

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Chicago South Side Birth Center
Street Address: 8301 S. Shore Drive
City and Zip Code: Chicago, IL 60617
County: Cook Health Service Area: Obstetrics Health Planning Area: A-03

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

Exact Legal Name: Chicago South Side Birth Center
Street Address: 643 N. Carroll Parkway Unit 210B
City and Zip Code: Glenwood, IL 60425
Name of Registered Agent: Jeanine Valrie Logan
Registered Agent Street Address: 643 N Carroll Parkway Unit 210B
Registered Agent City and Zip Code: Glenwood, IL 60425
Name of Chief Executive Officer: Jeanine Valrie Logan
CEO Street Address: 643 N Carroll Parkway Unit 210B
CEO City and Zip Code: Glenwood, IL 60425
CEO Telephone Number: 773-791-6462

Type of Ownership of Applicants

Ownership options: Non-profit Corporation (checked), For-profit Corporation, Limited Liability Company, Partnership, Governmental, Sole Proprietorship, Other.
Additional instructions for corporations and partnerships.
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: Jeanine Valrie Logan
Title: Executive Director and Director of Midwifery
Company Name: Chicago South Side Birth Center
Address: 643 N Carroll Parkway Unit 210B
Telephone Number: 773-791-6462
E-mail Address: jeanine@chicagosouthsidebirthcenter.org
Fax Number: N/A

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

Name: Lesley Kennedy
Title: Administrator & Director of Strategy and Organization Development
Company Name: Chicago South Side Birth Center

Address: 643 N Carroll Parkway Unit 210B
Telephone Number: 773-818-7528
E-mail Address: lesley@chicagosouthsidebirthcenter.org
Fax Number: N/A

Post Permit Contact

[Person to receive all correspondence after permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: Jeanine Valrie Logan
Title: Executive Director and Director of Midwifery
Company Name: Chicago South Side Birth Center
Address: 643 N Carroll Parkway Unit 210B
Telephone Number: 773-791-6462
E-mail Address: jeanine@chicagosouthsidebirthcenter.org
Fax Number: N/A

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Chicago South Side Birth Center
Address of Site Owner: 643 N Carroll Parkway Unit 210B, Glenwood, IL 60425
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Chicago South Side Birth Center
Address: 8301 S. South Shore Drive, Chicago, IL 60617
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> 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. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM** has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

APPEND DOCUMENTATION AS **ATTACHMENT 5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT 6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

Substantive

Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

This project is for the establishment of a freestanding birth center in Chicago, Illinois. In accordance with 210 ILCS 3/35 Alternative Healthcare Delivery Act (or the Act), the proposed birth center will meet the definition set forth in the act as follows:

“a designated site, other than a hospital:

1. in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy;
2. that is not the pregnant person's usual place of residence;
3. that is exclusively dedicated to serving the childbirth-related needs of pregnant persons and their newborns, and has no more than 10 beds;
4. that offers prenatal care and community education services and coordinates these services with other health care services available in the community; and
5. that does not provide general anesthesia or surgery.”

The proposed birth will do business as Chicago South Side Birth Center (or CSSC), and will offer an out of hospital birth service to those who are low risk and who want to choose a safe alternative and a comfortable environment to give birth, that minimizes interventions, is cost-effective, and located within their community. CSSBC will employ Certified Nurse Midwives and other licensed and credentialed health care providers to meet the needs of our clients. We will offer community education classes that will include topics on childbirth education, breastfeeding, new parents/newborn care, and postpartum self-care.

The proposed birth center is a 7,315 square foot building located at 8301 S. South Shore Dr., Chicago, IL 60617. CSSBC is the owner of this property which was formerly an operating church. Renovations to the birth center will be conducted in accordance with IDPH licensing requirements and will include three birth rooms, 3 clinic rooms that will be used for prenatal visits, antenatal testing, a nurses station, staff offices, an on-call room, a family and kitchen area, a community room, and will include an addition for an elevator and stairs.

This proposed birth center is a substantial project because it is offering a new service not otherwise offered on the south side of Chicago (Illinois Health Planning Area A-03). CSSBC will be the first birth center located on Chicago's south side in the A-03 Planning Area, the boundaries within Cook County. CSSBC will be the seventh Birth Center in the state.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$825,900		\$825,900
Site Survey and Soil Investigation	\$16,505		\$16,505
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$4,293,177		\$4,293,177
Contingencies	\$640,227		\$640,227
Architectural/Engineering Fees	\$347,890		\$347,890
Consulting and Other Fees	\$282,494		\$282,494
Movable or Other Equipment (not in construction contracts)	\$292,000		\$292,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized	\$245,000		\$245,000
Acquisition of Building or Other Property (excluding land)	\$450,000		\$450,000
TOTAL USES OF FUNDS	\$7,130,493		\$7,130,493
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$100,000		\$100,000
Pledges	\$1,500,000		\$1,500,000
Gifts and Bequests	\$508,000		\$508,000
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants	\$5,022,493		\$5,022,493
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$7,130,493		\$7,130,493
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Note from Applicant: Detailed cost proposals for architect, construction, and modernization contracts are included in Appendices A-D. A pledge commitment and detailed fundraising plan for total source of funds are included in Attachments 7 and 33, respectively.

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:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>\$7,130,493</u> _____.</p>

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
<p>Indicate the stage of the project's architectural drawings:</p> <p style="text-align: center;"><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
Anticipated project completion date (refer to Part 1130.140): March 1, 2026
<p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):</p> <p><input checked="" type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input checked="" type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies</p> <p><input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.</p>
APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

<p>Are the following submittals up to date as applicable?</p> <p><input type="checkbox"/> Cancer Registry</p>

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

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Note from applicant: No response from the applicant due to this section not being applicable to birth centers.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e., non-clinical]: means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS **ATTACHMENT 9**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note from applicant: No response from the applicant due to this section not being applicable to birth centers.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. **Include observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:					
		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

Note from applicant: No response from the applicant due to this section not being applicable to birth centers.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 manager 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 is filed on the behalf of Chicago South Side Birth Center* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Jeanine Valrie Logan
PRINTED NAME

Executive Director and Director of Midwifery
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

SIGNATURE

Tiffany Gorman
PRINTED NAME

Board President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility’s market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note from applicant: No response from the applicant due to this section not being applicable to birth centers.

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

<p>BACKGROUND OF APPLICANT</p> <ol style="list-style-type: none"> 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable. 2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility. 3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest. <ol style="list-style-type: none"> a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed. c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude. d. A certified listing of each applicant with one or more unsatisfied judgements against him or her. e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency. 4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. 5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.
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APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

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

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Birth Room	247-323 sq ft per birth room	Max 2750 bgsf per birth room*	Under by 2427-2503 sq ft	Yes

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions, or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note from applicant: No response from the applicant due to this section not being applicable to birth centers.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note from applicant: No response from the applicant due to this section not being applicable to birth centers.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note from applicant: No response from the applicant due to this section not being applicable to birth centers.

SECTION V. - MASTER DESIGN AND RELATED PROJECTS

This Section is applicable only to proposed master design and related projects.

Criterion 1110.235(a) - System Impact of Master Design

Read the criterion and provide documentation that addresses the following:

1. The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities.
2. How the services proposed in future projects will improve access to planning area residents.
3. What the potential impact upon planning area residents would be if the proposed services were not replaced or developed.
4. The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

Criterion 1110.235(b)-Master Plan or Related Future Projects

Read the criterion and provide documentation regarding the need for all beds and services to be developed and document the improvement in access for each service proposed. Provide the following:

1. The anticipated completion date(s) for the future construction or modernization projects; and
2. Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:
 - a. limitation on government funded or charity patients that are expected to continue.
 - b. restrictive admission policies of existing planning area health care facilities that are expected to continue.
 - c. the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.

3. Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:
 - a. historical service/beds utilization levels.
 - b. projected trends in utilization (include the rationale and projection assumptions used in such projections).
 - c. anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. Schematic architectural plans for all construction or modification approved in the master design permit.
2. The estimated project cost for the proposed projects and also for the total construction/modification projects approved in the master design permit.
3. An item-by-item comparison of the construction elements (i.e., site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project.
4. A comparison of proposed beds and services to those approved under the master design permit.

APPEND DOCUMENTATION AS ATTACHMENT 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

Note from applicant: Pages 23-50 of Section V.I. A- V.I. N are not included because they do not apply to birth center projects. Similarly, attachments 19-32 are not included either, as they do not apply to birth center projects.

This Section is applicable to all projects proposing the establishment, expansion, or modernization of 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 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 **APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:**

A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Medical/Surgical		
<input type="checkbox"/> Obstetric		
<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Intensive Care		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110. 200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

B. Criterion 1110.205 - Comprehensive Physical Rehabilitation

1. Applicants proposing to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Comprehensive Physical Rehabilitation		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.205(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.205(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.205(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.205(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.205(b)(5) - Planning Area Need - Service Accessibility	X		
1110.205(c)(1) - Unnecessary Duplication of Services	X		
1110.205(c)(2) - Maldistribution	X		
1110.205(c)(3) - Impact of Project on Other Area Providers	X		
1110.205(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.205(d)(4) - Occupancy			X
1110.205(e)(1) - Staffing Availability	X	X	
1110.205(f) - Performance Requirements	X	X	X
1110.205(g) - Assurances	X	X	
APPEND DOCUMENTATION AS ATTACHMENT <u>20</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

C. Criterion 1110.210 - Acute Mental Illness and Chronic Mental Illness

1. Applicants proposing to establish, expand and/or modernize the Acute Mental Illness and Chronic Mental Illness categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Acute Mental Illness		
<input type="checkbox"/> Chronic Mental Illness		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.210(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.210(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.210(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.210(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.210(b)(5) - Planning Area Need - Service Accessibility	X		
1110.210(c)(1) - Unnecessary Duplication of Services	X		
1110.210(c)(2) - Maldistribution	X		
1110.210(c)(3) - Impact of Project on Other Area Providers	X		
1110.210(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.210(d)(4) - Occupancy			X
1110.210(e)(1) - Staffing Availability	X	X	
1110.210(f) - Performance Requirements	X	X	X
1110.210(g) - Assurances	X	X	
APPEND DOCUMENTATION AS ATTACHMENT 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

D. Criterion 1110.220 - Open Heart Surgery

1. Applicants proposing to establish, expand and/or modernize the Open-Heart Surgery category of service must submit the following information.
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Open Heart Surgery		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

1. **Criterion 1110.220(b)(1), Peer Review**
 Read the criterion and submit a detailed explanation of your peer review program.

2. **Criterion 1110.220(b)(2), Establishment of Open-Heart Surgery**
 Read the criterion and provide the following information:
 - a. The number of cardiac catheterizations (patients) performed in the latest 12-month period for which data is available.
 - b. The number of patients referred for open heart surgery following cardiac catheterization at your facility, for each of the last two years.

3. **Criterion 1110.220(b)(3), Unnecessary Duplication of Services**
 Read the criterion and address the following:
 - a. Contact all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.
 - b. Provide a sample copy of the letter written to each of the facilities and include a list of the facilities that were sent letters.
 - c. Provide a copy of all the responses received.

4. **Criterion 1110.220(b)(4), Support Services**
 Read the criterion and indicate on a service-by-service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24-hour inpatient basis can be immediately always mobilized for emergencies.

5. **Criterion 1110.220(b)(5), Staffing**
 Read the criterion and for those positions described under this criterion provide the following information:
 - a. The name and qualifications of the person currently filling the job.
 - b. Application filed for a position.
 - c. Signed contracts with the required staff.
 - d. A detailed explanation of how you will fill the positions.

APPEND DOCUMENTATION AS ATTACHMENT 22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

E. Criterion 1110.225 - Cardiac Catheterization

1. Applicants proposing to establish, expand and/or modernize the Cardiac Catheterization category of service must submit the following information.
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Cardiac Catheterization		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

1. **Criterion 1110.225(a), Peer Review**
Read the criterion and submit a detailed explanation of your peer review program.
2. **Criterion 1110. 225(b), Establishment or Expansion of Cardiac Catheterization Service**
Read the criterion and, if applicable, submit the following information:
 - a. A map (on 8 1/2" x 11" paper) showing the location of the other hospitals providing cardiac catheterization services within the planning area.
 - b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.
 - c. Provide the number of patients transferred directly from the applicant’s hospital to another facility for cardiac catheterization services in each of the last three years.
3. **Criterion 1110.225(c), Unnecessary Duplication of Services**
Read the criterion and, if applicable, submit the following information.
 - a. Copies of the letter sent to all facilities within the planning area that currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.
 - b. Copies of the responses received from the facilities to which the letter was sent.
4. **Criterion 1110.225(d), Modernization of Existing Cardiac Catheterization Laboratories**
Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.

5. Criterion 1110.225(e), Support Services

Read the criterion and indicate on a service-by-service basis which of the listed services are available on a 24-hour basis and explain how any services not available on a 24-hour basis will be available when needed.

6. Criterion 1110.225(f), Laboratory Location

Read the criterion and, if applicable, submit line drawings showing the location of the proposed laboratories. If the laboratories are not in proximity, explain why.

7. Criterion 1110.225(g), Staffing

Read the criterion and submit a list of names and qualifications of those who will fill the positions detailed in this criterion. Also, provide staffing schedules to show the coverage required by this criterion.

8. Criterion 1110.225(h), Continuity of Care

Read the criterion and submit a copy of the fully executed written referral agreement(s).

9. Criterion 1110.225(i), Multi-institutional Variance

Read the criterion and, if applicable, submit the following information:

- a. A copy of a fully executed affiliation agreement between the two facilities involved.
- b. Names and positions of the shared staff at the two facilities.
- c. The volume of open-heart surgeries performed for the latest 12-month period at the existing operating program.
- d. A cost comparison between the proposed project and expansion at the existing operating program.
- e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.
- f. The number of catheterization laboratories at the operating program.
- g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.
- h. The basis for the above projection.

APPEND DOCUMENTATION AS ATTACHMENT 23 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Criterion 1110.230 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input type="checkbox"/> In-Center Hemodialysis		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.230(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.230(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.230(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.230(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.230(b)(5) - Planning Area Need - Service Accessibility	X		
1110.230(c)(1) - Unnecessary Duplication of Services	X		
1110.230(c)(2) - Maldistribution	X		
1110.230(c)(3) - Impact of Project on Other Area Providers	X		
1110.230(d)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.230(e) - Staffing	X	X	
1110.230(f) - Support Services	X	X	X
1110.230(g) - Minimum Number of Stations	X		
1110.230(h) - Continuity of Care	X		

1110.230(l) - Relocation (if applicable)	X		
1110.230(j) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

- 4. **Projects for relocation** of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the “Establishment of Services or Facilities”, as well as the requirements in Section 1130.525 – “Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service” and subsection 1110.230(i) - Relocation of an in-center hemodialysis facility.

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input type="checkbox"/> General Surgery
<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Urology
<input type="checkbox"/> Other _____

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	

1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

H. Criterion 1110.240 - Selected Organ Transplantation

This section is applicable to projects involving the establishment or modernization of the Selected Organ Transplantation service.

1. Applicants proposing to establish or modernize the Selected Organ Transplantation category of service must submit the following information:

2. Indicate changes by Service: Indicate # of rooms changed by action(s):

Transplantation Type	# Existing Beds	# Proposed Beds
<input type="checkbox"/>		
<input type="checkbox"/>		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Moderniz e
1110.240(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (Formula calculation)	X	
1110.240(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.240(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.240(b)(4) – Planning Area Need - Service Accessibility	X	
1110.240(c)(1) – Unnecessary Duplication of Services	X	
1110.240(c)(2) – Maldistribution	X	
1110.240(c)(3) – Impact of Project on Other Area Providers	X	
1110.240(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.240(d)(4) – Utilization		X
1110.240(e) – Staffing Availability	X	
1110.240(f) – Surgical Staff	X	
1110.240(g) – Collaborative Support	X	
1110.240(h) – Support Services	X	
1110.240(l) – Performance Requirements	X	X
1110.240(j) – Assurances	X	X

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

I. Criterion 1110.245 - Kidney Transplantation

This section is applicable to all projects involving the establishment of the Kidney Transplantation service.

1. Applicants proposing to establish or modernize the Kidney Transplantation category of service must submit the following information:

2. Indicate changes: Indicate # of key rooms by action:

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Kidney Transplantation		

3. READ the applicable review criteria outlined below and **submit required documentation for the criteria printed below in bold:**

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.245(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (Formula calculation)	X	
1110.245(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.245(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.245(b)(4) – Planning Area Need - Service Accessibility	X	
1110.245(c)(1) – Unnecessary Duplication of Services	X	
1110.245(c)(2) – Maldistribution	X	
1110.245(c)(3) – Impact of Project on Other Area Providers	X	
1110.245(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.245(d)(4) – Occupancy		X
1110.245(e) – Staffing Availability	X	
1110.245(f) – Surgical Staff	X	
1110.245(g) – Support Services	X	
1110.245(h) – Performance Requirements	X	X
1110.245(i) – Assurances	X	

APPEND DOCUMENTATION for “Surgical Staff” and “Support Services”, AS ATTACHMENT 27 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

J. Criterion 1110.250 - Subacute Care Hospital Model

Category of Service	# Proposed Beds
<input type="checkbox"/> Subacute Care Hospital	

This section is applicable to all projects proposing to establish a subacute care hospital model.

1. Criterion 1110.250(b)(1), Distinct Unit

- a. Provide a copy of the physical layout (an architectural schematic) of the subacute unit (include the room numbers) and describe the travel patterns to support services and patient and visitor access.
- b. Provide a summary of shared services and staff and how costs for such will be allocated between the unit and the hospital or long-term care facility.
- c. Provide a staffing plan with staff qualifications and explain how non-dedicated staffing services will be provided.

2. Criterion 1110.250(b)(2), Contractual Relationship

- a. If the applicant is a licensed long-term care facility or a previously licensed general hospital, the applicant must provide a copy of a contractual agreement (transfer agreement) with a general acute care hospital. Provide the travel time to the facility that signed the contract. Explain how the procedures for providing emergency care under this contract will work.
- b. If the applicant is a licensed general hospital, the applicant must document that its emergency capabilities continue to exist in accordance with the requirements of hospital licensure.

3. Rule 1110.250(c)(1), State Board Prioritization of Hospital Applications

Read this rule, which applies only to hospital applications, and provide the requested information as applicable.

a. Financial Support

Will the subacute care model provide the necessary financial support for the facility to provide continued acute care services? Yes___ No _____

If yes, submit the following information:

- (1) Two years of projected financial statements that exclude the financial impact of the subacute care hospital model as well as two years of projected financial statements which include the financial impact of the subacute care hospital model.
- (2) the assumptions used in developing both sets of financial statements.
- (3) a narrative description of the factors within the facility or the area which will prevent the facility from complying with the financial ratios within the next two years without the proposed project.
- (4) a narrative explanation as to how the proposed project will allow you to meet the financial ratios.

- (5) if the projected financial statements (which include the subacute impact) at the applicant facility fail to meet the Part 1120 financial ratios, provide a copy of a binding agreement with another institution which guarantees the financial viability

Subacute Care Hospital Model (continued)

of the subacute hospital model for a period of five years; and

- (6) historical financial statements for each of the last three calendar years.

- b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes No

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

- c. Multi-Institutional System

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the acute care facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

- d. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

- e. Case mix and Utilization

Provide the following information:

- (1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)
- Other complex diagnosis which included physiological monitoring on a continuous basis

- (2) for multi-institutional systems provide the above information from each of the signatory facilities. If more than one signatory is involved, provide separate sheets for each one.

- f. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMOs.

g. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes No

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes No

Subacute Care Hospital Model (continued)

h. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes No
If yes, provide a copy of the latest Joint Commission letter of accreditation.

i. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation must consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill these positions are presently employed at the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full-time (FTEs) physical therapist
- One or more occupational therapists
- One or more speech therapists

j. Audited Financial Reports

Submit audited financial reports of the applicant facility for the latest three fiscal years.

4. Rule 1110.250(c)(2), State Board Prioritization-Long-Term Care Facilities

This rule applies only to LTC facility applications. Read the criterion and submit the required information, as applicable.

a. Exceptional Care

Has the applicant facility had an Exceptional Care Contract with the Illinois Department of Public Aid for at least two years in the past four years? Yes No

If yes, provide copies of the Exceptional Care Contract with the Illinois Department of Public Aid for each these four years.

b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes No

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

c. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

d. Case Mix and Utilization

Provide the following information:

(1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)

Subacute Care Hospital Model (continued)

- Other complex diagnoses which included physiological monitoring on a continuous basis

(2) for multi-institutional systems, provide the same information from each of the signatory facilities. If more than one signatory is involved, provide a separate sheet for each one.

e. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMO's.

f. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes No

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes No

g. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation shall consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill the positions are currently employed by the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full time (FTEs) physical therapists
- One or more occupational therapists
- One or more speech therapists

h. Financial Reports

Submit copies of the applicant facility's financial reports for the last three fiscal years.

i. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes No
If yes, provide a copy of the latest Joint Commission letter of accreditation.

j. Multi-Institutional Arrangements

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

5. Section 1110.250(c)(3), State Board Prioritization of Previously Licensed Hospitals - Chicago

This section must be completed only by applicants whose site was previously licensed as a hospital in Chicago. Provide the following information:

- a. letters from health facilities establishing a referral agreement for subacute hospital patients.
- b. letters from physicians indicating that they will refer subacute patients to your proposed facility.
- c. the number of admissions and patient days for each of the last five years for each of the following types of patients (this information must be provided from each referring facility):
 - Ventilator cases
 - Head trauma cases
 - Rehabilitation cases including spinal cord injuries
 - Amputees
 - Other orthopedic cases requiring subacute care (Specify diagnosis)
 - Other complex diagnoses, which included physiological monitoring on a continuous basis.

APPEND DOCUMENTATION AS ATTACHMENT 28. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

K. Community-Based Residential Rehabilitation Center

This section is applicable to all projects proposing to establish a Community-based Residential Rehabilitation Center Alternative Health Care Model.

A. Criterion 1110.260(b)(1), Staffing

Read the criterion and provide the following information:

1. A detailed staffing plan that identifies the number and type of staff positions dedicated to the model and the qualifications for each position.
2. How special staffing circumstances will be handled.
3. The staffing patterns for the proposed center; and
4. The way non-dedicated staff services will be provided.

B. Criterion 1110.260(b)(2), Mandated Services

Read the criterion and provide a narrative description documenting how the applicant will provide the minimum range of services required by the Alternative Health Care Delivery Act and specified in 1110.2820(b).

C. Criterion 1110.260(b)(3), Unit Size

Read the criterion and provide a narrative description that identifies the number and location of all beds in the model. Include the total number of beds for each residence and the total number of beds for the model.

D. Criterion 1110.260(b)(4), Utilization

Read the criterion and provide documentation that the target utilization for the model will be achieved by the second year of the model's operation. Include supporting information such as historical utilization trends, population growth, expansion of professional staff or programs, and the provision of new procedures that may increase utilization.

E. Criterion 1110.260(b)(5), Background of Applicant

Read the criterion and provide documentation that demonstrates the applicant's experience in providing the services required by the model. Provide evidence that the programs offered in the model have been accredited by the Commission on Accreditation of Rehabilitation Facilities as a Brain Injury Community-Integrative Program for at least three of the last five years.

APPEND DOCUMENTATION AS ATTACHMENT 29, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

L. 1110.265 - Long Term Acute Care Hospital

1. Applicants proposing to establish, expand and/or modernize Long Term Acute Care Hospital Bed projects must submit the following information:
2. Indicate the bed service(s) and capacity changes by Service:
Indicate the # of beds by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> LTACH		
<input type="checkbox"/> Intensive Care		
<input type="checkbox"/>		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.265(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.265(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.265(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.265(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.265(b)(5) - Planning Area Need - Service Accessibility	X		
1110.265(c)(1) - Unnecessary Duplication of Services	X		
1110.265(c)(2) - Maldistribution	X		
1110.265(c)(3) - Impact of Project on Other Area Providers	X		
1110.265(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.265(d)(4) - Occupancy			X
1110.265(e) - Staffing Availability	X	X	
1110.265(f) - Performance Requirements	X	X	X
1110.265(g) - Assurances	X	X	
APPEND DOCUMENTATION AS ATTACHMENT 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
1APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

N. Freestanding Emergency Center Medical Services

These criteria are applicable only to those projects or components of projects involving the freestanding emergency center medical services (FECMS) category of service.

A. Criterion 1110.280 – Establishment of Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. Projected Utilization – Provide the projected number of patient visits per day for each treatment station in the FEC based upon 24-hour availability, including an explanation of how the projection was determined. [1110.280(c)(3)(B)]
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]
4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]
5. Certification signed by two authorized representative(s) of the applicant entity(s) that they have reviewed, understand and plan to comply with both of the following requirements [1110.280(b)(6)]:
 - A) The requirements of becoming a Medicare provider of freestanding emergency services; and
 - B) The requirements of becoming licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the proposed FEC [1110.280(c)]:
 - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the proposed site, indicating how the travel time was calculated.
 - B) Provide a list of the projected patient volume for the proposed FEC, categorized by zip code. Indicate what percentage of this volume represents residents from the proposed FEC's service area.
 - C) Provide either of the following:
 - a) Provide letters from authorized representatives of hospitals, or other FEC facilities, that are part of the Emergency Medical Services System (EMSS) for the defined service area, that contain patient origin information by zip code, (each letter shall contain a certification by the authorized representative that the representations contained in the letter are true and correct. A complete set of the letters with original notarized signatures shall accompany the application for permit), or
 - b) Patient origin information by zip code from independent data sources (e.g., Illinois Health and Hospital Association COMP

data or IDPH hospital discharge data), based upon the patient's legal residence, for patients receiving services in the existing service area's facilities' emergency departments (EDs), verifying that at

least 50% of the ED patients served during the last 12-month

**Freestanding Emergency Center Medical Services
(continued)**

period were residents of the service area.

7. Area Need; Service Demand – Historical Utilization [1110.280(c)(3)(A)]
 - A) Provide the annual number of ED patients that have received care at facilities that are in the FEC's service area for the latest two-year period prior to submission of the application
 - B) Provide the estimated number of patients anticipated to receive services at the proposed FEC, including an explanation of how the projection was determined.

8. Area Need; Service Accessibility - Document one of the following (using supporting documentation as specified in accordance with the requirements of 77 Ill. Adm. Code 1110.280(c)(4)(B) Supporting Documentation) [1110.3230(c)(4)(A)]:
 - i) The absence of the proposed ED service within the service area.
 - ii) The area population and existing care system exhibit indicators of medical care problems,
 - iii) All existing emergency services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 Ill Adm. Code 1100.

9. Unnecessary Duplication - Document that the project will not result in an unnecessary duplication by providing the following information [1110.280(d)(1)]:
 - A) A list of all zip code areas (in total or in part) that are located within 30 minutes normal travel time of the project's site.
 - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
 - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide emergency medical services.

10. Unnecessary Maldistribution - Document that the project will not result in maldistribution of services by documenting the following [1110.280(d)(2)]:
 - A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing ED departments within 30 minutes travel time of the applicant's site; or
 - B) That there is not an insufficient population to provide the volume or caseload necessary to utilize the ED services proposed by the project at or above utilization standards.

11. Impact on Area Providers [1110.280(d)(3)] – Document that, within 24 months after project completion, the proposed project will not lower the utilization of other service area providers below, or further below, the utilization standards specified in 77 Ill. Adm. Code 1100 (using supporting documentation in accordance with the requirements of 77 Ill. Adm. Code 1110.3230(c)(4)).

12. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).

**Freestanding Emergency Center Medical Services
(continued)**

B. Criterion 1110.280 – Expansion of Existing Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
2. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]
3. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]
4. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(a)(b)(A) and (B)]:
 - A) The requirements of being a Medicare provider of freestanding emergency services; and
 - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
5. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the expanded FEC [1110.280(c)(2)]:
 - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the expanded FEC, indicating how the travel time was calculated.
 - B) Provide a list of the historical (latest 12-month period) patient volume for the existing FEC, categorized by zip code, based on the patient's legal residence. Indicate what percentage of this volume represents residents from the existing FEC's service area, based on patient's legal residence.
6. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).

C. Criterion 1110.280 – Modernization of Existing Freestanding Emergency Center Medical Services

Read the criterion and provide the following information:

1. The historical number of visits (based on the latest 12-month period) for the existing FEC.
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]

**Freestanding Emergency Center Medical Services
(continued)**

4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280.(b)(5)(C)]
5. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(b)(6)(A) and (B)]:
 - A) The requirements of being a Medicare provider of freestanding emergency services; and
 - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Category of Service Modernization - Document that the existing treatment areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized due to such factors as, but not limited to high cost of maintenance, non-compliance with licensing or life safety codes, changes in standards of care, or additional space for diagnostic or therapeutic purposes. Documentation shall include the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) Inspection reports, and Joint Commission on Accreditation of Healthcare Organizations reports. Other documentation shall include the following, as applicable to the factors cited in the application, copies of maintenance reports, copies of citations for life safety code violations, and other pertinent reports and data.

APPEND DOCUMENTATION AS ATTACHMENT 32, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

O. BIRTH CENTER – REVIEW CRITERIA

These criteria are applicable only to those projects or components of projects involving a birth center.

Criterion 77 IAC 1110.275(b)(1) – “Location”

1. Document that the proposed birth center will be in one of the geographic areas, as provided in the Alternative Healthcare Delivery Act.
2. Document that the proposed birth center is owned or operated by a hospital; or owned or operated by a federally qualified health center; or owned and operated by a private person or entity.

Criterion 77 IAC 1110.275(b)(2) – “Service Provision to a Health Professional Shortage Area”

Document whether the proposed site is in or will predominantly serve the residents of a health professional shortage area. If it will not, demonstrate that it will be in a health planning area with a demonstrated need for obstetrical service beds or that there will be a reduction in the existing number of obstetrical service beds in the planning area so that the birth center will not result in an increase in the total number of obstetrical service beds in the health planning area.

Criterion 77 IAC 1110.275(b)(3) – “Admission Policies”

Provide admission policies that will be in effect at the facility and a signed statement that no restrictions on admissions due to payor source will occur.

Criterion 77 IAC 1110.275(b)(4) – “Bed Capacity”

Document that the proposed birth center will have no more than 10 beds.

Criterion 77 IAC 1110.275(b)(5) – “Staffing Availability”

Document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

Criterion 77 IAC 1110.275(b)(6) – “Emergency Surgical Backup”

Document that either:

1. The birth center will operate under a hospital license and will be located within 30 minutes ground travel time from the hospital; **OR**
2. A contractual agreement has been signed with a licensed hospital within 30 minutes ground travel time from the licensed hospital for the referral and transfer of patients in need of an emergency caesarian delivery.

Criterion 77 IAC 1110.275(b)(7) – “Education”

A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.

Criterion 77 IAC 1110.275(b)(8) – “Inclusion in Perinatal System”

1. Letter of agreement with a hospital designated under the Perinatal System and a copy of the hospital’s maternity service, **OR**
2. An applicant that is not a hospital shall identify the regional perinatal center that will provide neonatal intensive care services, as needed to the applicant birth center patients; and a letter of intent, signed by both the administrator of the proposed birth center and the administrator of the regional perinatal center, shall be provided.

Criterion 77 IAC 1110.275(b)(9) – “Medicare/Medicaid Certification”

The applicant shall document that the proposed birth center will be certified to participate in the Medicare and Medicaid programs under titles XVIII and XIX, respectively, of the federal Social Security Act.

Criterion 77 IAC 1110.275(b)(10)- “Charity Care”

The applicant shall provide to HFSRB a copy of the charity care policy that will be adopted by the proposed birth center.

Criterion 77 IAC 1110.275(b)(11) – “Quality Assurance”

The applicant shall provide to HFSRB a copy of the quality assurance program to be adopted by the birth center.

APPEND DOCUMENTATION AS ATTACHMENT-33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those 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]:**

\$100,000	<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.
\$1,500,000	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
\$508,000	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.</p>
<p>_____</p>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, 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.

_____	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.
\$5,022,493	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$7,130,493	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note from applicant: A robust fundraising plan has been developed in collaboration with Wright Collective to secure the remaining funds needed for all capital costs for Chicago South Side Birth Center by spring 2026.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding, or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).
- 2.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Birth Center	\$0	\$519.31			9,500	\$0	\$0	\$4,933,404	\$4,933,404
Contingency		included			included			included	included
TOTALS	\$0	\$519.31			9,500	\$0	\$0	\$4,933,404	\$4,933,404

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, *including the impact on racial and health care disparities in the community*, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			

MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note from applicant: Table not completed due to no previous data. Project is for a new facility.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a thirdparty payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
Assuming 1/2% Charity Care	Year 1	Year 2	Year 3
Net Patient Revenue	\$1,534,163.75	\$1,941,255.50	\$2,379,662.00
Amount of Charity Care (charges)	\$9,059.62	\$11,676.85	14,495.40
Cost of Charity Care	\$7,670.83	\$9,706.28	\$11,898.31

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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



In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is 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: _____
(Name) (Address)

(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: _____
(Address) (City) (State)

(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 ___ ?

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

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

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

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

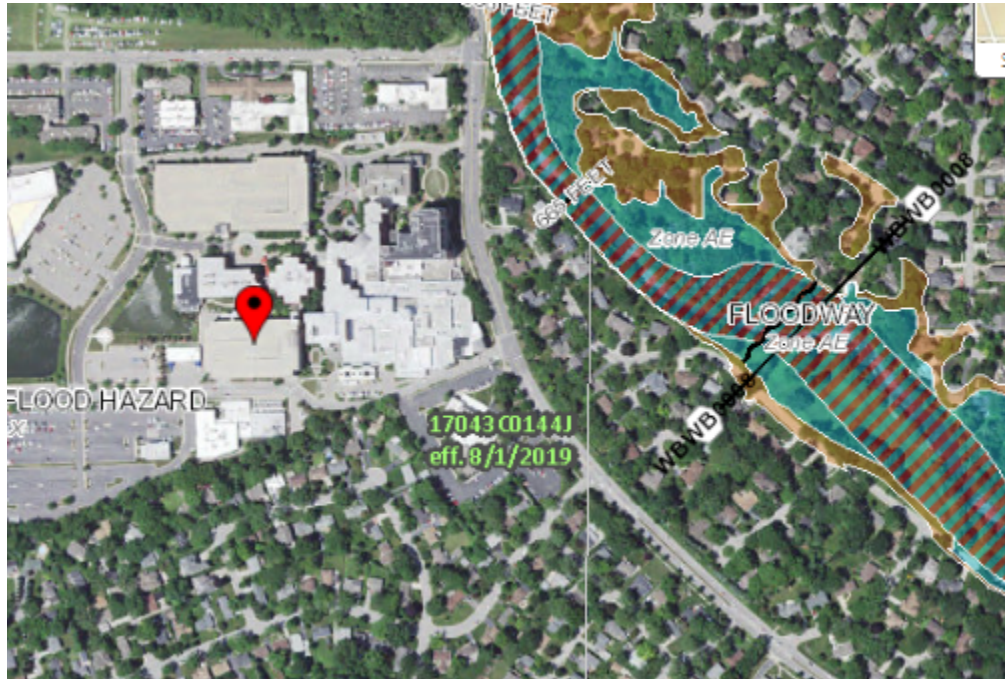
Signature: _____ Date: _____

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

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

Floodplain Map Example

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.



