

**LONG-TERM CARE
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

[Check one]

[check one]

<p>General Long-term Care</p> <p>X Specialized Long-term Care</p>	<p><input checked="" type="checkbox"/> Establishment of a new LTC facility</p> <p><input type="checkbox"/> Establishment of new LTC services</p> <p><input type="checkbox"/> Expansion of an existing LTC facility or service</p> <p><input type="checkbox"/> Modernization of an existing facility</p>
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Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done, **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. **Include: the number and type of beds involved; the actions proposed (establishment, expansion and/or modernization); the ESTIMATED total project cost and the funding source(s) for the project.**

The purpose of this submission is to obtain licensure for Trinity Services home located at 3360 Francis Lane. This will allow for Trinity to move the 16 persons residing at 3360 Uglund Drive (phase 1) and 3302 Horseshoe Lane (phase 2), both which are ICF/IID, while their homes are renovated. Renovations include replacing roof, windows, flooring, kitchen cabinets, and painting throughout the homes.

The 3360 Francis Lane was licensed as an ICF/IID from 1990 to 2016. In 2016, Trinity transitioned to a Community Integrated Living Arrangement, CILA, through the Department of Human Services. In 2021 the house was closed in anticipation of renovations to two existing ICF/IID homes. This home is a 16-bed home. No internal changes have been made to this location and remains in compliance with ICF/IID rules and regulations.

There is no cost involved, not including application fee, for this licensure application and seeking to reinstate current address as an ICF/IID until the renovations are complete at the 3360 Uglund Drive and 3302 Horseshoe Lane homes.

Facility/Project Identification

Facility Name: Trinity Services			
Street Address: 3360 Francis Lane			
City and Zip Code: Joliet Illinois			
County: Will	Health Service Area:	Health Planning Area:	

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Trinity Services Inc	
Address: 301 Veterans Parkway New Lenox, Illinois 60451	
Name of Registered Agent: Trinity Services	
Name of Chief Executive Officer: Thane Dykstra	
CEO Address: 301 Veterans Parkway, New Lenox, Illinois 60451	
Telephone Number: 815-485-6197	

Type of Ownership (Applicant/Co-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	<input type="checkbox"/>

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o 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.

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: Lisa Dillon
Title: Network Director/Administrator
Company Name: Trinity Services
Address: 100 N. Gougar Rd. Joliet, Illinois 60432
Telephone Number: 815-463-8465
E-mail Address: ldillon@trinityservices.org
Fax Number: 815-462-2405

Additional Contact

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

Name: Tina Fogarty
Title: Chief Operating Officer
Company Name: Trinity Services Inc
Address: 301 Veterans Parkway, New Lenox, Illinois 60451
Telephone Number: 815-485-6197
E-mail Address: tfogarty@trinityservices.org
Fax Number: 815-485-5975

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>). Before an application for permit involving construction will be deemed **COMPLETE** the applicant must **attest** that the project is or is not in a flood plain, and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2006-5**.

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.

State Agency Submittals

The following submittals are up- to- date, as applicable:

- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits

If the applicant fails to submit updated information for the requirements listed above, the application for permit will be deemed incomplete.

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Trinity Services Inc. _____*

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

Thane Dykstra
SIGNATURE

Tina Fogarty
SIGNATURE

Thane Dykstra
PRINTED NAME

Tina Fogarty
PRINTED NAME

CEO, Trinity SCS
PRINTED TITLE

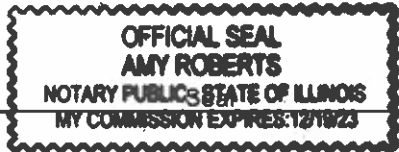
Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28th day of NOVEMBER

Notarization:
Subscribed and sworn to before me
this 28th day of NOVEMBER

Amy Roberts
Signature of Notary

Amy Roberts
Signature of Notary



**SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES –
INFORMATION REQUIREMENTS**

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

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, 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 information provided as 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 age and condition and 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 Report. APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. Each Item (1-6) must be identified in Attachment 10.

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

1. Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- a. Proposing a project of greater or lesser scope and cost;
 - b. Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - c. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - d. Provide the reasons why the chosen alternative was selected.
2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 3. The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of LTC categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each LTC category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

Criterion 1125.510 – Introduction

Bed Capacity

Applicants proposing to establish, expand and/or modernize General Long Term Care must submit the following information:

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
General Long-Term Care		
X Specialized Long-Term Care	16	16

*Existing number of beds as authorized by IDPH and posted in the “LTC Bed Inventory” on the HFSRB website (www.hrfsb.illinois.gov). PLEASE NOTE: ANY bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

Utilization

Utilization for the most current CALENDAR YEAR:

Category of Service	Year	Admissions	Patient Days
General Long Term Care		0	
X Specialized Long-Term Care	2022	0	

SPECIALIZED LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	Subject
Establishment of LTC Developmentally Disabled – (Adult)	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(g)	Establishment of Beds – Developmentally Disable -Adult
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of LTC Developmentally Disabled - Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
		Appendix A
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of Chronic Mental Illness	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(f)	Zoning
	.720(g)	Establishment of Chronic Mental Illness
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
		Appendix A
	Appendix B	Related Project Costs

	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of Long Term Medical Care for Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(e)	Long-Term Medical Care for Children-Category of Service
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SPECIALIZED LONG-TERM

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

This section is applicable to all projects proposing specialized long-term care services or beds.

1. Community Related Functions

Read the criterion and submit the following information:

- a. a description of the process used to inform and receive input from the public including those residents living in close proximity to the proposed facility's location;
- b. letters of support from social, social service and economic groups in the community;
- c. letters of support from municipal/elected officials who represent the area where the project is located.

2. Availability of Ancillary and Support Services

Read the criterion, which applies only to ICF/DD 16 beds and fewer facilities, and submit the following:

- a. a copy of the letter, sent by certified mail return receipt requested, to each of the day programs in the area requesting their comments regarding the impact of the project upon their programs and any response letters;
- b. a description of the public transportation services available to the proposed residents;
- c. a description of the specialized services (other than day programming) available to the residents;
- d. a description of the availability of community activities available to the facility's residents.
- e. documentation of the availability of community workshops.

3. Recommendation from State Departments

Read the criterion and submit a copy of the letters sent, including the date when the letters were sent, to the Departments of Human Services and Healthcare and Family Services requesting these departments to indicate if the proposed project meets the department's planning objectives regarding the size, type, and number of beds proposed, whether the project conforms or does not conform to the department's plan, and how the project assists or hinders the department in achieving its planning objectives.

4. Long-term Medical Care for Children Category of Service

Read the criterion and submit the following information:

- a. a map outlining the target area proposed to be served;
- b. the number of individuals age 0-18 in the target area and the number of individuals in the target area that require the type of care proposed, include the source documents for this estimate;
- c. any reports/studies that show the points of origin of past patients/residents admissions to the facility;
- d. describe the special programs or services proposed and explain the relationship of these programs to the needs of the specialized population proposed to be served.

- e. indicate why the services in the area are insufficient to meet the needs of the area population;
- f. documentation that the 90% occupancy target will be achieved within the first full year

5. Zoning

Read the criterion and provide a letter from an authorized zoning official that verifies appropriate zoning.

6. Establishment of Chronic Mental Illness

Read the criterion and provide the following:

- a. documentation of how the resident population has changed making the proposed project necessary.
- b. indicate which beds will be closed to accommodate these additional beds.
- c. the number of admissions for this type of care for each of the last two years.

7. Variance to Computed Bed Need for Establishment of Beds for Developmentally Disabled Placement of Residents from DHS State Operated Beds

Read this criterion and submit the following information:

- a. documentation that all of the residents proposed to be served are now residents of a DHS facility;
- b. documentation that each of the proposed residents has at least one interested family member who resides in the planning area or at least one interested family member that lives out of state but within 15 miles of the planning area boundary where the facility is or will be located;
- c. if the above is not the case then you must document that the proposed resident has lived in a DHS operated facility within the planning area in which the proposed facility is to be located for more than 2 years and that the consent of the legal guardian has been obtained;
- d. a letter from DHS indicating which facilities in the planning area have refused to accept referrals from the department and the dates of any refusals and the reasons cited for each refusal;
- e. a copy of the letter (sent certified—return receipt requested) to each of the underutilized facilities in the planning area asking if they accept referrals from DHS-operated facilities, listing the dates of each past refusal of a referral, and requesting an explanation of the basis for each refusal;
- f. documentation that each of the proposed relocations will save the State money;
- g. a statement that the facility will only accept future referrals from an area DHS facility if a bed is available;
- h. an explanation of how the proposed facility conforms with or deviates from the DHS comprehensive long range development plan for developmental disabilities services.

