)
Total approved this Month	$5,313.93	$0.00
TOTALS	$30,857.53	($68,005.86)
NET CHANGES by Change Order	($37,148.33)	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: DiNaso & Sons Construction Co., Inc.

By: Chad A Dinaso Date: April 24, 2023

State of: Illinois County of: Will
Subscribed and sworn to before me this 24th day of April, 2023
Notary Public: Christine A. Hassel
My Commission expires: 7-5-2023

OFFICIAL SEAL
CHRISTINE A HASSEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 07/05/23

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED.....$ 204,509.70

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

CONSTRUCTION MANAGER:

By: _____ Date: _____

ARCHITECT:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.