National Flood Hazard Layer FIRMette

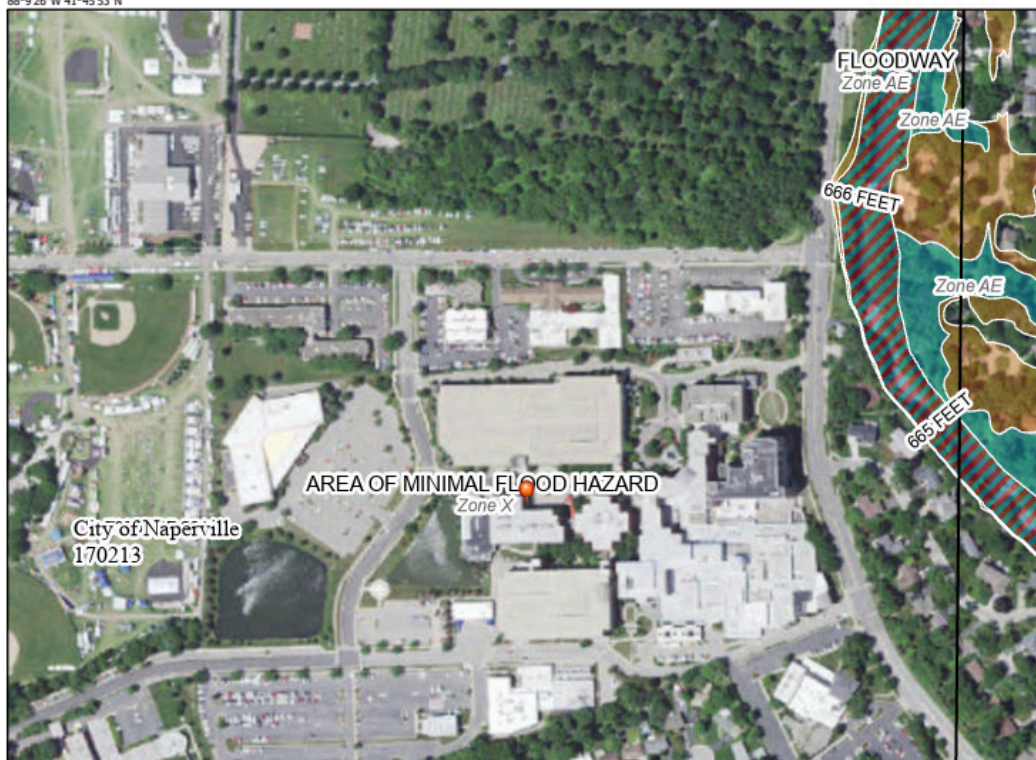


Legend

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

SPECIAL FLOOD HAZARD AREAS	<ul style="list-style-type: none"> Without Base Flood Elevation (BFE) Zone A, V, A99 With BFE or Depth Zone AE, AO, AH, VE, AR Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD	<ul style="list-style-type: none"> 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X Future Conditions 1% Annual Chance Flood Hazard Zone X Area with Reduced Flood Risk due to Levee. See Notes, Zone X Area with Flood Risk due to Levee Zone D
OTHER AREAS	<ul style="list-style-type: none"> NO SCREEN Area of Minimal Flood Hazard Zone X Effective LOMRs Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES	<ul style="list-style-type: none"> Channel, Culvert, or Storm Sewer Levee, Dike, or Floodwall
OTHER FEATURES	<ul style="list-style-type: none"> Cross Sections with 1% Annual Chance Water Surface Elevation Coastal Transect Base Flood Elevation Line (BFE) Limit of Study Jurisdiction Boundary Coastal Transect Baseline Profile Baseline Hydrographic Feature
MAP PANELS	<ul style="list-style-type: none"> Digital Data Available No Digital Data Available Unmapped

88°9'26"W 41°45'53"N



Filing Fee: \$50
Approved By: MAP

FILED
JUN 12 2021
Jesse White
Secretary of State

Article 1.
Corporate Name: CHICAGO SOUTH SIDE BIRTH CENTER

Article 2.
Registered Agent: JEANINE VALRIE LOGAN

Registered Office: 643 N CARROLL PKWY APT 210B
GLENWOOD IL 60425-1552 COOK COUNTY

Article 3.
The first Board of Directors shall be 4 in number, their Names and Addresses being as follows
JEANINE VALRIE LOGAN 643 CARROLL PKY 210B GLENWOOD, IL 60425
TIFFANY GORMAN 11351 S MAY ST. CHICAGO, IL 60643
SHAQUAN DUPART 5852 S PRAIRIE UNIT G, CHICAGO, IL 60637
CICELY FLEMING 1423 KIRK ST. EVANSTON, IL 60202

Article 4. Purpose(s) for which the Corporation is organized:
Charitable.
Social.

Is this Corporation a Condominium Association as established under the Condominium Property Act? Yes No
Is this a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? Yes No
Is this Corporation a Homeowner's Association, which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? Yes No

Article 5. Name & Address of Incorporator
The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

JEANINE VALRIE LOGAN
Name
Dated JUNE 12, 2021
Month & Day Year

643 CARROLL PKWY UNIT 210B
Street
GLENWOOD, IL 60425
City, State, ZIP

FILED

AUG 25 2021

FORM NFP 110.30 (rev. Dec. 2003)
ARTICLES OF AMENDMENT
General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com

JESSE WHITE
SECRETARY OF STATE

Remit payment in the form of a
check or money order payable
to Secretary of State.

File # 7331 9994 Filing Fee: \$25 Approved: 10

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. Corporate Name (See Note 1 on back.): Chicago South Side Birth Center
2. Manner of Adoption of Amendment:
The following amendment to the Articles of Incorporation was adopted on 06/12/2021 in the manner
Month Day, Year
indicated below (check one only):
 - By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (See Note 2 on back.)
 - By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (See Note 3 on back.)
 - By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.)
 - By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (See Note 5 on back.)
3. Text of Amendment:
(a.) When an amendment affects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. *Article 1: The Name of the Corporation is:

New Name

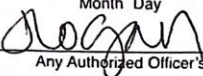
(b.) All amendments other than name change.
If the amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

PURPOSE
The corporation is organized exclusively for charitable, religious, educational, or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

DISSOLUTION
Upon the dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

4. The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

Dated 08/18 _____, 2021 _____
Month Day Year

Any Authorized Officer's Signature
Jeanine Valrie Logan
Name and Title (type or print)

Chicago South Side Birth Center
Exact Name of Corporation

5. If there are no duly authorized officers, the persons designated under Section 101.10(b)(2) must sign below and print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated _____, _____ <small>Month Day Year</small>	
_____	_____
<small>Signature</small>	<small>Name and Title (print)</small>
_____	_____
<small>Signature</small>	<small>Name and Title (print)</small>
_____	_____
<small>Signature</small>	<small>Name and Title (print)</small>
_____	_____
<small>Signature</small>	<small>Name and Title (print)</small>

NOTES

1. State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
3. Director approval may be:
 - a. by vote at a director's meeting (either annual or special), or
 - b. by consent, in writing, without a meeting.
4. All amendments not adopted under Sec. 110.15 require that:
 - a. the board of directors adopt a resolution setting forth the proposed amendment, and
 - b. the members approve the amendment.

Member approval may be:

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110.20)

5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

FORM **NFP 110.30R** (rev. Dec. 2003)
**ARTICLES OF AMENDMENT
RESTATED ARTICLES
OF INCORPORATION**
General Not For Profit Corporation Act

FILED

MAY 19 2023

**ALEXI GIANNOULIAS
SECRETARY OF STATE**

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-7808
www.ilsos.gov

Remit payment in the form of a
check or money order payable
to Secretary of State.

File #: 7331-999-4 Filing Fee: \$100 Approved: mt

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. Corporate name (Note 1): Chicago South Side Birth Center

2. Manner of adoption of amendment:

The following amendment to the Articles of Incorporation was adopted on 03/22/23 in the
manner indicated below (Check one only): Month Day, Year

By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in
accordance with Section 110.15. (Note 2)

By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45
(Note 3)

By members at a meeting of members entitled to vote by the affirmative vote of the members having not
less than the minimum number of votes necessary to adopt such amendment, as provided by this Act,
the articles of incorporation or the bylaws, in accordance with Section 110.20. (Note 4)

By written consent signed by members entitled to vote having not less than the minimum number of votes
necessary to adopt such amendment, as provided by this Act, the articles of incorporation, or the bylaws,
in compliance with Sections 107.10 and 110.20. (Note 5)

3(a). List all provisions of the restated articles of incorporation that amend the existing articles of incorporation. (Attach
additional pages if extra space is needed.)
Articles 3 and 4.

3(b). Text of the Restated Articles of Incorporation (Note 6)
(Attach additional pages if extra space is needed.)

See attached

4. The undersigned corporation has caused these articles to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **Black Ink**)

Dated: March 22, 2023
Month Day Year

Chicago South Side Birth Center
(Exact Name of Corporation)


(Any Authorized Officer's Signature)

Jeanine Logan, CEO
(Print Name and Title)

5. If there are no duly authorized officers, then the persons designated under Section 101.10(b)(2) must sign below and print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated: _____
Month Day Year

Signature _____

Print Name and Title _____

NOTES

Note 1: State the true and exact corporate name as it appears on the records of the Secretary of State, BEFORE any amendment herein reported.

Note 2: Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15

Note 3: Director approval may be (1) by vote at a director's meeting (either annual or special) or (2) by consent, in writing, without a meeting.

Note 4: All amendments not adopted under Sec. 110.15 require (1) that the board of directors adopt a resolution setting forth the proposed amendment and (2) that the members approve the amendment.

Member approval may be (1) by vote at a members meeting (either annual or special) or (2) by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least 2/3 of the outstanding members entitled to vote on the amendment, (but if class voting applies, then also at least a 2/3 vote within each class is required).

The articles of incorporation may supersede the 2/3 vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote and not less than a majority within each when class voting applies. (Sec. 110.20)

Note 5: When member approval is by written consent, all members must be given notice of the proposed amendment at least 5 days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

Note 6: The text of the restated articles of incorporation must set forth the following:

(i) The date of incorporation, the name under which the corporation was incorporated, subsequent names, if any, that the corporation adopted pursuant to amendment of its articles of incorporation, and the effective date of any such amendments;

(ii) the address of the registered office and the name of the registered agent on the date of filing the restated articles of incorporation.

If the registered agent and/or registered office have changed, it will be necessary to accompany this document with form NFP 105.10.

CHICAGO SOUTH SIDE BIRTH CENTER

AMENDED AND RESTATED ARTICLES OF INCORPORATION

Chicago South Side Birth Center’s (the “Corporation”) Articles of Incorporation were originally filed with the Secretary of State on June 12, 2021, under the corporate name, “Chicago South Side Birth Center”. The Corporation is an Illinois not-for-profit corporation as provided under 805 ILCS 105/101.70. The following is a text of the amended and restated Articles of Incorporation as approved by Chicago South Side Birth Center’s Board of Directors.

Article 1. Corporate Name

Chicago South Side Birth Center

Article 2. Registered Agent and Office

Registered Agent: Jeanine Valrie Logan

Registered Office: 643 N Carroll Pkwy Apt 210B
Glenwood, IL 60425-1552
Cook County

Article 3. Board of Directors

The Board of Directors shall be four in number, their Names and Addresses being as follows:

Director Name	Street Address	City, State	Zip
Jeanine Valrie Logan	6463 Carroll Pky 210B	Glenwood, IL	60425
Tiffany Gorman	11351 S May St.	Chicago, IL	60637
Shaquan Dupart	5852 S Prairie Unit G	Chicago, IL	60637
Cicely Fleming	1423 Kirk St.	Evanston, IL	60202

Article 4. Purposes

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Article 5. Other Provisions

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any

future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Article 6.

The Corporation is not a Condominium Association as established under the Condominium Property Act.

The Corporation is not a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954.

The Corporation is not a Homeowner's Association, which administers a common-interest community as defined in subsection (c) of Section 9-102 of the cod of Civil Procedure.



Cook County, Chicago

**Renovating existing building into a freestanding birth center
8301 S. South Shore Drive, built 1948, Chicago**

**IDPH-license issuance, IHFSRB-Certificate of Need,
SHPO Log #003050224**

May 3, 2024

**Jeanine Valrie Logan
Chicago South Side Birth Center
643 N Carroll Parkway
Glenwood, IL 60425**

Dear Ms. Logan:

Thank you for your submission of the renovation of an existing building into a freestanding birth center at 8301 S. South Shore Drive in Chicago (SHPO log # 003050224), which we received on 5/2/24. Because this project requires a Certificate of Need from the Illinois Health Facilities & Services Review Board, our comments are required by the [Illinois State Agency Historic Resources Preservation Act](#) (20 ILCS 3420) and [its implementing rules](#) (17 IAC 4180) (Act).

Although 8301 S. South Shore Drive was constructed in 1948 as a funeral home in the Gothic Revival style and has an intact funeral chapel with decorative ceiling beams and fireplace mantel, not enough is known about the original business's potential contributions to the South Chicago neighborhood to assert its social-historic significance under Criterion A of the National Register of Historic Places (NRHP). The presence of a magnificent example of the Gothic Revival across the street (i.e., Saint Michael the Archangel Catholic Church, designed 1907 by William J. Brinkmann) would likely preclude 8301's eligibility for the NRHP under Criterion C as a representative example of Gothic Revival architecture. Furthermore, additional research into the typology and frequency of Chicago's postwar funeral homes and mortuaries would be needed in order to assert that 8301 has enough architectural significance to be eligible for listing to the NRHP under Criterion C as a representative example of funeral-home architecture.

Therefore, this office has determined that at this time, 8301 S. South Shore Drive is not eligible for individual listing to the NRHP. This determination remains in effect for two (2) years from date of issuance. The project may proceed as proposed.

Sincerely,

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



Cook County, Chicago

**Renovating existing building into a freestanding birth center
8301 S. South Shore Drive, built 1948, Chicago**

**IDPH-license issuance, IHFSRB-Certificate of Need,
SHPO Log #003050224**

May 3, 2024

**Jeanine Valrie Logan
Chicago South Side Birth Center
643 N Carroll Parkway
Glenwood, IL 60425**

Dear Ms. Logan:

Thank you for your submission of the renovation of an existing building into a freestanding birth center at 8301 S. South Shore Drive in Chicago (SHPO log # 003050224), which we received on 5/2/24. Because this project requires a Certificate of Need from the Illinois Health Facilities & Services Review Board, our comments are required by the [Illinois State Agency Historic Resources Preservation Act](#) (20 ILCS 3420) and [its implementing rules](#) (17 IAC 4180) (Act).

Although 8301 S. South Shore Drive was constructed in 1948 as a funeral home in the Gothic Revival style and has an intact funeral chapel with decorative ceiling beams and fireplace mantel, not enough is known about the original business's potential contributions to the South Chicago neighborhood to assert its social-historic significance under Criterion A of the National Register of Historic Places (NRHP). The presence of a magnificent example of the Gothic Revival across the street (i.e., Saint Michael the Archangel Catholic Church, designed 1907 by William J. Brinkmann) would likely preclude 8301's eligibility for the NRHP under Criterion C as a representative example of Gothic Revival architecture. Furthermore, additional research into the typology and frequency of Chicago's postwar funeral homes and mortuaries would be needed in order to assert that 8301 has enough architectural significance to be eligible for listing to the NRHP under Criterion C as a representative example of funeral-home architecture.

Therefore, this office has determined that at this time, 8301 S. South Shore Drive is not eligible for individual listing to the NRHP. This determination remains in effect for two (2) years from date of issuance. The project may proceed as proposed.

Sincerely,

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

American Land Title Association

ALTA Settlement Statement - Cash
Adopted 05-01-2015

File No./Escrow No.: 41075565G
Print Date & Time: 12/18/23 12:12 PM
Officer/Escrow Officer: Bonnie Webb
Settlement Location:
Greater Illinois Title Company
120 North LaSalle Street, Suite 900
Chicago, IL 60602

Greater Illinois Title Company
ALTA Universal ID: 0004592
120 North LaSalle Street, Suite 900
Chicago, IL 60602



Property Address: 8301 South Shore Drive Chicago, IL 60617
8301 South Shore Drive
Chicago, IL 60617

Borrower: Chicago South Side Birth Center, an Illinois Not for Profit Corporation
643 North Carroll Parkway, Apt# 210B
Glenwood, IL 60425

Seller: Morning Star Bible Baptist Church, Inc. an Illinois Corporation
8301 South Shore Drive
Chicago, IL 60617

Loan Number: N/A
Settlement Date: 12/19/2023
Disbursement Date: 12/19/2023
Additional dates per state requirements:

Seller		Description	Borrower/Buyer	
Debit	Credit		Debit	Credit
		Financial		
	\$450,000.00	Sale Price of Property	\$450,000.00	
		Deposit		\$21,100.00
		Title Charges & Escrow / Settlement Charges		
\$50.00		Title - CPL's to Stewart Title	\$25.00	
		Title - Record Service Fee to Greater Illinois Title Company	\$20.00	
\$3.00		Title - State of Illinois Policy Fee to Stewart Title		
\$110.00		Title - Wire Transfer Fee to Greater Illinois Title Company	\$55.00	
\$1,032.50		Title - Commercial Closing Fee to Greater Illinois Title Company	\$1,032.50	
\$260.00		Title - Commitment Update Fee to Greater Illinois Title Company		
\$50.00		Title - Delivery Fee to Greater Illinois Title Company		
\$2,475.00		Title - Owner's Title Insurance(\$2,475.00) to Greater Illinois Title Company		
		Title - Policy Update Fee to Greater Illinois Title Company	\$195.00	
\$260.00		Title - Search Package Fee to Greater Illinois Title Company		
		Title - Access Endorsement to Greater Illinois Title Company	\$195.00	
		Title - ALTA 28 Endorsement to Greater Illinois Title Company	\$195.00	

Seller		Description	Borrower/Buyer	
Debit	Credit		Debit	Credit
		Title - ALTA 39 Endorsement to Greater Illinois Title Company	\$195.00	
		Title - ALTA 9 Series Endorsement to Greater Illinois Title Company	\$400.00	
		Title - Arbitration Endorsement to Greater Illinois Title Company	\$195.00	
		Title - Doing Business Endorsement to Greater Illinois Title Company	\$195.00	
		Title - EPA Endorsement to Greater Illinois Title Company	\$195.00	
		Title - Extended Coverage to Greater Illinois Title Company	\$350.00	
		Title - Location Endorsement to Greater Illinois Title Company	\$195.00	
		Title - PIN Endorsement to Greater Illinois Title Company	\$195.00	
\$80.00		Title - Survey Processing Fee to Greater Illinois Title Company		
		Title - Utility Facility Endorsement to Greater Illinois Title Company	\$195.00	
\$125.00		Title - Water Processing Fee to Greater Illinois Title Company		
		Title - Zoning Endorsement to Greater Illinois Title Company	\$400.00	
\$1,000.00		Title Indemnity (water) to Greater Illinois Title Company		
		Commission		
\$13,500.00		Real Estate Commission - Listing to Cynthia Frye Realty, Inc.		
\$9,000.00		Real Estate Commission - Selling to Selling Agent to Come*		
		Government Recording and Transfer Charges		
		Recording Fee (Deed) to Greater Illinois Title Company	\$107.00	
		City of Chicago Transfer Tax to Greater Illinois Title Company	\$3,375.00	
\$214.00		Recording Releases (2) to Greater Illinois Title Company		
		Payoff(s)		
\$2,820.13		Lender: Payoff of first mortgage loan to Providence Bank and Trust		
		Total (\$2,820.13)		
\$60,186.83		Lender: Payoff of second mortgage loan to Providence Bank and Trust		
		Total (\$60,186.83)		
		Miscellaneous		
\$50.00		Power of Attorney to Prendergast and Delprincipe		
\$850.00		Seller's Attorney Fee to Prendergast and Delprincipe		
\$1,050.00		Survey Fee to Exacta Land Surveyors, LLC		

Seller			Borrower/Buyer	
Debit	Credit		Debit	Credit
\$93,116.46	\$450,000.00	Subtotals	\$457,714.50	\$21,100.00
		Due From Borrower		\$436,614.50
\$356,883.54		Due To Seller		
\$450,000.00	\$450,000.00	Totals	\$457,714.50	\$457,714.50

Acknowledgement

We/I have carefully reviewed the ALTA Settlement Statement and find it to be a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction and further certify that I have received a copy of the ALTA Settlement Statement. We/I authorize Greater Illinois Title Company to cause the funds to be disbursed in accordance with this statement.

Chicago South Side Birth Center, an Illinois Not for Profit Corporation

Morning Star Bible Baptist Church, Inc. an Illinois Corporation

By _____

Date _____

By _____

Date _____

Bonnie Webb

Date

Attachment 7a: Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$825,900		\$825,900
Site Survey and Soil Investigation	\$16,505		\$16,505
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$4,293,177		\$4,293,177
Contingencies	\$640,227		\$640,227
Architectural/Engineering Fees	\$347,890		\$347,890
Consulting and Other Fees	\$282,494		\$282,494
Movable or Other Equipment (not in construction contracts)	\$292,000		\$292,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized	\$245,000		\$245,000
Acquisition of Building or Other Property (excluding land)	\$450,000		\$450,000
TOTAL USES OF FUNDS	\$7,130,493		\$7,130,493
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$100,000		\$100,000
Pledges	\$1,500,000		\$1,500,000
Gifts and Bequests	\$508,000		\$508,000
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants	\$5,022,493		\$5,022,493
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$7,130,493		\$7,130,493

Attachment 7(b): Project and Sources of Fund Itemization

PRE-PLANNING COSTS	TOTAL
Payroll (Salary, taxes, benefits)	\$801,900
Utilities	\$5,000
Postage	\$1,000
Printing / Copying	\$3,000
Office Supplies	\$5,000
Recruitment	\$5,000
Travel	\$5,000
PRE-PLANNING COSTS GRAND TOTAL	\$825,900

Attachment 7(c): Project and Sources of Fund Itemization

SITE SURVEY AND SOIL INVESTIGATION	TOTAL
Site Survey and Soil Investigation	\$16,605
SITE SURVEY AND SOIL INVESTIGATION GRAND TOTAL	\$16,605

Attachment 7(d): Project and Sources of Fund Itemization

MODERNIZATION	TOTAL
Build Out	\$4,293,177
MODERNIZATION GRAND TOTAL	\$4,293,177

Attachment 7(e): Project and Sources of Fund Itemization

CONTINGENCIES	TOTAL
Contingencies	\$640,227
CONTINGENCIES GRAND TOTAL	\$640,227

Attachment 7(f): Project and Sources of Fund Itemization

ARCHITECTURAL	TOTAL
Architect and/or Engineer	\$347,890
ARCHITECTURAL GRAND TOTAL	\$347,890

Attachment 7(g): Project and Sources of Fund Itemization

CONSULTING AND OTHER FEES	TOTAL
Consultation Fees	\$30,000
Legal	\$10,000
CON Submission Fees	\$30,000
Contractor fees	\$142, 494
Accounting / Bookkeeper	\$25,000
State License for Birth Center	\$10,000
Membership / Dues	\$25,000
Accreditations (CABC)	\$10,000
CONSULTING AND OTHER FEES GRAND TOTAL	\$282,494

Attachment 7(h): Project and Sources of Fund Itemization

MOVEABLE OR OTHER EQUIPMENT	TOTAL
Housekeeping - Contract	\$5,000
IT	\$40,000
Maintenance / Repairs	\$10,000
Furniture, outfitting the finished space	\$200,000
Housekeeping Supplies & laundry	\$2,000
Medical Supplies / Drugs / Labs	\$35,000
MOVEABLE OR OTHER EQUIPMENT GRAND TOTAL	\$292,000

Attachment 7(i): Project and Sources of Fund Itemization

ACQUISITION OF BUILDING	TOTAL
Building Purchase	\$450,000
FAIR MARKET GRAND TOTAL	\$450,000

Attachment 7(j): Project and Sources of Fund Itemization

CAPITALIZED	TOTAL
Minor Equipment	\$245,000
CAPITALIZED GRAND TOTAL	\$245,000

Attachment 8: Project Status and Completion Schedules

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

- *Purchase orders, leases or contracts pertaining to the project have been executed.*
- *Financial commitment is contingent upon permit issuance. Provide a copy of the contingent “certification of financial commitment” document, highlighting any language related to CON Contingencies*
- *Financial Commitment will occur after permit issuance.*

Chicago South Side Birth Center has entered purchase agreement for the proposed site and contracts with architects and other professional services as follows:

- **Purchase of Morningstar Bible Baptist located at 8301 S. South Shore Drive (see Attachment 2)**
- **Contracted architectural services from SMNG, Ltd. (see Appendix 1)**
- **Payments for legal services to Moore & Associates for work completed to change the zoning ordinance for the proposed site at 8301 S. South Shore Drive (see Appendix U)**
- **We will begin contractor services with Norcon Construction company (see Appendix C) for pre-construction services after permit issuance.**

A \$1.5 million dollar financial commitment from Chicago Beyond has been pledged contingent upon the permit issuance. Those funds can be expected by CSSBC within 6 months after permit issuance (see Attachment 8).

A robust fundraising plan has been developed in collaboration with Wright Collective to secure the remaining funds needed for all capital costs for Chicago South Side Birth Center by spring 2026 (see Attachment 34).

Attachment 9: Cost Space Requirements

*Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.***

No response from the applicant due to this section not being applicable to birth centers.

Attachment 10: Impact on Access

1. *Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.*
2. *Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.*

No response from the applicant due to this section not being applicable to birth centers.

Attachment 11: Background of Applicant

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

Chicago South Side Birth Center does not own or operate any other healthcare facilities. The current proposal is CSSBC's first and only application.

2. *A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.*

No corporate officers, directors, or partners of Chicago South Side Birth Center own nor operate any healthcare facilities in Illinois. As a nonprofit corporation, CSSBC has no LLC members and/or owners of the corporations.

3. *For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.*

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

No adverse action has been taken against the applicant nor the facility during the three years prior to the filing of this application.

- b. *A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.*

No citations, arrests, custody, charges, indictments, convictions, trials, or guilty pleas for any felony, misdemeanor, or violation of the law have occurred for the applicants.

- c. *A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.*

No charges with fraudulent conduct or acts involving moral turpitude have occurred for any of the applicants.

- d. *A certified listing of each applicant with one or more unsatisfied judgements against him or her.*

No unsatisfied judgment has been made against any of the applicants.

- e. *A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.*

No default in performance, discharge of any duty or obligation imposed by judgment, decree, order or directive of any court or governmental agency exists for any of the applicants.

4. *Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.***

Attachment 11: Background of Applicant

Chicago South Side Birth Center authorizes HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

5. *If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.*

Not applicable as there is only one application for permit from this applicant.

Attachment 12: 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.*

Chicago South Side Birth Center (CSBBC), a non-profit, will be located on the South Side of Chicago. This is the first birth center located on the south side of Chicago (Illinois Health Planning Area A-03). We aim to offer a community-centered option for birth and reproductive health care services for people in their own neighborhood and community. We aim to be an answer to the lack of prenatal, birth, and postpartum out-of-hospital care options currently available on the south side as well as one of the solutions to the disparate maternal and child health rates among women, birthing people, and children on the South Side.

CSSBC's establishment on the South Side of Chicago increases the number of birth options available for south side communities. Since 2019, three south side community hospitals have closed their labor and delivery units displacing thousands of subsequent births across the south side (Nesbitt, 2020). This further reduces access to obstetric care tremendously. Without proper intervention and care, rates of infant and maternal morbidity will increase, and access will continue to be a barrier. It is our goal of the Chicago South Side Birth Center to disrupt these maternal health outcomes for birthing people and their families across the city's South Side by providing healthcare and collaborating with community partners to meet client needs.

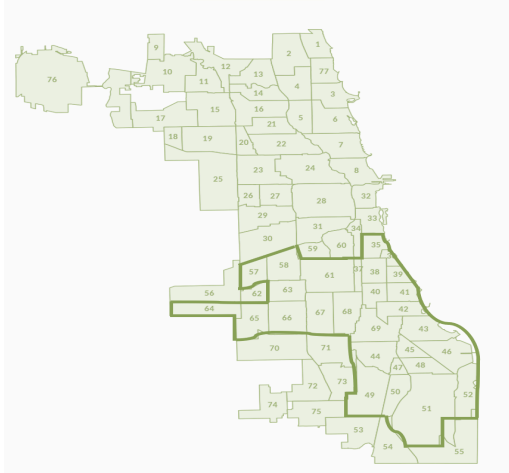
The Chicago South Side Birth Center will be a freestanding birth center, have a home-like atmosphere, and will be centered *within* the healthcare system. Birth Centers focus on a program of care designed in the "wellness model" of pregnancy and birth guided by principles of prevention, sensitivity, safety, appropriate medical intervention, and cost effectiveness (AABC, 2016). Chicago South Side Birth Center will comprise a team of highly qualified professionals that include midwives, nurses, a physician collaborator and partner with pediatricians, nutritionists, social workers, along with childbirth and postpartum doulas and educators. Lastly, CSSBC will collaborate with community partners to offer perinatal mental health services to ensure that women have the tools and resources needed during and after their transition to parenthood.

CSSBC is different from other birth center systems as we are committed to increasing access for birthing people that are uninsured, under insured, or received Medicaid benefits. Many birth center models across the US do not accept Medicaid due to the poor reimbursement rates. It is frequent practice to exclude people from birth center care based on their insurance. In Illinois, birth centers are required to accept Medicaid. At CSSBC, we are committed to bringing midwifery care and birthing options directly to our community and will welcome clients regardless of their insurance carrier. In fact, we anticipate a clientele and payor mix of 70% Medicaid/25% Commercial insurance at CSSBC (the remaining 5% is self pay). CSSBC will also provide financial assistance to those who qualify and want to participate in programs and services but do not have the financial resources to do so.

Attachment 12: Purpose of Project

2. Define the planning area or market area, or other relevant area, per the applicant's definition.

Figure 1: Planning Area Map



The Chicago South Side Birth Center will be primarily serving communities in Planning Area A-3 of Illinois' medical-surgical and pediatric care planning areas. This Planning Area comprises 30 Chicago community areas (Figure 1). The Health Planning Area where CSSBC is situated covers about a quarter (27%) of Chicago's total population. Table 2 provides an overview of the planning area's demographics.

Table 1: Community Areas (CA)

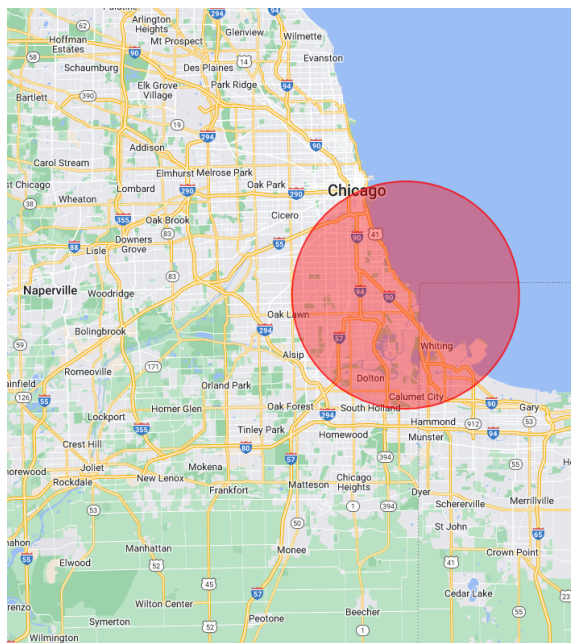
CA Number	Community Area	CA Number	Community Area
35	Douglas	50	Pullman
36	Oakland Park	51	South Deering
37	Fuller Park	52	East Side
38	Grand Boulevard	56	Garfield Ridge
39	Kenwood	57	Archer Heights
40	Washington Park	58	Brighton Park
41	Hyde Park	61	New City
42	Woodlawn	62	West Elsdon
43	South Shore	63	Gage Park
44	Chatham	64	Clearing
45	Avalon Park	65	West Lawn
46	South Chicago	66	Chicago Lawn
47	Burnside	67	West Englewood
48	Calumet Heights	68	Englewood
49	Roseland	69	Greater Grand Crossing

Attachment 12: Purpose of Project

Table 2: Service Area Demographics

General Demographics	CSSBC's Service Area	Chicago
Total Population	730, 414	2, 665, 039
Non-Hispanic Black	57%	29%
Female	53%	51%
Life Expectancy	73 Years	75 Years
% Uninsured	10.10%	9.75%
% Less than High School	17.52%	14.1%
Median Household Income	\$41,815	\$62,097

(Source: [Chicago Health Atlas](#))



According to American Association of Birth Centers, Birth Centers traditionally have a larger market radius than hospitals (AABC). We anticipate a marketing radius of 10-15 miles with a majority of those clients coming from our proposed community area and further south.

Attachment 12: Purpose of Project

3. *Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.*

Based on the most recent maternal and child health outcomes in Chicago, non-Hispanic Black women have both the highest rates of severe maternal morbidity and pregnancy-associated mortality. Black women in Chicago have the highest rates of severe maternal morbidity which is 120.8 per 10,000 deliveries, versus 46.9 for white women and 60.0 per Hispanic women (IDPH, 2018). Despite having similar birth rates, Black women die during or within one year of pregnancy nearly six times more often than non-Hispanic White women (Ibid). Furthermore, women living in communities with high economic hardship, have the highest pregnancy-associated mortality and maternal morbidity rates as well.

In addition to these findings, Black babies on Chicago’s South Side have the worst health outcomes. Current infant mortality rates in Cook County (this is the county where Chicago is situated but includes other cities) are 6.1 per 1,000 live births (March of Dimes, 2024), and within the Chicago area, 6.6 per 1,000 live births (CHA, 2021). In the context of race, Black babies die at more than three times the rate of white babies in Chicago and double the rate of Latinx babies (Ibid). Findings have also revealed that the Calumet Heights neighborhood (where Advocate Trinity Hospital closed its OB unit in Spring 2020 to make space for COVID patients and then reopened in the Fall) has an infant mortality rate of 22.3 per 1,000 live births (Ibid), with several other South Side neighborhoods — Englewood, Washington Park, Greater Grand Crossing, and South Shore (where the proposed site of CSSBC is located) also having infant mortality rates at 13 or above, which is over twice the Cook County average (Ibid).

The proposed site of Chicago South Side Birth Center is located at 8301 S. South Shore Drive, Chicago, IL 60617. This site is located in the south side community, Shore Shore (Ward 10). Ward 10 is home to several neighborhood communities that have the worst rates of infant mortality in the city and county.

Infant Mortality Rates in the 10th Ward

Community areas	Per 1,000 live births	%ile	Rank
• South Shore	14.0	95th	5th
• Hegewisch	6.0	51st	39th
• East Side	2.7	14th	67th
• South Deering	12.9	92nd	7th
• Altgeld Gardens	13.0	---	---
• Riverdale	10.1	83rd	14th
• South Chicago	15.8	99th	2nd
• Chicago (2005-2009)	8.1		
• Illinois (2021)	5.6		

<https://chicagohealthatlas.org/indicators/VRIMR?topic=infant-mortality-rate>
<https://data.cityofchicago.org/Health-Human-Services/Chicago-Infant-Mortality/5qgb-uvkn>
<https://www.uchicagomedicine.org/-/media/pdfs/adult-pdfs/community/chna-community-profiles/riverdale-community-profile.pdf>

Maternal and infant health disparities are manifestations of broader underlying socio-economic inequities that are rooted in structural racism and discrimination. For instance, the legacy of segregation policies and structural racism has resulted in low availability of health care services in Black communities, which exacerbates maternal and infant health outcomes. The North Side of Chicago has close to 10 times as many health care providers available as Black communities on the South Side (Henricks et al., 2018). Transportation and childcare might be further hurdles to receiving health care for

Attachment 12: Purpose of Project

women who must travel further to acquire necessary care. Findings have also revealed that the Calumet Heights neighborhood (where Advocate Trinity Hospital temporarily closed its Obstetrics unit in Spring 2020 to make space for COVID patients) has an infant mortality rate of 15.4 per 1,000 live births (Chicago Health Atlas, 2022). Several other South Side neighborhoods - Englewood, Washington Park, Greater Grand Crossing, and South Shore also have infant mortality rates at 13 or above, which is over twice the Chicago average of 5.2 (Chicago Health Atlas, 2022).

Access to care continues to be a barrier that increases the current infant and maternal mortality and morbidity rates across the City of Chicago. Current findings reveal that 24.6% of Black women have inadequate access to prenatal care, in contrast to 11.3% for white women (March of Dimes, 2018).