APPEND DOCUMENTATION AS ATTACHMENT-26. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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):

- Availability of Funds – Review Criteria
- Financial Viability – Review Criteria
- Economic Feasibility – Review Criteria, subsection (a)

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:**

N/A	<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;
N/A	<p>b. Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
N/A	<p>c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
N/A	<p>d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;

	5.	For any option to lease, a copy of the option, including all terms and conditions.
___ N/A ___	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;
___ N/A ___	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
___ N/A ___	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
N/A	TOTAL FUNDS AVAILABLE	

**APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
This is an existing building**

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.

<p><u>Financial Viability Waiver</u></p> <p>The applicant is not required to submit financial viability ratios if:</p> <ol style="list-style-type: none"> 1. "A" Bond rating or better 2. All of the projects capital expenditures are completely funded through internal sources 3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent 4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor. <p>See Section 1120.130 Financial Waiver for information to be provided</p>
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT-28</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p> <p>N/A- This is an existing building</p>

1. 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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (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.

2. 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

<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 29</u>, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p> <p>N/A- This is an existing building</p>

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 1.5 times for LTC 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:

Identify each 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 SERVICE									
Area (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									
<p>D. Projected Operating Costs</p> <p>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.</p> <p>E. Total Effect of the Project on Capital Costs</p> <p>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.</p>									
<p>APPEND DOCUMENTATION AS ATTACHMENT - 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p> <p>N/A- This is an existing building</p>									

APPENDIX A

Project Costs and Sources of Funds

Complete the following table listing all costs 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			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
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			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			

N/A- This is an existing building

APPENDIX A

Related Project Costs

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase Price: \$ _____		
Fair Market Value: \$ _____		

The project involves the establishment of a new facility or a new category of service
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 \$ _____.

APPENDIX D

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u> N/A </u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input checked="" type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input type="checkbox"/> Project obligation will occur after permit issuance.	

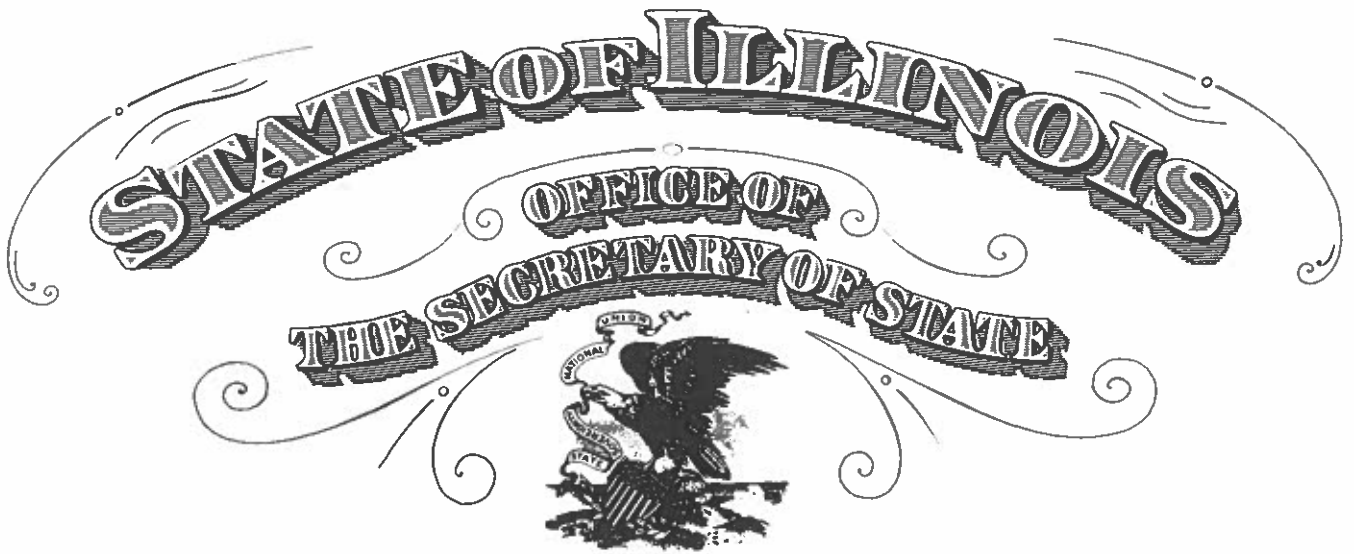
Cost/Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **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
CLINICAL							
Total Review							
NON CLINICAL							
Total Non-clinical							
TOTAL	N/A						

File Number

3263-743-4



To all to whom these Presents Shall Come, Greeting:

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

TRINITY SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 05, 1951, 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.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of MAY A.D. 2022 .



Authentication #: 2212201974 verifiable until 05/02/2023
Authenticate at: <http://www.ilsos.gov>

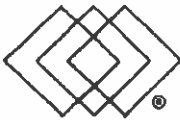
Jesse White

SECRETARY OF STATE

Pg.

Attachment - 1

Certificate of good standing



TRINITY SERVICES, INC.
100 North Gougar Road
Joliet, Illinois 60432

Telephone 815.485.6197
Facsimile 815.485.5975
TDD 815.725.5249

BOARD OF DIRECTORS

June 14, 1993

S. Joseph Matesi
Chairperson

William Long
Vice Chairperson & Treasurer

Anne Schauland
Secretary

Paul Brumund
Barbara Hall
John Hauck
William H. Lipsey
Raymond D. McShane
Al Olson
Kenneth Stromsland

Art Dykstra
President & Executive Director

Mr. Ralph Schultz, Park Planner
Joliet Park District
3000 W. Jefferson St.
Joliet, IL 60435

Dear Mr. Schultz:

Per your telephone conversation with Art Dykstra, I am enclosing a copy of our 99 year lease with the Joliet Park District.

If you have any questions please do not hesitate to contact me at 485-6197.

TRINITY FOUNDATION

George Troha
Chairperson

PROGRAMS

Trinity School
Developmental Centers
Supported Employment
Integrated Employment
Family Support Services
Community Living Programs
Trinity Living Centers
Respite Care

RELATED OPERATIONS

Petals & Twigs
The Trinity Gift Shop
Kobe's
The Trinity Snack Shop
Strides
Therapeutic Riding Program
Career Access Network, Inc.
Community Recycling
Day Care

Sincerely,

Debbie Gustafson

LEASE AND SUBLEASE

THIS INDENTURE, made this 17th day of Nov. 1984, 1984, between JOLIET PARK DISTRICT, a Body Politic and Corporate, Party of the First Part, REGIONAL BOARD OF SCHOOL TRUSTEES, a Body Politic and Corporate, as Trustee for the benefit of New Lenox School District No. 122, Party of the Second Part, and TRINITY SCHOOL, a Not-For-Profit Corporation.

