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November 29, 2023

VIA E-MAIL

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, Second Floor
Springfield, Illinois 62761

Re: Final Cost Report Rush Copley Medical Center, Aurora- Permit #22-015

Dear Mr. Kniery:

We represent Rush University System for Health, Copley Memorial Hospital d/b/a Rush Copley Medical Center (the "Permit Holders") with regard to Permit #22-015, a Certificate of Need to establish a clinical decision unit within the hospital located at 2000 West Ogden Avenue Aurora, Illinois. The Illinois Health Facilities and Services Review Board ("Board") approved the project on July 19, 2022. We previously reported project completion on August 28, 2023 and we request that you accept this letter as our final cost report consistent with 77 Ill. Admin. Code Section 1130.770

Enclosed you will find an itemization of the final realized costs, and the Permit Holders certify that the final realized costs, as itemized are the total costs required to complete the project and that there are no additional costs or associated costs or capital expenditures related to the project. The project was completed according to the terms of the permit letter issued by the Board.

If you should have any questions or need any additional information regarding the project, please do not hesitate to contact me at 312-212-4967 or via email at JMorado@beneschlaw.com. You can also contact my colleague Mark J. Silberman at 312-212-4952 or via email at MSilberman@beneschlaw.com.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF, LLP

A handwritten signature in black ink, appearing to read 'Juan Morado, Jr.', written over the printed name.

Juan Morado, Jr.

**State of Illinois
County of Cook**

Verification Statement

I, Mary Shilkaikis, being first duly sworn, on oath, depose and state as follows:

1. I serve as the Senior Vice President, Operations & COO for Rush Copley Medical Center, the permit holder for the project.
2. We filed Certificate of Need application to establish a clinical decision unit at the hospital above the existing emergency department.
3. That application was approved by the Health Facilities and Services Review Board as Project #22-015.
4. The project was completed, and the City of Aurora and the Illinois Department of Public Health scheduled and performed their respective surveys of the project, and the facility passed the life safety inspection and was issued a certificate of occupancy.
5. I certify that the final realized costs, are the total costs required to complete the project and that there are no additional associated costs or capital expenditures related to the project.
6. The final realized costs for the project equaled \$20,236,292 which was lower than that approved project costs originally included in the application approved by the Board.
7. The overall GSF of the clinical decision unit is 10,662 GSF, which is consistent with the approved permit application.
8. The source of funds for the project remained unchanged, and consistent with the approved permit application.
9. The graph on the next page accurately reflects a detailed itemization of all project costs and sources of funds.

Project Costs and Sources of Funds			
USE OF FUNDS	Approved Amount	Actual Amount Spent	Difference
Preplanning Costs	\$30,000	\$53,000	
Site Survey and Soil Investigation	\$18,200	\$24,408	
Site Preparation	\$528,810	\$561,949	
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$14,262,317	\$14,660,808	
Contingencies	\$1,142,009	\$1,152,747	
Architectural/Engineering Fees	\$699,850	\$686,409	
Consulting and Other Fees	\$1,329,964	\$1,211,350	
Movable or Other Equipment (not in construction contracts)	\$2,649,942	\$1,340,456	
Bond Issuance Expense (project related)	-		
Net Interest Expense During Construction (project related)	\$200,000	\$267,125	
Fair Market Value of Leased Space or Equipment	-		
Other Costs to Be Capitalized	\$481,194	\$278,040	
Acquisition of Building or Other Property (excluding land)	-		
TOTAL USES OF FUNDS	\$21,342,286	\$20,236,292	
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$14,042,286	\$12,936,292	
Pledges	-		
Gifts and Bequests	-		
Bond Issues (project related)	-		
Mortgages	-		
Leases (fair market value)	-		
Governmental Appropriations	-		
Grants	\$7,300,000	\$7,300,000	

Other Funds and Sources	-		
TOTAL SOURCES OF FUNDS	\$21,342,286	\$20,236,292	

Under penalties as provided by law pursuant to § 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he believes the same to be true.

Mary Shilkaitis (Signature)
11/29/23 (Date)

On this 29th day of November 2023, before me the undersigned notary public, personally appeared Mary Shilkaitis, personally known or proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he signed it voluntarily for its stated purposed.

Stacey Ries (Signature of Notary)

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