Some of the barriers to access include:

- Lack of insurance
- Non-existent or lack of transportation
- Provider & healthcare institution mistrust due to previous traumatic healthcare experiences
- Systematic racism
- Poor institution reputation in the Black community
- A reduction in birth options (i.e. hospital and OB unit closures across the South Side)
- Currently, there are no birth centers on the South Side of Chicago

Since 2019, three South Side hospital OB units have permanently closed leaving only three remaining hospitals on the South Side providing maternity services. This further reduces access to obstetric care tremendously. Without proper intervention and care, rates of infant and maternal morbidity will increase, and access will continue to be a barrier. It is our goal of the Chicago South Side Birth Center to disrupt these maternal health outcomes for Black birthing people and their families across the city's South Side by providing healthcare and collaborating with community partners to meet client needs.

The growing awareness of the dire maternal and infant health outcomes among Black people led the Biden-Harris administration to develop the 'Blueprint for Addressing the Maternal Health Crisis' in June 2022. This encompasses five goals, which includes efforts to expand access to coverage and care, increase access to a broader array of services and providers, improve data collection and reporting, and strengthen economic and social support for people during pregnancy and postpartum (White House, 2022). In the effort to achieve Goal 4 (expanding the perinatal workforce), the federal government plans to provide guidance to states to help them expand access to licensed midwives, doulas, and freestanding birth centers. Governor JB Pritzker has demonstrated Illinois' commitment to reducing disparities with his proposal for \$23M going toward Birth Equity, including financial support to expanding access to community birth and birth centers. Building a birth center on Chicago's South Side therefore serves as an important contribution towards the work of increasing access, improving health outcomes and reducing disparities.

Attachment 12: Purpose of Project

4. Cite the sources of the documentation.

- American Association of Birth Centers.
- American Association of Birth Centers (2016). What is a birth center? AABC website. Retrieved from <https://www.birthcenters.org/page/whatisbirthcenter>
- Chicago Data Portal (2014). Chicago Infant Mortality. Retrieved from <https://data.cityofchicago.org/Health-Human-Services/Chicago-Infant-Mortality/5qgb-uvkn>
- Chicago Health Atlas (2021). Infant mortality statistics. Retrieved from <https://www.chicagohealthatlas.org/indicators/infant-mortality>
- Golden, Jamie Nesbitt (2020). St. Bernard Hospital Suspends OB Unit to Treat Coronavirus Patients. *Blockclubchicago.org*. Retrieved from <https://blockclubchicago.org/2020/04/27/st-bernard-hospital-suspends-ob-unit-to-treat-coronavirus-patients/>
- Illinois Department of Public Health (2018). Illinois Maternal Morbidity and Mortality Report. IDPH website. Retrieved from <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf>
- Illinois Department of Public Health (2021). Illinois Maternal Morbidity and Mortality Report 2016-2017. IDPH website. Retrieved from <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/maternalmorbiditymortalityreport0421.pdf>
- March of Dimes. (2018). Inadequate prenatal care by race: Chicago, 2004-2014 Average. March of Dimes Peristats. Retrieved from <https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=1714000&top=5&stop=36&lev=1&slev=5&obj=1m>
- March of Dimes (2024). Peristats. March of Dimes website. Retrieved from <https://www.marchofdimes.org/peristats/data?top=6&lev=1&stop=91®=99&sreg=17&creg=17031&obj=1&slev=6>
- LaVeist, T. A., & Nuru-Jeter, A. (2002). Is Doctor-Patient Race Concordance Associated with Greater Satisfaction with Care? *Journal of Health and Social Behavior*, 43(3), 296--306. <https://doi.org/10.2307/3090205>
- Osterman, M.J.K., Hamilton, B.E., Martin, J.A., Driscoll, A.K., Valenzuela, C.P. (2022). Births: Final data for 2020. *National Vital Statistics Reports*; vol 70;17. Hyattsville, MD: National Center for Health Statistics. DOI: <https://dx.doi.org/10.15620/cdc:112078>
- Shannon, D.W. (2019). National Evidence Confirms Birth Centers Deliver Improved Health Outcomes at Lower Cost. American Association of Birth Centers website. Retrieved from <https://www.birthcenters.org/general/custom.asp?page=strong-start-national-report#bottom-line-women>
- Stapleton, S.R., Osborne, C., Illuzzi, J. (2013). Outcomes of Care in Birth Centers: Demonstration of a Durable Model. *Journal of Midwifery & Women's Health*, Volume 58(1), 3-14. <https://doi.org/10.1111/jmwh.1200>
- UChicago Medicine (2024). Riverdale Community Profile. Retrieved from <https://edge.sitecorecloud.io/unichicagomc-81nbqnb3/media/pdfs/adult-pdfs/community/chna-community-profiles/riverdale-community-profile.pdf>

Attachment 12: Purpose of Project

5. *Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.*

Chicago South Side Birth Center's mission is to provide concordant, culturally centered, evidence-based midwifery care alongside families and within the community to improve outcomes, promote wellness, and abundance in whole health. Lastly, we aim to grow intergenerational wellness across the South Side through our community health education, ongoing community engagement, and learning offerings and trainings to community members. Our evidence-based model of care includes longer clinic visits where clients can have their concerns and questions addressed, prenatal and postpartum visits in the home, and centering the clients' experiences, culture, and community resources. These differences are directly related to the improved outcomes we anticipate at CSSBC.

Research has found that birth centers are safe and effective places to provide access to comprehensive care to mitigate infant mortality and morbidity rates (Stapleton et al., 2013). Midwife led birth centers are successful in lowering cesarean rates, 6% in birth centers compared to 27% in hospitals (Ibid). 2019 data shows that cesarean rates are now higher at 31.7% (Osterman et al., 2022). Birth centers and midwifery care also increase breastfeeding rates, patient confidence and satisfaction, reduce preterm birth rates, and reduce healthcare costs (Shannon, 2019). CSSBC will address the unmet social, cultural, and medical needs of the community by providing gynecologic and midwifery care, education, resources, support groups (called Share Circles), holistic complementary therapeutic services such as yoga, meditation, and access to the CSSBC's community garden.

CSSBC will also improve access to care by ensuring that all, including birthing persons of color are able to obtain the resources to meet their obstetrics and reproductive health needs when they are either out of reach financially, geographically, socioeconomically, or otherwise through traditional services. Lastly, Chicago South Side Birth Center will improve the health disparities of pregnant people and babies on the South Side of Chicago by:

6. **Improving access to care**
7. **Promoting low-intervention births**
8. **Providing culturally centered and concordant care**
9. **Cultivating and empowering mothers and birthing people as partners in their own healthcare**
10. **Providing educational workshops to engage and partner with community in our efforts to improve birth and overall health outcomes**

6. *Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.*

The goals and plan for the Chicago South Side Birth Center include:

- **Increasing the number of birth options available to birthing people on the South Side of Chicago,**
 - There are only 4 birth centers in the state of Illinois; none are located on the south side of Chicago. Having a birth center within and in close proximity to neighborhoods where there are currently limited obstetric services and in some areas no labor and delivery units increases access to care.
- **Addressing the disparities and inequities in maternal and infant outcomes in Chicago from before the time a person gets pregnant,**
 - Reduce maternal and child health disparities by increasing education and support at reduced time intervals throughout one year postpartum.
- **Provide culturally centered and concordant care which improves outcomes and;**
 - We plan to evaluate provider and client evaluation of satisfaction as research is consistent in its evidence that client satisfaction and quality of care improves when there is racial concordance between the client and provider (LaVeist & Nuru-Jeter, 2002).

Attachment 12: Purpose of Project

- **Partner with community in our efforts to improve birth and overall health outcomes.**
 - **Provide educational workshops to engage with community in our efforts to improve birth and overall health outcomes. We will gauge the success of our education workshops by administering pre and post workshop evaluations.**

A preliminary Evaluation Plan has been created and included, Appendix S, in anticipation of when CSSBC is granted approval and begins to see patients. It is our goal to evaluate the impact of the CSSBC on maternal and infant health outcomes. This evaluation plan aims to track key process and outcome objectives annually from program year 2025 through 2027. These process and outcome objectives were derived from internal program goals and the American Association of Birth Center (AABC) perinatal quality outcome indicators. A survey instrument will also be utilized to collect data on Patient Reported Experience of Care (PREM) and satisfaction. The analysis plan includes the generation of descriptive statistics to measure the socio-behavioral and medical characteristics of the CSSBC clients, achievement of the CSSBC's process objectives, as well as core perinatal quality outcomes. Likewise descriptive statistics will be generated for PREM and satisfaction. Perinatal outcomes among CSSBC's Black birthing clients insured by Medicaid will be compared with Illinois PRAMS and birth data for Black individuals covered by Medicaid. Overall, the evaluation will guide CSSBC's programmatic efforts to improve the experience of pregnancy, birth, and postpartum care for Black families, a key step towards advancing birth equity.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

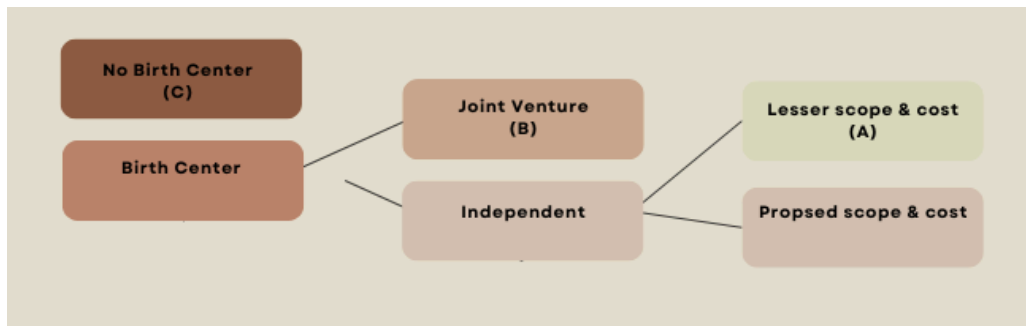
The site of the proposed Birth Center at 8301 S. South Shore Drive was formally an operating church. The scope of CSSBC's modernization includes the renovation of the existing 7,000 gross square foot building (including basement) and the design of a new 2,500 gross square foot building addition to provide an elevator and two stairwells in accordance to IDPH requirements with renovated parking lot and landscaping.

Attachment 13: Alternatives

- 1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

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



Consideration and effort was given to a number alternatives before commencing plans for a three bed freestanding birth center (option D) as follows:

- a) build a birth center of a smaller scope
- b) enter in a joint venture with nearby hospital health system
- c) not start a birth center and rely on existing healthcare resources

Consideration of option C versus D:

In 2020, as another south side hospital OB unit was closing, the consideration to start a birth center was embarked but talking to many community members regarding their desire to see more access to midwifery care and options for out of hospital birth that is located within the community, specifically the south side. In conducting their community survey and needs assessment, CSSBC was able to affirm not only the desire for birth center options but also the ability for the birth center model of care to mitigate adverse obstetric outcomes for the birthing person and comparatively for the newborn.

Attachment 13: Alternatives

Research has found that birth centers are safe and effective places to provide access to comprehensive care to mitigate infant mortality and morbidity rates¹. Midwife led birth centers are successful in lowering cesarean rates, 6% in birth centers compared to 27% in hospitals². 2019 data shows that cesarean rates are now higher at 31.7%³. Birth centers and midwifery care also increase breastfeeding rates, patient confidence and satisfaction, reduce preterm birth rates, and reduce healthcare costs⁴. Not establishing a birth center on the south side is a missed opportunity to center the community and work collaboratively with other local social service organizations and healthcare providers to improve outcomes for the south side. Based on these arguments, CSSBC saw not establishing a birth center was not an option to consider.

Consideration of option B versus D:

In considering whether to establish a joint venture with an area hospital or an independent birth center, the current legislative climate for birth centers had a factor. CSSBC initially reached out to many hospitals, affiliate FQHCs and health care practices to establish a joint venture. At the time (and according to the Alternative Health Care Delivery Act) CSSBC's only option for establishing a birth center in their desired Health Planning Area was to partner with a hospital. In all of their conversations, no hospitals were interested in partnering with CSSBC. In addition several hospitals had closed or were on the verge of closing their OB units making a joint venture less desirable for the hospitals and reducing the risk for CSSBC to enter a joint venture that is liable to close in the short future due to hospital necessity. To move forward with this project, the decision was made to establish an independent center. In 2021, CSSBC and local birth center supporters were successful in passing HB738 to expand birth centers in Illinois to health planning areas where the maternal and infant health disparities are greatest (i.e. Chicago's south side, west side, and East St. Louis) thus our continued desire to establish an independent birth center located in Health Planning Area A-03. CSSBC has since partnered with Advocate Trinity for their transfer agreement and look forward to collaborating with them to provide community education, mutual referrals and transfers of care as needed.

Consideration of option A versus D:

The decision to establish a 3 birth room birth center was largely based on the market research and experience and advice received from industry leaders such as AABC and [Birth Center Equity](#) birth center members. Experts recommend a 3 bed model due to the market demand (affirmed by our grassroots community survey) for a birth center option on the south side. A ~9000 sq ft, 3 birth room birth center is manageable size to support our anticipated demand. We anticipate 225 births in the first year and with growth capacity to 350-500 annually, from Year 3-5. As we purchased and now own our building, considering 2 versus 3 rooms did not impact the cost for renovations in a great enough way to encourage us to consider a small scope for our program.

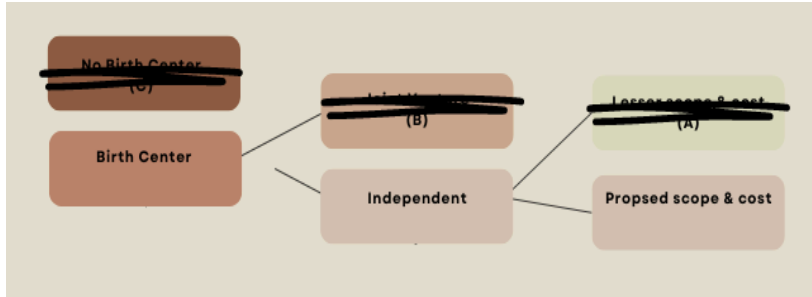
¹ Stapleton, S.R., Osborne, C., Illuzzi, J. (2013). Outcomes of Care in Birth Centers: Demonstration of a Durable Model. Journal of Midwifery & Women's Health, Volume 58(1), 3-14. <https://doi.org/10.1111/jmwh.1200>

² Ibid.

³ Osterman, M.J.K., Hamilton, B.E., Martin, J.A., Driscoll, A.K., Valenzuela, C.P. (2022). Births: Final data for 2020. National Vital Statistics Reports; vol 70;17. Hyattsville, MD: National Center for Health Statistics. DOI: <https://dx.doi.org/10.15620/cdc:112078>

⁴ Shannon, D.W. (2019). National Evidence Confirms Birth Centers Deliver Improved Health Outcomes at Lower Cost. American Association of Birth Centers website. Retrieved from <https://www.birthcenters.org/general/custom.asp?page=strong-start-national-report#bottom-line-women>

Attachment 13: Alternatives



Summary of Decision of Option D:

Because of all the considerations stated above, CSSBC has decided to pursue a 3 birth room, independent birth center model.

Attachment 14: Size of Project

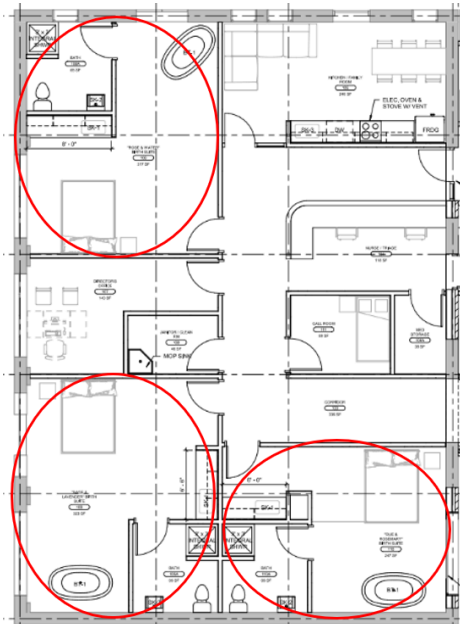
1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Birth Room	247-323 sq ft per birth room	Max 2750 bgsf per birth room*	Under by 2427-2503 sq ft	Yes

*Utilized Section 1110. "Appendix State and National Norms" for ASTC Treatment Rooms (2750 sq ft) to inform the birth room needs. Similarly, the same norms call for 476 sq ft for obstetric bed which were also considered when creating floor plans and programming for the proposed site.

According to Chicago South Side Birth Center's schematic drawings:



Birth Room 1 = 382 sq ft = 317 + 65 sq ft (bathroom)

Birth Room 2 = 388 sq ft = 323 + 65 sq ft (bathroom)

Birth Room 3 = 282 sq ft = 217 + 65 sq ft (bathroom)

Total: 1,052 sq ft

Attachment 14: Size of Project

The decision to establish a 3 birth room birth center was largely based on the market research and experience and advice received from industry leaders such as AABC and [Birth Center Equity](#) birth center members.

- Experts recommend a 3 bed model due to the market demand (affirmed by our grassroots community survey) for a birth center option on the south side.
- A ~9000 sq ft, 3 birth room birth center is manageable size to support our anticipated demand.
- We anticipate 225 births in the first year and with growth capacity to 350-500 annually, from Year 3-5. As we purchased and now own our building, considering 2 versus 3 rooms did not impact the cost for renovations in a great enough way to encourage us to consider a small scope for our program.

Determination of caseload per room is based on the following calculations (Attachment 33/1110.275 (b)(4): Bed Capacity):

Capacity and market demand documentation for the three-room design:

Assumptions:

- Turnover rate per bed = 22 hours
 - o 18 hours for labor, delivery, recovery and postpartum
 - o 4 hours for room cleaning/restocking
 - o 22 total hours / 24 hours per day = .92
- Maximum capacity staffing = 5 midwives

Volume Calculations and Market Demand

- Single room capacity: 365 days per year/.92 days per birth = 397 births/year for each birth room.
 - o Market demand pro forma estimate with maximum capacity staffing, the Center will reach capacity at 500 births Year 5.

Attachment 15: Project Services Utilization

This criterion is applicable only to projects or portions of projects that involve services, functions, or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

*Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. **A narrative of the rationale that supports the projections must be provided.***

No response from the applicant due to this section not being applicable to birth centers.

Attachment 16: Unfinished or Shell Space

Provide the following information:

1. *Total gross square footage (GSF) of the proposed shell space.*
2. *The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.*
3. *Evidence that the shell space is being constructed due to:*
 - a. *Requirements of governmental or certification agencies; or*
 - b. *Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.*
4. *Provide:*
 - a. *Historical utilization for the area for the latest five-year period for which data is available; and*
 - b. *Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.*

No response from the applicant due to this section not being applicable to birth centers.

Attachment 17: Assurances

Submit the following:

- 1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.*
- 2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and*
- 3. The anticipated date when the shell space will be completed and placed into operation.*

No response from the applicant due to this section not being applicable to birth centers.

Attachment 18: Master Design and Related Projects

This Section is applicable only to proposed master design and related projects.

Criterion 1110.235(a) - System Impact of Master Design

Read the criterion and provide documentation that addresses the following:

1. *The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities.*

The Chicago South Side Birth Center meets the location requirements as follows: The proposed site is 8301 S South Shore Dr, Chicago, IL, 60617, in Cook County, as verified by Appendix G, the Real Estate listing. It will be the seventh birth center in the state, and 3rd in Cook County, based on a review of the birth centers. Currently, there are currently a total of six approved freestanding birth centers in Illinois but no birth centers on the south side nor in Health Planning Area A-03. Subsequent related projects will likely have a similar impact on increasing access and improving outcomes across the south side.

2. *How the services proposed in future projects will improve access to planning area residents.*

CSSBC's establishment on the South Side of Chicago increases the number of birth options available for women and birthing people. Since 2019, three south side community hospitals have closed their labor and delivery units displacing thousands of subsequent births across the south side⁵. Future projects will increase the number of options for midwifery care and birth center access. Any future project will also improve access to care by ensuring that all residents in the planning area are able to obtain the resources to meet their obstetrics and reproductive health needs when they are either out of reach financially, geographically, socioeconomically, or otherwise through traditional services. In addition, future projects can also provide reproductive/gynecologic health services for the extended community. The offering of these services is unique in the birth center model as many only provide care during pregnancy, birth, and newly postpartum. It is our goal to extend our wellness health care model to CSSBC as we understand the barriers to quality care that are present for our communities and a future project within the Health Planning Area A-03 could partner with us in meeting this goal.

3. *What the potential impact upon planning area residents would be if the proposed services were not replaced or developed.*

Since 2019, three community hospitals have closed their OB units on the south side. As of today, there are only three (3) hospital OB units remaining to try to serve 12,251 birthing people across the southside. There are zero birth centers on the south side.

These closures leave families and birthing people in a geographical hole or what we're talking about today "maternal care deserts." There are large swaths of land that have no OB unit forcing people to leave their neighborhoods and communities to find providers they trust and desire. These OB unit closures cause a huge lack in continuity of care for pregnant people.

The Center will be in the A-03 Planning Area for obstetric services. The A-03 Planning Area incorporates Cook County – (42) South Shore, according to the Inventory of Health Care Services and Facilities, published by Health

⁵ Golden, Jamie Nesbitt (2020). St. Bernard Hospital Suspends OB Unit to Treat Coronavirus Patients. *Blockclubchicago.org*. Retrieved from <https://blockclubchicago.org/2020/04/27/st-bernard-hospital-suspends-ob-unit-to-treat-coronavirus-patients/>

Attachment 18: Master Design and Related Projects

Facilities and Services Review Board and Illinois Department of Public Health (2023). An image of the A-03 Planning Areas is included in Appendix H. Further, the Center will be situated in a shortage area for Cook County, where there are communities identified as being medically underserved and having healthcare professional shortages, according to Health Resources & Services Administration (HRSA).

If the proposed services are not developed we will continue to see the devastating maternal and child health outcomes that are plaguing many of our south side communities. These closures leave families and birthing people in a geographical hole where there are large swaths of land that has no OB unit causing a huge lack in continuity of care for many families.

4. *The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.*

Chicago South Side Birth Center has developed programmatic partners with local organizations, FQHCs, and community members which not only affirms the overall support we have been receiving but will allow us to provide services collaboratively across the south side. CSSBC entered into a transfer agreement with nearby Advocate Trinity Hospital for the referral and transfer of patients in need of an emergency caesarian delivery, as shown in Appendix L. In addition, in Appendix M is the agreement for EMS transfers. Appendix N shows several maps illustrating distances and routes between the Center and area EMS/Ambulance Services, as well as all nearby hospitals, including Advocate Trinity Hospital.

Criterion 1110.235(b)-Master Plan or Related Future Projects

Read the criterion and provide documentation regarding the need for all beds and services to be developed and document the improvement in access for each service proposed. Provide the following:

1. *The anticipated completion date(s) for the future construction or modernization projects; and*

The anticipated completion date is March 1, 2026.

2. *Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:*
 - a. *limitation on government funded or charity patients that are expected to continue.*
 - b. *restrictive admission policies of existing planning area health care facilities that are expected to continue.*
 - c. *the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.*

The decision to establish a 3 birth room birth center was largely based on the market research and experience and advice received from industry leaders such as AABC and [Birth Center Equity](#) birth center members.

- Experts recommend a 3 bed model due to the market demand (affirmed by our grassroots community survey) for a birth center option on the south side.
- A ~9000 sq ft, 3 birth room birth center is manageable size to support our anticipated demand.
- We anticipate 225 births in the first year and with growth capacity to 350-500 annually, from Year 3-5. As we purchased and now own our building, considering 2 versus 3 rooms did not impact the cost for renovations in a great enough way to encourage us to consider a small scope for our program.

Attachment 18: Master Design and Related Projects

This service area represents about a quarter (27%) of Chicago's total population, with 57% Non-Hispanic Black residents (Chicago Health Atlas, 2023). These communities face significant socio-economic disparities; for instance, the average household income is \$41,815, lower than Chicago's median income of \$62,097, and 18% of residents have less than a high school diploma, compared to 14% citywide (Chicago Health Atlas, 2023). The Lead Steward expects that the majority of CSSBC's clientele will be covered by Medicaid; the projected payor mix is 70% Medicaid and 25% private insurance, 5% self-pay, and uninsured.

3. *Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:*
 - a. *historical service/beds utilization levels.*
 - b. *projected trends in utilization (include the rationale and projection assumptions used in such projections).*
 - c. *anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.*

As shown in the preliminary architectural drawing (Figure 1), Chicago South Side Birth Center will have 3 birth room beds to support nearly 225 births a year one, with growth capacity to 350-500 annually, from Year 3-5. A full set of Architectural drawings ready for IDPH approval is included as Appendix J. Capacity calculations and market demand assumptions that drove the three-room design follow below:

Capacity and market demand documentation for the three-room design:

Assumptions:

- Turnover rate per bed = 22 hours
 - 18 hours for labor, delivery, recovery and postpartum
 - 4 hours for room cleaning/restocking)
 - 22 total hours / 24 hours per day = .92
- Maximum capacity staffing = 5 midwives

Volume Calculations and Market Demand

- Single room capacity: 365 days per year/.92 days per birth = 397 births/year for each birth room.
 - Market demand pro forma estimate with maximum capacity staffing, the Center will reach capacity at 500 births Year 5.

Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. *Schematic architectural plans for all construction or modification approved in the master design permit.*
2. *The estimated project cost for the proposed projects and also for the*

Attachment 18: Master Design and Related Projects

total construction/modification projects approved in the master design permit.

3. *An item-by-item comparison of the construction elements (i.e., site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project.*
4. *A comparison of proposed beds and services to those approved under the master design permit.*

There are no previously approved Master Design Projects submitted by this applicant.

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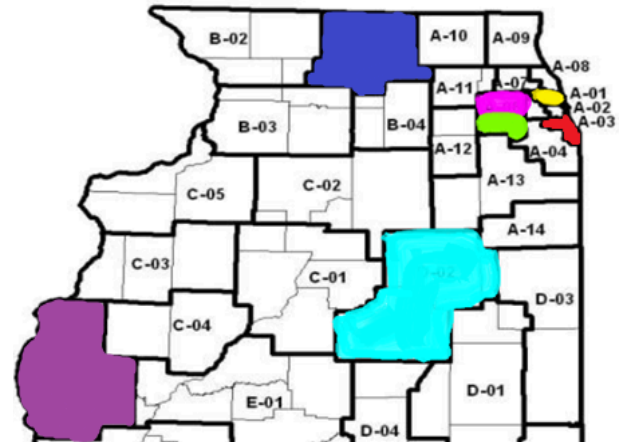
Attachment 33: Birth Center Review Criteria

► **Criterion 77 IAC 1110.275(b)(1) – “Location”**

1. Document that the proposed birth center will be located in one of the geographic areas, as provided in the Alternative Healthcare Delivery Act.

The Chicago South Side Birth Center meets the location requirements as follows: The proposed site is 8301 S South Shore Dr, Chicago, IL, 60617, in Cook County, as verified by Appendix G, the Real Estate listing. It will be the seventh birth center in the state, and the Cook County, based on a review of the birth centers. Currently, there are currently a total of six approved freestanding birth centers in Illinois:

- Birth Center at PCC in Cook County **A-06**
- Birth Center of Bloomington-Normal in McLean County **D-02**
- Burr Ridge Birth Center in DuPage County **A-05**
- Birth Center of Chicago in Cook County **A-01-5**
- North Point Birth Center in Winnebago County **B-01**
- Quincy Medical Group Birth Center in Adams County **E-05**
- Chicago South Side Birth Center in Cook County **A-03**



2. Document that the proposed birth center is owned or operated by a hospital; or owned or operated by a federally qualified health center; or owned and operated by a private person or entity.

Proof of the Chicago South Side Birth Center location is documented in Attachment 2, the Letter of Intent for Lease Agreement between property owner of proposed site and owner of Birth Center of Chicago. The private ownership of this Center is documented in Attachment 1f, the Secretary of State Certification of Good Standing.

► **Criterion 77 IAC 1110.275(b)(2) – “Service Provision to a Health Professional Shortage Area”**

Document whether the proposed site is located in or will predominantly serve the residents of a health professional shortage area. If it will not, demonstrate that it will be located in a health planning area with a demonstrated need for obstetrical service beds or that there will be a reduction in the existing number of obstetrical service beds in the planning area so that the birth center will not result in an increase in the total number of obstetrical service beds in the health planning area.

The Center will be in the A-03 Planning Area for obstetric services. The A-03 Planning Area incorporates Cook County – (42) South Shore, according to the Inventory of Health Care Services and Facilities, published by Health Facilities and Services Review Board and Illinois Department of Public Health (2023). An image of the A-03 Planning Areas is included in **Appendix H**. Further, the Center will be situated in a shortage area for Cook County, where there are communities identified as being medically underserved and having healthcare professional shortages, according to Health Resources & Services Administration (HRSA),

Refer to Figures 1 and 2 below, which show market area and underserved/shortage areas, respectively. As discussed in Attachment 12a and 12b, birth centers traditionally having a larger marketing radius than hospitals, according to studies shared by the American Association of Birthing Centers (AABC). This market radius is the area shaded in Figure 1, which covers Cook County.

Figure 1: Birth Center of Chicago Proposed Location & Market Area

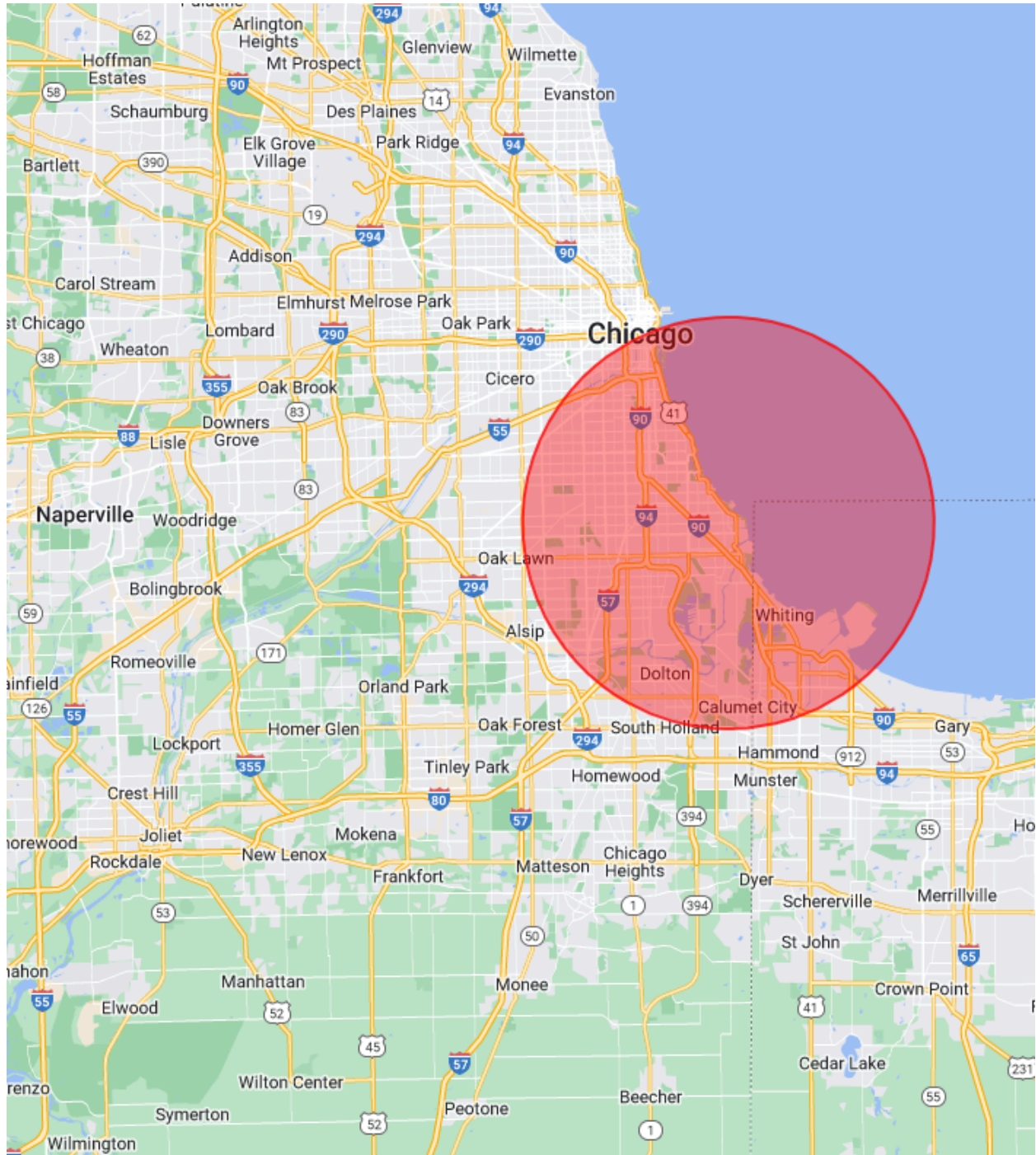


Figure 2 outlines the communities within the Center’s market area that are identified as being medically underserved and having health professional shortages for primary care.

Standardized address
8301 S South Shore Dr, Chicago, Illinois, 60617

HPSA Data as of 05/07/2024
MUA Data as of 05/07/2024

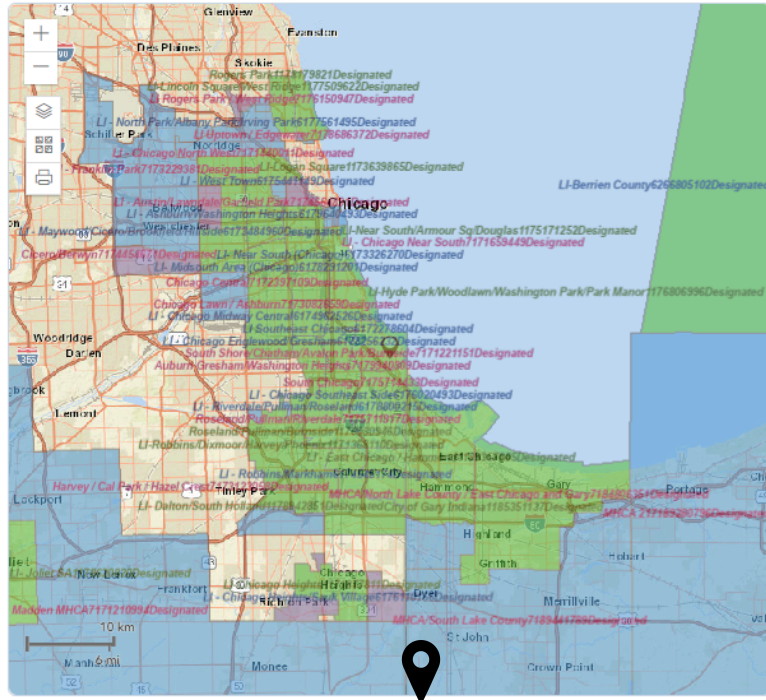
[+] More about this address

In a Dental Health HPSA: ✔ Yes
HPSA Name: LI Southeast Chicago
ID: 6172278604
Designation Type: HPSA Population
Status: Designated
HPSA Score: 21
Designation Date: 12/17/2021
Last Update Date: 12/17/2021

In a Mental Health HPSA: ✔ Yes
HPSA Name: South Chicago
ID: 7175714433
Designation Type: Geographic HPSA
Status: Designated
HPSA Score: 14
Designation Date: 09/25/1984
Last Update Date: 09/10/2021

In a Primary Care HPSA: ✔ Yes
HPSA Name: LI-South Shore
ID: 1177013436
Designation Type: HPSA Population
Status: Designated
HPSA Score: 19
PC MCTA Score: 15
Designation Date: 12/12/2017
Last Update Date: 09/10/2021

In a MUA/P: ✔ Yes
Service Area Name: Cook Service Area
ID: 00836
Designation Type: Medically Underserved Area
Designation Date: 02/25/1983
Last Update Date: 05/03/1994
Service Area Name: Communities Asian-American Population
ID: 00801
Designation Type: Medically Underserved Population – Governor’s Exception
Designation Date: 03/31/1988



Note: The address you entered is geocoded and then compared against the HPSA and MUA/P data in data.HRSA.gov. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. Please consult your program of interest to determine if a HPSA in "Proposed For Withdrawal" status will provide eligibility.

► **Criterion 77 IAC 110.275(b)(3) – “Admission Policies”**

Provide admission policies that will be in effect at the facility and a signed statement that no restrictions on admissions due to payor source will occur.