WITNESSETH:

WHEREAS, TRINITY SCHOOL has, since on or before 1958, occupied:

That part of the Southwest Quarter of Section 8, Township 35 North, Range 11 East of the Third Principal Meridian described as commencing at the Southwest corner of said Southwest Quarter; thence North 00 Degrees 00 Minutes 00 Seconds East 604.96 feet along the West line of said Quarter to the Point of Beginning; thence South 89 Degrees 26 Minutes 00 Seconds East, 271.23 feet; thence North 00 Degrees 00 Minutes 00 Seconds East, 376.39 feet, parallel with said West Line to the centerline of Francis Road; thence South 80 Degrees 26 Minutes 00 Seconds West, 275.04 feet, along said centerline to a point on the West line of said Quarter that is 932.96 feet North of the Southwest corner of said Quarter; thence South 00 Degrees 00 Minutes 00 Seconds West 328 feet along said West line to the Point of Beginning, except those parts dedicated for road purposes for Gougar Road per Document Nos. 730196 and 729943, and for Francis Road per Document Nos. 783043 and 756643, all in New Lenox Township, Will County, Illinois and containing 1.744 acres, more or less.

owned and operated a day care educational facility under the name TRINITY SCHOOL; all pursuant to an indenture of lease dated November 1, 1958 from the Party of the Second Part; and

P.I.N. 8-08-300-002

Attachment 2 Proof of ownership 2-12

WHEREAS, the parties of the first part and second part own
or have an interest in respective parts of

PARCEL A

That part of the Southwest Quarter of Section 8, Township 35 North, Range 11 East of the Third Principal Meridian described as commencing at the Southwest corner of said Southwest Quarter; thence North 00 Degrees 00 Minutes 00 Seconds East 604.96 feet along the West line of said Quarter to the Point of Beginning; thence South 89 Degrees 26 Minutes 00 Seconds East, 271.23 feet; thence North 00 Degrees 00 Minutes 00 Seconds East, 376.39 feet, parallel with said West line to the centerline of Francis Road; thence North 80 Degrees 26 Minutes 00 Seconds East, 873.88 feet, along said centerline to a point that is 1132.94 feet East of the West line of said Quarter; thence South 00 Degrees 00 Minutes 00 Seconds West, 650.73 feet, parallel with said West line; thence South 90 Degrees 00 Minutes 00 Seconds West 1132.94 feet to the West line of said Quarter; thence North 00 Degrees 00 Minutes 00 Seconds West 131.78 feet, along said West line to the Point of Beginning, except those parts dedicated for road purposes for Gougar Road per Document No. 730196, and for Francis Road per Document No. 756643, all in New Lenox Township, Will County, Illinois and containing 11.447 acres, more or less.

PARCEL B

That part of the Southwest Quarter of Section 8, Township 35 North, Range 11 East of the Third Principal Meridian described as commencing at the Southwest corner of said Southwest Quarter; thence North 00 Degrees 00 Minutes 00 Seconds East 604.96 feet along the West line of said Quarter to the Point of Beginning; thence South 89 Degrees 26 Minutes 00 Seconds East, 271.23 feet; thence North 00 Degrees 00 Minutes 00 Seconds East, 376.39 feet, parallel with said West line to the centerline of Francis Road; thence South 80 Degrees 26 Minutes 00 Seconds West, 275.04 feet, along said centerline to a point on the West line of said Quarter that is 932.96 feet North of the Southwest corner of said Quarter; thence South 00 Degrees 00 Minutes 00 Seconds West 328 feet, along said West line to the Point of Beginning, except

those parts dedicated for road purposes for Gougar Road per Document Nos. 730196 and 729943, and for Francis Road per Document Nos. 783043 and 756643, all in New Lenox Township, Will County, Illinois and containing 1.744 acres, more or less; and

WHEREAS, party of the first part holds its title subject to a public trust for park and public ground; and

WHEREAS, TRINITY, in order to provide a continuing growth, educational, recreational, and residential facility for developmentally dependent persons it is licensed by government to serve, wishes to lease an additional 11.447 acres more or less; less than one acre of which is to be used as a growth residential education facility and the remainder is to be developed and maintained as a growth recreational facility which recreational facility shall be under the control of the party of the first party; and

WHEREAS, the parties of the first part and the second part, by statutory mandate are directed to provide growth education and recreational facilities for the developmentally dependent citizens in their jurisdictions.

WHEREAS, by Order entered July 20, 1984 in proceedings in the Circuit Court of the Twelfth Judicial Circuit, Will County, Case Number 81 MR 3, the parties hereto were authorized to enter into this agreement in furtherance of parts of their respective statutory and corporate mandates.

NOW, THEREFORE, the parties of the first and second part have demised and leased to TRINITY the premises, situated in the

Township of New Lenox, County of Will and State of Illinois,
known and described as follows:

PARCEL A

That part of the Southwest Quarter of Section 8, Township 35 North, Range 11 East of the Third Principal Meridian described as commencing at the Southwest corner of said Southwest Quarter; thence North 00 Degrees 00 Minutes 00 Seconds East 604.96 feet along the West line of said Quarter to the Point of Beginning; thence South 89 Degrees 26 Minutes 00 Seconds East, 271.23 feet; thence North 00 Degrees 00 Minutes 00 Seconds East, 376.39 feet, parallel with said West line to the centerline of Francis Road; thence North 80 Degrees 26 Minutes 00 Seconds East, 873.88 feet, along said centerline to a point that is 1132.94 feet East of the West line of said Quarter; thence South 00 Degrees 00 Minutes 00 Seconds West, 650.73 feet, parallel with said West line; thence South 90 Degrees 00 Minutes 00 Seconds West 1132.94 feet to the West line of said Quarter; thence North 00 Degrees 00 Minutes 00 Seconds West 131.78 feet, along said West line to the Point of Beginning, except those parts dedicated for road purposes for Gougar Road per Document No. 730196, and for Francis Road per Document No. 756643, all in New Lenox Township, Will County, Illinois and containing 11.447 acres, more or less.

PARCEL B

That part of the Southwest Quarter of Section 8, Township 35 North, Range 11 East of the Third Principal Meridian described as commencing at the Southwest corner of said Southwest Quarter; thence North 00 Degrees 00 Minutes 00 Seconds East, 604.96 feet along the West line of said Quarter to the Point of Beginning; thence South 89 Degrees 26 Minutes 00 Seconds East, 271.23 feet; thence North 00 Degrees 00 Minutes 00 Seconds East, 376.39 feet, parallel with said West line to the centerline of Francis Road; thence South 80 Degrees 26 Minutes 00 Seconds West, 275.04 feet, along said centerline to a point on the West line of said Quarter that is 932.96 feet North of the Southwest corner of said Quarter; thence South 00 Degrees 00 Minutes 00 Seconds West 328 feet along said West line to the Point of Beginning, except those parts dedicated for road purposes for Gougar Road per Document Nos. 730196 and 729943, and for

Francis Road per Document Nos. 783043 and 756643
all in New Lenox Township, Will County, Illinois
and containing 1.744 acres, more or less.

TO HAVE AND TO HOLD the same, under TRINITY, from the
5th day of Nov A.D., 1984 until the 4th
day of Nov A.D., 2084. And TRINITY in consideration
of said demise, does covenant and agree with the party of the
first part as follows:

FIRST - To pay to parties of the first and second part

at Joliet Ill

as rent for said leased premises for said term the sum of
One Dollar (\$1.00) each payable in advance the first day of
each and every year during the term hereof. To be owned,
occupied and operated as a governmentally licensed
developmentally dependent growth educational, residential and
recreational facility as provided by law. (Hereafter -
parties of the first and second part when taken collectively
shall be known as Lessor.)

SECOND - Condition and Upkeep of Premises. TRINITY Knows
the condition of the Premises and the same to be in good
order and repair, and acknowledges that no representations
as to the condition and repair thereof have been made by
Lessor, or its agent, prior to or at the execution of this
lease that are not herein expressed; TRINITY will keep the
Premises including all appurtenances, now in existence or
constructed pursuant hereto, in good repair, replacing all

broken glass with glass of the same size and quality as that broke, and will replace all damaged plumbing fixtures with others of equal quality, and will keep the Premises in a clean and healthful condition according to the applicable municipal ordinances and the direction of the proper public officers during the term of this lease at TRINITY'S expense, and will without injury to the roof, remove all snow and ice from the same when necessary, and will remove the snow and ice from the sidewalk abutting the Premises; and upon the termination of this lease, in any way, will yield up the Premises to party of the first part, in good condition and repair, loss by fire and ordinary wear excepted, and will deliver the keys therefore at the place of payment of said rent.

