



# OSF HEALTHCARE

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SEP 27 2024

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

September 26, 2025

VIA FEDERAL EXPRESS

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

Re: OSF Saint Francis Medical Center  
Final Cost Report on Project 22-016: OSF Comprehensive Cancer Center, 3<sup>rd</sup> Floor  
Build Out  
Permit Amount: \$13,231,250  
Completion Date: June 30, 2024

Dear Mr. Kniery:

Please accept this as notice of the project completion and final cost report. The project completion date was June 30, 2024. The total project cost of \$10,911,130 is as referenced in the attached.

If you have any questions, please contact Mark Hohulin at (309) 308-9656 or [mark.e.hohulin@osfhealthcare.org](mailto:mark.e.hohulin@osfhealthcare.org).

Very truly yours,

Robert Anderson, CEO, Central Region

c: Mark Hohulin  
Michael Henderson  
Mike Constantino  
Robert Mixson  
Amanda Lowry

**Project 22-016 - OSF Comprehensive Cancer Center, 3<sup>rd</sup> Floor Build Out**

OSF Saint Francis Medical Center does hereby certify the attached costs reflect the total costs expended with respect to Project 22-016: OSF Comprehensive Cancer Center, 3<sup>rd</sup> Floor Build Out.



Robert Anderson, CEO, Central Region  
OSF Healthcare System

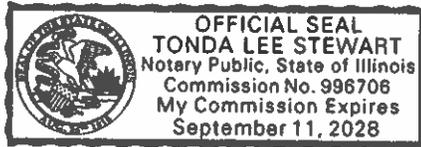
Subscribed and sworn to before me

This 26<sup>th</sup> day of September, 2024.



Signature of Notary

<Seal>



**Project Costs and Sources of Funds**  
**Project 22-016 - OSF Comprehensive Cancer Center, 3<sup>rd</sup> Floor Build Out**

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 equal.

Project Costs and Sources of Funds			APPROVED	ACTUAL
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL	FINAL
Preplanning Costs		\$100,000	\$100,000	\$62,988
Site Survey and Soil Investigation				
Site Preparation				
Off Site Work				
New Construction Contracts		\$9,500,000	\$9,500,000	\$8,389,847
Modernization Contracts				
Contingencies		\$400,000	\$400,000	\$0
Architectural/Engineering Fees		\$800,000	\$800,000	\$687,806
Consulting and Other Fees		\$200,000	\$200,000	\$ 218,000
Movable or Other Equipment (not in construction contracts)		\$1,500,000	\$1,500,000	\$1,552,489
Bond Issuance Expense (project related)		\$125,000	\$125,000	\$0
Net Interest Expense During Construction (project related)		\$606,250	\$606,250	\$0
Fair Market Value of Leased Space or Equipment				
Other Costs To Be Capitalized				
Acquisition of Building or Other Property (excluding land)				
<b>TOTAL USES OF FUNDS</b>		<b>\$13,231,250</b>	<b>\$13,231,250</b>	<b>\$10,911,130</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL	ACTUAL
Cash and Securities				\$10,911,130
Pledges				
Gifts and Bequests				
Bond Issues (project related)		\$13,231,250	\$13,231,250	\$0
Mortgages				
Leases (fair market value)				
Governmental Appropriations				
Grants				
Other Funds and Sources				
<b>TOTAL SOURCES OF FUNDS</b>		<b>\$13,231,250</b>	<b>\$13,231,250</b>	<b>\$10,911,130</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>				