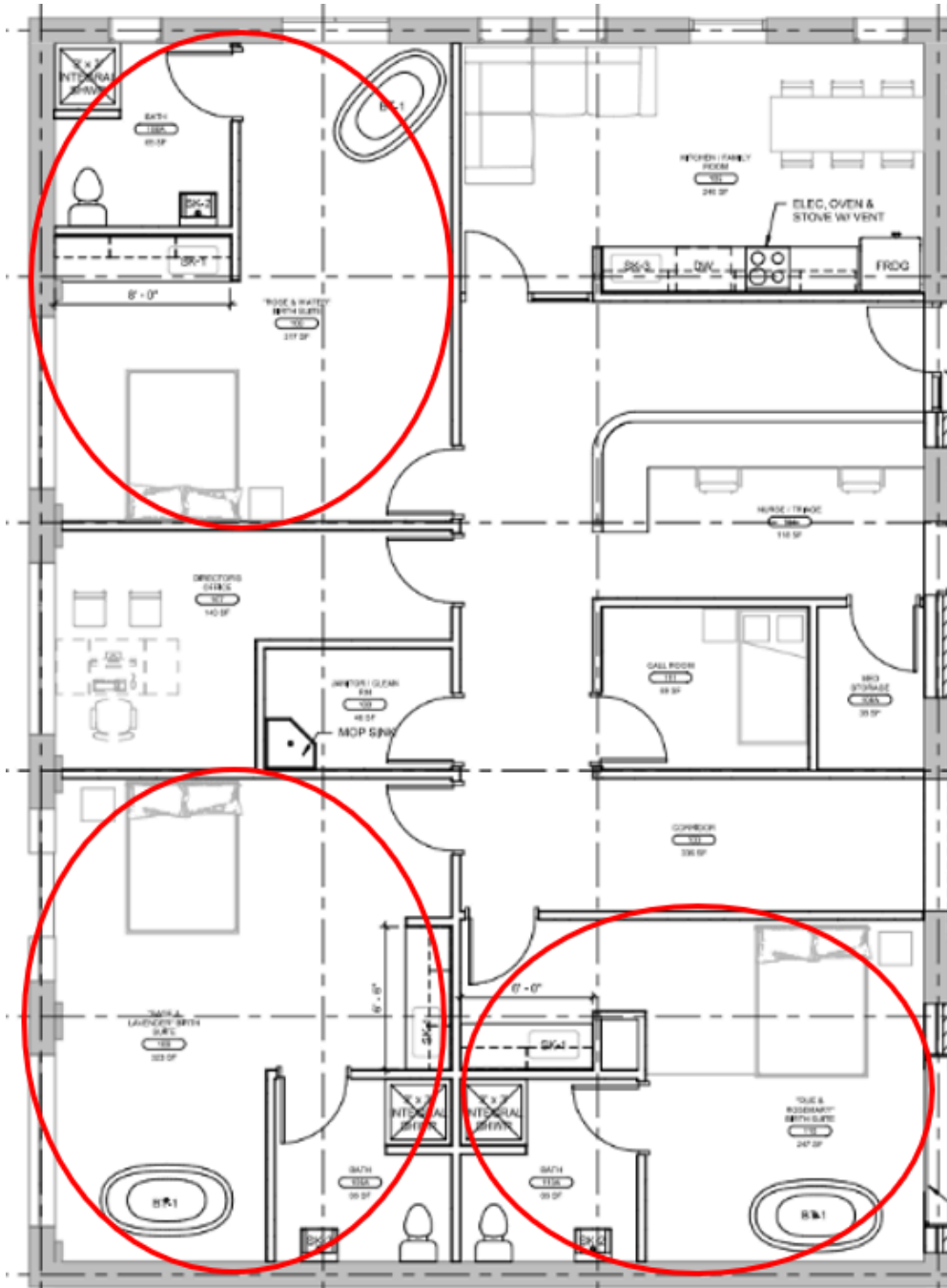
The admission policy to be in effect at the Center, and a signed statement affirming no restrictions on admissions due to payor source are included in **Appendix I**.

► **Criterion 77 IAC 1110.275(b)(4) – “Bed Capacity”**

Provide documentation that the proposed birth center will have no more than 10 beds.

As shown in the preliminary architectural drawing (Figure 1), Chicago South Side Birth Center will have 3 birth room beds to support nearly 225 births a year one, with growth capacity to 350-500 annually, from Year 3-5. A full set of Architectural drawings ready for IDPH approval is included as **Appendix J**. Capacity calculations and market demand assumptions that drove the three-room design follow below:

Figure 1: Birth Center’s floorplan



Capacity and market demand documentation for the three-room design:

Assumptions:

- Turnover rate per bed = 22 hours
 - o 18 hours for labor, delivery, recovery and postpartum

- o 4 hours for room cleaning/restocking)
- o 22 total hours / 24 hours per day = .92
- Maximum capacity staffing = 5 midwives

Volume Calculations and Market Demand

- Single room capacity: 365 days per year/.92 days per birth = 397 births/year for each birth room.
 - o Market demand pro forma estimate with maximum capacity staffing, the Center will reach capacity at 500 births Year 5.

► **Criterion 77 IAC 1110.275(b)(5) – “Staffing Availability”**

Provide a narrative explanation of how the proposed staffing will be achieved.

The pool of candidates for the Birth Center is expected to come primarily from Cook County-based healthcare professionals, in order to keep commute time at a minimum particularly for on-call duties. Candidates from area hospitals and medical offices will be the primary source for applicants. Bringing an alternative healthcare delivery model such as a birth center to the community will give a dedicated place for certified nurse midwives, certified professional midwives and clinical staff to practice their profession.

To stimulate interest in potential applicants, the owners of Birth Center plan to hold staffing outreach events. Currently, planners for this event have interested attendees, representing midwives, nurses, doulas, lactation consultants as well as support professionals such as counselors, chiropractors, prenatal massage therapists, birth photographers, birth related resources. In addition, many health providers for women and children, such as pediatricians, family practice providers, and OBGYNs have expressed interest in attending this event. Refer to **Appendix K** for Letters of Support, most of which come from women’s health care professionals.

► **Criterion 77 IAC 1110.275(b)(6) – “Emergency Surgical Backup”**

Provide documentation of a contractual agreement that has been signed with a licensed hospital within 30 minutes ground travel time from the licensed hospital for the referral and transfer of patients in need of an emergency caesarian delivery.

The Birth Center location entered into a transfer agreement with nearby Advocate Trinity Hospital for the referral and transfer of patients in need of an emergency cesarean delivery, as shown in **Appendix L**. In addition, in **Appendix M** is the agreement for EMS transfers. **Appendix N** shows several maps illustrating distances and routes between the Center and area EMS/Ambulance Services, as well as all nearby hospitals, including Advocate Trinity Hospital.

► **Criterion 77 IAC 1110.275(b)(7) – “Education”**

A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.

The Birth Center will use a group care model for its education. Will encompass education and support of pregnancy who plan to birth at the birth center. Under the direction of a birthing center practitioner, 8-12 women of similar gestational ages will meet together, to participate in discussions, and develop a support network with other group members. Each pregnancy group meets throughout pregnancy and early postpartum. This model promotes greater client engagement, personal empowerment and community-building. Other services that will be provided to the community would be childbirth preparation, childbirth refresher courses, doula services, newborn care classes and breastfeeding classes. The leadership and practitioners of the Center support working with local agencies such as the Health Department's staff to connect patients with the necessary resources for physical, emotional and financial well-being.

▶ **Criterion 77 IAC 1110.275(b)(8) – “Inclusion in Perinatal System”**

An applicant that is not a hospital shall identify the regional perinatal center that will provide neonatal intensive care services, as needed to the applicant birth center patients; and a letter of intent, signed by both the administrator of the proposed birth center and the administrator of the regional perinatal center, shall be provided

Chicago South Side Birth Center has a transfer agreement (see **Appendix L**, referenced in previous criterion) with Advocate Trinity Hospital, which offers Level II hospital services and is a part of the collaborative improvement and innovation network of the 10 administrative Perinatal Center, Perinatal Center, The University of Chicago.

▶ **Criterion 77 IAC 1110.275(b)(9) – “Medicare/Medicaid Certification”**

Document that the proposed birth center will be certified to participate in the Medicare and Medicaid programs under titles XVIII and XIX, respectively, of the federal Social Security Act.

A signed statement from the Center affirming that that the Center will be certified to participate in Medicare and Medicaid per the criteria outlined in Criteria 77 IAC 1110.275(b)(9) is included in **Appendix O**.

▶ **Criterion 77 IAC 1110.275(b)(10)- “Charity Care”**

Provision of a copy of the charity care policy that will be adopted by the proposed birth center.

A copy of the charity care policy that will be adopted by the Center is included in **Appendix P**.

▶ **Criterion 77 IAC 1110.275(b)(11) – “Quality Assurance”**

Provision of a copy of the quality assurance policy that will be adopted by the proposed birth center.

A copy of the quality assurance policy that will be adopted by the Center is included in **Appendix Q**.

Attachment 34: Availability of Funds

The applicant shall document those 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]:

\$100,000	<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.
\$1,500,000	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
\$508,000	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.</p>
_____	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, 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.
_____	<p>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.</p>
\$5,022,493	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.</p>
_____	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
\$7,130,493	TOTAL FUNDS AVAILABLE

A robust fundraising plan has been developed in collaboration with Wright Collective to secure the remaining funds needed for all capital costs for Chicago South Side Birth Center by spring 2026.

Attachment 35: Financial Viability Waiver

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.

Per Section 1120.130, the applicant is not required to submit if all capital expenditures are funded through internal resources (i.e. cash, securities or received pledges). As documented before this is the case for this project. A robust fundraising plan has been developed in collaboration with Wright Collective to secure the remaining funds needed for all capital costs for Chicago South Side Birth Center by spring 2026 (Attachment 34 and Appendix R) through securing grants and pledges. A notarized affidavit has been signed to confirm our fundraising efforts to date and our fundraising plan.

Attachment 36: Financial Viability Ratios

*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.*

Per Section 1120.130, the applicant is not required to submit if all capital expenditures are funded through internal resources (i.e. cash, securities or received pledges). As documented before this is the case for this project. A robust fundraising plan has been developed in collaboration with Wright Collective to secure the remaining funds needed for all capital costs for Chicago South Side Birth Center by spring 2026 (Attachment 34 and Appendix R) through securing grants and pledges. A notarized affidavit has been signed to confirm our fundraising efforts to date and our fundraising plan.

Attachment 37: Economic Feasibility

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:

- A. 1) *That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or*
- 2) *That the total estimated project costs and related costs will be funded in total or in part by borrowing because:*
 - A) *A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or*
 - B) *Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.*
- B. *Conditions of Debt Financing*

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) *That the selected form of debt financing for the project will be at the lowest net cost available.*
- 2) *That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.*
- 3) *That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.*
- C. *Reasonableness of Project and Related Costs*

Read the criterion and provide the following:

- 1. *Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).*

D. *Projected Operating Costs*

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. *Total Effect of the Project on Capital Costs*

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

Attachment 37: Economic Feasibility

- A. Please refer to Appendix R for a notarized funding plan and funding to date.
- B. Not applicable as Chicago South Side Birth has no debt funding for this project.
- C. Please see page 55 of the application. We will be utilizing pre-construction services to work on reducing conservative costs associated with the capital costs and renovations.
- D. Please see Appendix F for Revenue and Expense Projections.
- E. No additional capital costs are expected in the first year of utilization.

Attachment 38: Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

The Chicago South Side Birth Center will also offer educational and counseling services to its patients that will help those in need to know how to navigate and obtain necessary social services. The applicant has a history within the community and with partner organizations to help connect pregnant people and their families to health and wellness services.

The proposed site of the Chicago South side Birth Center will serve residents of medically underserved and healthcare professional shortage areas, within its market area. Details are discussed in Attachment 12 and Attachment 32.

The applicant has affirmed that that the Chicago South Side Birth Center will be certified to participate in Medicare and Medicaid, and has affirmed that is will have a Charity Care Policy, per Appendices O and P; and has estimated in Attachment 38 that it may incur approximately ½% of its net patient revenue in charity care expense.

Attachment 39: Charity Care Information

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. *All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.*
2. *If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.*
3. *If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.*

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a thirdparty payer (20 ILCS 3960/3). Charity Care must be provided at cost.

The mission of Birth Center of Chicago is to provide a high-quality, cost effective out-of-hospital birth experience for low-risk pregnant mothers and babies, for prenatal care, natural childbirth, and full postpartum care. Inherent in the Center's mission are values of respect and compassion for all human beings. With its mission and values as its guiding philosophy, the Birth Center of Chicago is committed to always putting the needs of the patient first, and thus enacting a charitable policy designed to meet the needs of patients with difficult financial circumstances. See Appendix P for the Center's full Charity Care policy.

Projected patient mix by payer source is shown below in Table 1. Medicaid is expected to be the largest payor at 70%. Commercial insurance plans will account for the remaining 25%. Self-pay patients will account for 5% each. The applicant's experience with other birth centers shows successful coverage of assistance/direction with insurance coverage, and Medicaid plans.

Based on historical data from other birth centers owned and operated by the applicants, it is anticipated that approximately 1/2% net patient revenue annually in charity care expense, Charity Care has been accounted as an expense in the retained earnings category in the expense worksheet (Appendix F).

Attachment 39: Charity Care Information

Table 1:

		Year 1	Year 2	Year 3	Year 4	Year 5
		2026	2027	2028	2029	2030
Patient Revenue	%Clients					
Projected Births		225	290	360	440	500
Medicaid Reimbursement	70%	\$4,438.00	\$4,438.00	\$4,438.00	\$4,438.00	\$4,438.00
Commerical Reimbursement	25%	\$8,053.00	\$8,053.00	\$8,053.00	\$8,053.00	\$8,053.00
Self Pay Amount	5%	\$6,477.00	\$6,477.00	\$6,477.00	\$6,477.00	\$6,477.00
Subtotal IDPA Reimbursement Revenue		\$ 748,912.50	\$ 965,265.00	\$ 1,198,260.00	\$ 1,464,540.00	\$1,664,250.00
Subtotal Commerical Reimbursement Revenue		\$ 362,385.00	\$ 467,074.00	\$ 579,816.00	\$ 708,664.00	\$ 805,300.00
Sub total Self Pay Revenue		\$ 72,866.25	\$ 93,916.50	\$ 116,586.00	\$ 142,494.00	\$ 161,925.00
Sub total Guaranteed Services Revenue		\$ 225,000.00	\$ 290,000.00	\$ 360,000.00	\$ 440,000.00	\$ 500,000.00
Total Reimbursement Revenue		\$ 1,409,163.75	\$ 1,816,255.50	\$ 2,254,662.00	\$ 2,755,698.00	\$3,131,475.00
Total Donations		\$ 125,000.00	\$ 125,000.00	\$ 125,000.00	\$ 125,000.00	\$ 125,000.00
Grand Total Revenue		\$ 1,534,163.75	\$ 1,941,255.50	\$ 2,379,662.00	\$ 2,880,698.00	\$3,256,475.00
Charity Care		\$ 7,670.83	\$ 9,706.28	\$ 11,898.31	\$ 14,403.49	\$ 16,282.38

Table 2:

CHARITY CARE			
Assuming ½% Charity Care	Year 1	Year 2	Year 3
Net Patient Revenue	\$1,534,163.75	\$1,941,255.50	\$2,379,662.00
Amount of Charity Care (charges)	\$9,059.62	\$11,676.85	14,495.40
Cost of Charity Care	\$7,670.83	\$9,706.28	\$11,898.31

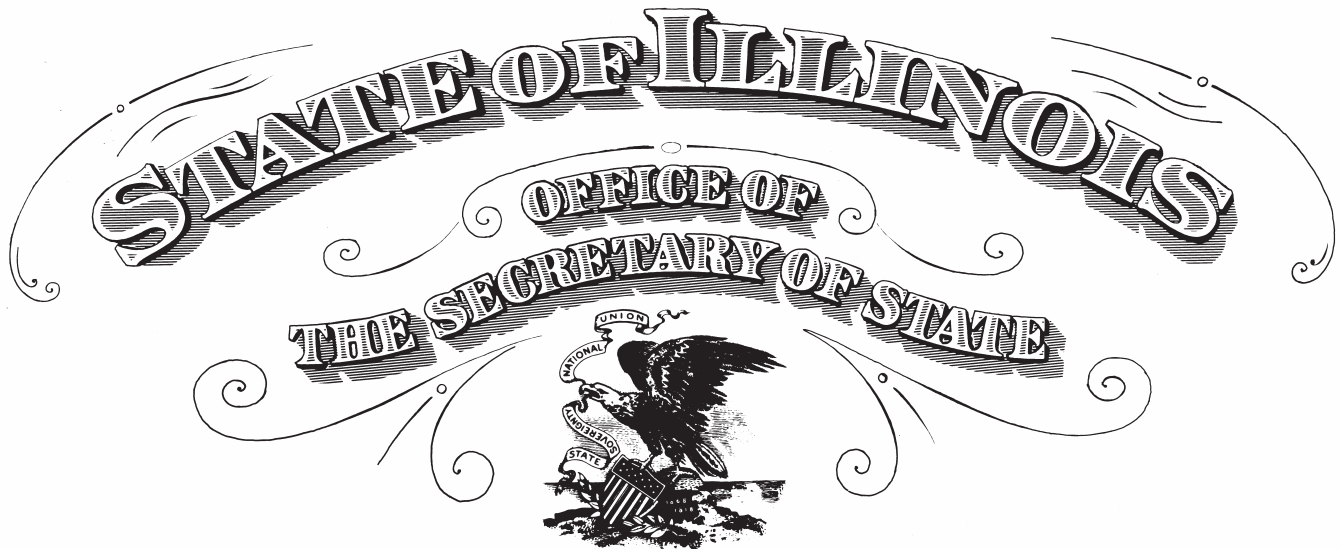
(Calculations: ½% of volume x max estimated reimbursement)

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	63-64
2	Site Ownership	65-87
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	88-96
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	97-100
5	Flood Plain Requirements	101-102
6	Historic Preservation Act Requirements	103-104
7	Project and Sources of Funds Itemization	105-114
8	Financial Commitment Document if required	115-116
9	Cost Space Requirements	117
10	Discontinuation	118
11	Background of the Applicant	119-120
12	Purpose of the Project	121-128
13	Alternatives to the Project	129-131
14	Size of the Project	132-133
15	Project Service Utilization	134
16	Unfinished or Shell Space	135
17	Assurances for Unfinished/Shell Space	136
18	Master Design and Related Project	137-140
	Service Specific:	
Not included	Medical Surgical Pediatrics, Obstetrics, ICU	141
Not included	Comprehensive Physical Rehabilitation	142
Not included	Acute Mental Illness	143
Not included	Open Heart Surgery	144
Not included	Cardiac Catheterization	145
Not included	In-Center Hemodialysis	146
Not included	Non-Hospital Based Ambulatory Surgery	147
Not included	Selected Organ Transplantation	148
Not included	Kidney Transplantation	149
Not included	Subacute Care Hospital Model	150
Not included	Community-Based Residential Rehabilitation Center	151
Not included	Long Term Acute Care Hospital	152
Not included	Clinical Service Areas Other than Categories of Service	153
Not included	Freestanding Emergency Center Medical Services	154
33	Birth Center	155-161
	Financial and Economic Feasibility:	
34	Availability of Funds	162
35	Financial Waiver	163
36	Financial Viability	164
37	Economic Feasibility	165
38	Safety Net Impact Statement	166
39	Charity Care Information	167

File Number

7331-999-4



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

CHICAGO SOUTH SIDE BIRTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 12, 2021, 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 4TH day of MAY A.D. 2024 .



Authentication #: 2412500864 verifiable until 05/04/2025
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

Corporate
Warranty Deed

GRANTOR MORNING STAR BIBLE BAPTIST CHURCH, INC., an Illinois Not for Profit Corporation, a corporation created and existing under and by virtue of the laws of the State of Illinois and duly authorized to transact business in Illinois, for and in consideration of TEN DOLLARS (\$10.00), and other good and valuable consideration in hand paid, and pursuant to authority, CONVEYS and WARRANTS unto:

CHICAGO SOUTHSIDE BIRTH CENTER, an Illinois Not-for-Profit Corporation

the following described residential Real Estate, to-wit:

Legal Description: LOTS 27 AND 28 IN BLOCK 1 IN COURT PARTITION OF THE SOUTHEAST 1/4 OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS (EXCEPT LANDS BELONGING TO THE SOUTH CHICAGO RAILROAD COMPANY).

Permanent Index Number (PIN): 21-31-406-001-0000

Address(es) of Real Estate: 8301 South Shore Drive
Chicago, IL 60617

SUBJECT TO: Covenants, conditions, and restrictions of record, ~~and to General Taxes for 2021 and subsequent years.~~ Hereby releasing and waiving all rights under and by virtue of the Illinois Homestead Exemption Laws of the State of Illinois.

This deed is subject to all rights, easements, covenants, conditions restrictions and reservations contained in said declaration the same as though the provisions of said declaration were recited and stipulated at length herein.

IN WITNESS WHEREOF, said Grantor has caused its corporate seal to be hereto affixed, and has caused its name to be signed hereto by its Managing Member on 19 day of December, 2023.

Lemuel C. Hogue, President of
MORNING STAR BIBLE BAPTIST, INC.
an Illinois Not for Profit Corporation

By: Lemuel C. Hogue

MAIL TO:

Sara A. Ravich
Attorney at Law
233 S. Wacker Drive, Suite 5900
Chicago, IL 60606

SEND SUBSEQUENT TAX BILLS TO:

Chicago Southside Birth Center
c/o Jeanine Valrie Logan
643 N Carroll Parkway Unit 210B
Glenwood, IL 60425

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

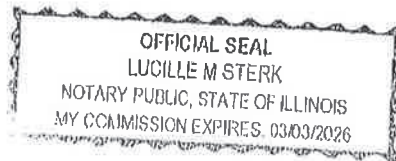
I, the undersigned, a Notary Public, in and for the County and State aforesaid, DO
HEREBY CERTIFY that **Lemuel C. Hogue, President of MORNING STAR BIBLE
BAPTIST, INC. an Illinois Not for Profit Corporation**, a corporation, and personally
known to me to be the same person whose name is subscribed to the foregoing instrument,
appeared before me this day in person and severally acknowledged that as such Managing
Members of said corporation, and caused the corporate seal of said corporation to be there
affixed, as his free and voluntary act, and as the free and voluntary act and deed of said
corporation, for the uses and purposed therein set forth.

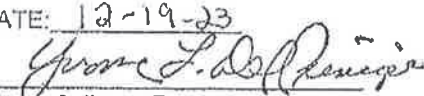
Given under my hand and official seal, this 19 day of December 2023.



Notary Public

SELLER IS EXCMPT UNDER PROVISIONS
35 ILSCS 200/31-45
OF PARAGRAPH b SECTION 3,
REAL ESTATE TRANSFER ACT.



DATE: 12-19-23


Buyer, Seller or Representative

This instrument was prepared by:
Yvonne DelPrincipe,
Attorney at Law,
3540 W. 95th Street
Evergreen Park, Illinois 60805

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

George J. DeFrenza
Signature of Grantor or Agent

12-19-23
Dated

SUBSCRIBED AND SWORN
to before me this 19 day
of December, 2023.

Lucille M Sterk
Notary Public



The grantee or his agent affirms and verified that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Signature of Grantee or Agent

Dated

SUBSCRIBED AND SWORN
to before me this _____ day
of _____, 2023.

Notary Public

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

BILL OF SALE AND AFFIDAVIT OF TITLE

Seller, MORNING STAR BIBLE BAPTIST, INC. an Illinois Not for Profit Corporation, in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, receipt of which is hereby acknowledged, does hereby sell, assign, transfer and set over to Buyer, CHICAGO SOUTHSIDE BIRTH CENTER, an Illinois Not-for-Profit Corporation, the following described property:

All items of personal property pursuant to the contract dated April 24, 2023, between the parties.

Seller(s) hereby represents and warrants to Buyer(s) that Seller(s) is the absolute owner of said property, that said property is free and clear of all liens, charges and encumbrances, and that Seller(s) has full right, power and authority to sell said personal property and to make this bill of sale. All warranties of quality, fitness, and merchantability are hereby excluded.

Seller(s) warrants that no labor or materials have been furnished for the premises legally described herein, within the last four months that is not fully paid for.

Legal Description: LOTS 27 AND 28 IN BLOCK 1 IN COURT PARTITION OF THE SOUTHEAST 1/4 OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS (EXCEPT LANDS BELONGING TO THE SOUTH CHICAGO RAILROAD COMPANY).

Permanent Index Number (PIN): 21-31-406-001-0000

Address(es) of Real Estate: 8301 South Shore Drive Chicago, IL 60617

Seller(s) warrants that since the title date of April 12, 2023 in the commitment issued by GREATER ILLINOIS TITLE COMPANY, Seller(s) has not done or suffered to be done anything that could in any way affect the title to premises, and no proceedings have been filed by or against Seller(s), nor has any judgment or decree been rendered against Seller(s), nor is there any judgment note or other instrument that can result in a judgment or decree against Seller(s) within five days from the date hereof. There are no parties in possession of the premises other than Seller(s). All charges for utilities up to the closing date or the date of possession, whichever is later, have been or will be fully paid by the Seller(s).

IN WITNESS WHEREOF, Seller(s) has signed and sealed this Bill of Sale and Affidavit of Title this 10 day of May 2023.

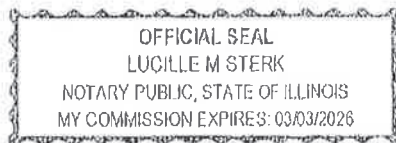
PLEASE PRINT OR TYPE NAMES

Ramuel C. Hogue (SEAL) (SEAL)
Ramuel C. Hogue, President of
MORNING STAR BIBLE BAPTIST, INC.
an Illinois Not for Profit Corporation

BELOW SIGNATURE(S)

Subscribed and sworn to before me this 10 day of May 2023.

[Signature]
NOTARY PUBLIC



#24-016



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
 P.O. Box 2508
 Cincinnati, OH 45201

CHICAGO SOUTH SIDE BIRTH CENTER
 643 N CARROLL PKWY UNIT 210B
 GLENWOOD, IL 60425

Date:
01/12/2023

Employer ID number:
87-1221956

Person to contact:
 Name: Alexander Henao
 ID number: 31887
 Telephone: 877-829-5500

Accounting period ending:
May 31

Public charity status:
170(b)(1)(A)(iii)

Form 990 / 990-EZ / 990-N required:
Yes

Effective date of exemption:
June 12, 2021

Contribution deductibility:
Yes

Addendum applies:
No

DLN:
26053553004902

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
 Director, Exempt Organizations
 Rulings and Agreements

Chicago South Side Birth Center Board List**TIFFANY GORMAN** (*Chair*)

As a child development specialist with a commitment to supporting families and communities, Tiffany believes literacy and strong family communication are the best ways to achieve positive outcomes for children. Tiffany is a doula at Windy City Doulas and is committed to expanding her professional and personal experiences to the work of Chicago South Side Birth Center. Tiffany holds a certificate in Diversity, Equity and Inclusion in the Workplace Certificate from USF. She is an alum of Fisk University where she graduated with a BS in Business Administration/Management. Tiffany also holds a MS in Child Development from Erickson Institute. Outside of her doula work, Tiffany is a trained yogi and writer. She is the Founder of Gorman House Publishing and an amazing chef.

JULIANNA “JULIE” DAVIS (*Treasurer*)

Lifelong Chicagoan, Julie is a community advocate and committed to the life and joy of the Black community. She has numerous years of experience promoting wholeness and all facets of health within the community. Julie has worked in education and health care and has worked in maternal and child health for the last 3 years in her role as a High Risk Community Health Specialist and Maternal Child Health Case Manager at Access Community Health Network. Her previous experiences include work as Medical Billing Coordinator (Ijegba Community Inc), Field Care Coordinator (Independent Living Systems, LLC), Education Coordinator (Children's Home + Aid), and Adult Educator (Chicago Commons). Julie is a University of Illinois Chicago alum and holds both a BA in Psychology and African American Studies as well as an M.Ed in Educational Psychology/Youth Development. She enjoys gardening, traveling and binge-watching TV shows. Julianna spends her extra time tending to her home and community garden, enjoying live music, and loving all things Black.

CICELY FLEMING (*Secretary*)

Former Alderwoman Cicely L. Fleming is a dedicated community advocate and a founding member of The Organization for Positive Action and Leadership (OPAL), a group committed to promoting equity in government. Fleming has served the community as a PTA President, a member of Evanston's Mental Health Board, and as a volunteer at Connections for the Homeless. She is currently the State Director at Birth to Five IL. Cicely holds a Master's Degree in Public Administration from DePaul University, with academic and personal interests in policy development & analysis; asset-based community development; voter engagement & mobilization; and racial equity in government. An Evanston native, Cicely enjoys raising her three children along with her husband Andrew. Cicely enjoys reading, running, spending time with friends, and community organizing.

LAKEESHA HARRIS

Lakeesha is an unapologetic Black Feminist, Abolitionist, and former Co-Executive Director of Lift Louisiana - where she worked to shift policy needed to improve the lives of Louisiana's women, their families, and their communities.

In 2021-2022 Lakeesha wrote and hosted *Old Pro News* - a limited podcast dedicated to educating everyone on current legislation, policy, and activism of Sex Workers globally. A continuation of her work as the former Director of Reproductive Health and Justice at Women With A Vision, Inc, in New Orleans, LA - where she worked with Representative Mandie Landy in spearheading the first comprehensive statewide bills in the nation to decriminalize sex work.

She, along with current and other former sex workers, developed the *deep south decrim toolkit*, lodging a statewide campaign to educate the community on what it means when sex workers are targeted and criminalized. During the 2021 legislative session, a group of 119 sex workers and allies provided three hours of testimony in the Louisiana House - a first, not only in the deep south, but in any state house!

In 2020, Lakeesha was celebrated by Bitch Media among its Bitch 50 Activists for her work to maintain abortion access in Louisiana and nationwide. Her twenty plus years as a Reproductive Justice leader had produced two RJ Amicus Briefs that were presented to The Supreme Court on behalf abortion access, one currently being considered in the *Dobbs v. Jackson Women's Health Organization* case.

Before moving to the Deep South, Lakeesha was an organizer, Health Educator, and Insemination Coordinator in the midwest providing comprehensive care to sex workers, women, trans people, and GNC folx at one of the last remaining feminist Health centers in the country, Chicago Women's Health Center.

Lakeesha's essays, interviews, and critical work has been featured on The Daily by The New York Times, Democracy Now, The Advocate, and Rewire News just to name a few.

More Info on Lakeesha can be accessed [here](#).

ALIA HAWKINS

Alia E. Hawkins is the founder and director of Beachfront Dance School, a not-for-profit dance school located in Gary, Indiana. She is a health law/healthcare compliance attorney and registered mediator. She is also a former classical ballet dancer. In her spare time, she enjoys cooking for family and friends; gardening; knitting; tennis; Pilates; yoga; swimming and traveling.

CARLA MADELEINE KUPE, ESQ.

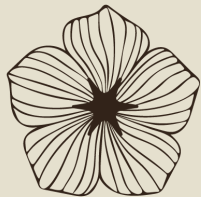
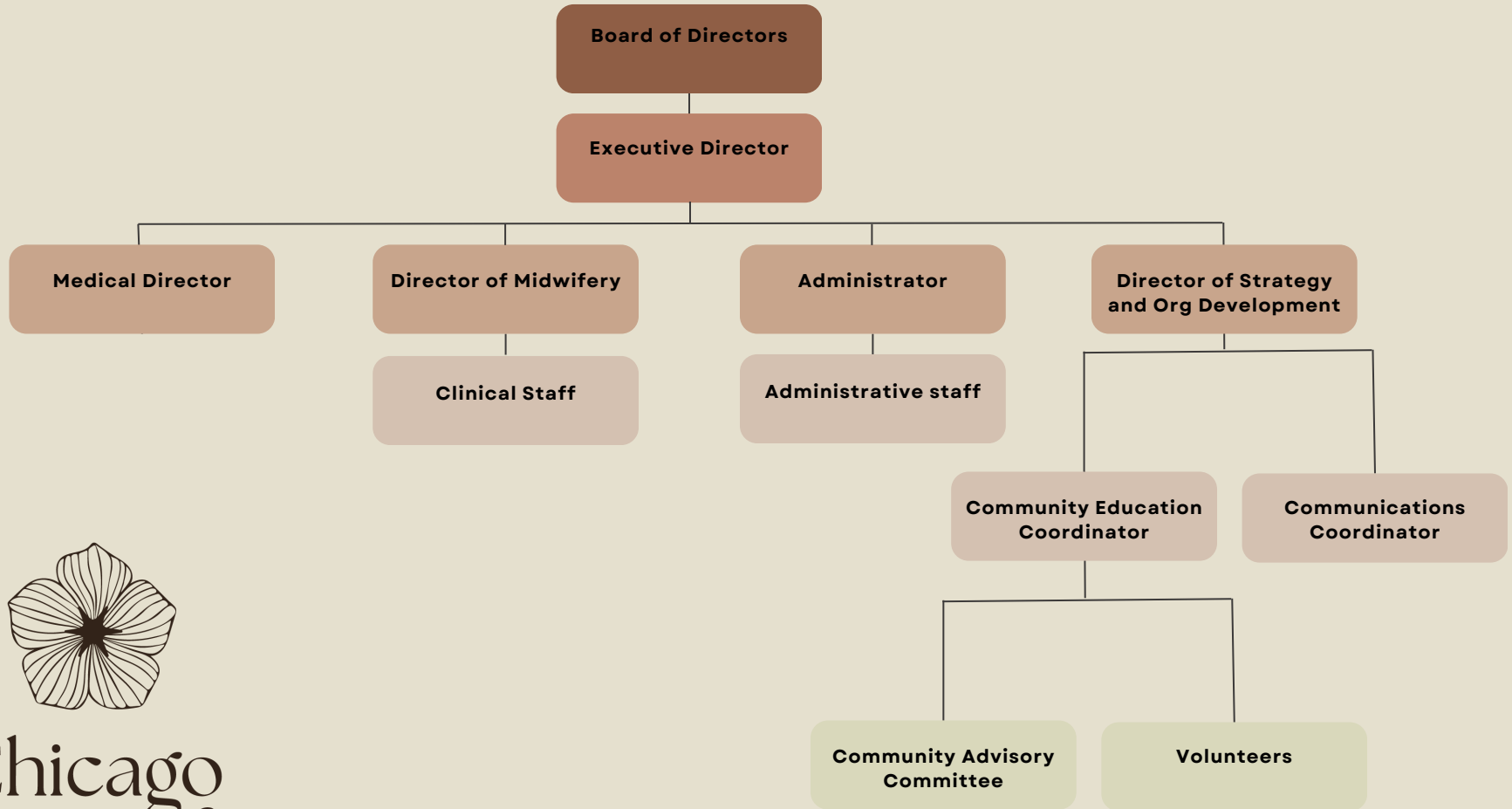
Carla Madeleine Kupe is a Managing Partner and Co-Founder of CZL P.C. where she leads Legal Consulting services around Corporate Governance and Operations through a diversity, equity, inclusion, and anti-racism/oppression lens. Carla considers herself a strategist, an educator, and a collaborative leader. Her unique personal background has translated into unique and innovative problem-solving approaches throughout her career. Carla is the first-born of five children of Congolese parents, speaks eight languages, was born and has lived in Germany and Luxembourg, and has been calling the U.S. her home since 1997. Carla has a remarkable ability of putting herself into another's shoes, to see an issue from different vantage points. This refined skill has enabled Carla to consistently render comprehensive advice and lead collaborative projects with people of all lived experiences. Carla loves to be the architect of preventive and proactive strategies but also enjoys devising paths for change to improve existing systems and organizational cultures. Carla is also the founder and CEO of The Impact Alliance LLC, a diversity, equity, inclusion and anti-racism/colonialism consulting enterprise through which she provides advising, consulting, education, and leadership coaching services to organizations in both sectors and across industries. Additionally, she currently serves as the Gender and Racial Equity Program Director for the YWCA Metropolitan Chicago.