THIRD - Lessee not to Misuse; Sublet; Assignment. TRINITY will not allow the Premises to be used for any purpose that will increase the rate of insurance thereon, nor for any purpose other than that hereinbefore specified, and will not load floors beyond the floor load rating prescribed by applicable municipal ordinances, and will not allow the Premises to be occupied in whole, or in part, by any other person, other than as contemplated and consented to hereunder, and will not sublet the same or any part thereof, nor assign this lease without in each case the written consent of the Lessor first had, and TRINITY will not permit any transfer by operation of law of the interest in the

Premises acquired through this lease, and will not permit the Premises to be used for any unlawful purpose, or for any purpose that will injure the reputation of the building or increase the fire hazard of the building, or disturb the tenants or the neighborhood, nor permit any alteration of or addition to any part of the Premises, except the construction and development of the residential and recreational facilities contemplated hereunder except by written consent of Lessor; all alterations and additions to the Premises shall remain for the benefit of party of the first part unless otherwise provided in the consent aforesaid.

FOURTH - Mechanic's Lien. TRINITY will not permit any mechanic's lien or liens to be placed upon the Premises or any building or improvement thereon during the term hereof, and in case of the filing of such lien TRINITY will promptly pay same, or satisfactorily indemnify and protect the Lessor.

FIFTH - Indemnity for Accidents. TRINITY covenants and agrees that it will protect and save and keep the Lessor forever harmless and indemnified against and from any penalty or damages or charges imposed for any violation of any laws or ordinances, whether occasioned by the neglect of TRINITY or those holding under TRINITY and that TRINITY will at all times protect, indemnify and save and keep harmless the Lessor against and from any and all loss, cost, damage or expense, arising out of or from any accident or other

occurrence on or about the Premises, causing injury to any person or property whomsoever or whatsoever and will protect, indemnify and save, and keep harmless the Lessor against and from any and all claims and against and from any and all loss, cost, damage or expense arising out of any failure of TRINITY in any respect to comply with and perform all the requirements and provisions hereof.

SIXTH - Non-Liability of Lessor. Except as provided by Illinois statute, Lessor shall not be liable for any damage occasioned by failure to keep the Premises in repair, nor for any damage done or occasioned by or from plumbing, gas, water, sprinkler, steam or other pipes or sewerage or the bursting, leaking or running of any pipes, tank or plumbing fixtures, in, above, upon or about Premises or any building or improvement thereon nor for any damage occasioned by water, snow or ice being upon or coming through the roof, skylights, trap door or otherwise, nor for any damages arising from acts or neglect of any owners or occupants of adjacent or contiguous property.

SEVENTH - Water, Gas, and Electric Charges. TRINITY will pay, in addition to the rent above specified, all water rents, gas and electric light and power bills taxed, levied or charged on the Premises, for and during the time for which this lease is granted, and in case said water rents and bills for gas, electric light and power shall not be paid when due, Lessor shall have the right to pay the same,

which amounts so paid, together with any sums paid by Lessor to keep the Premises in a clean and healthy condition, as above specified, are declared to be so much additional rent and payable with the installment of rent next due thereafter.

EIGHTH - Keep Premises in Repair. Lessor shall not be obliged to incur any expense for repairing any improvements upon said demised premises or connected therewith, and TRINITY at its own expense will keep all improvements in good repair (injury by fire, or other causes beyond TRINITY'S control excepted) as well as in a good tenantable and wholesome condition and will comply with all local or general regulations, laws and ordinances applicable thereto, as well as lawful requirements of all competent authorities in that behalf, TRINITY will, as far as possible, keep said improvements from deterioration due to ordinary wear and from falling temporarily out of repair. If TRINITY does not make repairs as required hereunder promptly and adequately, Lessor may but need not make such repairs and pay the costs thereof, and such costs shall be so much additional rent immediately due from and payable by TRINITY to Lessor.

NINTH - Access to Premises. TRINITY will allow Lessor reasonable free access to the Premises for the purpose of examining the same, or to make any needful repairs, or alterations thereof which Lessor may see fit to make.

TENTH - Abandonment and Reletting. If TRINITY shall abandon or vacate the Premises or cease to operate as a Not-For-Profit corporation, or cease to educate and house retarded persons or substantially change its corporate purpose from the charitable purpose it now pursues, then in that event, the buildings and improvements of whatever nature situate on the demised Premises shall, at the election of the JOLIET PARK DISTRICT, become the property of the JOLIET PARK DISTRICT to be used solely and entirely as they shall see fit within their corporate and public charter, and TRINITY agrees to execute any and all documents necessary to effect this transfer. That in that event any funds held by TRINITY for the purpose of its corporate purpose, a not-for-profit purpose, to maintain buildings or to operate the school, will be turned over to the JOLIET PARK DISTRICT provided the same can be done with the consent of the Attorney General of the State of Illinois consistent with the laws of the State of Illinois concerning not-for-profit corporations and their dissolution. That TRINITY shall give notice to the JOLIET PARK DISTRICT at least six (6) months prior to termination, dissolution or abandonment.

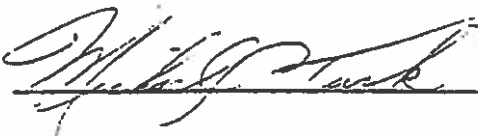
ELEVENTH - TRINITY will at the termination of this lease by lapse of time or otherwise yield up immediate possession to the Party of the First Part.

TWELFTH - The parties agree and consent to the construction and development of the additional demised premises and Lessor consents to TRINITY's pledge of its interest to secure construction financing.

THIRTEENTH - That at the termination of the Ninety-Nine (99) year lease, TRINITY shall have the option, along with the REGIONAL BOARD OF SCHOOL TRUSTEES, a Body Politic and Corporate, as Trustee for the benefit of New Lenox School District No. 122, to renew this Lease for an additional Ninety-Nine (99) years on the same terms and conditions as set forth herein in this Lease.

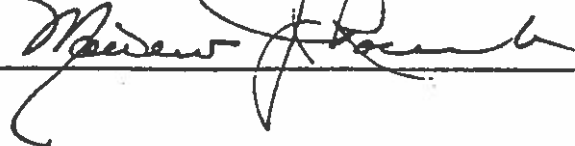
That this Lease is subject to the approval of the JOLIET PARK DISTRICT, the REGIONAL BOARD OF SCHOOL TRUSTEES, the Board of Directors of TRINITY SCHOOL, the ATTORNEY GENERAL OF THE STATE OF ILLINOIS, and the Circuit Court of Will County in accord with an Order entered July 20, 1984. Any provisions of this Lease inconsistent with said Order would not be valid.

JOLIET PARK DISTRICT, a
Body Politic and Corporate

By: 

"Party of the First Part"

REGIONAL BOARD OF SCHOOL TRUSTEES,
a Body Politic and Corporate, as
Trustee for the benefit of New
Lenox School District No. 122

By: 

"Party of the Second Part"

TRINITY SCHOOL, a Not-For-Profit
Corporation

By: 

DISPLAY THIS PART IN A CONSPICUOUS PLACE

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Dr. Sameer Vohra
Executive Director

Issued under the authority of
The State of Illinois
Department of Public Health

<small>EXPIRATION DATE</small> 09/16/2023		<small>LD. NUMBER</small> 0034900	
LONG TERM CARE LICENSE	CATEGORY	BGBE	
ICFDD	16		
UNRESTRICTED	16 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

TRINITY SERVICES, INC.

TRINITY LIVING CENTER #1
3360 UGLAND DRIVE
JOLIET IL 60432
EFFECTIVE DATE: 09/17/22

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

REGION 7

08/22/22

TRINITY LIVING CENTER #1
3360 UGLAND DRIVE
JOLIET IL 60432

DISPLAY THIS PART IN A CONSPICUOUS PLACE

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Dr. Sameer Vohra
Executive Director

Issued under the authority of
The State of Illinois
Department of Public Health

<small>EXPIRATION DATE</small> 09/16/2024	<small>ID. NUMBER</small> 0034918
LONG TERM CARE LICENSE ICFDD	CATEGORY 16
UNRESTRICTED	16 TOTAL BEDS

**BUSINESS ADDRESS
LICENSEE**

TRINITY SERVICES, INC.

TRINITY LIVING CENTER #2
3302 HORSESHOE LANE
JOLIET IL 60432
EFFECTIVE DATE: 09/17/22

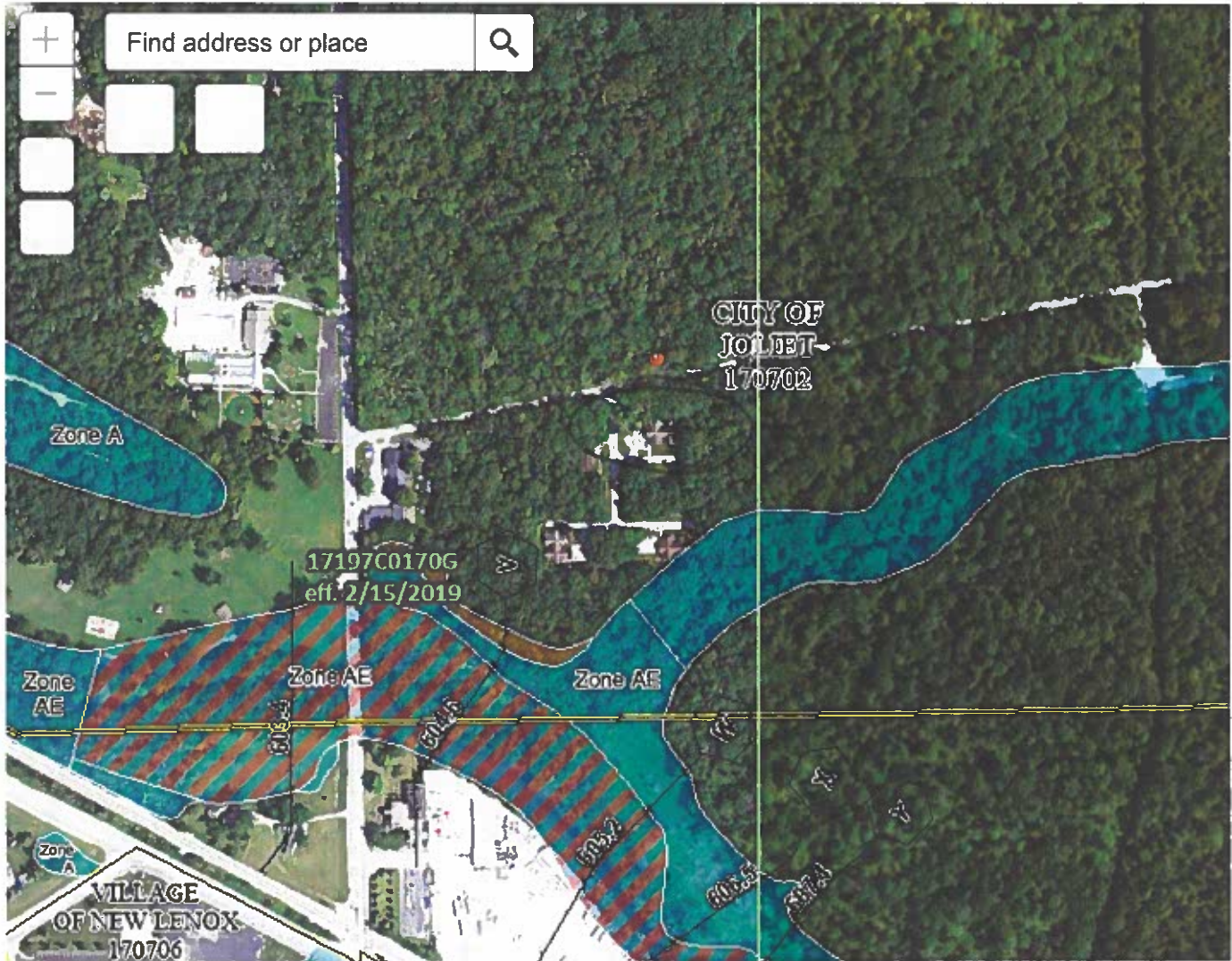
The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

REGION 7

08/22/22

TRINITY LIVING CENTER #2
3302 HORSESHOE LANE
JOLIET IL 60432

Attachment - 3 Licensure 2-2



To print
 1) Click
 2) Choose
 3) Print



Size*

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File Format

PDF

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Attachment-5 Flood Plain



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

JB Pritzker, Governor
Colleen Callahan, Director

**Will County
Joliet**

**CON - Licensure for an Intermediate Care Facility
3360 Francis Lane
SHPO Log #015082322**

September 23, 2022

**Lisa Dillon
Trinity Services
100 N. Gougar Road
Joliet, IL 60432**

Dear Ms. Dillon:

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 contact Rita Baker, Cultural Resources Manager, at 217/785-4998 or at Rita.E.Baker@illinois.gov.

Sincerely,

A handwritten signature in cursive script that reads "Carey L. Mayer".

**Carey L. Mayer, AIA
Deputy State Historic
Preservation Officer**

Trinity Services Inc.

Attachment – 10 Criterion 1125.320 Purpose of Project

1. Recertifying the license at the 3360 Francis Lane home is to assist with phase 1 and phase 2 of the renovation project for 3360 Uglan Ave. and 3302 Horseshoe Lane. Utilizing the existing building for internal moves during renovations of these ICF homes. Trinity is not looking to expand ICF/IID services to the community.
2. N/A
3. In order to safely renovate/update the ICF/IID homes, Trinity is seeking to license an existing home that previously was an ICF/IID from 1990 to 2016 located at 3360 Francis Lane.
4. This information is from Trinity Services
5. By licensing this location it will give the current residence, in the home to be renovated/updated, a safe location/house during the project
6. Obtain the license for the 3360 Francis Lane by December 30, 2022. Move residents from 3302 Horseshoe Lane to the 3360 Francis Lane home. Renovate the 3302 Horseshoe Lane home. Move residents back to their home. Once the renovations are complete determine the future use of the 3360 Francis Lane site.

Trinity Services Inc.

Attachment 11 Criterion 1125.330 Alternatives

Trinity Services have reviewed all possible alternatives to this project. Based on the time line and housing availability, it made sense to utilize the 3360 Francis Lane location as it serves the purpose to meet the needs of the residents that reside at the homes that are in need of renovations.

Trinity Services, Inc.

Attachment 26 Criterion 1125.720 Specialized Long Term Care- Review Criteria

1. Community Related Functions:

- a/b. This location, 3360 Francis Lane is an existing building used by the Trinity organization.
- c. Letters from officials included as appendices 1-5

2. Availability of Ancillary and Support Services

- a. Trinity Services has a variety of Community Day Services in which the persons living at the two homes that will be renovated participate. No additional beds will be added with this license application.
- b. Trinity provides transportation to and from day services and all community interactions.
- c. Persons served utilize the same services of that of community members.
- d. Persons served utilize the same activities of those who live in the community. They also can participate in the Joliet Park District Special Recreation program if they chose to.
- e. Work shops are no longer offered as options for day services. Persons served utilize community day services in Frankfort, Elwood and Joliet, IL. Through Trinity Services.

3. Recommendation from State Departments

N/A Trinity is not expanding services. Requesting the license in order to provide a safe environment during the renovations of the two current homes.

4. Long-Term Medical Care for Children Category of Service

N/A Current homes are for persons 18 years and older.

5. Zoning

N/A

6. Establishment of Chronic Mental Illness

N/A

7. Variance of Computed Bed Need for Establishment of Beds for Developmentally Disabled Placement of Residents from DHS State Operated Beds

N/A no new beds will be established.



Meg Loughran Cappel
SENATOR • 49th SENATE DISTRICT
WWW.SENATORLOUGHRANCAPPEL.COM

Springfield Office:
M118 Capitol Building
Springfield, IL 62706
(217) 782-0052

District Office:
2009 S IL Route 59
Plainfield, IL 60586
(815) 267-6119

November 1, 2022

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

To Whom It May Concern:

As an advocate for people with developmental disabilities and mental health issues, it is my pleasure to provide this letter of support for Trinity's current project to remodel their existing ICF/DD homes.

Trinity Services is a well-respected member of the disability field, providing valuable and necessary services to meet the needs of a vulnerable population by providing a wide array of program options including residential, day, counseling and employment services.

The ICF/DD homes provide a valuable resource to the community and individuals with intellectual and developmental disabilities. Families and guardians often struggle to find the appropriate services for their loved ones. The ICF/DD homes provide a valuable and needed residential option for these families.

If you need any additional information, please feel free to contact to me.