In 2018, Carla was one of the architects of the Professional Identity Formation program at Loyola University Chicago School of Law and acted as the program's director until 2021. Carla created Speak Truth Summit, a platform giving voice and visibility to the particular and unique experiences of women of color in 2018. Carla served as the first Director of Diversity, Equity, Inclusion, and Compliance Director at the City of Chicago Office of Inspector General. Before that, Carla was an Associate General Counsel and the Title IX Coordinator for Chicago State University. Prior to that, Carla was an Assistant Corporation Counsel for the City of Chicago Law Department in its Federal Civil Rights Litigation Division. She also held the position of Victim Witness Advocate for the Suffolk County District Attorney's Office in Boston, Massachusetts. Additionally, Carla was the former Director of Community Relations for the Chicago Metropolitan Chapter of the National Organization of Black Law Enforcement Executives (NOBLE).

Carla is a member of the Loyola University Chicago School of Law's Diversity Mentoring Program and the law school's Dean's Diversity Council. Additionally, Carla is a member and contributing author of the editorial board for the Illinois chapter of the National Diversity Council. Carla serves as a mentor at the University of Chicago Polsky Center for Entrepreneurship and Innovation.

She received her Bachelor of Arts in Political Science with a minor in Psychology from Kalamazoo College in Kalamazoo, Michigan, and her Juris Doctor from Loyola University Chicago School of Law, Chicago, Illinois.

CHICAGO SOUTH SIDE BIRTH CENTER ORGANIZATION CHART





Declaration ID: 20231201697081
Status: Declaration Submitted
Document No.: Not Recorded

State/County Stamp: Not Issued
City Stamp: Not Issued

COOK COUNTY

Real Estate Transfer Declaration

PROPERTY IDENTIFICATION:

Address of Property 8301 S SOUTH SHORE DR CHICAGO 60817-2653
Street or Rural Route City ZIP
Permanent Real Estate Index No. 21-31-406-001-0000 Township Hyde Park
Date of Deed 12/19/2023 Type of Deed Warranty Deed

TYPE OF PROPERTY:

- Single Family
Condo, co-op
4 or more units (residential)
Mixed use (commer. & res/d.)
Commercial
Industrial
Vacant Land
Other (select description)

INTEREST TRANSFERRED:

- Fee title
Beneficial interest in a land trust
Lessee interest in a ground lease
Controlling interest in real estate entity (ord. Sec. 2)
Other (select description)

LEGAL DESCRIPTION:

Sec. 31 Twp. Hyde Park Range 15
LOTS 27 AND 28 IN BLOCK 1 IN COURT PARTITION OF THE SOUTHEAST 1/4 OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS (EXCEPT LANDS BELONGING TO THE SOUTH CHICAGO RAILROAD COMPANY).

COMPUTATION OF TAX:

Table with 2 columns: Description and Amount. Rows include Full actual consideration (450,000.00), Less amount of personal property included in purchase (0.00), Net consideration for real estate (450,000.00), Less amount of mortgage to which property remains subject (0.00), Net taxable consideration (450,000.00), Amount of tax stamps (\$0.25 per \$500 or part thereof) (0.00).

ATTESTATION OF PARTIES: we hereby declare the full actual consideration and above facts contained in the declaration to be true and correct.

MORNINGSTAR BIBLE BAPTIST CHURCH 9108 S JUSTINE ST CHICAGO 60620-5035
Name and Address of Seller Street or Rural Route City ZIP Code

CHICAGO SOUTHSIDE BIRTH CENTER 643 N CARROLL PKWY # 210B GLENWOOD 60425-1163
Name and Address of Buyer Street or Rural Route City ZIP Code

Buyer has a different mailing address for tax documents.

CHICAGO SOUTHSIDE BIRTH CENTER 643 N CARROLL PKWY # 210B GLENWOOD IL 60425-1163
Name or company Street address City State ZIP Code

**AMENDMENT TO
TRANSFER AGREEMENT**

This Amendment to the Transfer Agreement is entered into on March 11, 2024 (the “**Effective Date**”), by and between Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital (“**Hospital**”), an Illinois not-for-profit corporation, and Chicago South Side Birth Center, an Illinois not-for-profit corporation (“**Facility**”).

WHEREAS, the parties have entered into a Transfer Agreement effective October 1, 2022 to provide for the medically appropriate transfer or referral of patients from Facility to Hospital, for the benefit of the community and in compliance with applicable federal and state laws and regulations (the “**Agreement**”); and

WHEREAS, the parties desire to amend the Agreement to update the Facility notice address in the Agreement;

NOW, THEREFORE, the parties hereby agree to amend and modify Section 4.14 of the Agreement in accordance with Section 4.12 as follows:

- 1. Section 4.14 (Notices) – Section 4.14 of the Agreement shall be amended by deleting the notice information related to Facility and replacing with the following:

If to Facility: Chicago South Side Birth Center
 8301 S. South Shore Drive
 Chicago, IL 60617
 Attn: Clinical Director

- 2. Incorporation of Amendment. All provisions of the Agreement not herein amended by this Amendment shall remain in full force and effect.

IN WITNESS WHEREOF, this Agreement has been executed by Hospital and Facility as of the Effective Date.

**ADVOCATE HEALTH AND HOSPITALS
CORPORATION d/b/a
ADVOCATE TRINITY HOSPITAL**

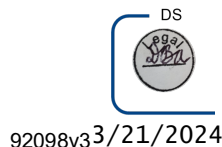
CHICAGO SOUTH SIDE BIRTH CENTER

DocuSigned by:
 By: Dia Nichols
 9E80D1434349491...
 Name: Dia Nichols
 Title: President - Advocate Health Care

DocuSigned by:
 By: Jeanine Valrie Logan, CMM
 6C7E020FE2DF41B...
 Jeanine Valrie Logan
 Executive Director and
 Clinical Director

Date: 3/21/2024

Date: 3/21/2024



REAL ESTATE PURCHASE AGREEMENT

REAL ESTATE PURCHASE AGREEMENT dated as of April 7, 2023 (the "Agreement") between CHICAGO SOUTH SIDE BIRTH CENTER, an Illinois Not for Profit Corporation ("Buyer"), and MORNING STAR BIBLE BAPTIST CHURCH, INC., an Illinois not-for-profit corporation ("Seller").

PRELIMINARY STATEMENT

A. Seller owns the real estate having a common address of 8301 S. South Shore Dr, Chicago, IL 60617, located on the land legally described on Exhibit A attached hereto and made a part hereof (the "Land"), and all rights appurtenant thereto. The Land is currently improved by a building (the "Facility").

B. Seller desires to sell to Buyer, and Buyer desires to purchase from Seller, the Land, the Facility, and the other Purchased Property described herein.

NOW THEREFORE, Buyer and Seller agree as follows:

AGREEMENT

1. **Agreement to Purchase and Sell.** At the Closing (as defined below), Seller shall sell, convey and assign to Buyer or Buyer's designee, and Buyer or such designee shall purchase and accept from Seller, upon the terms and conditions and for the purchase price set forth below, the following property (collectively, the "Purchased Property"):

(a) **Real Estate.** The Land and all easements and other rights appurtenant thereto (collectively, the "Real Estate");

(b) **Improvements.** The Facility, all fixtures located therein (including all fire safety and alarm systems, sanitation, lighting, air conditioning and heating equipment), and all other improvements, structures and fixtures located on the Real Estate (collectively, the "Improvements" and together with the Real Estate, the "Real Property");

(c) **Intangible Property.** All intangible property owned or held by Seller used in connection with or relating to the Real Estate or Improvements as of the Closing Date, including but not limited to, all plans and specifications, zoning or engineering reports, contracts, licenses, guarantees, warranties, studies and appraisals, each pertaining to the Facility (collectively, the "Intangible Property").

2. **Purchase Price.**

(a) **Amount of Purchase Price.** The purchase price for the Purchased Property (the "Purchase Price") shall be Four Hundred Fifty Thousand and NO/00 Dollars (\$450,000.00), plus or minus prorations as set forth in Section 7 hereof, payable in cash at Closing.

(b) **Escrow Deposit.** Within five business days from the date hereof, Buyer shall deposit with Seller's attorney as escrow pursuant to an escrow agreement in a mutually acceptable form, the sum of ~~\$2,000.00~~ ^{10,000.00} as earnest money (such funds being the "Earnest Money"). The escrow agreement shall provide that application of the Earnest Money shall be subject to the sole order of the Buyer prior to the expiration of the Inspection Period (as defined below) and joint order thereafter. The Earnest Money shall be credited to the Purchase Price upon Closing (as hereinafter defined). If Closing fails to occur because of the default of the Buyer (and Seller shall not be in default hereunder), the Earnest Money, shall be paid to Seller as liquidated damages set forth in Section 10(a) hereof. If Closing fails to occur for any other reason, the Earnest Money shall be paid to Buyer.

X ML 10/10/10
10/10/10

3. Matters Relating to Property.

(a) **Seller's Deliveries.** Seller shall deliver to Buyer as soon as reasonably possible:

(1) **Title Commitment.** A commitment (the "Title Commitment") to issue an ALTA Owner's Policy of Title Insurance issued by the title company of Seller's choosing (the "Title Company"), in the amount of the Purchase Price, (A) showing fee simple title to the Real Estate and Improvements in Seller, (B) naming Buyer as the proposed insured, and (C) including all exceptions to title which affect the Real Estate and/or Improvements. Additionally, Seller shall deliver (or cause to be delivered) to Buyer copies of all recorded documents referenced in the Title Commitment as exceptions to Seller's title. The Title Policy (as hereinafter defined) shall include (1) only those exceptions (the "Permitted Exceptions") to title which Buyer has approved in writing; (2) full extended coverage over all so-called general (or standard) exceptions customarily contained therein (including, without limitation, the exceptions pertaining to survey matters and mechanics' lien claims); and (3) endorsements as may be reasonably required by Buyer.

(2) **Permits.** Any existing building permits, certificates of occupancy (temporary or permanent), elevator permits, inspection certificates, and other licenses or permits which are in the possession or control of Seller.

(3) **Other Documents.** Copies of all documents to be included in the Purchased Property or affecting the Purchased Property, including all current insurance policies (including any title insurance policies), any appraisals, any engineering reports and environmental audits or surveys with respect to the Purchased Property, and all tax, utility, and other bills relating to the ownership or operation of the Purchased Property which are in the possession of Seller.

All items to be delivered by Seller pursuant to this Section 3(a) are collectively referred to herein as "Seller's Deliveries".

(b) **Due Diligence Review.** Buyer, its agents, representatives and employees may, during a period commencing on the date hereof and expiring thirty (30) days after the date the Title Commitment and underlying documents are received by

Buyer (the "Inspection Period"; noting that if the Survey, as defined below, has not been made available within three (3) weeks of the date hereof, such Inspection Period shall be extended for ten (10) business days after receipt of such Survey), inspect, audit and copy all documents of any nature maintained by Seller or its agents in connection with the Purchased Property. Buyer, its agents, representatives and employees (including an independent structural engineer) shall have access to the Real Estate and the Improvements for purposes of obtaining a survey (the "Survey") of the Real Estate (with such Survey shall be ordered and paid for by Seller), a physical inspection of the Purchased Property, including one or more reports from structural or other engineering companies (the "Engineering Reports"), and a Phase I environmental report, the scope and level of detail of which shall be satisfactory to Buyer, prepared by a qualified environmental consultant acceptable to Buyer and addressed to Buyer (the "Environmental Report"), as well as any other inspections called for by such Environmental Report or Engineering Reports, and the ability to do moisture scans as well as cores to determine condition and makeup of roofing materials. Buyer's review of the Seller's Deliveries and other inspections and items referred to in Section 3(b) is referred to as Buyer's "Due Diligence Review." Buyer shall indemnify and hold Seller harmless from any and all damage caused by Buyer or its agents, representatives or employees in conducting such Due Diligence Review; provided that Buyer shall have no obligation for any pre-existing conditions or the discovery thereof. Buyer shall be solely responsible for any and all costs concerning any and all survey and/or additional reports relating to the Real Estate as referenced herein.

(c) Right to Terminate. If, prior to the expiration of the Inspection Period, Buyer determines, in its sole discretion, that the Property is not a suitable investment for its purposes, Buyer may terminate this Agreement by giving Seller written notice of such determination upon or before the expiration of the Inspection Period, in which case the Earnest Money shall be returned to Buyer and all rights and obligations of the parties hereunder shall cease. If, prior to the expiration of the Inspection Period, Buyer determines, for reasons wholly unrelated to the Property, that the transaction should not close and decides to terminate this Agreement by giving Seller written notice, then the Earnest Money shall be divided such that half is returned to the Buyer and half provided to the Seller and all rights and obligations of the parties hereunder shall cease.

(d) "AS IS". EXCEPT AS EXPRESSLY SET FORTH IN THIS AGREEMENT, THIS SALE AND CONVEYANCE IS MADE ON AN "AS-IS, WHERE-IS" BASIS, AND SELLER MAKES NO WARRANTY OR REPRESENTATION, EXPRESS OR IMPLIED, AS TO THE QUALITY, NATURE, ADEQUACY, OR PHYSICAL CONDITION OF THE PROPERTY, THE PROPERTY'S MERCHANTABILITY, SUITABILITY, OR FITNESS FOR A PARTICULAR USE, OR THE PRESENCE OF HAZARDOUS MATERIALS ON, UNDER, OR ABOUT THE PROPERTY, OTHER THAN AS EXPRESSLY REPRESENTED BY SELLER IN THIS AGREEMENT.

(e) Extension. If Buyer has ordered, promptly and in good faith, various diligence reports, and such reports have not been provided within twenty-one (21) days of the date hereof, Buyer shall be entitled to a thirty (30) day extension of the Inspection Period during which the Buyer is expected to complete review of any

diligence items. To exercise this option, Buyer must provide Seller with written notice, including a list of which diligence items have not been provided, within two (2) days of the expiration of the Inspection Period as defined above.

4. Representations and Warranties, Indemnities.

(a) **Seller's Representations and Warranties.** Seller represents and warrants to Buyer as of the date hereof and as of the Closing Date that:

(1) Seller is duly organized, validly existing, and in good standing under the laws of the jurisdiction of its organization, and qualified to do business in the State in which the Land it owns is located.

(2) Seller has and will have full power, authority and right to execute and deliver this Agreement and to perform Seller's obligations pursuant to this Agreement.

(3) No litigation, bankruptcy or other proceedings of any type have been instituted (or to the knowledge of Seller is contemplated) against Seller or affecting in any way the Purchased Property.

(4) Seller owns and will own all right, title and interest in and to the Purchased Property and clear of any liens, claims, encumbrances and restrictions of any kind, other than the Permitted Exceptions.

(5) Except as has been provided to Buyer in writing, the Facility is not in violation of any applicable federal or state law, or any ordinance, code, order or regulation of any governmental or quasi-governmental agency having jurisdiction over the Facility.

(6) Seller has not ever caused or permitted any Hazardous Substance (as hereinafter defined) to be placed, held, located or disposed of on, under or at the Real Property. For the purposes hereof, "Hazardous Substance" means and includes asbestos, asbestos containing materials, and any hazardous, toxic or dangerous waste, pollutant or contaminant, hazardous chemical, substance or material, including substances defined as such in any federal, state or local statute, law, ordinance, code, rule, regulation, order or decree, including, but not limited to the Comprehensive Environmental Response, Compensation and Liability Act of 1980, the Clean Air Act, the Federal Water Pollution Control Act of 1972, the Resource Conservation and Recovery Act of 1976, and the Toxic Substances Control Act (including any amendments or extensions thereof and any rules, regulations, standards or guidelines issued pursuant to any of such laws). The Real Estate and Improvements are in compliance with all applicable environmental laws, including without limitation those listed above, and there is not occurring, and there has not occurred at any time, any generation, storage, treatment, release or disposal of any Hazardous Substance on, in or from the Real Property, and the Real Property is not contaminated by any Hazardous Substance. There is no toxic or hazardous mold upon any of the Improvements. There is no asbestos or

asbestos containing material or any polychlorinated biphenyls located at, used or present in any of the Improvements.

(7) There are no leases, licenses, or other agreements (written or oral) of any kind that give Seller or any third party the right to use, sell or occupy any of the Purchased Property or provide any services with respect to the Purchased Property after Closing.

(8) Neither Seller nor any other person on Seller's behalf has retained a broker or agent in connection with the transactions contemplated hereby and that no commission is due to any broker in connection with such sale.

(9) Seller is not a "foreign person" within the meaning of Section 1445(f)(3) of the International Revenue Code.

(10) Seller is not a person and/or entity with whom Buyer is restricted from doing business under the International Emergency Economic Powers Act, 50 U.S.C. § 1701 et seq.; the Trading With the Enemy Act, 50 U.S.C. App. § 5; the USA Patriot Act of 2001; any executive orders promulgated thereunder, any implementing regulations promulgated thereunder by the U.S. Department of Treasury Office of Foreign Assets Control ("OFAC") (including those persons and/or entities named on OFAC's List of Specially Designated Nationals and Blocked Persons); or any other applicable law of the United States.

(b) Buyer's Representations and Warranties. Buyer represents and warrants to Seller as of the date hereof and as of the Closing Date, that:

(1) Buyer is a not for profit corporation duly organized, validly existing, and in good standing under the laws of the state of Illinois.

(2) Buyer has full power, authority and right to execute, deliver and perform Buyer's obligations pursuant to this Agreement.

(3) Except for Jimmy D. Dover of New Harvest Investments, Inc., neither Buyer nor any other person on Buyer's behalf has retained a broker or agent in connection with the transactions contemplated hereby.

(4) Buyer is not a person and/or entity with whom Seller is restricted from doing business under the International Emergency Economic Powers Act, 50 U.S.C. § 1701 et seq.; the Trading With the Enemy Act, 50 U.S.C. App. § 5; the USA Patriot Act of 2001; any executive orders promulgated thereunder, any implementing regulations promulgated thereunder by OFAC (including those persons and/or entities named on OFAC's List of Specially Designated Nationals and Blocked Persons); or any other applicable law of the United States.

(c) Survival. The continued validity in all respects of the representations and warranties in Section 4(a) shall be a condition precedent to Buyer's obligations to close the transaction contemplated hereby. If any of such representations and warranties shall not be valid and correct at any time during the period commencing

on the date hereof and terminating on the Closing Date, Buyer may terminate this Agreement and the Earnest Money and all interest thereon shall be paid to Buyer.

5. **Indemnification.** Each party shall indemnify, defend and hold the other free and harmless from and against (i) all claims for brokerage commissions from the other party's broker, and (ii) all losses, damages, costs or expenses sustained as a result of any inaccuracy in or breach of any representation or warranty contained in this Agreement by the other party.

6. **Closing Conditions.**

(a) **Buyer's Closing Conditions.** The obligations of Buyer hereunder are subject to the following conditions precedent (in addition to all other conditions precedent set forth in this Agreement):

(1) **Due Diligence.** Buyer has determined upon or before the expiration of the Inspection Period that all items furnished pursuant hereto or discovered in its Due Diligence Review are acceptable.

(2) **Representations and Warranties True.** All of Seller's representations and warranties made in this Agreement are true and accurate when made and as of the Closing Date.

(3) **Title Policy.** The Title Company shall be irrevocably and unconditionally committed to issue to Buyer the Title Policy.

(4) **No Default.** Seller is not in default in the performance of any of its covenants or obligations hereunder.

(b) **Seller's Closing Conditions.** The obligations of Seller hereunder are subject to the following conditions precedent (in addition to all other conditions precedent set forth in this Agreement):

(1) **Representations and Warranties True.** All of Buyer's representations and warranties made in this Agreement are true and accurate when made and as of the Closing Date.

(2) **No Default.** Buyer is not in default in the performance of any of its covenants or obligations hereunder.

7. **Closing.**

(a) **Closing Date: Escrow Closing.** The Closing of this transaction shall take place at the Title Company within thirty (30) days following the end of the Inspection Period and with written approval from the Illinois Health and Facility Review Board, the exact date to be agreed on by Buyer and Seller ("Closing Date"). The disbursement of the Purchase Price shall constitute the "Closing" and shall take place on the Closing Date through an escrow with the Title Company. Buyer and Seller agree to conduct the Closing through a preclosing or other arrangement whereby Seller and Buyer

and their attorneys need not be physically present at the Closing and may deliver documents by overnight air courier or other means. In no event shall the closing date extend past ~~July 1, 2023~~; MAY 31, 2023 x [Signature] x [Signature]

(b) **Items to be delivered by Seller.** On the Closing Date, Seller shall deliver to Buyer the following (all in form and substance reasonably satisfactory to Buyer):

(1) **Deed.** A special warranty deed in mutually acceptable form conveying title to the Real Estate and Improvements to Buyer.

(2) **Other Transfer Documents.** Such other documents and instruments as may be reasonably required by Buyer or the Title Company and as may be necessary to consummate the conveyance contemplated pursuant to this Agreement, including but not limited to transfer tax declarations, ALTA statements, gap undertakings, affidavits of title, paid brokerage receipts, a FIRPTA affidavit and Internal Revenue Form 1099B.

(3) **Title Policy.** Seller shall deliver or cause to be delivered to Buyer at Closing, an owner's title insurance policy (or a signed, "marked-up" commitment for the issuance of such title policy) (in either instance, the "Title Policy") in the amount of the Purchase Price issued by the Title Company pursuant to the Title Commitment, containing the required endorsements and containing no exceptions other than the Permitted Exceptions and insuring fee simple title to the Real Estate and Improvements in Buyer.

(4) **Closing Statement.** The Closing Statement (as defined below) executed by Seller.

(5) **Authority Documents.** Evidence of the existence, organization and authority of Seller and of the authority of the person executing documents on behalf of Seller to execute and deliver such documents reasonably satisfactory to the Title Company and Buyer.

(c) **Items to be delivered by Buyer.** On the Closing Date, Buyer shall deliver to Seller or Title Company, as applicable, the following (all in form and substance reasonably satisfactory to Seller):

(1) **Purchase Price.** The Purchase Price, plus or minus the adjustments or prorations required by the terms hereof.

(2) **Other Transfer Documents.** Such other documents and instruments as may be reasonably required by Seller or the Title Company and as may be necessary to consummate the conveyances contemplated pursuant to this Agreement, including but not limited to, state, county and local transfer tax declarations.

(3) **Closing Statement.** The Closing Statement (as defined below) executed by Buyer.

(d) **Closing Costs.** Seller shall pay the Seller's portion of all recording fees, all state, county, and local transfer taxes, owner's title insurance premiums (including endorsements), costs of the Survey, one-half of escrow fees, and all other closing costs and expenses, if any, except as otherwise explicitly provided herein. Buyer shall pay one-half of escrow fees and other costs of Buyer's financing and due diligence.

8. **Prorations.** Adjustments shall be made between Seller and Buyer for the following items (all of which, to the extent applicable, shall be reflected on a "**Closing Statement**" executed by Seller and Buyer on the Closing Date) prorated on a per diem basis, as of midnight of the day preceding the Closing Date:

(a) **Taxes.** Real estate taxes and any personal property taxes shall be prorated based on 105% of the last ascertainable tax bill.

(b) **Utilities.** Charges for utilities for the Purchased Property shall be prorated on the basis of the most recent available bills (subject to readjustment on receipt of bills covering the period in which the Closing occurs). All such charges in connection with the Purchased Property relating to the period prior to the Closing Date shall be paid by the Seller. All such charges in connection with the Purchased Property relating to the period commencing on the Closing Date and thereafter shall be paid by the Buyer.

(c) **Other.** Any other expenses with respect to the Facility shall be prorated at Closing to the extent such items are definitively determinable at Closing.

9. **Future Operations.**

(a) **Maintenance; Removal of Personal Property.** Seller shall keep and maintain the Real Estate and Improvements in their condition as of the date of this Agreement, reasonable wear and tear, casualty and condemnation excepted. Prior to Closing Seller shall remove all personal property (excluding fixtures and mechanical systems) from the Facility and deliver the Facility to Buyer at Closing in broom clean condition.

(b) **Sale Agreements, Leases, Options, Etc.** Seller shall not enter into any contract to sell or grant any option to purchase any portion of the Purchased Property, nor enter into any lease or encumbrance of any portion of the Purchased Property.

(c) **Maintenance of Insurance.** Seller shall continue to maintain until Closing its current levels of insurance on the Facility.

(d) **Notices.** Seller shall promptly notify Buyer of any condemnation, environmental, zoning or other land-use regulation proceedings of which Seller obtains knowledge, as well as any notices of violations of any laws relating to the Facility of which Seller obtains knowledge, and any litigation of which Seller obtains knowledge, that arises out of or relates to the ownership of the Facility. Seller shall also deliver to Buyer copies of any bills for real estate taxes and personal property taxes and copies of any notices pertaining to real estate taxes or assessments applicable to the Facility that are

received by Seller after the date hereof, even if received after Closing. The obligations set forth in the last sentence of this Section shall survive the Closing.

(e) **Licenses and Permits.** Seller shall renew all licenses and permits affecting the Facility as they expire from time to time.

(f) **Changes.** Seller shall not take any other action or fail to take any action, the result of which would have a material adverse effect on the Purchased Property.

10. Condemnation, Damage or Destruction.

(a) **Condemnation or Casualty Event.** If between the date hereof and the Closing Date, any condemnation or eminent domain proceedings are initiated which might result in the taking of any part of the Real Estate or the Improvements or all or any portion of the Purchased Property is damaged or destroyed by fire or other casualty, Seller shall immediately notify Buyer in writing of such occurrence, and upon receipt of such notice Buyer may elect to:

(1) Terminate this Agreement, in which event all rights and obligations of the parties hereunder shall cease; or

(2) Consummate this transaction and require Seller to deliver to Buyer a duly executed assignment, in form and substance satisfactory to Buyer, of all insurance or condemnation proceeds payable as a result of such condemnation or casualty and, in the case of a casualty, Buyer shall receive a credit at Closing in the amount of any deductible relating to Seller's insurance.

Buyer shall have fifteen (15) days from the date of its receipt of written notice of such condemnation or casualty within which to exercise its rights under this Section 9(a). The Closing Date shall be delayed until Buyer makes such election. If Buyer elects to consummate the transaction, the Closing Date shall be adjusted accordingly.

(b) **Insurance.** Seller shall maintain all existing insurance with respect to the Purchased Property in full force and effect until the day following the Closing Date. Prior to the expiration of the Inspection Period, Seller will provide Buyer with the declaration pages for any and all flood insurance policies covering the Purchased Property.

11. Remedies.

(a) **Seller's Remedies.** The parties have discussed and negotiated in good faith the question of damages to be suffered by Seller in the event Buyer is in material default under this Agreement. Accordingly, in the event of a default by Buyer (and provided Seller shall not be in default hereunder), Seller shall be entitled to terminate this Agreement and to receive the Earnest Money, and any interest earned thereon, as liquidated damages as its sole and exclusive remedy under this Agreement and Buyer shall have no additional liability whatsoever, at law or in equity under this Agreement. Buyer and Seller agree that Seller's actual damages will be impossible to

ascertain and that the foregoing amount represents the parties' good faith estimates of such damages and is not a penalty.

(b) **Buyer's Remedies.** In the event of a default by Seller (and provided Buyer shall not be in default hereunder), Buyer shall be entitled to seek and obtain specific performance of this Agreement, to seek damages, or to seek other remedies available at law or in equity.

12. **Miscellaneous.**

(a) **Assignability.** Neither this Agreement, nor any of Seller's rights hereunder, shall be assignable without Buyer's prior written consent. Buyer may assign its rights and obligations to an affiliate with Seller's prior written consent so long as Buyer remains liable for the performance of such affiliate.

(b) **Entire Agreement.** This Agreement contains the entire agreement between the parties relating to the transactions contemplated hereby and all prior or contemporaneous agreements, understandings, representations and statements, oral or written, are merged herein.

(c) **Time Periods.** Unless otherwise expressly provided herein, all periods for delivery or review and the like shall be determined on a "calendar" day basis. If any date for performance, approval, delivery or Closing falls on a Saturday, Sunday or legal holiday (state or federal) in the State of Illinois, the time therefor shall be extended to the next business day.

(d) **Notices.** All notices, demands, requests and other communications under this Agreement shall be in writing and shall be deemed properly served if (i) delivered by hand to the party to whose attention it is directed, (ii) sent, postage prepaid, by registered or certified mail, return receipt requested, (iii) sent by private carrier guaranteeing next day delivery, each addressed as follows, or (iv) sent by facsimile transmission, to the number set forth below, or e-mail to the e-mail address below, promptly followed by telephone or other confirmation:

If intended for Seller: YDP@Prendel-Law.com
 Phone: 708-424-7300
 Attention: Yvonne Del Principe

with a copy to: Lu@Prendel-Law.com
 Attention: Lu Sterk

If intended for Buyer: _____

 Attention:

with a copy to: Dentons US LLP

233 South Wacker, Suite 5900
Chicago, Illinois 60606-6404
Attention: Sara A. Ravich
Phone: 312-876-8112
E-mail: sara.ravich@dentons.com

or at such other address or to such other party that any party entitled to receive notice hereunder designates to the others in writing. Notices given in accordance with this Section 11(d) shall be effective upon sending; notices given by other means shall be effective upon actual receipt.

(e) Governing Law. The validity, meaning and effect of this Agreement shall be determined in accordance with the laws of the State of Illinois.

(f) Execution. This Agreement may be executed in one or more counterparts all of which when taken together shall constitute one and the same agreement. Fax or e-mail signatures shall be effective for all purposes hereunder as original signatures.

(g) No Assumption of Liabilities. Notwithstanding any other provision in this Agreement to the contrary, Buyer is not assuming any and all liabilities of Seller, including any liabilities of Seller under any contracts or agreements related to the Facility, except to the extent expressly assumed by Buyer.

(h) Confidentiality. Each party will hold in confidence, and neither party will disclose to any other person without the prior written consent of the other party, (i) the terms of this Agreement, or (ii) any information provided by either party to the other hereunder that the disclosing party designates as confidential or proprietary, except that each party may disclose the terms of this Agreement to its advisors (including its lawyers, accountants, engineers, and others), and to its lenders, investors, and potential lenders or investors.

(i) Attorneys' Fees. In the event any legal action or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default or misrepresentation in connection with any provision of this Agreement, the successful or prevailing party or parties shall be entitled to recover and the court is specifically empowered to award reasonable attorneys' fees, court costs and all expenses even if not taxable as court costs (including, without limitation, all such fees, taxes, costs and expenses incident to appellate, bankruptcy and post-judgment proceedings), incurred in that action or proceeding, in addition to any other relief to which such party or parties may be entitled in law and in equity. Attorneys' fees shall include, without limitation, paralegal fees, investigative fees, administrative costs, sales and use taxes and all other charges billed by the attorney to the prevailing party.

(j) Interpretation. The parties acknowledge that each party and its counsel have reviewed and revised this Agreement and that the rule of construction to the effect that any ambiguities are to be resolved against the drafting party shall not be

employed in the interpretation of this Agreement or in any amendments or exhibits thereto.

(k) **Recourse.** Seller shall have no recourse against any members of the Buyer or to the affiliates of any such member or to the respective managers, members, officers, directors, employees and agents of any such member, each of whom shall be exculpated from all personal liability for any payments or obligations set forth hereunder. Likewise, Buyer shall have no recourse against any members of the Seller or to the affiliates of any such member or to the respective managers, members, officers, directors, employees and agents of any such member, each of whom shall be exculpated from all personal liability for any payments or obligations set forth hereunder.


[Signatures follow.]

DocuSign Envelope ID: D0FFBD51-C74E-4AE4-B4F4-8D306C5BE0D9

IN WITNESS WHEREOF, the undersigned hereby execute this Agreement as of the date indicated above.

BUYER:

**CHICAGO SOUTH SIDE BIRTH CENTER,
an Illinois Not for Profit Corporation**

By:  _____ 4/10/2023
Name: DocuSigned by: Jeanine Logan
Title: FOUNDER/EXECUTIVE DIRECTOR

SELLER:

**MORNING STAR BIBLE BAPTIST CHURCH,
INC, an Illinois not-for-profit corporation**

By:  _____
Name:
Title:

EXHIBIT A
LEGAL DESCRIPTION OF REAL ESTATE

TRANSFER AGREEMENT

This Transfer Agreement (this “**Agreement**”) is entered into on October 1, 2022 (the “**Effective Date**”), by and between Advocate Health and Hospitals Corporation d/b/a Advocate Trinity Hospital (“**Hospital**”), an Illinois not-for-profit corporation, and Chicago South Side Birth Center, an Illinois not-for-profit corporation (“**Facility**”).

WHEREAS, Hospital is licensed under Illinois law as an acute care hospital designated by the Illinois Department of Public Health (“**IDPH**”) as a Level II Perinatal Center;

WHEREAS, Facility provides comprehensive support through pregnancy, labor, and the postpartum period;

WHEREAS, Hospital and Facility desire to cooperate in the transfer of patients from Facility to Hospital, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient’s physician, to facilitate appropriate patient care, including emergency caesarian delivery;

WHEREAS, the parties mutually desire to enter into a transfer agreement to provide for the medically appropriate transfer or referral of patients from Facility to Hospital, for the benefit of the community and in compliance with applicable federal and state laws and regulations; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

I. TERM

1.1 The term of this Agreement shall be for one (1) year from the Effective Date. This Agreement shall automatically renew for additional one (1) year terms unless terminated by either party as set forth herein.

II. TERMINATION

2.1 Either party may terminate this Agreement at any time with or without cause upon sixty (60) days prior written notice to the other party. Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

III. OBLIGATIONS OF THE PARTIES

3.1. In order for Facility to comply with 77 Ill. Adm. Code 1110.275, 210 ILCS 3/35 and 210 ILCS 170/1 *et seq.*, the parties agree to enter into this Agreement to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients from Facility to Hospital.

3.2 Facility agrees:

a. That Facility shall refer and transfer patients to Hospital for medical treatment only when such transfer and referral has been determined to be medically appropriate by the patient's provider (“**Transferring Provider**”) or in an emergency medical situation;

b. That the Transferring Provider shall contact the in-house obstetrician prior to transport, to verify the transport and acceptance of the patient by Hospital. The decision to accept the transfer of the patient shall be made by Hospital's receiving obstetrician, hereinafter referred to as the "Accepting Physician". The Transferring Provider shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by Hospital and/or Accepting Physician;

c. That Facility shall be responsible for affecting the transfer of all patients referred to Hospital under the terms of this Agreement, including arranging for appropriate transportation, financial responsibility for the transfer in the event patient fails or is unable to pay, and care for the patient during the transfer. The Transferring Provider shall determine the appropriate level of patient care during transport in consultation with the Accepting Physician;

d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained from the Accepting Physician;

e. That, prior to patient transfer, the Transferring Provider is responsible for obtaining and documenting appropriate informed consent to transfer the patient;

f. That Facility clinicians, or their clinical representative, attending persons in labor at Facility shall attend morbidity and mortality reviews that occur at Hospital on their patients, when invited, at a mutually agreeable time; such attendance includes, but is not limited to, maternal and neonatal patients transferred to Hospital; and

g. To maintain and provide proof to Hospital of professional and general liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.3 Hospital agrees:

a. To accept and admit in a timely manner, subject to bed availability, Facility patients referred for medical treatment, as more fully described in Section 3.2;

b. To accept patients from Facility in need of inpatient hospital care, when such transfer and referral has been determined to be medically appropriate by the patient's Transferring Provider at Facility;

c. That Hospital will seek to facilitate referral of patients to specific Accepting Physicians when this is requested by Transferring Providers and/or patients;

d. That Hospital shall provide patients with medically appropriate and available treatment provided that Accepting Physician and/or emergency physician writes appropriate orders for such services; and

e. To maintain and provide proof to Facility upon Facility's request of professional and general liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, Facility shall ensure that a copy of those portions of the patient's medical record that are available and relevant to the transfer and continued care of the patient accompany the patient to Hospital, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of Hospital and Facility shall remain the property of each respective institution.

4.2 Personal Effects. Facility shall be responsible for the security, accountability, and appropriate disposition of the personal effects of patients prior to and during transfer to Hospital. Hospital shall be responsible for the security, accountability, and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at Hospital.