Sincerely,
Senator Meg Loughran Cappel

A handwritten signature in cursive script that reads "Meg Loughran Cappel".

Meg Loughran Cappel
Illinois State Senator District 49

CAPITOL OFFICE:
300 STATE HOUSE
SPRINGFIELD, IL 62706
(217) 782-3316



DISTRICT OFFICE:
1050 W ROMEO RD
SUITE 101
ROMEDEVILLE, IL 60446
(815) 725-2741

ILLINOIS HOUSE OF REPRESENTATIVES
98TH DISTRICT

Natalie Manley
Assistant Majority Leader

November 1, 2022

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

To Whom It May Concern:

As a champion for people with disabilities, I have had the pleasure of collaborating with Trinity Services on a variety of legislative issues to help make life better for people with developmental disabilities and mental illness.

Trinity Services is a well-respected member of the disability field, providing valuable and necessary services to meet the needs of a vulnerable population by providing a wide array of program options including residential, day, counseling and employment services.

It is my pleasure to provide this letter of support for Trinity's current project to remodel their existing ICF/DD homes. Families and guardians often struggle to find the appropriate services for their loved ones, which the renovated ICF/DD homes would provide. These homes are an indispensable resource to the individuals with intellectual and developmental disabilities within our communities.

Respectfully,

A handwritten signature in cursive script that reads "Natalie A. Manley".

Natalie A. Manley
Assistant Majority Leader
District 98 State Representative

ILLINOIS STATE SENATE

DISTRICT OFFICE:
20855 South LaGrange Road
Suite 102
Frankfort, IL 60423
(815) 464-5431

SPRINGFIELD OFFICE:
118 Capitol Building
Springfield, IL 62706
(217) 782-9595
www.SenatorHastings.com



Michael E. Hastings
STATE SENATOR · 19th DISTRICT

Committees
Energy & Public Utilities (Chairman)
Education
Executive
Insurance
Judiciary

Sub-Committees
Critical Energy Infrastructure &
Grid Reliability (Chairman)
Executive – Government Consolidation
(Chairman)

October 31, 2022
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

To Whom It May Concern:

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Trinity Services is a well-respected member of the disability field, providing valuable and necessary services to meet the needs of a vulnerable population by providing a wide array of program options including residential, day, counseling, and employment services.

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If you need any additional information, please feel free to contact to me.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Hastings", with a date "10/31/22" written to the right of the signature.

Senator Michael Hastings



October 24, 2022

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

To Whom It May Concern:

The Institute for Public Policy for People with Disabilities is a non-profit organization dedicated to supporting individuals with disabilities so they can live independently in our community. For nearly three decades we have provided support and resources to direct service providers in the State of Illinois. We have long been a respected voice in the Illinois disability policy arena.

Our mission is to create a better, more inclusive world for adults living with intellectual & developmental disabilities and our vision is a world where all adults living with disabilities see a world of possibility for themselves.

The Institute for Public Policy has collaborated and partnered with Trinity Services for many years. Trinity continues to be a very well respected member of the disability field; collaborating and working with The Institute, community providers, the State of Illinois, Public Health and the leaders in the municipalities in which they provide services. Trinity assists individuals with intellectual & developmental disabilities and mental illness through a variety of programs including, residential, day, counseling and employment services.

The Institute is very supportive of Trinity's current project to remodel their existing ICF/DD homes. The ICF/DD homes provide a valuable resource to the community and individuals with intellectual & developmental disabilities. Often families and guardians struggle with finding the appropriate services for their loved ones. The ICF/DD homes provides a valuable and needed residential option for these families.

If you need any additional information please feel free to reach out to me.

Sincerely,

Kathy Carmody
Chief Executive Officer
The Institute for Public Policy for People with Disabilities

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

To Whom It May Concern:

Suburban Access partners with an extraordinary network of individuals, groups, and agencies. Together, we strive to make an impact in our area and beyond. Our specially trained coordinators partner with families who have a member who has an intellectual disability, our provider agencies, and the Department of Human Services to develop individualized service plans, to arrange for delivery of services, and to ensure access to services. Suburban Access and its staff emphasize the worth, interests, and abilities of persons who have intellectual disabilities and advance their independence, productivity, and integration in their communities through service coordination

Suburban Access has collaborated and partnered with Trinity Services for many years. Trinity is a respected community provider; assisting individuals with developmental disabilities and mental illness through a variety of programs including, residential, day, clinical and employment services. We appreciate and support their efforts to remodel their current ICF/DD homes. The ICF/DD homes provide a valuable resource to the community and individuals with intellectual and developmental disabilities. Families, guardians or individuals who are interested in receiving services in an ICF/DD can be referred to Trinity to help to meet their on-going needs.

If you need any additional information please feel free to reach out to me.

Sincerely,



Patty O'Brien
Suburban Access

Trinity Services, Inc.

Attachment 27-30 Criterion 1125.800 Estimated Total Project Cost

This is an existing building. No additional cost will be associated with relicensing, with the exception of the application fees. The home that will be utilizing this existing building located at 3360 Francis Lane has existing budget for each fiscal year developed by Trinity Services. Both budgets for 3360 Uglan and 3302 Horseshoe Lane are included as attachment 27.

TLC #1 - 295

Trinity Services, Inc.
Income Statement

1

For the Two Months Ending August 31, 2022

	FY 22 Projected	Current Period	YTD Total	YTD % Received Expended
REVENUE				
Fees for Service				
DPA - TLC	\$1,076,838	\$94,305	\$188,751	17.53%
Other Grant Revenue	0	0	12,595	0.00%
SUBTOTAL - FEES FOR SERVICE	1,076,838	94,305	201,345	18.70%
TOTAL REVENUE	1,076,838	94,305	201,345	18.70%
EXPENSES				
Salaries, Wages & Related Exps				
Salaries & Wages Admin & Other	89,151	4,897	10,645	11.94%
Salaries & Wages Team Leaders	53,352	0	112	0.21%
Salaries & Wages QDDP	71,136	5,515	9,777	13.74%
Salaries & Wages Nurses	64,870	13,201	21,707	33.46%
Salaries & Wages ILC & ILA's	434,869	38,729	66,345	15.26%
Payroll Taxes	54,573	4,694	8,152	14.94%
Health/Life Insurance	15,189	1,376	3,922	25.82%
Dental Insurance	630	43	116	18.44%
Vision Insurance	0	22	61	0.00%
Retirement	15,000	1,246	2,492	16.61%
Workman's Compensation	12,537	501	1,001	7.99%
Unemployment	263	0	0	0.00%
Staff Incentives	151	0	3	1.70%
Staff Physicals	983	0	0	0.00%
Employee Screenings	304	0	0	0.00%
Program Consultants				
Consultants - Psychological	3,000	0	0	0.00%
Consultants - Nursing	5,772	6,068	12,174	210.92%
Consultants - Medical	15,000	931	3,567	23.78%
Consultants - Dietary	1,260	84	169	13.39%
Consultants - Medical Records	450	0	0	0.00%
Meals & Lodgings - Direct	721	0	0	0.00%
Payroll Service	5,105	804	947	18.55%
SUBTOTAL - SALARIES & WAGES	844,314	78,110	141,189	16.72%
Supplies				
Office Supplies	707	0	0	0.00%
Office Supplies - Allocated	1,312	175	334	25.43%
Medicine & Drugs	860	62	393	45.70%
Program Supplies	9,000	772	1,848	20.53%
Food & Beverages	65,000	14,450	14,450	22.23%
Housekeeping Supplies	0	401	401	0.00%

Appendices (A) pg 1-6

Pg. 48

TLC #1 - 295

Trinity Services, Inc.
Income Statement

2

For the Two Months Ending August 31, 2022

	FY 22 Projected	Current Period	YTD Total	YTD % Received Expended
Housekeeping Supplies - TDC	10,000	1,241	1,538	15.38%
Laundry Supplies - SafeNow	2,869	179	260	9.05%
Program Support Supplies	244	0	0	0.00%
SUBTOTAL - SUPPLIES	89,992	17,279	19,224	21.36%
Occupancy				
Property/Casualty Insurance	4,189	360	722	17.23%
Telephone	1,739	172	344	19.75%
Electricity	6,160	429	855	13.88%
Natural Gas	2,955	192	394	13.32%
Janitorial Services	10,314	0	1,100	10.67%
Lawn Maintenance & Snow Plowing	7,697	1,034	1,426	18.53%
Pest Control	550	0	0	0.00%
Building Maintenance Supplies	10,925	11,640	11,640	106.54%
Repairs/Maintenance Equipment	2,629	67	242	9.19%
Repairs/Maintenance Buildings	9,600	0	0	0.00%
Refuse Disposal	1,865	110	220	11.81%
Building Security	1,755	(277)	139	7.90%
Regulatory Fees	4,254	503	4,441	104.40%
SUBTOTAL - OCCUPANCY	64,632	14,229	21,521	33.30%
Transportation				
Contractual Transportation	6,267	0	0	0.00%
Other Staff Transportation	0	0	100	0.00%
Vehicle Fuel	2,622	1,291	2,268	86.49%
Vehicle Insurance	3,785	299	568	15.01%
Vehicle Repair/Maintenance	2,219	1,627	3,939	177.52%
SUBTOTAL - TRANSPORTATION	14,893	3,217	6,875	46.16%
Interest Expense				
Lease Interest	0	29	59	0.00%
SUBTOTAL - INTEREST EXPENSE	0	29	59	0.00%
Employee Supports				
Conferences	500	0	0	0.00%
Tuition Reimbursement	2,118	0	0	0.00%
Staff Development Intramural	645	0	0	0.00%
Subscriptions/Reference Materials	30	0	0	0.00%
SUBTOTAL - EMPLOYEE SUPPORTS	3,293	0	0	0.00%
Miscellaneous				
Postage & Shipping	237	36	36	15.11%

Appendices (A) pg 2-6

pg 49

TLC #1 - 295

Trinity Services, Inc.
Income Statement
For the Two Months Ending August 31, 2022

3

	FY 22 Projected	Current Period	YTD Total	YTD % Received Expended
Medicaid Fee DPA	57,972	5,604	11,208	19.33%
SUBTOTAL - MISCELLANEOUS	58,209	5,640	11,244	19.32%
SUBTOTAL - GENERAL EXPENSES	1,075,333	118,504	200,112	18.61%
REVENUE OVER/(UNDER) EXPENSES	1,505	(24,199)	1,233	81.96%
Depreciation				
Depreciation - Building Improvements	3,168	2,052	4,104	129.53%
Depreciation - Equipment	1,018	138	275	27.01%
Depreciation - Land Improvements	588	49	98	16.67%
SUBTOTAL - DEPRECIATION	4,774	2,239	4,477	93.77%
TOTAL ALL EXPENSES	1,080,107	120,743	204,589	18.94%
REVENUE OVER/(UNDER) EXPENSES	(3,269)	(26,438)	(3,244)	99.21%
Allocated Overhead				
Administration		9,483	18,965	
Maintenance		2,027	4,053	
SUBTOTAL - ALLOCATED OVERHEAD		11,509	23,018	
REVENUE OVER/(UNDER) EXPENSES		(37,947)	(26,262)	

TLC #2 - 296

Trinity Services, Inc.

1

Income Statement

For the Two Months Ending August 31, 2022

	FY 22 Projected	Current Period	YTD Total	YTD % Received Expended
REVENUE				
Fees for Service				
DPA - TLC	\$1,078,298	\$95,397	\$194,603	18.05%
Other Grant Revenue	0	0	12,595	0.00%
SUBTOTAL - FEES FOR SERVICE	1,078,298	95,397	207,197	19.22%
TOTAL REVENUE	1,078,298	95,397	207,197	19.22%
EXPENSES				
Salaries, Wages & Related Exps				
Salaries & Wages Admin & Other	89,151	4,897	10,645	11.94%
Salaries & Wages Team Leaders	53,352	0	112	0.21%
Salaries & Wages QDDP	35,568	1,323	1,323	3.72%
Salaries & Wages Nurses	64,870	13,201	21,707	33.46%
Salaries & Wages ILC & ILA's	403,291	34,647	57,194	14.18%
Payroll Taxes	49,437	4,004	6,683	13.52%
Health/Life Insurance	28,921	2,307	5,783	20.00%
Dental Insurance	1,051	71	174	16.54%
Vision Insurance	0	50	118	0.00%
Retirement	15,000	1,246	2,492	16.61%
Workman's Compensation	12,537	501	1,001	7.99%
Unemployment	263	0	0	0.00%
Staff Incentives	151	0	3	1.70%
Staff Physicals	983	0	0	0.00%
Employee Screenings	305	23	23	7.54%
Program Consultants				
Consultants - Psychological	3,000	0	0	0.00%
Consultants - Nursing	5,772	6,068	12,174	210.92%
Consultants - Medical	15,000	931	3,567	23.78%
Consultants - Dietary	1,260	84	169	13.39%
Consultants - Medical Records	450	0	0	0.00%
Meals & Lodgings - Direct	721	0	0	0.00%
Payroll Service	5,121	804	947	18.49%
SUBTOTAL - SALARIES & WAGES	786,203	70,157	124,114	15.79%
Supplies				
Office Supplies	707	0	0	0.00%
Office Supplies - Allocated	1,312	175	334	25.43%
Medicine & Drugs	860	303	303	35.27%
Program Supplies	9,000	1,497	2,300	25.55%
Food & Beverages	65,000	15,248	15,289	23.52%
Housekeeping Supplies - TDC	10,000	1,774	2,948	29.48%

TLC #2 - 296

Trinity Services, Inc.

2

Income Statement

For the Two Months Ending August 31, 2022

	FY 22 Projected	Current Period	YTD Total	YTD % Received Expended
Laundry Supplies - SafeNow	2,869	302	552	19.23%
Program Support Supplies	244	0	0	0.00%
SUBTOTAL - SUPPLIES	89,992	19,299	21,725	24.14%
Occupancy				
Property/Casualty Insurance	4,189	360	722	17.23%
Telephone	1,180	140	280	23.70%
Electricity	3,818	536	1,101	28.83%
Natural Gas	2,859	250	508	17.75%
Janitorial Services	10,314	0	1,650	16.00%
Lawn Maintenance & Snow Plowing	4,626	1,034	1,426	30.83%
Pest Control	550	0	0	0.00%
Building Maintenance Supplies	10,925	0	73	0.67%
Repairs/Maintenance Equipment	2,629	67	242	9.19%
Repairs/Maintenance Buildings	9,600	0	0	0.00%
Refuse Disposal	1,865	110	220	11.81%
Building Security	1,241	139	139	11.17%
Regulatory Fees	4,254	503	4,441	104.40%
SUBTOTAL - OCCUPANCY	58,050	3,139	10,800	18.60%
Transportation				
Contractual Transportation	6,267	0	0	0.00%
Vehicle Fuel	2,622	0	0	0.00%
Vehicle Insurance	3,785	299	568	15.01%
Vehicle Repair/Maintenance	2,219	1,007	1,267	57.09%
SUBTOTAL - TRANSPORTATION	14,893	1,306	1,835	12.32%
Interest Expense				
Lease Interest	0	29	58	0.00%
SUBTOTAL - INTEREST EXPENSE	0	29	58	0.00%
Employee Supports				
Conferences	500	0	0	0.00%
Staff Development Intramural	645	0	0	0.00%
Subscriptions/Reference Materials	30	0	0	0.00%
SUBTOTAL - EMPLOYEE SUPPORTS	1,175	0	0	0.00%
Miscellaneous				
Postage & Shipping	237	36	36	15.11%
Medicaid Fee DPA	56,892	5,351	10,702	18.81%
SUBTOTAL - MISCELLANEOUS	57,129	5,387	10,738	18.80%

TLC #2 - 296

Trinity Services, Inc.
Income Statement

3

For the Two Months Ending August 31, 2022

	FY 22 Projected	Current Period	YTD Total	YTD % Received Expended
SUBTOTAL - GENERAL EXPENSES	1,007,441	99,317	169,270	16.80%
REVENUE OVER/(UNDER) EXPENSES	70,856	(3,919)	37,927	53.53%
Depreciation				
Depreciation - Building Improvements	3,904	531	1,062	27.21%
Depreciation - Equipment	676	109	217	32.10%
Depreciation - Land Improvements	1,079	57	114	10.56%
SUBTOTAL - DEPRECIATION	5,659	697	1,393	24.62%
TOTAL ALL EXPENSES	1,013,100	100,013	170,663	16.85%
REVENUE OVER/(UNDER) EXPENSES	65,198	(4,616)	36,534	56.04%
Allocated Overhead				
Administration		8,590	17,180	
Maintenance		1,836	3,671	
SUBTOTAL - ALLOCATED OVERHEAD		10,426	20,851	
REVENUE OVER/(UNDER) EXPENSES		(15,042)	15,683	



APPENDIX E

SPECIAL FLOOD HAZARD AREA AND 500YEAR FLOOD PLAIN 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.