4.3 Indemnification. The parties agree to indemnify and hold each other harmless from any liability, claim, cause of action, loss, damage, expense demand, judgment, and costs (including reasonable attorney's fees) arising out of or in connection with the intentional or negligent acts of their respective employees and/or agents.

4.4 Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either Hospital or Facility. The governing body of Hospital and Facility shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

4.5 Publicity and Advertising. Neither the name of Hospital nor Facility shall be used for any form of publicity or advertising by the other without the express written consent of the other; provided, however, that nothing in this Section 4.5 shall preclude Facility from providing a copy of this Agreement or disclosing its contents as may be required for a certificate of need from the Illinois Health Facilities and Services Review Board.

4.6 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment, and continuing care of recipients of these services. Parties shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to 735 ILCS 5/8-2101 et seq., as may be amended from time to time.

4.7 Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, Section 504 of the Rehabilitation Act of 1973, and all related regulations, to ensure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age, or handicap, under any program or activity receiving Federal financial assistance.

4.8 Affiliation. Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.9 Applicable Laws. The parties agree to fully comply with applicable federal and state laws, rules and regulations affecting the provision of services under the terms of this Agreement, including, without limitation, those laws and regulations governing the maintenance of clinical or medical records and confidentiality of patient information, as well as with all standards promulgated by any relevant accrediting agency.

4.10 Governing Law. All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois without giving effect to the conflict of laws rules or choice of laws rules thereof.

4.11 Writing Constitutes Full Agreement. This Agreement embodies the complete and full understanding of Hospital and Facility with respect to the services to be provided hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

4.12 Written Modification. There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.13 Severability. It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if this Agreement did not contain the particular part, term, or provision held to be invalid.

4.14 Notices. All notices permitted or required to be given under the terms of this Agreement shall be in writing, delivered personally or by certified or registered mail, return receipt requested, and shall be deemed to have been duly given when delivered personally or within three (3) days after it has been post-marked in the United States mail, postage prepaid and addressed as follows:

If to Hospital:	Advocate Trinity Hospital 2320 East 93 rd Street Chicago, IL 60617 Attention: President
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With a Copy to: Advocate Aurora Health, Inc.
750 West Virginia Street
Milwaukee, WI 53204
Attn: Chief Legal Officer

If to Facility: Chicago South Side Birth Center
8450 S. Stony Island
Chicago, IL 60617
Attn: Midwifery Director

Any party may change the address for notice by notifying the other party, in writing, of the new address.

4.15 Warranty of Non-Exclusion. Each party represents and warrants to the other that the party, its officers, directors and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. §1320a-7b(f) (the “federal health care programs”), (ii) have not been convicted of a criminal offense related to the provision of health care items or services but have not yet been excluded, debarred, or otherwise declared ineligible to participate in the federal health care programs, and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in the party or any such individual being excluded from participation in the federal health care programs. This shall be an ongoing representation and warranty during the term of this Agreement and each party shall immediately notify the other of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give the other party the right to terminate this Agreement immediately for cause.

4.16 HIPAA Compliance Requirements. To the extent applicable to this Agreement, each party agrees to comply with the Health Information Technology for Economic and Clinical Health Act of 2009 (the “HITECH Act”), the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC § 1320d through d-8 (“HIPAA”) and any current and future regulations promulgated under either the HITECH Act or HIPAA, including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Regulations”), the federal security standards contained in 45 C.F.R. Parts 160, 162 and 164 (the “Federal Security Regulations”), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162 (the “Federal Electronic Transactions Regulations”), all as may be amended from time to time, and all collectively referred to herein as “HIPAA Requirements.” Each party agrees to enter into any further agreements as necessary to facilitate compliance with HIPAA Requirements.

4.17 Access to Records. Pursuant to the requirements of 42 C.F.R. §420.300 *et seq.*, each party agrees to make available to the Secretary of Health and Human Services (“HHS”), the Comptroller General of the Government Accounting Office (“GAO”) or their authorized representatives, all contracts, books, documents, and records relating to the nature and extent of costs hereunder for a period of ten (10) years after the furnishing of services hereunder for any and all services furnished under this Agreement. In addition, each party hereby agrees to require by contract that each subcontractor makes available to the HHS and GAO, or their authorized representative, all contracts, books, documents and records relating to the nature and extent of the costs thereunder for a period of ten (10) years after furnishing of services thereunder.

4.18 Change in Law. Notwithstanding any other provision of this Agreement, if the governmental agencies (or their representatives) which administer Medicare, any other payor, or any other federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation, or if any court of competent jurisdiction renders any decision or issues any order, at any time while this Agreement is in effect, which prohibits, restricts, limits or in any way substantially changes the method or amount of reimbursement or payment for services rendered under this Agreement, or which otherwise significantly affects either party's rights or obligations hereunder, either party may give the other notice of intent to amend this Agreement to the satisfaction of both parties, to compensate for such prohibition, restriction, limitation or change. If this Agreement is not amended in writing within thirty (30) days after said notice was given, this Agreement shall terminate as of midnight on the thirtieth (30th) day after said notice was given.

4.19 Freedom of Choice. In entering into this Agreement, Facility is neither endorsing nor promoting the services of Hospital. Rather, Facility intends to coordinate the timely transfer of patients for specialized care and services beyond the scope of services available at Facility. Patients are in no way restricted in their choice of health care providers.

4.20 Waiver. A waiver by either party or a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

IN WITNESS WHEREOF, this Agreement has been executed by Hospital and Facility as of the Effective Date.

**ADVOCATE HEALTH AND HOSPITALS
CORPORATION d/b/a
ADVOCATE TRINITY HOSPITAL**

CHICAGO SOUTH SIDE BIRTH CENTER

By: Michelle U Blakely, PhD
Name: Michelle Blakely
Title: President, Advocate South
Suburban Hospital and Advocate
Trinity Hospital

By: Jeanine Valrie Logan, CMA
Jeanine Valrie Logan
Administrator and Midwifery
Director

Date: 11/17/2022

Date: 11/18/2022



11/14/2022

Chicago, IL 60611

\$450,000 Last Sold Price — Beds — Sq. Ft. — per Sq. Ft.

Closed 12/19/23



View All	Map	Street View
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LISTING UPDATED: 12/22/2023 10:47 PM

Status	Closed
MLS #	10760306
Days on Market	1272
Taxes	-
HOA Fees	-
Condo/Co-op Fees	-
Compass Type	Mixed Use
MLS Type	Commercial Sale
Year Built	1948
Lot Size	0.17 AC / 7,312 SF
County	Cook County

Unique opportunity in South Shore. Well maintained commercial property currently being used as a church that is exempt from real estate taxes. The first floor contains three office spaces, restroom and a sanctuary that has seating capacity for 125 people. The second floor has a three bedroom apartment that has been converted into classrooms, conference room and additional office space with a full kitchen and bathroom. Lower level has a 1200 Square Ft. fellowship hall two additional bathrooms and...

[Continue Reading](#) ▾

Listed by Cynthia Frye · Cynthia Frye

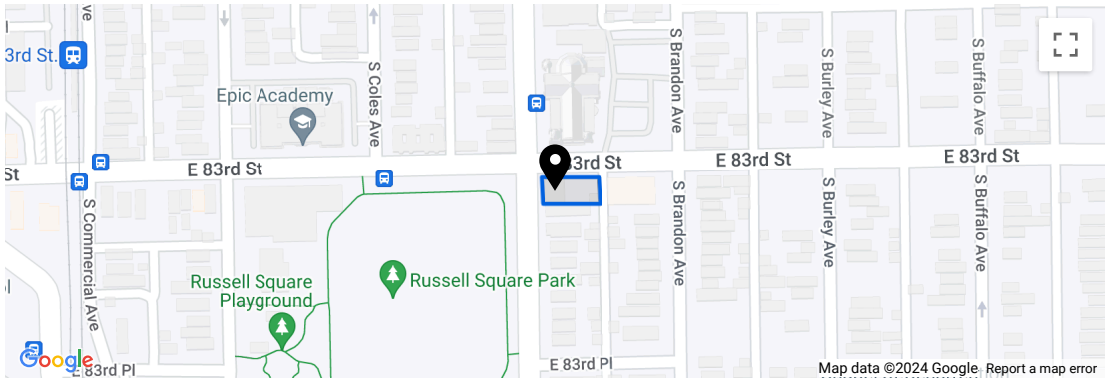
Overview Location Property Info **Property History** Public Records Schools Similar Homes

Property Details for 8301 South South Shore Drive

Area	CHI - South Chicago	Township	Hyde Park
Zoning	COMMR		

Location

Compass > IL > Chicago > 60617 > South Chicago > 8301 South South Shore Drive



Add your commute

Building Information for 8301 South South Shore Drive

Stories	-	Residences	1
Year Built	1948	Lot Size	0.17 AC / 7,312 SF

Payment Calculator

- Overview
- Location
- Property Info
- Property History**
- Public Records
- Schools
- Similar Homes

30 year fixed, 7.25% Interest

Principal and Interest	\$2,456
Property Taxes	—
HOA Dues	\$0

Term	Interest
30 Years Fixed	7.25%

Home Price ⓘ	Down Payment
\$450,000	\$90,000 20%

The Payment Calculator is for illustrative purposes only. [Read more](#)

Property Information for 8301 South South Shore Drive

General Information	
<p>Addtl Parking Information</p> <ul style="list-style-type: none"> Indoor Parking: 1-5 Spaces Outdoor Parking: 6-12 Spaces <p>Location and General Information</p> <ul style="list-style-type: none"> Frontage Type: City Street Geographic Locale: Chicago South 	<ul style="list-style-type: none"> Information: 24-Hr Notice Required, Show-Call Listing Office <p>Taxes and HOA Information</p> <ul style="list-style-type: none"> Estimated Tax/Sf: 0 Additional Parcels: No
Property Information	
<p>Interior Features</p> <ul style="list-style-type: none"> Air Conditioning: Window Unit(s) Electric: Circuit Breakers Flooring: Carpet, Tile, Wood Heat/Ventilation: Central Bldg Heat, Radiators 	<ul style="list-style-type: none"> Misc Inside: Private Restroom/s, Public Restroom/s, Storage Inside, Basement Num of Baths: 0.0

Exterior Features

- # Of Apts: 1

- # Of Offices: 0

- # Of Stores: 0

Overview Location Property Info **Property History** Public Records Schools Similar Homes

Property/Lot Information

- Owners Association: No
- Tenant Pays: Other
- Built Before 1978: Yes
- Approximate Age: Older
- Lot Dimensions: 58X125
- Lot Size Square Feet: 7312.0
- Stories: 2
- Exterior Building Type: Brick
- Construction: Brick
- Roof Type: Tar and Gravel
- Fire Protection: None
- Roof Structure: Flat
- Foundation Details: Concrete Perimeter
- Building Area Total: 7325

- Possible Use: **Commercial, Retail, Special Use**
- Docks: None
- Public Document Count: 0
- Photos Count: 25
- Estimated Cam/Sf: 0

Miscellaneous

- Current Use: Special Use
- Location: Corner

Virtual Tour/Additional Media

- Virtual Tour: Image360
- Virtual Tour YN: Yes

Multi Family

Multi-Family Information

- Number Of Units Total: 1

- Total Annual Expense Source: Owner Projection
- Fuel Expense Source: Owner Projection
- Insurance Expense Source: Owner Projection

COMPASS

City, Neighborhood, Address, School, ZIP, Agent, ID

Register/Sign In

- Fuel Expense: \$1,800.00
- Gross Income: \$.00
- Gross Scheduled Income: \$.00
- Insurance Expense: \$2,200.00
- Electric Expense Source: Owner Projection
- Known Encumbrances: None Known

- Water Expense Source: Owner Projection
- Net Operating Income: \$.00
- Operating Expense: \$5,500.00
- Other Expense: \$.00
- Trash Expense: \$.00
- Water Sewer Expense: \$.00

Property History for 8301 South South Shore Drive

Date	Event & Source	Price	Appreciation
Dec 19, 2023	Sold MRED #10760306	\$450,000	—

Apr 25, 2023	Pending	MRED #10760306	—
Overview	Location	Property Info	Property History
		Public Records	Schools
			Similar Homes

Jun 25, 2020	Listing (Public)	MRED #10760306	\$450,000
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[View More](#) ▾

For completeness, Compass often displays two records for one sale: the MLS record and the public record.

Public Records for 8301 South South Shore Drive

Taxable Value

Land	-
Additions	-
Total	-

Home Facts

Total Finished SqFt	4,300 SqFt	Above Grade Finished SqFt	4,300 SqFt
Stories	2	Lot Size	7,410 SqFt
Style	Governmental / Public Use	Year Built	1937
County	COOK	APN	21-31-406-001

Schools near 8301 South South Shore Drive

This home is within City Of Chicago School District 299.

Rating	School	Type	Grades	Distance
3 /10	Sullivan Elementary School	Public - Serves this home	PK to 8	0.3 mi
1 /10	Epic Academy High School	Charter - Choice school	9 to 12	0.1 mi
NR	CAMELOT SAFE ACADEMY SCHOOL	Public - Nearby school	4 to 12	0.6 mi
8 /10	Great Lakes Academy	Charter - Choice school	K to 8	0.6 mi

[View more](#) ▾

School ratings and boundaries are provided by GreatSchools.org and Pitney Bowes. This information should only be used as a reference. Proximity or boundaries shown here are not a guarantee of enrollment. Please reach out to schools directly to verify all information and enrollment eligibility.

Overview Location Property Info **Property History** Public Records Schools Similar Homes

- Recommended
- Price
- Location
- Layout

Similar homes comparable in price, location and layout to 8301 South South Shore Drive



\$450,000

8135 South Stony Is Avenue
Chicago, IL 60617

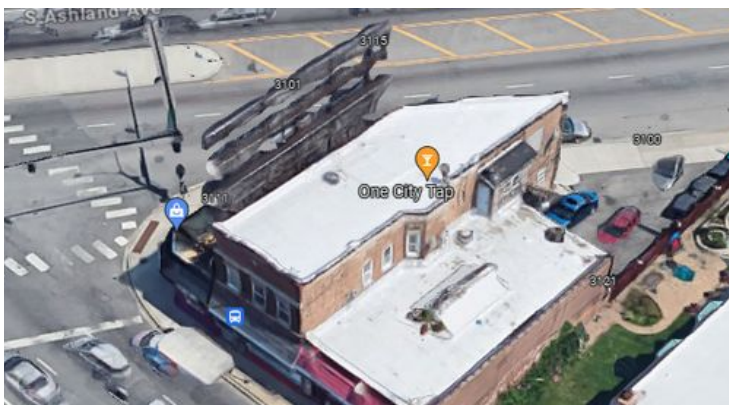
0 Beds - Baths - Sq. Ft.



\$410,000

1401 East 87th Street
Chicago, IL 60619

0 Beds - Baths - Sq. Ft.



\$450,000

3115 South Archer Avenue
Chicago, IL 60608

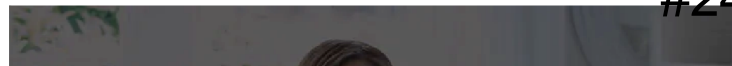
0 Beds - Baths - Sq. Ft.



\$475,000

546 East 115th Street
Chicago, IL 60628

0 Beds - Baths - Sq. Ft.



Overview Location Property Info **Property History** Public Records Schools Similar Homes



COMPASS
PRIVATE EXCLUSIVES

Work with a Compass agent to see private exclusives.

[Learn More](#)

\$450,000

39-41 North Morgan Street
Chicago, IL 60607

0 Beds - Baths - Sq. Ft.

Similar Sold Homes



Last Sold Price

\$350,000

8547-8551 South Stony Is Avenue
Chicago, IL 60617

0 Beds - Baths - Sq. Ft.



Last Sold Price

\$400,000

314 East 75th Street
Chicago, IL 60619

0 Beds - Baths - Sq. Ft.

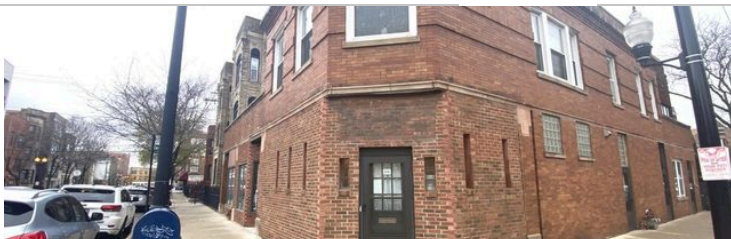
CLOSED 3/26/24



CLOSED 12/22/23



Overview Location Property Info **Property History** Public Records Schools Similar Homes



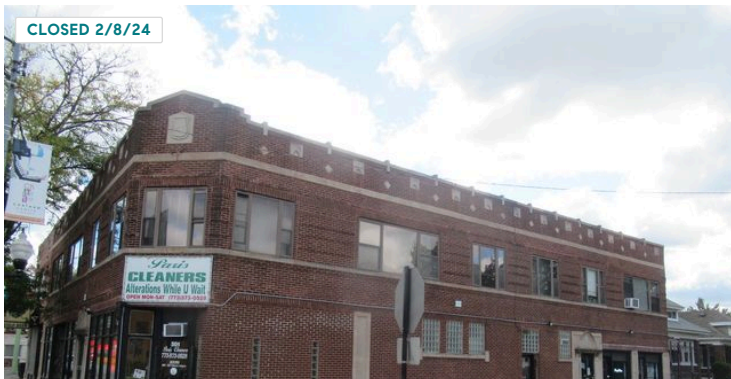
Last Sold Price
\$450,000
2300 West Taylor Street
Chicago, IL 60612

0 - -
Beds Baths Sq. Ft.

Last Sold Price
\$450,000
1820 South Kedzie Avenue
Chicago, IL 60623

0 - -
Beds Baths Sq. Ft.

CLOSED 2/8/24



Last Sold Price
\$390,000
301 East 75th Street
Chicago, IL 60619

0 - -
Beds Baths Sq. Ft.

CLOSED 9/19/23



Last Sold Price
\$450,000
5367 West North Avenue
Chicago, IL 60639

0 - -
Beds Baths Sq. Ft.

Homes for Sale near South Chicago

Neighborhoods

- [Pulaski Park](#)
- [The Bush](#)
- [North Township - Lake County](#)

Cities

- [Chicago](#)
- [Hammond](#)
- [Burnham](#)

ZIPs

- [60649](#)
- [60633](#)
- [60628](#)

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Listing Courtesy of Cynthia Frye

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Based on information submitted to the MLS GRID as of 12/22/2023 10:47 PM. All data is obtained from various sources and may not have been verified by broker or MLS GRID. Supplied Open House Information is subject to change without notice. All information should be independently reviewed and verified for accuracy. Properties may or may not be listed by the office/agent presenting the information.

Company

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- Investors
- Join as an agent
- Careers
- Contact Us
- Offices
- Newsroom

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- Concierge
- Private Exclusives
- Compass Coming Soon
- Find an Agent
- Mortgage Calculator
- Compass Academy
- Compass Cares
- Diversity & Inclusion
- Blog
- Neighborhood Guides
- New Development
- Commercial
- Sports & Entertainment
- Military
- External Suppliers Site
- Market Research
- Recently Sold Homes

Mobile Apps



[Overview](#) [Location](#) [Property Info](#) [Property History](#) [Public Records](#) [Schools](#) [Similar Homes](#)

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Texas Real Estate Commission Information About Brokerage Services
Texas Real Estate Commission Consumer Protection Notice

New York State Fair Housing Notice
New York State Standard Operating Procedures
Notice of Reasonable Accommodations for Prospective Tenants

Compass does not discriminate against voucher holders pursuant to applicable law



April 29, 2024

Jeanine Valrie Logan
 Founder and Lead Steward
 Chicago South Side Birth Center
 8301 S South Shore Drive
 Chicago, IL 60617

Subject: Proposal for Professional Services
 Chicago South Side Birth Center

Dear Jeanine,

SMNGA is pleased to present you with this Letter of Intent with a Not-To-Exceed Fee Proposal for our design services for the Chicago South Side Birth Center (CSSBC) located at 8301 S South Shore Drive, Chicago, Illinois 60617. Our scope includes the renovation of the existing 7,000 gross square foot building (including basement) and the design of a new 2,500 gross square foot building addition with renovated parking lot and landscaping. A full narrative of the project scope was provided along with schematic plans for our schematic deliverable, which contains civil, landscape, structural, MEP and architectural scopes.

SCOPE

Our services include the following design and construction services:

1. Design and Construction Services

a. Concept and Schematic Design

This phase of design includes program development in accordance with IDPH construction guidelines and Owner requirements, evaluation of square foot needs and potential for building addition, preliminary code research, drafting of floorplan options for client selection, and two in-person or virtual meetings with the client (one interim and one final).

In this phase of design, SMNG A also assisted CSSBC in the evaluation of several properties, conducted test fit layouts, and provided our services to help the selected building go through the rezoning process with the City of Chicago.

Our final deliverable consists of schematic level architectural floorplans and scope narratives for all disciplines, to be used for IDPH CON application due May 1, 2024. SMNGA shall also coordinate with cost estimators to establish a schematic cost estimate for submission with the CON application. Work for this phase was completed on April 24, 2024.

b. Design Development

Building upon the developed Schematic Design, SMNG A will advance the design, provide additional details, and evaluate and specify different systems and assemblies such as mechanical and electrical equipment for both first cost and long-term performance, maintainability, conformance with IDPH requirements, and similar criteria in coordination with the Owner. The final deliverable includes a Design Development package per IDPH requirements and Chicago Building Code, with DD-level drawings and outline specifications from all design disciplines. Our understanding is this application will be submitted in mid-2024 following IDPH's issuance of the CON letter, which is anticipated by end of July 2024. IDPH has up to 30 days to review and provide comments on the DD application.

c. Construction Documents

SMNG a will develop of full set of construction documents. Deliverables include a 60% Construction Document package, which will be utilized by the Preconstruction Services Contractor to bid to subcontractors, as well as a 100% Construction Document package per IDPH and City of Chicago Building Code requirements, with CD-level drawings and book

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 Chicago, IL 60642
 T 312.829.3355

specifications. This package will be submitted to IDPH for final construction approval, and IDPH reserves the right to review for up to 60 days. SMNG A shall use these documents to submit to the City of Chicago for permitting through Chicago Department of Buildings.

d. **Permitting and Bidding/Negotiation**

SMNG A will compile all necessary documents and submit to Chicago Department of Buildings to secure a building permit and will receive permit reviewer comments, obtain clarifications as appropriate, and provide responses amending drawings as required for permit issuance. Our team will answer contractor questions during bidding, issue bid document changes to bidding contractors as necessary, participate in subcontractor bid evaluations, and assist the Owner with subcontractor evaluation & selection.

e. **Construction Administration**

SMNG A will participate in regular construction meetings, observe the work progress, prepare field reports, respond to contractor questions, issue clarifications, review contractor submittals and shop drawings, review and assist in the processing of monthly pay applications, identify non-conformances and assist in facilitating resolution to Ownership's satisfaction, prepare a punch-list of deficiencies upon substantial completion of the work, assist in contract close-out duties such as review of as-built drawings, warranties, attic stock, training and similar activities prior to Final Completion. Perform an 11-month post-completion walk with Ownership to identify any issues that require attention prior to the expiration of one-year warranty items.

2. **Procurement and Coordination of Preconstruction Services General Contractor**

SMNG A will author and issue a Request for Qualifications for 4-5 general contractors, which will include the request for a schematic design cost estimate. We will review all received proposals, conduct interviews with responding contractors, and provide Ownership with our analysis and recommendations. Throughout design, SMNG A will manage communication with the selected Contractor, collaborate on cost-saving exercises, provide reviews of the Contractor's cost estimates, and review all open book bids for subcontractors. Our fee for these services is included in our overall design fee.

3. **Grant & Funding Assistance – provided at no cost to CSSBC**

As a non-profit, SMNG A anticipates the CSSBC will consider pursuing various grant opportunities through the City of Chicago and State of Illinois, among other organizations. To demonstrate our commitment to this historically and culturally important project, we offer our assistance in these pursuits at no cost to the Owner. SMNG A will provide the necessary materials required for the various grant applications and offer our assistance in grant applications.

SCHEDULE

Based on IDPH's application process, we anticipated the schedule outlined below. Final dates will be established according to IDPH's review schedule and required approvals.

- | | |
|--------------------------------|-----------------------------------|
| 1. Concept & Schematic Design | June 2023 - April 2024 (complete) |
| 2. Design Development | May - June 2024 |
| 3. Construction Documents | July - October 2024 |
| 4. Permitting & Bidding | November 2024 - January 2025 |
| 5. Construction Administration | February - December 2025 |

The above schedule assumes we are approved to proceed with the Design Development phase of the project in advance of the IDPH review and issuance of the CON letter in summer 2024. Our team would start Design Development in May to reduce the time between IDPH submissions, present Ownership with design options for the new addition, and collaborate with the Preconstruction Services General Contractor to provide a more accurate cost estimate. By proceeding with DD, we could target a Phase 1 submission to IDPH in July or August 2024, shortly after you receive your CON letter. Similarly, we will start the Construction Document phase as we await IDPH's Phase 1 comments, which will be provided within 30 days of the submission.

The City of Chicago Department of Buildings permit review process will occur concurrently with IDPH's Phase 2 review, which can take up to 60 days.



COMPENSATION

A formal contract will be provided once the initial IDPH CON application is complete. The SMNG A team is committed to the mission of the CSSBC, and we have provided a discount for our services as our contribution toward this important project. For the purposes of this Letter of Intent, SMNGA proposes a **Not-To-Exceed Design Fee of \$347,890**:

Design Fee:	\$375,290
<u>Discount:</u>	<u>(\$27,400)</u>
Total Fee:	\$347,890

The proportion of compensation for each phase of services shall be as follows:

Concept & Schematic Design	10 %
Design Development	25 %
Construction Documents	35 %
Permitting & Bidding (Procurement)	5 %
Construction Administration	25 %
<hr/> Total Basic Compensation	<hr/> 100 %

The project will also incur the following reimbursable expenses for required site surveying services, environmental surveys for lead and asbestos, site GPR scanning to locate the existing gas tanks (if they still exist on site), and schematic cost estimating provided by Concord. These reimbursable expenses are not included in the design fee listed above:

- | | |
|--|-----------------------------------|
| 1. Geotechnical Survey of existing soils | \$4,810 |
| 2. Topographic Survey | \$7,000 |
| 3. Environmental Survey (lead/asbestos) | \$7,000 |
| 4. GPR Survey (gas tank locating) | \$1,555 |
| 5. Schematic Cost Estimate (Concord) | \$5,605 (discounted from \$7,555) |

We are thrilled to be working with you on this change-making project that will transform the landscape of Chicago's South Side and provide critical maternal health care services for the region. Please call if you have any questions as you review this proposal.

Sincerely,



Marion Lawson, AIA, LEED AP
Associate
SMNG A Ltd.



Chicago South Side Birth Center

Chicago, IL
April 24th, 2024



April 24th, 2024

RE: NORCON RESPONSE TO REQUEST FOR PROPOSAL
CHICAGO SOUTH SIDE BIRTH CENTER

Marion Lawson
SMNG A
mlawson@smng-arch.com

Dear Marion Lawson,

I am writing to submit our comprehensive proposal package on behalf of Norcon, Inc., for the Chicago South Side Birth Center Project. With our extensive experience and expertise in delivering high-quality construction solutions for non-for-profit clients, we are confident that we are the ideal partner for this project. We thank you for this opportunity and look forward to continuing our relationship with SMNG A and CSSBC.

At Norcon, we understand the intricacies involved in building expansions and have successfully completed numerous projects of a similar nature. Our commitment to delivering high-quality work, adhering to stringent industry regulations, and ensuring client satisfaction sets us apart from our competitors. Enclosed is our relevant experience, expert project team, references, and cost proposal.

We welcome the opportunity to discuss your specific needs, answer any questions you may have, and provide further insights into our qualifications. Thank you for considering Norcon as your partner for the Chicago South Side Birth Center Project. We look forward to the possibility of collaborating with you and delivering a finished product that exceeds your requirements.

Sincerely,



Jeff Jozwiak
Principal
Norcon, Inc.
312-715-9200
jj@norconinc.com

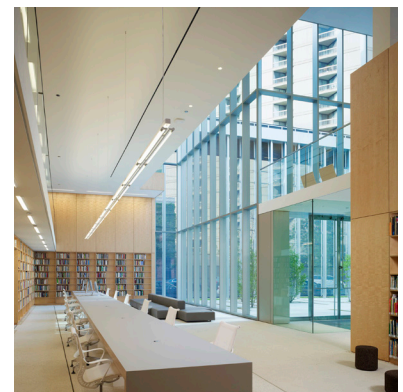
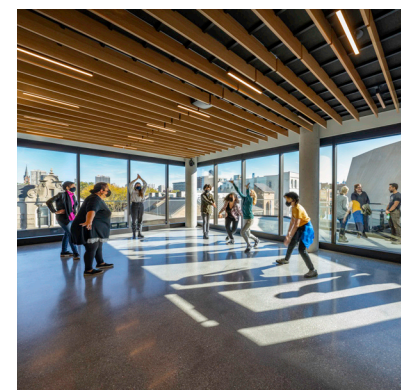


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Company Overview

Section 1

Company Overview

Norcon is a mid-sized General Contractor headquartered in Chicago, IL with a strong commitment to client satisfaction and quality construction services. We have built in almost every market sector across the Chicagoland area as well as in over 20 other states across the country for various clients. The company was co founded in 1999 by our two Principals who are still very active in the day to day operations of the firm and provide general oversight over all projects. We manage approximately \$125M of work in place each year.

Norcon is a leader in the industry at managing the preconstruction process efficiently and creatively to find the most cost effective way to build the project. We strongly believe in working closely with the design team to preserve the design intent while also finding the best value for the client and project. We focus on our clients' needs and their unique project requirements throughout all phases of work.

Our firm has extensive experience in not-for-profit, cultural, corporate commercial, higher education and K-12 schools, multi-unit apartments and condominiums, pharmaceutical, religious, high end residential, dining/retail and hospitality projects. We use this experience to prepare well thought out and detailed budgets, schedules, logistics plans, quality control and site safety plans to ensure an efficient and safe jobsite. Norcon couples the experience and management capabilities of a larger firm with the personal attention and service of a smaller firm. As a large amount of our success is built on relationships with repeat clients, we strive to achieve the highest level of success on every project that we build.

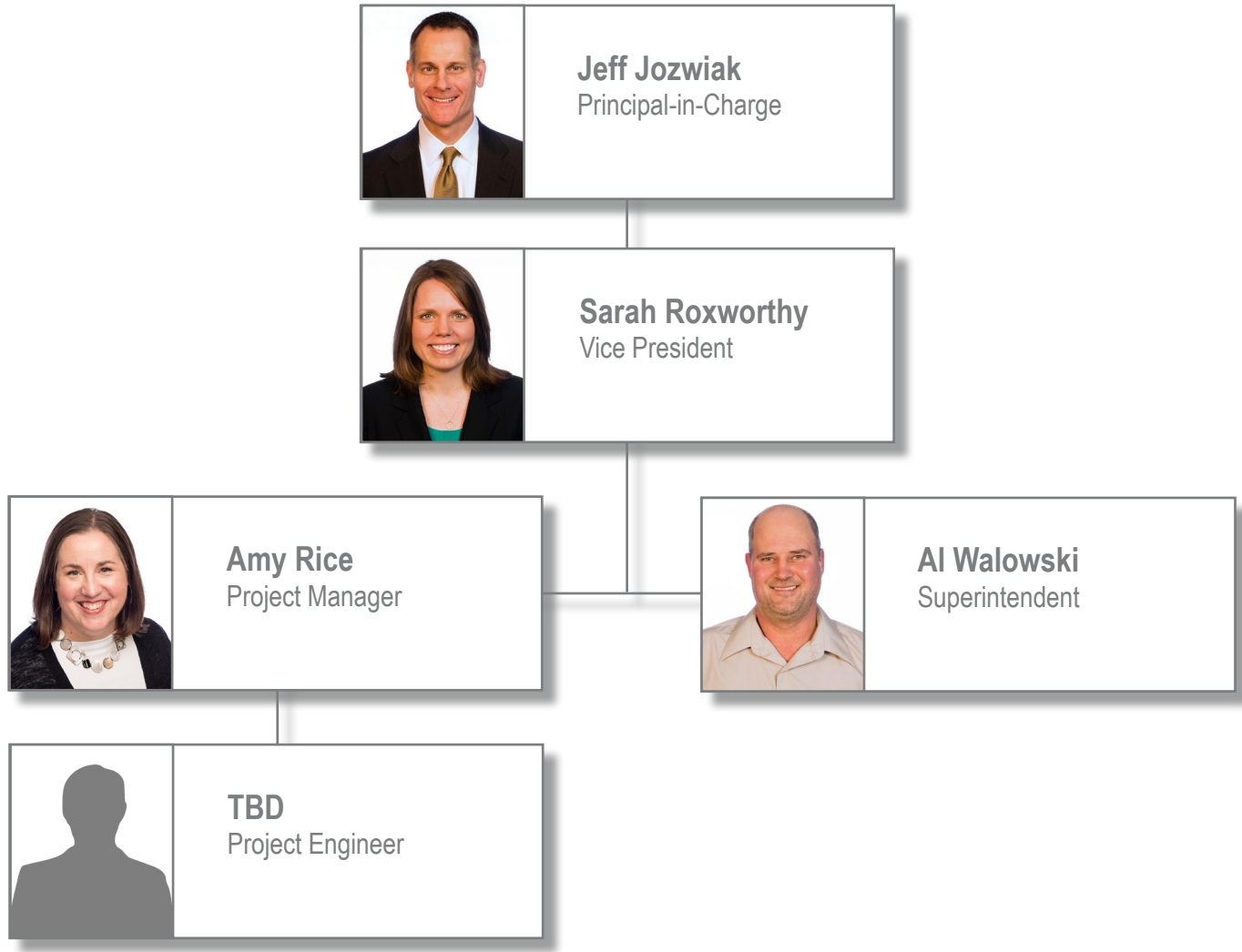
We have had the privilege of working with numerous award-winning architects and we are consistently relied upon to execute their most challenging projects. These Projects have been honored by the AIA National Institute, AIA Chicago, AIA Northwest Illinois, Chicago Building Congress, Architectural Record, Architect Magazine, Friends of Downtown and many more distinguished organizations. We also support many not for profit organizations in our community including house sponsorship and Board leadership with Habitat for Humanity Chicago. For a full list of awards and to read more about Norcon's community involvement, visit norconinc.com.



Organization Chart and Resumes

Section 2

Organization Chart



JEFF JOZWIAK
Principal



Jeff Jozwiak is a co-founder and co-owner of Norcon. He has primarily been responsible for projects in the education, cultural, non-profit, hospitality, retail, commercial and high-end residential markets. Jeff is a natural problem solver and brings a great deal of construction knowledge, material experience and constructability expertise to every project he oversees. Under his leadership, Norcon has achieved steady growth and fostered an environment of trust and partnership among clients, subcontractors, and employees. He is a member of AIA, a Habitat for Humanity Board Member, and the former Chair of Sacred Heart Academy Board of Trustees.



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NOT-FOR-PROFIT EXPERIENCE

Jeff has been the principal for most of Norcon's projects completed for Not-for-Profit Clients. These have included both new construction and renovation projects in the education, cultural, and religious market sectors. Jeff has led multiple projects for Maryville Academy and Noble Schools and Norcon continues to build for these organizations. Other Not-for-Profit clients have included Steppenwolf Theater Company, Lookingglass Theater, Poetry Foundation, Lincoln Park Community Services, Erie Elementary, Christopher House, Christ the King, St. Clement, Museum of Contemporary Art, Museum of Science and Industry, and many more. Jeff has a large amount of experience working with Not-for-Profit Clients with tight budgets and non-negotiable schedules. Jeff is extremely skilled at finding ways to deliver a quality project in the most affordable and economic way.