1. Applicant: Trinity Services Inc 301 Veterans Parkway
(Name) (Address)
New Lenox Illinois 60451 815-485-6197
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 3360 Francis Lane Joliet Illinois
(Address) (City) (State)
Will Joliet
(County) (Township) (Section)

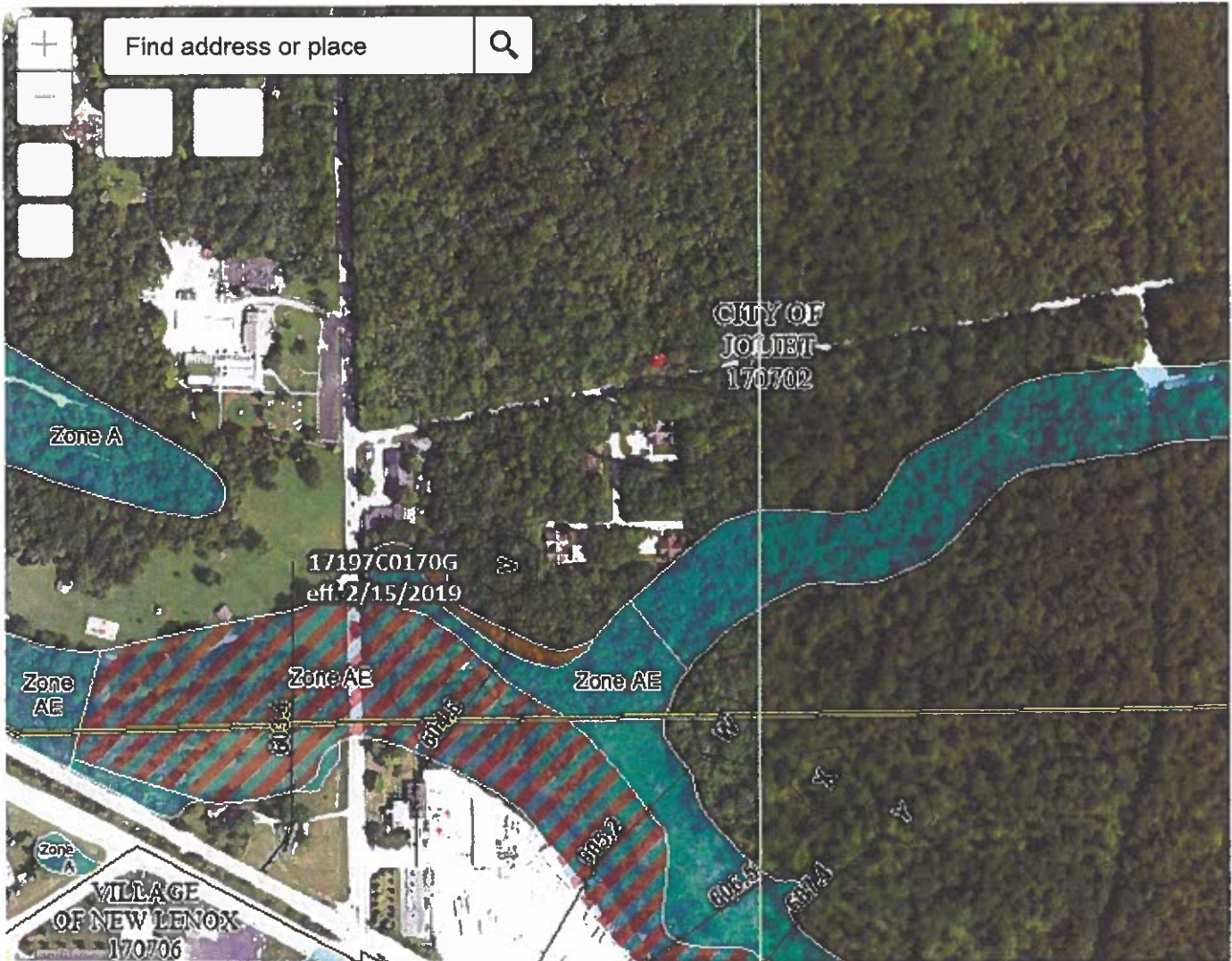
3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go To NFHL Viewer** tab 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: 170702 Effective Date: 02-15-2019
Name of Official: _____ Title: _____
Business/Agency: _____ Address: _____
(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____



To print
 1) Click
 2) Choose
 3) Print



Size*

File Format

[Help](#)



Attachment-5 Flood Plain



December 1, 2022

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

c/o Mike Constantino

Re: Certificate of Need

Trinity Services, home located at 3360 Francis Lane, is seeking licensure as an intermediate care facility. The project is to obtain the license in order to temporarily move residence from their home until renovations of their home are completed. This 2-phase project was recently reviewed by the Illinois Health Facilities and Review Board.

This is an existing home that was approved as an ICF from 1990 to 2016 when Trinity transitioned the home to a Community Integrated Living Arrangement, CILA, home. There have been no changes to the environment and continues to have 16 bedrooms. The layout of the home is the same as the two homes in the renovation project.

Currently the home is approved through the Department of Human Services as a CILA. Persons from the 3360 Uglund were moved to this home temporarily in preparations for the renovations to their home. As part of the plan of correction for citation of moving without licensure to the 3360 Francis Lane home, this CON is being submitted for review and approval.

This is an existing building in use by the agency, at approximately 5,200 square foot and was built in 1990. There is no known ground disturbance, no historical information, architectural significance or significance to the community or association with a significant individual or any cultural references with this project area.

The project contact is Lisa Dillon, Network Director. Office is located at 100 N. Gougar Rd. Joliet, IL 60432. If further information is needed, please contact me at 815 463-8465.

Thank you

A handwritten signature in black ink that reads "Lisa Dillon".

Lisa Dillon
Network Director
Trinity Services

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.		PAGES	
1	Applicant/Co-applicant Identification including Certificate of Good Standing	pg. 22	
2	Site Ownership	pg. 23 - 34	
3	Operating Identity/Licensee	pg. 35 - 36	
4	Organizational Relationships	N/A	
5	Flood Plain Requirements	pg. 37	
6	Historic Preservation Act Requirements	pg. 38	
	General Information Requirements		
10	Purpose of the Project	pg. 39	
11	Alternatives to the Project	pg. 40	
	Service Specific - General Long-Term Care		
12	Background of the Applicant	/	
13	Planning Area Need		
14	Establishment of General LTC Service or Facility		
15	Expansion of General LTC Service or Facility		
16	Variances		
17	Accessibility		
18	Unnecessary Duplication/Maldistribution		N/A
19	Staffing Availability		
20	Bed Capacity		
21	Community Relations		
22	Project Size		
23	Zoning		
24	Assurances		
25	Modernization		
	Service Specific - Specialized Long-Term Care		
26 10/2	Specialized Long-Term Care – Review Criteria	pg. 41-46	
	Financial and Economic Feasibility:		
27 13/14	Availability of Funds	pg. 47	
28	Financial Waiver	pg. 47	
29 15	Financial Viability	pg. 47	
30 14	Economic Feasibility	pg. 47	
	APPENDICES		
A 18	Project Costs and Sources of Funds	pg. 48-53	
B 19	Related Project Costs	pg. 19	
C 20	Project Status and Completion Schedule	pg. 20	
D 21	Cost/Space Requirements	pg. 21	
E	Flood Plain Information	pg. 54-55	