RENOVATION EXPERIENCE

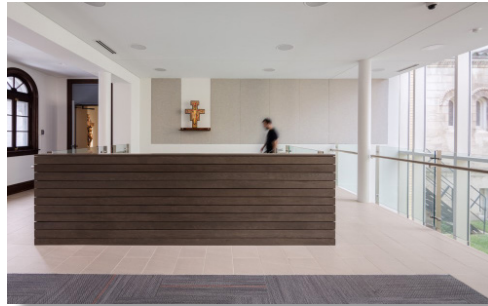
Jeff has been involved in renovation work throughout the Chicagoland area for his entire career. He has been the principal for over 25 renovation projects for Northwestern University on both the Chicago and Evanston campus. He has successfully completed renovation projects at many of Chicago's iconic buildings, including Willis Tower, The John Hancock Building, The Board of Trade, The Merchandise Mart, The Wrigley Building, 2 N. Riverside Plaza, The Equitable Building, The Civic Opera House, The Burnham Center, and many others. Jeff has also renovated several cultural spaces including Steppenwolf Theatre, Museum of Science and Industry, and Wrightwood Gallery, along with education, hospitality, religious, single and multi-family spaces.

SARAH ROXWORTHY
Vice President



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Sarah has been working in the construction industry since 1997 and has been with Norcon since 2003. She leads the non-profit, hospitality and multifamily teams at Norcon and excels at projects with accelerated schedules and complex logistics. Her expertise includes design team and owner coordination, project management, estimating, and project close-out for residential, commercial, retail, religious, industrial, and hospitality projects. Sarah holds a B.S. in Civil Engineering from Marquette University.



RELEVANT PROJECTS

Lincoln Park Community Services | Chicago, IL

Sarah was the Project Executive for the renovation of a 12,000 SF building that ties into a new 12,000 SF building that serves as a shelter for Chicago's homeless. The renovation and new building included restrooms, showers, locker rooms, temporary housing, offices and community areas. This project achieved M/WBE and Chicago Residency requirements.

The Field School | Chicago, IL

Sarah was the Project Executive for a 22,500 SF renovation to an abandoned school on the west side of Chicago. The renovations included new MEP systems and finishes along with new exterior work and a new playground. The newly renovated school services elementary age children.

St. Clement Parish | Chicago, IL

Sarah has led numerous renovations for St. Clement Parish and School over the years. This includes projects in the church, rectory, and school buildings. She was most recently the Project Executive for the new addition between the rectory and the church and the entry plaza. Others include the school rooftop playground, a 10,000 SF basement renovation, a 1,200 SF office renovation, and the church courtyard.

Maryville Academy | Chicago, IL

Sarah was the Project Executive for this St. Alphonsus convent conversion project into emergency housing for refugee young girls for the St. Rose of Lima program with Maryville Academy. Sarah has also led many other projects for this client.

Assumption Church | Chicago, IL

Sarah was the Project Executive for the renovation of the priory building as well as a 3,500 SF third floor addition with eight living units at Assumption Church in the River North neighborhood. Project included a new chapel, common areas, living units, community kitchen and lounge, and kitchenette.

Spencer Foundation | Chicago, IL

Sarah was the Project Executive on the 12,000 SF renovation of the headquarters for this education non-profit. Project included all new flooring, light fixtures, bathroom fixtures/ finishes and low voltage upgrades. Millwork slat walls around building core is a new feature.

AMY RICE
Project Manager



Amy has been in the Construction and Architecture industry since 1998. She is a multi-dimensional Project Manager with experience in both construction management and in structural design, coordination of complex structural steel, concrete, wood and masonry structures. She has a proven ability in finding creative solutions to unique problems to serve clients within corporate, retail and hospitality market sectors. She is on the board of directors for Rebuilding Together, a Chicago non-profit, and Amy is 30-Hour OSHA certified and is CPR/AED and First Aid certified.



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RELEVANT PROJECTS

Maryville St. Catherine of Sienna | Chicago, IL

Amy was the Project Manager for an Infant Crisis Nursery run through a non-profit, Maryville Academy. The project entailed an interior build-out to prepare the building to accommodate medically fragile children. Scope of work included demolition, re-design, framing, drywall, MEP, security measures, and interior finishes.

Chase Bank | Chicago, IL

Amy is the Project Manager for the 4,100 SF Tenant Improvement project within the Little Village neighborhood of Chicago. This project is an existing branch relocation and is on an outlot in the middle of an active, redeveloped shopping center. Details include Mechanical Systems that are stand-alone VRF systems.

Consulate Office | Chicago, IL

Amy was the Project Manager for the 10,000 SF project for a multi-phased renovation to existing office space on the 32nd Floor of an office building in Chicago, IL. Scope included new MEP/FP, new office doors/frames/hardware, a VESDA air sampling fire protection system throughout, relocation of the existing server room, new ADA-compliant restroom configurations and finishes, a kitchenette, and flex office space. Additional security measures in the space were consistent with scope generally performed in consulate offices. Work was completed in an occupied building with adjacent offices and hotel space.

Northwestern University | Chicago, IL

Amy was the Project Manager for this renovation project in the sub-basement of the Robert H. Lurie Medical Research Center Northwestern's Chicago Campus. The project included completely replacing cage washing equipment and sterilizing equipment, with major MEP infrastructure upgrades and finish replacement for the Center for Comparative Medicine within the Northwestern School of Medicine.

Hotel Monaco | Chicago, IL

Amy was the Project Manager for a 3,000 SF update to the public spaces that greet guests. This included a custom glass reception counter with integrated lighting. Improvements made were a custom wall covering the public living room lobby; check-in lobby; dry bar for coffee, tea, water; and a 2nd floor lounge.

AL WALOWSKI
Superintendent



Al has been in commercial construction since 1988 and been with Norcon since 2006. He has experience as a carpenter journeyman and carpenter foreman and is a project superintendent with Norcon. Al has experience with a diverse group of project types in non-profit, education, cultural, and commercial buildings. He excels at working in tight, logistically challenging sites, in an occupied spaces, and liaising between the client and the construction team. He is CPR/First Aid and 30-Hour OSHA certified.



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RELEVANT PROJECTS

Lincoln Park Community Services | Chicago, IL

Al was the Superintendent for the renovation of a 12,000 SF building that ties into a new 12,000 SF building that serves as a shelter for Chicago's homeless. The renovation and new building included restrooms, showers, locker rooms, temporary housing, offices and community areas. This project achieved M/WBE and Chicago Residency requirements.

The Field School | Chicago, IL

Al was the Superintendent for a 22,500 SF renovation to an abandoned school on the west side of Chicago. The renovations included new MEP systems and finishes along with new exterior work and a new playground. The newly renovated school services elementary age children.

St. Clement | Chicago, IL

Al was the Superintendent for multiple projects with the Parish including the new addition between the rectory and the church. Other renovations included the school lobby and administration offices, corridors, and restroom. The projects required careful coordination between the team on site and the school personnel, in order to maintain operating hours and events.

Maryville Academy | Various Cities, IL

Al was the Superintendent for multiple renovations to Maryville Academy buildings in various cities. Projects have included emergency shelters, classrooms, churches and religious spaces, kitchens, offices, and other community spaces.

Our Lady of Perpetual Help | Chicago, IL

Al was the Superintendent for the 2,500 SF Narthex addition with campus exterior upgrades. Project also includes enhancement of the church entrance and connecting the basement level to the parish center. The renovation included a kitchen and existing bathroom. All of the finishes are high-end. This project required careful coordination and logistics due to tight lot lines between the school, rectory, and church buildings.

Relevant Experience

Section 3

Lincoln Park Community Services

Chicago, IL

Client – Lincoln Park Community Services

Architect – McBride Kelley Baurer

Total Construction – 27,000 SF

- Adaptive reuse development consisting of an existing building renovation and a building addition with a link connection.
- New five-story building constructed of cold form framing and clad in glass and metal panels, consists of 20 studio apartments, entry lobby and gathering space.
- Renovated five-story building consists of communal living spaces and bathrooms, offices, commercial kitchen and dining area.
- Interior courtyard connects the residents of both buildings with an open and vibrant communal gathering space.
- Received governmental funding.
- Chicago Building Congress 2020 Merit Award for Adaptive Reuse Under \$15M.



The Field School

Chicago, IL

Client – The Field School

Architect – SMNG A

Total Construction – 22,000 SF

Completion – August 2022

- Renovation to an abandoned school on the west side of Chicago.
- The renovations include finishes and upgrades to hallways and classrooms along with new exterior work and a new playground.
- New MEP systems throughout.



Maryville Academy Various Projects

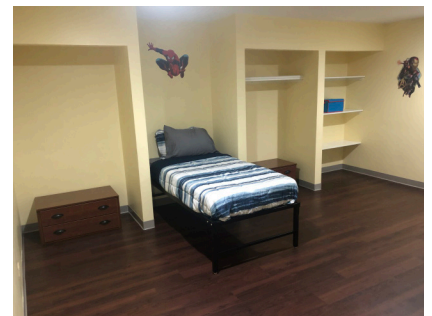
Des Plaines, IL
Berwyn, IL
Chicago, IL

Client – Maryville Academy

Architect – MKB Architects

Total Construction – Varies

- Most recent project, St. Catherine of Siena, was an interior build-out to prepare the building to accommodate an infant crisis nursery. Scope of work includes demolition, re-design, framing, drywall, MEP, security measures, and interior finishes.
- All projects are renovations of buildings on multiple Maryville Campuses for their programs that help children and families.
- Other projects have been in residential spaces, office spaces, classrooms, kitchens, churches and common areas.
- Projects have included replacing flooring, repairs, new paint, finish upgrades, low voltage cabling, infill walls, new MEP systems, landscaping, and more.
- Non-profit organization that received governmental funding.



St Clement School and Parish

Client – Archdiocese of Chicago

Architect – varies

Total Construction – over 40,000 SF

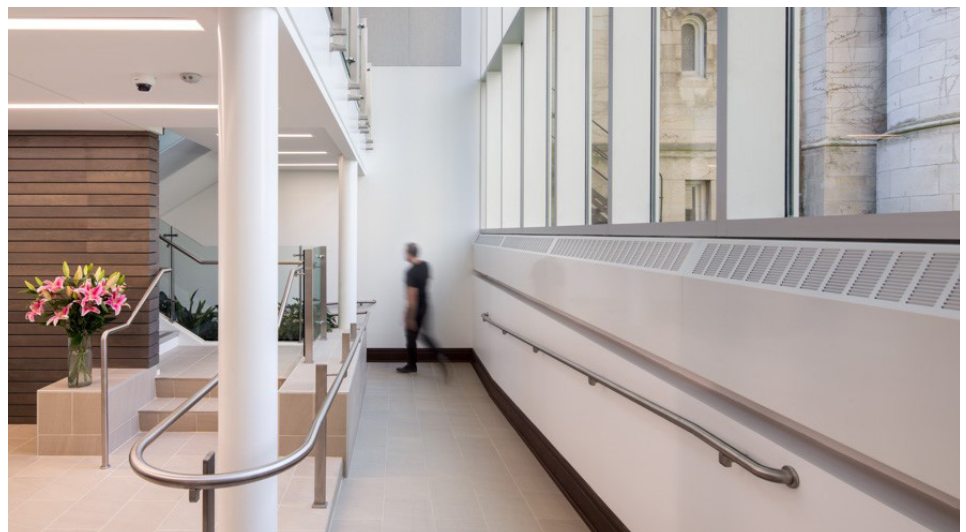
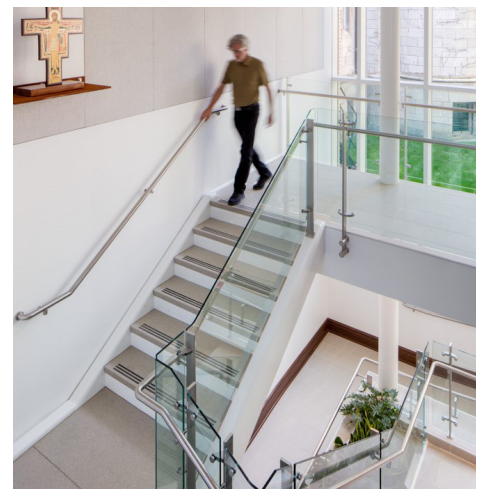
Completion Date – 2011 - present

School Additions and Renovations

- Roof Playground – Repurposing of existing roof into school playground.
- Summer Work – Series of renovations over five consecutive summers to update corridors and safety systems.
- Security Entry – New secure entry with exterior and interior work along with interior renovation lobby and administration offices, corridors, and bathrooms.

Sanctuary and Rectory Additions and Renovations

- Entry Link – New addition between the rectory and sanctuary. Provides ADA accessible entry to the lower level chapel of the main church building. Rectory was renovated to add elevator access at all floors and existing basement was excavated to create a seamless connection to the new building.
- Plaza – Replacement of concrete plaza with stone pavers. ADA modifications to stairs and railings.
- Courtyard – New driveway, courtyard, landscaping and new two car garage.
- Chapel – Renovation of the existing church basement into a new chapel and meeting facility with a new entrance.
- Parish Center and Cafeteria – Renovation to existing cafeteria and creation of new parish center and gathering space within the school.



Regina Dominican High School

Wilmette, IL

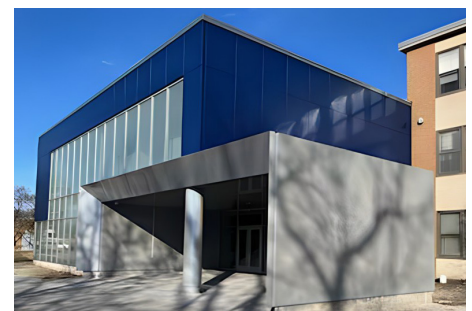
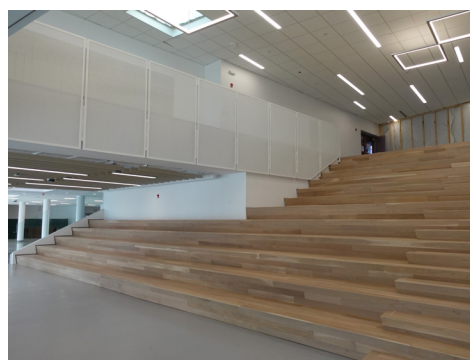
Client – Regina Dominican High School

Architect – Ross Barney Architects

Total Construction – 17,105

Completion– February 2023

- Renovation of an all-girls high school in Wilmette, IL.
- The project includes a new covered entrance, partial exterior window replacement, and metal panel cladding over existing brick.
- A new rooftop unit and upgraded MEP systems was implemented as well as partial sprinkler coverage of main building.
- Renovation to the interior second floor opening and social stairs.



Assumption Church

Chicago, IL

Client – Order of Friar Servants of Mary

Architect – MKB Architects

Total Construction – 14,000 SF
(10,500 renovation
3,500 expansion)

Completion – June 2017

- Renovation of the priory building as well as a 3,500 square foot third floor addition with eight living units at Assumption Church in the River North neighborhood.
- Building exterior was restored along with improvements to the courtyard.
- Addition created out of steel on existing structure, with glass and zinc alloy metal panel facade.
- Project included a new chapel, parish offices, common areas, living units, community kitchen and lounge, and kitchenette.
- Exterior ramps and a new interior elevator was installed to meet accessibility needs.



Little City

Palatine, IL

Client – Little City Foundation

Architect – MKB Architects

Phase 1:

Total Construction – 5 acres
5,000 SF per house

Completion – December 2014

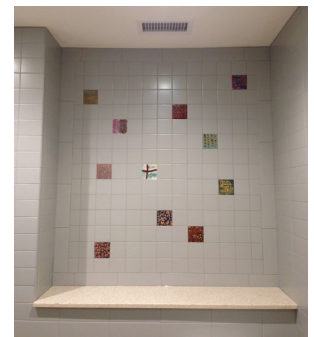
- Complete site redevelopment of 5 acres of land to accommodate a new paver cul-de-sac.
- First phase of construction included all site work and construction of 2 of 6 homes to house children with autism.

Phase 2:

Total Construction – 5,000 SF per house

Completion – December 2014

- Second Phase included construction of 2 more homes to house children with autism.



Berman Center

Chicago, IL

Client – The Berman Center

Architect – von Weise Associates

Total Construction – 8,500 SF

- Renovation of women's health clinic.
- Floor to ceiling window walls, high-end millwork and reclaimed barn siding installed at feature walls.



Gary Comer College Prep

Client – Gary Comer Inc.

Architect – John Ronan Architects

Total Construction – 45,000 SF

Completion – August 2010

- New, two-story classroom building, site landscaping and hardscaping, and teaching garden.
- 25 classrooms, 4 science labs with administrative and faculty support spaces.
- Demolition of nine existing buildings to create space for the new two-story structural steel framed building.
- Precast concrete planks are utilized for the second floor and roof.
- Exterior facade features corrugated stainless steel siding, aluminum composite siding, and an anodized aluminum curtain wall system.
- 12 month construction schedule with 6 months in preconstruction working with the design team to select the most cost effective systems.
- LEED accredited including a green roof.
- This project has received over 5 architectural design awards.



References

Section 4

References

Geri Kelley

MKB Architects (LPCS and Maryville)
(773) 213-1948
gkelley@mkbdesign.net

Cindy Gray Schneider

Spaces + Places (The Field School)
(312) 217-3944
cindys@spaces-n-places.com

Greg Mooney

Gary Comer Youth Center
(773) 358-4046
gmooney@comercampus.org

Nina Aliprandi

Maryville Academy
(847) 323-7858
aliprandin@maryvilleacademy.org

Cost Estimate

Section 5

CHICAGO SOUTH SIDE BIRTH CENTER
SCHEMATIC DESIGN COST ESTIMATE

Contractor Name:	Norcon, Inc.
Estimate Date:	4/24/2024

BUILDING COSTS

DIV 02	Existing Conditions	272888
DIV 03	Concrete	145536
DIV 04	Masonry	347700
DIV 05	Metals	511750
DIV 06	Wood, Plastics, and Composites	220622
DIV 07	Thermal and Moisture Protection	244500
DIV 08	Openings	173005
DIV 09	Finishes	402338
DIV 10	Specialties	17400
DIV 11	Equipment	30653
DIV 12	Furnishings	9581
DIV 14	Conveying Equipment	135000
DIV 22	Plumbing	415000
DIV 23	Heating, Ventilation, and Air Conditioning	445000
DIV 26	Electrical	672417
DIV 27	Communications (Included in Electrical above)	0
DIV 28	Electronic Safety and Security	89692
DIV 31	Earthwork	160500
DIV 32	Exterior Improvements	135595
DIV 33	Utilities	94000

SUBTOTAL \$ 4,523,177

Environmental Abatement Allowance	5%	\$ 226,159
Design Contingency	15%	\$ 678,477
General Conditions/Bond/Insurance		\$ 637,321
Contractor's Fees	3%	\$ 154,298

TOTAL CONSTRUCTION COSTS \$ 6,219,431

* This budget does not include preconstruction costs

Fees and Additional Information

Section 6

Fees and Additional Information

Preconstruction Fee

\$25,000

Construction Fee

3.0%

General Conditions/ Bond/ Insurance

\$637,321

General Conditions/ Bond/ Insurance Inclusions:

- Office Staff Time
- Full Time Field Superintendent
- In-Building Office Set up
- Postage & Messenger Costs
- Travel to and from Site & Meetings
- Printing / Blueprints
- General Liability Insurance (1%)
- Payment & Performance Bond

Fee Basis for Changes in The Scope of Work and/or Schedule:

- Any changes to the project schedule will be reviewed for duration and general conditions implications.
- Any changes that do not affect schedule after GMP is signed will be assessed a 3.0% fee for additions and deductions.

Contingency Anticipated in GMP:

We would suggest holding 7.5% contingency at GMP. However, that will depend on several factors and we would like to make that decision as a team.

Self-Performed Trades

Norcon believes that it is in the owner's best interest if the individual trade work is competitively bid. For this reason, we typically only self-perform general conditions, cleaning and protection, and rough carpentry.

NORCON
Inc.

NORCON
Inc.

661 West Ohio Street
Chicago, IL 60654

312.715.9200

www.norconinc.com

CHICAGO SOUTH SIDE BIRTH CENTER
SCHEMATIC DESIGN COST ESTIMATE

Contractor Name:	Norcon, Inc.
Estimate Date:	4/26/2024

BUILDING COSTS

DIV 02	Existing Conditions	272888
DIV 03	Concrete	145536
DIV 04	Masonry	347700
DIV 05	Metals	256750
DIV 06	Wood, Plastics, and Composites	220622
DIV 07	Thermal and Moisture Protection	244500
DIV 08	Openings	173005
DIV 09	Finishes	402338
DIV 10	Specialties	17400
DIV 11	Equipment	30653
DIV 12	Furnishings	9581
DIV 14	Conveying Equipment	135000
DIV 22	Plumbing	415000
DIV 23	Heating, Ventilation, and Air Conditioning	445000
DIV 26	Electrical	672417
DIV 27	Communications (included in Electrical above)	0
DIV 28	Electronic Safety and Security	89692
DIV 31	Earthwork	160500
DIV 32	Exterior Improvements	135595
DIV 33	Utilities	94000

SUBTOTAL \$ 4,268,177

Environmental Abatement Allowance	5%	\$ 213,409
Design Contingency	15%	\$ 640,227
General Conditions/Bond/Insurance		\$ 521,921
Contractor's Fees	3%	\$ 142,494

TOTAL CONSTRUCTION COSTS \$ 5,786,227


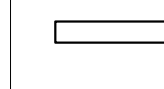
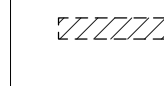
* This budget does not include preconstruction costs



04/26/2024 Estimate Summary
 Chicago South Side Birth Center
 8301 S. South Shore Drive
 Chicago, IL 60617

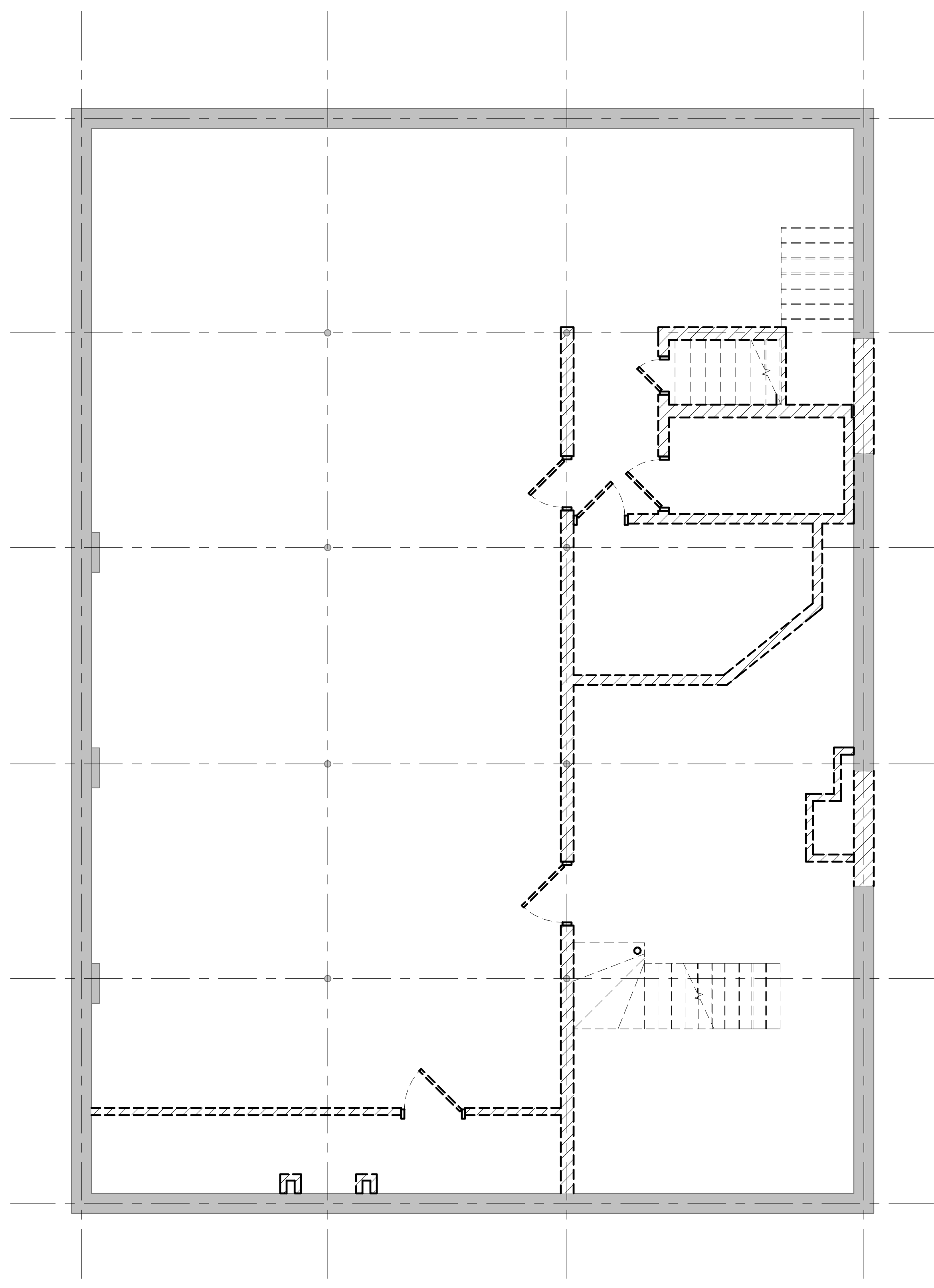
Code	Trade	Final Summary		Comments
		8,520 Costs	sq. ft. Cost/SF	
015005	Norcon Winter Conditions	\$10,000	\$1.17	
017100	Survey and Layout	\$6,000	\$0.70	
017400	Cleaning and Protection	\$79,288	\$9.31	
018900	Site Requirements	\$13,600	\$1.60	
018900	Temporary Fencing	\$18,000	\$2.11	
024000	Demolition	\$146,000	\$17.14	
030000	Concrete	\$145,536	\$17.08	
040000	Masonry	\$347,700	\$40.81	
051000	Structural Steel	\$190,000	\$22.30	
055000	Misc Metals	\$7,750	\$0.91	
055100	Metal Stairs	\$59,000	\$6.92	
061000	Rough Carpentry	\$29,381	\$3.45	
061005	Norcon Rough Carpentry	\$35,000	\$4.11	
064000	Millwork	\$156,241	\$18.34	
071000	Damproofing and Waterproofing	\$31,000	\$3.64	
075000	Roofing	\$213,500	\$25.06	
080000	Doors, Frames and Hardware	\$113,505	\$13.32	
084000	Entrances, Storefronts and Curtain Walls	\$59,500	\$6.98	
090561	Floor Prep	\$14,805	\$1.74	
092000	Drywall	\$182,169	\$21.38	
093000	Tile	\$18,275	\$2.14	
095100	Acoustical Ceilings	\$42,764	\$5.02	
096500	Resilient Flooring	\$62,089	\$7.29	
096700	Epoxy Flooring	\$32,046	\$3.76	
099000	Painting	\$50,190	\$5.89	
100000	Wall Guards and Corner Guards	\$1,200	\$0.14	
101400	Signage	\$5,000	\$0.59	
102800	Toilet Accessories	\$8,500	\$1.00	
104400	Fire Extinguishers	\$2,700	\$0.32	
113100	Appliances	\$30,653	\$3.60	
122000	Window Treatments	\$9,581	\$1.12	
142000	Elevators	\$135,000	\$15.85	
220000	Plumbing	\$415,000	\$48.71	
230000	HVAC	\$445,000	\$52.23	
260000	Electrical	\$672,417	\$78.92	
283100	Fire Alarm	\$89,692	\$10.53	
310000	Earthwork	\$160,500	\$18.84	
321000	Paving and Surfacing	\$36,600	\$4.30	
321400	Landscape Pavers	\$7,245	\$0.85	
321600	Curbs, Gutters, Sidewalks and Driveways	\$36,250	\$4.25	
323100	Fences and Gates	\$30,100	\$3.53	
329000	Landscaping	\$25,400	\$2.98	
330000	Site Utilities	\$94,000	\$11.03	
	Subtotal	\$4,268,177	\$500.96	
800000	General Conditions	\$434,591	\$51.01	
	Subtotal	\$4,702,768	\$551.97	
910000	General Liability Insurance	1.00%	\$47,028	\$5.52
	Subtotal	\$4,749,796	\$557.49	
940000	Overhead and Profit	3.00%	\$142,494	\$16.72
	Subtotal	\$4,892,290	\$574.21	
950000	Contingency	15.00%	\$640,226	\$75.14
	Subtotal	\$5,532,516	\$649.36	
970000	Environmental Abatement Allowance	5.00%	\$213,409	\$25.05
	Subtotal	\$5,745,925	\$674.40	
980000	Payment and Performance Bond		\$40,302	\$4.73
	TOTAL	\$5,786,227	\$679.13	

FLOOR PLAN LEGEND:

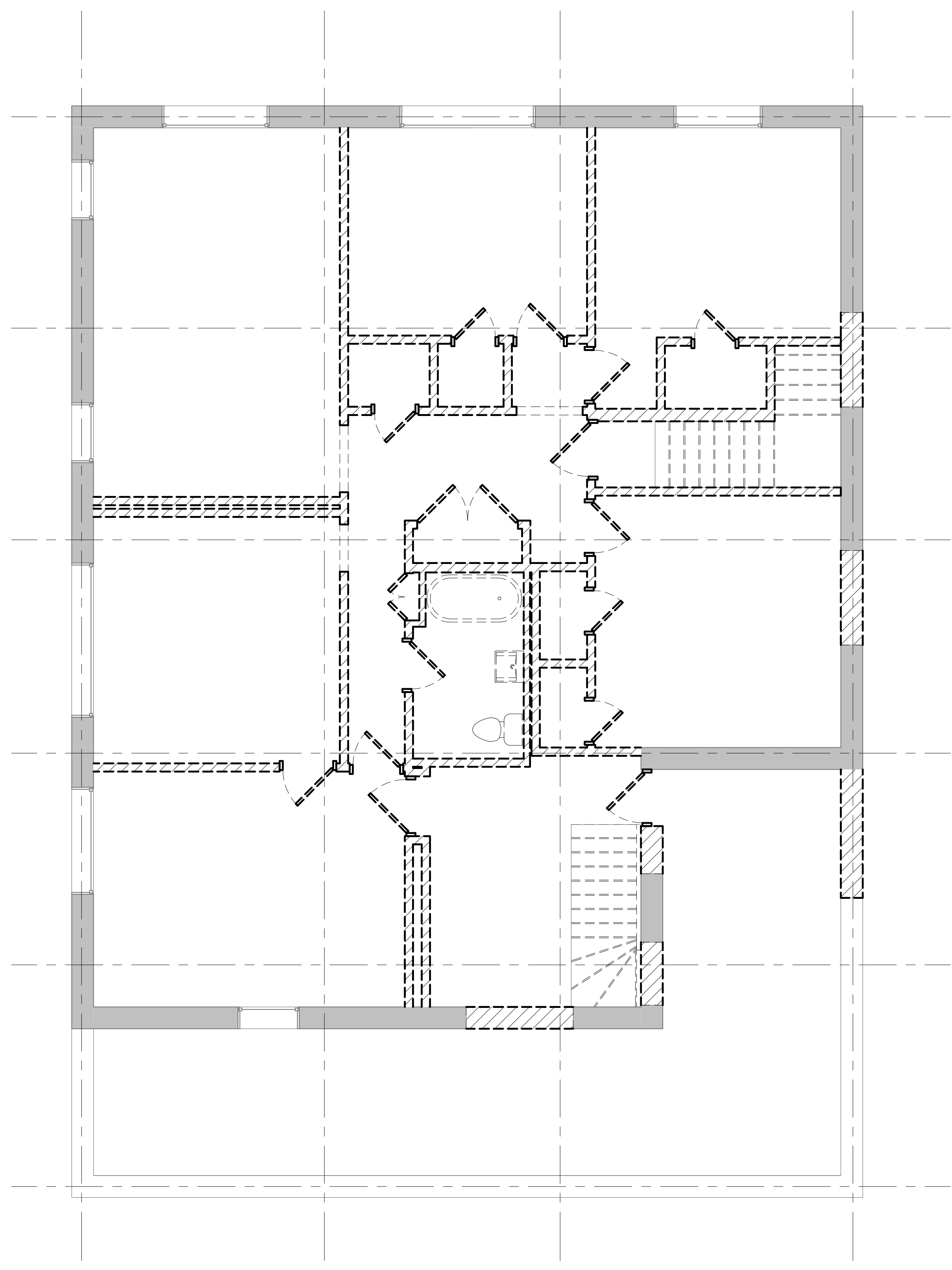
-  EXIST'G CONSTRUCTION TO REMAIN
-  NEW CONSTRUCTION
-  DEMOD WALLS

DEMO - GENERAL NOTES:

1. FOR DASHED DEMO WALLS: SELECTIVELY REMOVE AND DISPOSE OF EXIST'G WALL PARTITIONS AND ASSOCIATED FINISHES. COORDINATE WITH NEW CONSTRUCTION WORK FOR MINIMAL IMPACT ON ADJACENT WALLS TO REMAIN. ANY WALLS TO REMAIN: SELECTIVELY REMOVE AND DISPOSE OF EXIST'G WALL BASE.
2. SELECTIVELY REMOVE AND DISPOSE OF EXIST'G EXTERIOR AND INTERIOR DOOR, FRAME, HARDWARE AND ALL ASSOC. ELEMENTS AS NOTED WITH DASHED LINES. CONTRACTOR TO VERIFY OPENING LOCATIONS AND DIMENSIONS WITH NEW CONSTRUCTION FLOOR PLANS.
3. DEMO ALL EXIST'G BUILT-INS, COUNTERTOPS, SHELVING, HOOKS, BRACKETS, ENCLOSED BOX-OUTS AND ALL ASSOCIATED ELEMENTS IN PREP FOR SMOOTH, CONTINUOUS WALL SURFACES.
4. REMOVE EXIST'G FLOORING TILES & CARPET IN PREPARATION FOR NEW FLOORING. PERFORM ALL REQUIRED ABATEMENT ACTIVITIES PRIOR TO WORK. REMOVE ALL EXIST'G FLOOR TILE AND ADHESIVE DOWN TO CONCRETE SLAB SUBSTRATE, FOR PURPOSE OF BID ASSUME (2) LAYERS OF EXIST'G FLOOR TILE, PREP SUBSTRATE FOR NEW CEMENTITIOUS FLOOR LEVELER AND FLOORING.
5. SELECTIVELY REMOVE AND DISPOSE OF EXIST'G LIGHT FIXTURES AND ALL DROPPED ACOUSTICAL CEILING TILES, GRID AND SUPPORTS AND ANY DRYWALL CEILINGS.
6. SELECTIVELY REMOVE AND DISPOSE OF EXIST'G DUCTWORK, DAMPERS, SUPPORTS, INSULATION, AND ALL ASSOC. ELEMENTS.
7. REMOVE AND DISPOSE OF EXIST'G ELECTRICAL ROUTING, LIGHTS, ELECTRICAL SWITCHES, ELECTRICAL OUTLETS, ETC. UNLESS NOTED OTHERWISE.
8. SELECTIVELY REMOVE AND DISPOSE OF EXIST'G WATER CLOSETS, CARRIERS, SUPPLY PIPING, WASTE PIPING, SHUT OFF VALVES, FINISHES, MILLWORK, FIXTURES AND ALL ASSOC. ELEMENTS IN EXIST'G RESTROOMS; CAP UTILITIES AT SOURCE.
9. REMOVE ALL PLUMBING PIPING UP TO THE VERTICAL STACKS, DISCONNECT AND REMOVE INDICATED PLUMBING FIXTURE COMPLETELY WITH ALL ASSOCIATED PIPING, VALVES, HANGERS, SUPPORT, ACCESSORIES, ETC. IN PREP FOR NEW LOCATIONS.
10. SELECTIVELY REMOVE AND DISPOSE OF EXIST'G LAVATORIES, SINKS, CARRIERS, SUPPLY PIPING, WASTE PIPING, TOILET ACCESSORIES, AND ALL ASSOC. ELEMENTS; CAP UTILITIES AT SOURCE.
11. SELECTIVELY REMOVE AND DISPOSE OF EXIST'G TOILET ROOM ACCESSORIES.
12. DISCONNECT EXIST'G FLOOR DRAINS FROM UG SANITARY AND REMOVE. REMOVE UG SANITARY TO BELOW FLOOR. CAP THE PIPING AT ACTIVE LINE WITH DEAD DO NOT EXCEED 2'-0". PATCH THE FLOOR TO MATCH EXISTING.
13. REMOVE AND DISPOSE OF EXIST'G METAL DOWNSPOUT, SCUPPER, SUPPORTS, AND ASSOC. ELEMENTS IN PREPARATION FOR NEW INTERNAL DRAIN LOCATIONS.
14. REMOVE AND CAP GAS METER INTO BUILDING IN PREP FOR ALL-ELECTRIC BUILDING. COORDINATE TERMINATION OF LINE WITH GAS SERVICE COMPANY.
15. REMOVE EXIST'G ROOF DOWN TO DECK IN PREPARATION FOR NEW INSULATION AND MOD. BIT. ROOF.



1 DEMO PLAN - LOWER LEVEL
1/4" = 1'-0"



2 SECOND LEVEL DEMO FLOOR PLAN
1/4" = 1'-0"

NOT FOR CONSTRUCTION



CHICAGO SOUTH SIDE
BIRTH CENTER

8301 S SOUTH SHORE DR, CHICAGO, IL 60617

ARCHITECT OF RECORD

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CHICAGO, IL 60606 P: 312.397.1840

ISSUANCE		
NO.	ISSUED FOR	DATE
11	SCHEMATIC DESIGN	04.02.2024

PROJ. NAME: CHICAGO SOUTH SIDE BIRTH CENTER

PROJ. NO. 2206

TITLE
DEMOLITION PLAN - LOWER LEVEL & LEVEL 02

SHEET
AD1.2

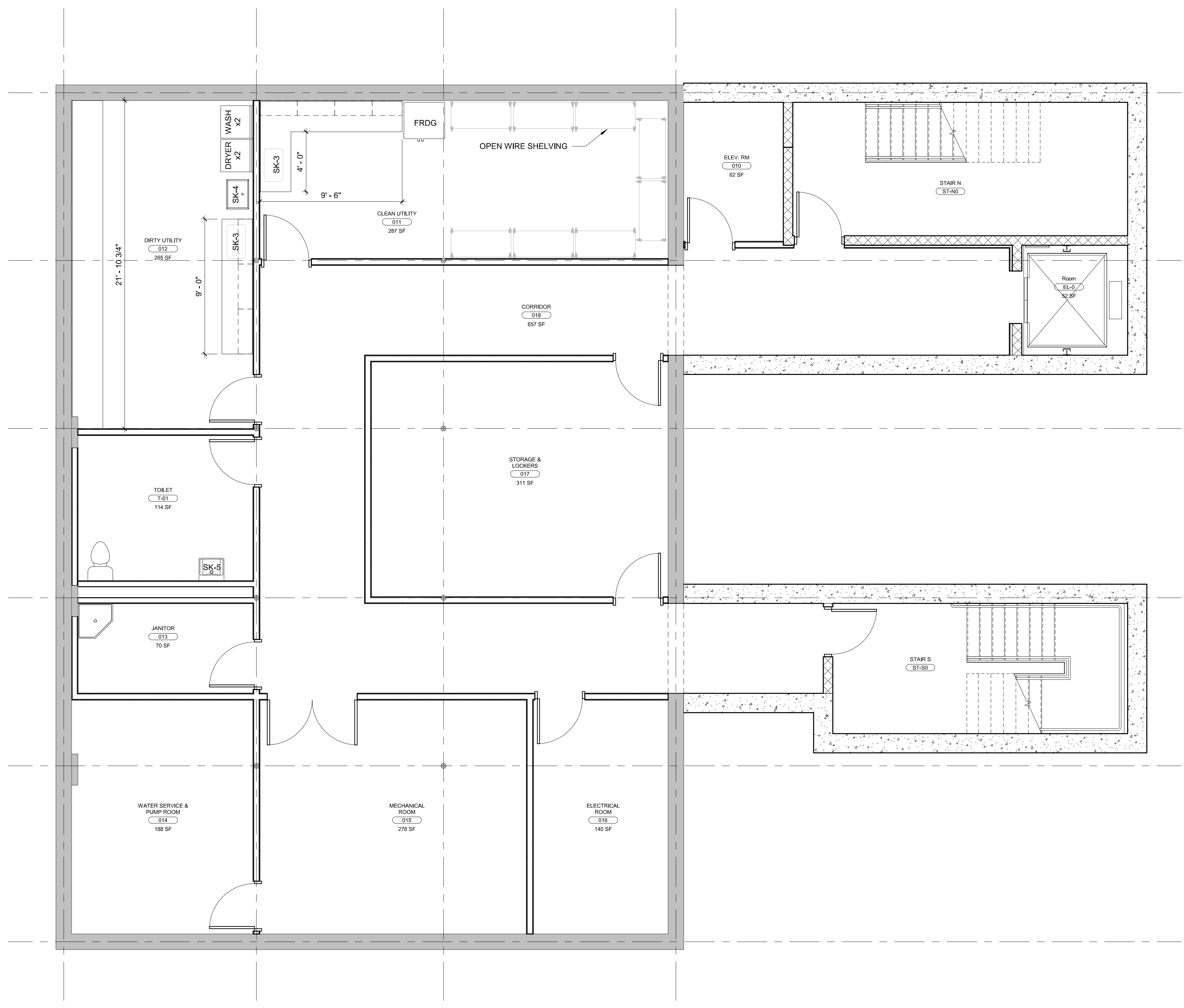


GENERAL NOTES - BUILDING ENVELOPE:

1. CLEAN METAL FRAMING, GLASS, AND HARDWARE FOR ALL EXISTING WINDOWS AND DOORS SCHEDULED TO REMAIN. REMOVE ALL EXISTING CAULK AND SEALANT. INSTALL NEW BACKER-ROD AND SEALANT AT EXTERIOR AND INTERIOR. COLOR TO BE SELECTED BY ARCHITECT FROM MANUFACTURER'S FULL COLOR RANGE.
2. 100% CHEMICALLY CLEAN AND TUCK-POINT ALL EXISTING MASONRY TO REMAIN. REPAIR OR REPLACE ALL DAMAGED, CRACKED, SPALLED OR OTHERWISE DAMAGED BRICK WITH NEW BRICK TO MATCH EXISTING. FOR PURPOSES OF PRICING AND BUDGETING ASSUME 10% BRICK REPLACEMENT. LOCATIONS TO BE CONFIRMED.
3. SCRAPE AND CLEAN EXISTING LINTELS, PRIME AND RE-PAINT.
4. REMOVE AND REPLACE EXISTING ROOFING, FLASHINGS, GUTTERS, DOWNSPOUTS, SCUPPERS, MECHANICAL EQUIPMENT, VENTS, FLUES, CURBS AND ALL ASSOCIATED ELEMENTS IN PREPARATION FOR NEW ROOFING. PATCH OPENINGS IN EXISTING ROOF DECK. INSTALL NEW HOT-APPLIED MODIFIED BITUMINOUS ROOF SYSTEM AND REUSE EXISTING STONE & TERRAZZOTA COPINGS. ROOF TO BE COMPOSED OF THE FOLLOWING: WHITE REFLECTIVE COATING ON MULTILAYER HOT-APPLIED MODIFIED BITUMINOUS ROOF SYSTEM ON 1/2" COVER BOARD ON (2) LAYERS R-5 MIN. POLYISOCYANURATE INSULATION (MIN. R-30), ON CONTINUOUS VAPOR RETARDER (MOPPED FELT), ON 5/8" TYPE X GYPSUM THERMAL BARRIER (DENS DECK OR SIM.), PROVIDE NEW .050 PREFINISHED ALUMINUM COPING SYSTEM AT PERIMETER OF EXISTING AND NEW. ROOF ON NEW ADDITION TO MATCH ROOFING ON EXISTING BUILDING. PROVIDE (2) NEW ROOF DRAINS AND (2) NEW OVERFLOW ROOF DRAINS AND PROVIDE 1/2" PER FOOT TAPERED INSULATION SADDLES TO DIRECT WATER TO DRAINS. NEW ROOF STRUCTURE SHALL BE SLOPED MIN. 1/4" PER FOOT TOWARD DRAIN LOW POINT.
5. PROVIDE TWO POLE-MOUNTED PARKING LIGHTS. LOCATE IN LANDSCAPE ISLANDS, ONE AT EAST AND ONE ADJACENT TO REFUSE ENCLOSURE. 12" POLE. BASIS OF DESIGN GUARDCO ECO FORM EFCS (BASIS OF DESIGN).
6. SET ALL NEW THRESHOLDS IN A CONTINUOUS BED OF SILICONE SEALANT.
7. CAULK ALL BRICK CONTROL JOINTS IN NEW CONSTRUCTION WITH CUSTOM COLOR TO MATCH BRICK AS SELECTED BY ARCHITECT FROM MANUFACTURER'S FULL RANGE OF COLORS.
8. PROVIDE NEW WATER SERVICE FROM WEST SIDE OF BUILDING. ASSUME NEW STREET CONNECTION AND RPZ.
9. PROVIDE TWO NEW HOSE BIBBS ON BUILDING. ONE AT NORTH ONE AT WEST PLUS ONE DRAINABLE (SEASONAL) YARD HYDRANT ON EAST ELEVATION.
10. REFUSE ENCLOSURE SHALL BE 8" NOM. REIN. CMU 6'-4" H W 4' CHICAGO COMMON BRICK TO MATCH EXISTING BUILDING. PROVIDE IVY PLANTING STRIP ADJACENT AS PER LANDSCAPE ORDINANCE AND CEDAR VIEW-BLOCKING GATES, OVERHEAD SLIDING GATE HARDWARE FOR ALLEY SIDE, SWING AND LATCH HARDWARE FOR PEDESTRIAN ACCESS. PROVIDE REIN. CONC. FOUNDATION, EXTEND TO FROST

GENERAL NOTES - BUILDING INTERIOR:

1. PATCH ALL WALLS, FLOORS AND CEILINGS WHERE PLUMBING, HEATING PIPING, CONDUIT AND SIMILAR ELEMENTS ARE REMOVED (SEE DEMO PLANS). MATCH ADJACENT CONSTRUCTION AND ALIGN SUBSTRATE TO RECEIVE NEW FINISH AND PROVIDE A CONSISTENT FLOOR / WALL FINISH THROUGHOUT.
2. WHERE REQ'D, PROVIDE FLOOR UNDERLAYMENT TO ALIGN ALL FLOORS IN PREP FOR CONTINUOUS FLOOR FINISH - INCLUDES FLOOR TRANSITIONS, DEMO'D WALLS, JANITOR CLOSETS, ETC.
3. CONTRACTOR RESPONSIBLE FOR PATCHING FLOORS WHERE WALLS OR CURBS, CHASES, EXIST'G FLOOR PENETRATIONS DUE TO DEMO'D MECHANICAL / ELECTRICAL / PLUMBING ROUTING OCCURS AND ALL OTHER LOCATIONS WHERE SLABS ARE MISSING W/ CEMENTITIOUS UNDERLAYMENT FOR A CONTINUOUS, SMOOTH FINAL SURFACE.
4. FOR NEW ADDITION, ASSUME STRUCTURAL BAR JOISTS BEARING ON NEW STEEL COLUMNS & BEAMS.



1 FLOOR PLAN - LOWER LEVEL
1/4" = 1'-0"

NOT FOR CONSTRUCTION



CHICAGO SOUTH SIDE BIRTH CENTER

8301 S SOUTH SHORE DR, CHICAGO, IL 60617

ARCHITECT OF RECORD

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ADVANCE CONSULTING GROUP INTERNATIONAL
MEP ENGINEER OF RECORD
300 W. ADAMS ST., SUITE 420
CHICAGO, IL 60606 P: 312.397.1840

ISSUANCE		
NO.	ISSUED FOR	DATE
11	SCHEMATIC DESIGN	04.02.2024

PROJ. NAME: CHICAGO SOUTH SIDE BIRTH CENTER

PROJ. NO. 2206
TITLE
FLOOR PLAN - LEVEL 00

SHEET
A1.0

NOT FOR CONSTRUCTION



CHICAGO SOUTH SIDE BIRTH CENTER

8301 S SOUTH SHORE DR, CHICAGO, IL 60617

GENERAL NOTES - BUILDING ENVELOPE:

- CLEAN METAL FRAMING, GLASS, AND HARDWARE FOR ALL EXISTING WINDOWS AND DOORS SCHEDULED TO REMAIN. REMOVE ALL EXISTING CAULK AND SEALANT. INSTALL NEW BACKER-ROD AND SEALANT AT EXTERIOR AND INTERIOR. COLOR TO BE SELECTED BY ARCHITECT FROM MANUFACTURER'S FULL COLOR RANGE.
- 100% CHEMICALLY CLEAN AND TUCK-POINT ALL EXISTING MASONRY TO REMAIN. REPAIR OR REPLACE ALL DAMAGED, CRACKED, SPALLED OR OTHERWISE DAMAGED BRICK WITH NEW BRICK TO MATCH EXISTING. FOR PURPOSES OF PRICING AND BUDGETING ASSUME 10% BRICK REPLACEMENT. LOCATIONS TO BE CONFIRMED.
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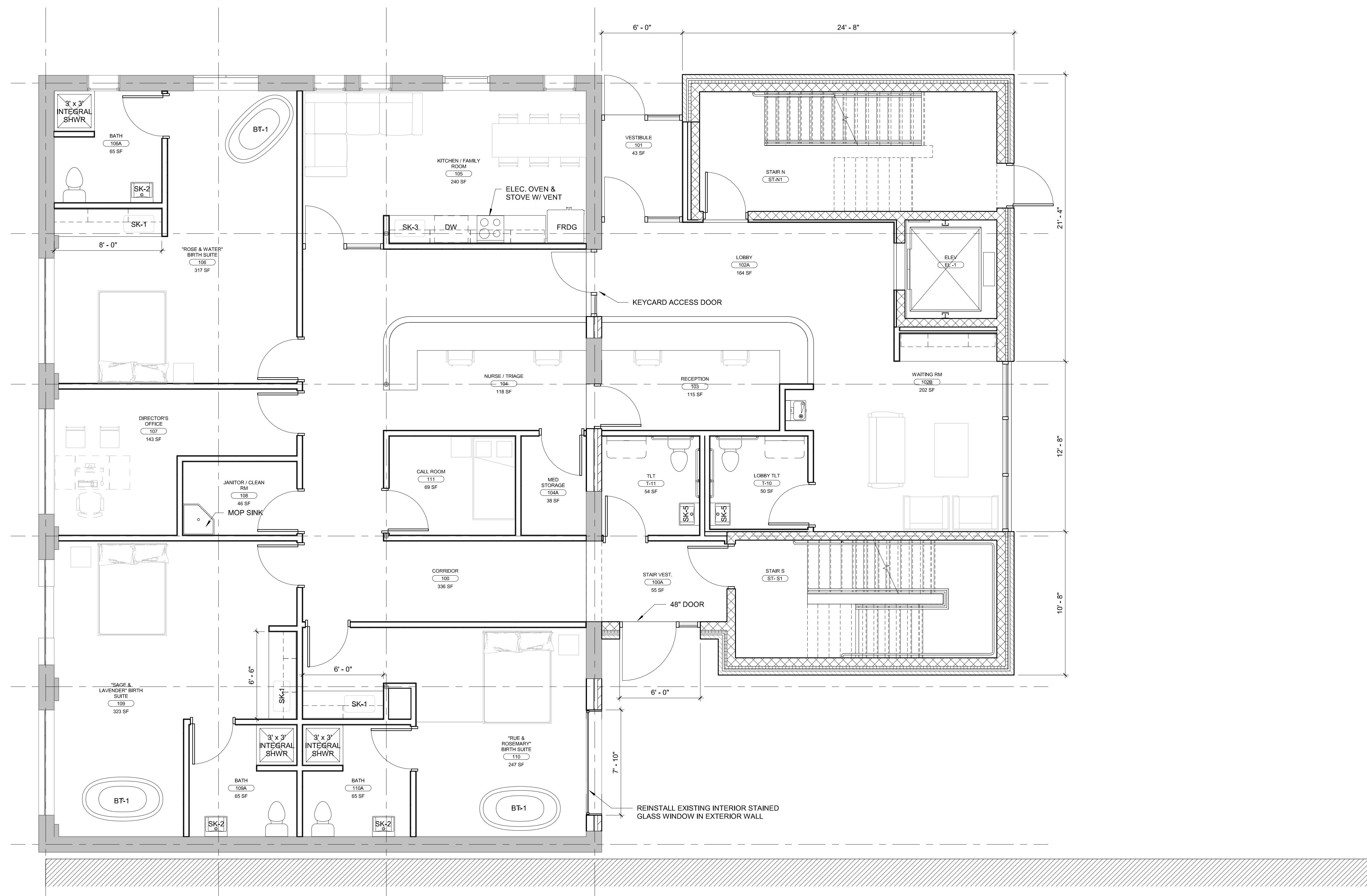
ADVANCE CONSULTING GROUP INTERNATIONAL
MEP ENGINEER OF RECORD
300 W. ADAMS ST., SUITE 420
CHICAGO, IL 60606 | P: 312.397.1840

ISSUANCE		
NO.	ISSUED FOR	DATE
11	SCHEMATIC DESIGN	04.02.2024

PROJ. NAME: CHICAGO SOUTH SIDE BIRTH CENTER

PROJ. NO. 2206
TITLE
FLOOR PLAN - LEVEL 01

SHEET
A1.1



1 FLOOR PLAN - LEVEL 01
1/4" = 1'-0"



NOT FOR CONSTRUCTION



CHICAGO SOUTH SIDE BIRTH CENTER

8301 S SOUTH SHORE DR, CHICAGO, IL 60617

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ISSUANCE		
NO.	ISSUED FOR	DATE
11	SCHEMATIC DESIGN	04.02.2024

PROJ. NAME: CHICAGO SOUTH SIDE BIRTH CENTER

PROJ. NO. 2206
TITLE
FLOOR PLAN - LEVEL 02

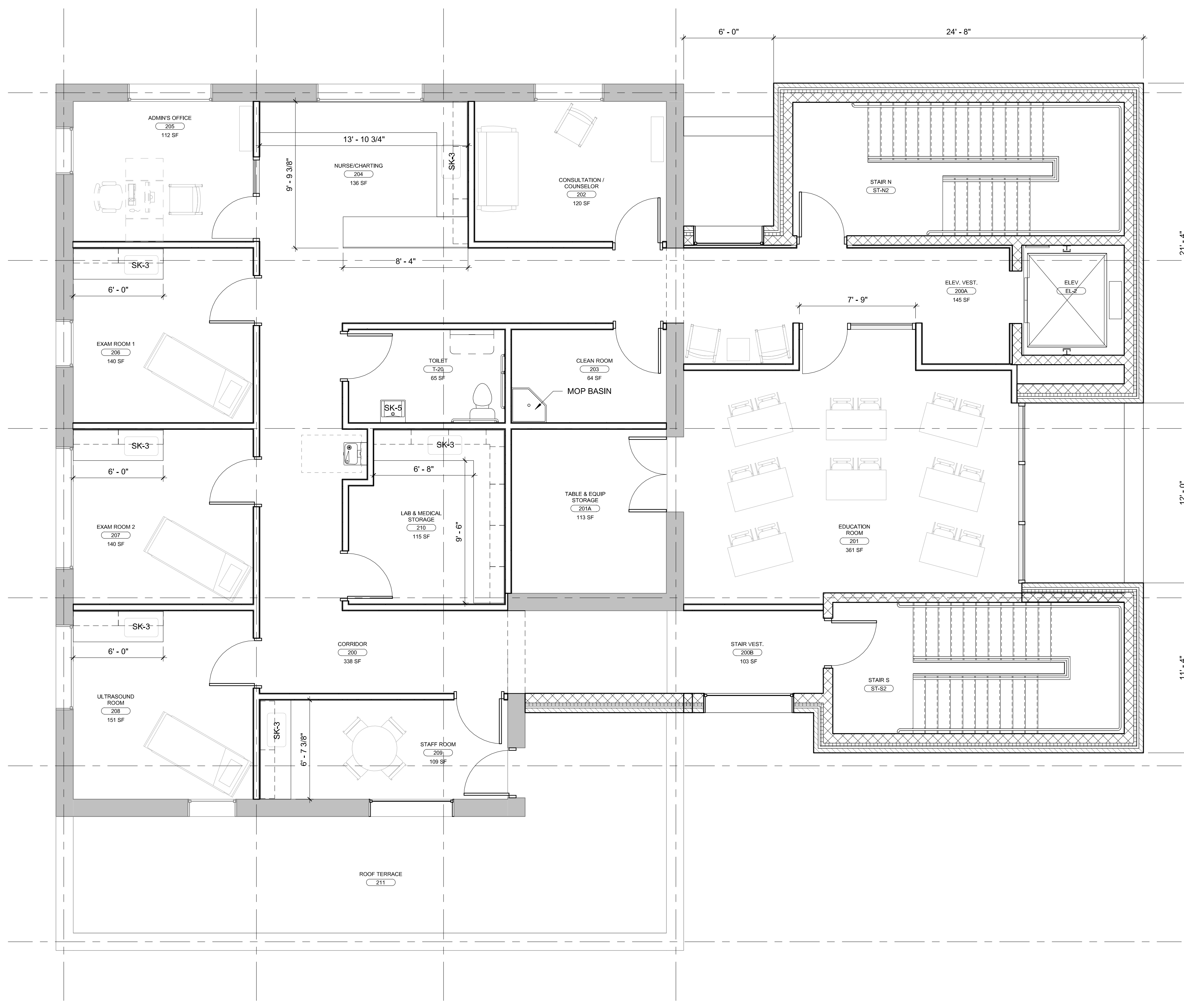
SHEET
A1.2

GENERAL NOTES - BUILDING ENVELOPE:

- CLEAN METAL FRAMING, GLASS, AND HARDWARE FOR ALL EXISTING WINDOWS AND DOORS SCHEDULED TO REMAIN. REMOVE ALL EXISTING CAULK AND SEALANT, INSTALL NEW BACKER-ROD AND SEALANT AT EXTERIOR AND INTERIOR. COLOR TO BE SELECTED BY ARCHITECT FROM MANUFACTURER'S FULL COLOR RANGE.
- 100% CHEMICALLY CLEAN AND TUCK-POINT ALL EXISTING MASONRY TO REMAIN. REPAIR OR REPLACE ALL DAMAGED, CRACKED, SPALLED OR OTHERWISE DAMAGED BRICK WITH NEW BRICK TO MATCH EXISTING. FOR PURPOSES OF PRICING AND BUDGETING ASSUME 10% BRICK REPLACEMENT. LOCATIONS TO BE CONFIRMED.
- SCRAPE AND CLEAN EXISTING LINTELS, PRIME AND RE-PAINT.
- REMOVE AND REPLACE EXISTING ROOFING, FLASHINGS, GUTTERS, DOWNSPOUTS, SCUPPERS, MECHANICAL EQUIPMENT, VENTS, CURBS AND ALL ASSOCIATED ELEMENTS IN PREPARATION FOR NEW ROOFING. PATCH OPENINGS IN EXISTING ROOF DECK. INSTALL NEW HOT-APPLIED MODIFIED BITUMINOUS ROOF SYSTEM AND REUSE EXISTING STONE & TERRAZZOTTA COPINGS. ROOF TO BE COMPOSED OF THE FOLLOWING: WHITE REFLECTIVE GOATING ON HUL TFLY HOT-MOPPED MODIFIED BITUMINOUS ROOF SYSTEM ON 1/2" COVER BOARD ON (3) LAYERS R-5 MIN. POLYISOCYANURATE INSULATION (MIN. R-30), ON CONTINUOUS VAPOR RETARDER (MOPPED FELT), ON 5/8" TYPE X GYPSUM THERMAL BARRIER (DENS DECK OR SIM.), PROVIDE NEW #50 PREFINISHED ALUMINUM COPING SYSTEM AT PERIMETER OF EXISTING AND NEW ROOF ON NEW ADDITION TO MATCH ROOFING ON EXISTING BUILDING. PROVIDE (2) NEW ROOF DRAINS AND (2) NEW OVERFLOW ROOF DRAINS AND PROVIDE 1/2" PER FOOT TAPERED INSULATION SADDLES TO DIRECT WATER TO DRAINS. NEW ROOF STRUCTURE SHALL BE SLOPED MIN. 1/4" PER FOOT TOWARD DRAIN LOW POINT.
- PROVIDE TWO POLE-MOUNTED PARKING LIGHTS. LOCATE IN LANDSCAPE ISLANDS, ONE AT EAST AND ONE ADJACENT TO REFUSE ENCLOSURE. 12" POLE. BASIS OF DESIGN GUARDCO ECO FORM EFCS (BASIS OF DESIGN).
- SET ALL NEW THRESHOLDS IN A CONTINUOUS BED OF SILICONE SEALANT.
- CAULK ALL BRICK CONTROL JOINTS IN NEW CONSTRUCTION WITH CUSTOM COLOR TO MATCH BRICK AS SELECTED BY ARCHITECT FROM MANUFACTURER'S FULL RANGE OF COLORS.
- PROVIDE NEW WATER SERVICE FROM WEST SIDE OF BUILDING. ASSUME NEW STREET CONNECTION AND RFPZ.
- PROVIDE TWO NEW HOSE BIBBS ON BUILDING. ONE AT NORTH ONE AT WEST PLUS ONE DRAINABLE (SEASONAL) YARD HYDRANT ON EAST ELEVATION.
- REFUSE ENCLOSURE SHALL BE 8" NOM. REINF. CMU 6'-4" W/ 4" CHICAGO COMMON BRICK TO MATCH EXISTING BUILDING. PROVIDE IVY PLANTING STRIP ADJACENT AS PER LANDSCAPE ORDINANCE AND CEDAR VIEW-BLOCKING GATES, OVERHEAD SLIDING GATE HARDWARE FOR ALLEY SIDE, SWING AND LATCH HARDWARE FOR PEDESTRIAN ACCESS. PROVIDE REINF. CONC. FOUNDATION, EXTEND TO FROST

GENERAL NOTES - BUILDING INTERIOR:

- PATCH ALL WALLS, FLOORS AND CEILINGS WHERE PLUMBING, HEATING PIPING, CONDUIT AND SIMILAR ELEMENTS ARE REMOVED (SEE DEMO PLANS). MATCH ADJACENT CONSTRUCTION AND ALIGN SUBSTRATE TO RECEIVE NEW FINISH AND PROVIDE A CONSISTENT FLOOR / WALL FINISH THROUGHOUT.
- WHERE REQ'D, PROVIDE FLOOR UNDERLAYMENT TO ALIGN ALL FLOORS IN PREP FOR CONTINUOUS FLOOR FINISH - INCLUDES FLOOR TRANSITIONS, DEMO'D WALLS, JANITOR CLOSETS, ETC.
- CONTRACTOR RESPONSIBLE FOR PATCHING FLOORS WHERE WALLS OR CURBS, CHASES, EXIST'G FLOOR PENETRATIONS DUE TO DEMO'D MECHANICAL / ELECTRICAL / PLUMBING ROUTING OCCURS AND ALL OTHER LOCATIONS WHERE SLABS ARE MISSING W/ CEMENTITIOUS UNDERLAYMENT FOR A CONTINUOUS, SMOOTH FINAL SURFACE.
- FOR NEW ADDITION, ASSUME STRUCTURAL BAR JOISTS BEARING ON NEW STEEL COLUMNS & BEAMS.



1 FLOOR PLAN - LEVEL 02
1/4" = 1'-0"



MEMO

To: Jeanine Valrie Logan

From: Liz Dozier

Date: 04/10/2024

Subject: Financial Commitment to Chicago South Side Birth Center

For purposes of the Certificate of Need, and in support of the Chicago South Side Birth Center launching successfully, Chicago Beyond commits to funding \$1.5m towards startup and operating costs for the center, contingent on a viable path to long-term sustainability. This contingency includes: a business plan & operating budget (which to the best of understanding of Jeanine, the birth center consultant, and Chicago Beyond is viable to achieve the center's goals, and may evolve as the center learns); fundraising strategy (which may still be being executed on); CON approval received.

If the CON is approved, this could be funded into the Chicago South Side Birth Center's account for expenses within 60 days.

These funds can be used for any Chicago South Side Birth Center expense consistent with the business plan & operating budget. Our hope is the commitment can be used strategically in the context of the fundraising strategy, to help secure government and private funds.

Sincerely,



Liz Dozier
Founder & CEO



24-Month Capital Campaign Plan

Consultant: Wright Collective, LLC

Client: Chicago South Side Birth Center (CSSBC)

GOAL: Chicago South Side Birth Center is aiming to raise \$7,000,000 by the Spring of 2026, with \$1,500,000 already pledged.

To meet all financial and programmatic goals, CSSBC and Wright Collective have created the following campaign plan. The plan contains five core components that create the internal conditions to successfully raise \$5,500,000 in new funding.

They are:

1. Connecting to the right donor/funder constituencies. **Funder includes institutional funders like private and public foundations, state and municipal government funding, and corporate funders.*
2. Developing a Case for Support and accompanying materials to present to donors and funders.
3. Designing and implementing capital gift strategies.
4. Identifying top prospective donors and funders as they exist within CSSBC's network and the broader philanthropic landscape. Mapping and tracking all contacts within a Moves Management sheet.

Funders for Chicago South Side Birth Center to Date

Funder (In order of award date)	Amount	Program/Department/ Project	Date Received
American College of Nurse Midwife Foundation Wayachi Seed Grant	\$5,000.00	Marketing Survey/Events	12/14/2021
VNA Foundation	\$194,000.00	Development Steward position	97K (12/23/2021) 97K (7/2023)
Illinois Children's Healthcare Foundation	\$10,000.00	Development Steward position	1/26/2022
Irving Harris Foundation	\$281,000.00	General Operations	50K (12/8/2021), 50K (11/4/2022), 11K (12/12/2022), 20K (11/2023), 150K (11/2023, 2024 and 2025)
Blue Cross Blue Shield of IL	\$80,000.00	General operations + 3 community events	12/31/2021
Voices for Racial Justice	\$75,000.00	General operations + 25K for scholarships	2/21/2022
The Cleveland Foundation	\$67,000.00	General operations	25K (3/3/2022), 42K (3/2/2023)
Ms. Foundation	\$50,000.00	General operations	25K (7/20/22), 25K (8/2023)
Mac Arthur Foundation	\$1380.00	Matching Employee Funds	6/27/2022
Goldman Sachs	\$200,000.00	General operations/Programs	100K (8/25/2022), 100K (8/17/2023)
Pierce Family Foundation	\$500.00	General operations	12/31/2022
Groundswell	\$70,000	General operations	3/15/2023 (10K), 3/2024 (10K), 4/2024 (50K)
Summer Oaks Fund	\$350,000.00	General operations	150K (12/2023) 150K (2024) 150K (2025)
Trotula Fund	\$55,000.00	Support staff/Admin position	45K (2/2024) 10K pending
Molina Healthcare Illinois	\$250,000.00	General operations	250K (2/2024)
Vivo Foundation	\$50,000.00	General Operations	3/2023
Individual Donors/Community Support	\$157,999.95	General operations	60,369K (original gofund me) 44,383K (second gofundme) 53,247.95K (donorbox) Ongoing
TOTAL Funds Raised to Date	\$1,946,879.95		

RE: Funders for Chicago South Side Birth Center to Date

To Whom It May Concern

With the signatures below, the legal organizational representative of Chicago South Side Birth Center confirms that to date we have raised the indicated amount listed above through grants, foundations, peer to peer fundraising, donor advised funds, and individual donors.

Sincerely,

Jeanine Valrie Logan, CNM, MSN, MPH
Founder & Executive Director
Chicago South Side Birth Center
(Officer of organization)

Lesley Kennedy, MA
Administrator
Chicago South Side Birth Center

5. Managing the campaign via a Capital Campaign Calendar of Activities and Work Plan that allows for flexibility as the project evolves with named expectations from staff, board, committee, and consultants.

I. Connecting to the right donor/funder constituencies.

Wright Collective has mapped the philanthropic sector to identify the donor communities which are the best and most viable match to contribute to CSSBC's capital campaign. The results of this mapping name seven donor constituency groups that would most likely be interested in the aim, purpose, values and goals of CSSBC within the next twenty-four months.

A. Donor Funding Groups

- 1) Birth Justice and Reproductive Justice
- 2) Maternal/Infant Health
- 3) Racial Justice
- 4) Gender Justice
- 5) Community/Economic Development
- 6) Health/Healthy Communities
- 7) Chicago-based Funders

B. Pursuing Philanthropic Partnerships

CSSBC will also pursue the following philanthropic partnerships (in this order):

- Current Chicago-based donors and funders (individuals, foundation, government, and corporate)
- Prospective Chicago-based donors (individuals, foundation, government, and corporate)
- Current and prospective national donors (individuals, foundation, and corporate)

Donor categories to enhance the above outreach:

- Family foundations / Donor-Advised Fund holders, including philanthropic

advisors and financial advisors

- Social and racial justice funds/networks
- Women donors / Women's funds/networks
- Millennial donors/ Next Gen donor networks
- Influential government officials
- Influential public health officials

II. Developing a Case for Support and accompanying materials to present to donors and funders

- Current Chicago-based donors and funders (individuals, foundation, government, and corporate)
- **Compelling Case for Support:** a document (and accompanying slide deck) is currently being created for the capital campaign that serves as a visual of the future space and its projected impact with donor investment. This document will be adaptable for all donor constituencies.
- **Demonstrated deliverables:** a brief history of the data and stories behind CSSBC's history with local stories and gatherings, plus future impact, is also being developed in the form of slide decks and PDFs. Other additional materials will include construction budget, architect fee breakdown, operations budgets.

Sample Campaign Content:

1. Case for Support document with accompanying renderings: (*CSSBC's case for support is in drafting stages and will be done by 6/1/24*)
 - a. Example #1 here [BD Case Support 2022.pdf](#)
 - b. Example #2 here: [WSP Case Support-3.pdf](#)
2. Short, compelling promotional video (optional):
 - a. Example here: <https://www.youtube.com/watch?v=xIADUoagK4Q>
3. Organization One-Pager (overview of the organization):
 - a. Example here: [2023 BirthDetroit Onepager \(14\).pdf](#)

4. Campaign stickers/magnets: low-cost swag to give out to volunteers, donors, and community members
5. Virtual tour (optional): Can be recorded on CSSBC staff's phone with voiceover. Tour the space and talk through renderings
6. Website: fundraising page, testimonials, video, interactive element, donation information (individual, corporate, foundation)
 - a. Example here: <https://www.birthdetroit.com/capitalcampaign>

- **III. Designing and implementing capital gift strategies**

- **Donation size:** Due to the high cost of renovations, CSSBC will need to close at least two, and ideally more, gifts of \$1,000,000 or more. CSSBC is in an excellent position to start this process as one major funder has pledged \$1.5 million and another has indicated they plan to give \$1 million. If CSSBC can secure a third \$1 million+ donation, ideally from an individual donor, it will be in excellent shape. Additionally, CSSBC may consider returning to the funders who have already indicated they will contribute \$1,000,000+ to ask for additional funds as the cost of renovations has come back higher than expected. Using these major gifts to catalyze more large gifts (\$450,000 and up) will be essential to meeting the campaign goal within two years.
- **Donor/Funder capacity:** At this time, the organization feels that **\$5,000 - \$300,000** gifts are realistic targets for campaign donors and funders, with stretch gift goals of \$600,000 (1) and \$450,000 (1). See Recommend giving levels table below for more details. These stretch gifts could come as multi-year grants from institutional funders or multi-year gifts from individual donors. The Campaign Manager will assist the CSSBC staff in donor stewardship and organizing, which includes encouraging the donors who give at high levels to engage in peer to peer fundraising with their existing networks, bringing in other major gifts.
- **Donor interest:** Current donors and funders giving to CSSBC are invested in the vision of safe and thriving birth on Chicago's South Side, inspired by the

leadership of Jeanine Valrie-Logan, and curious what the overall needs will be for the entire project, from renovations to operations. Prospective donors are interested in improving birth outcomes, particularly for Black birthing people. Many are interested in reimagining public health throughout the Chicago area.

- **Team capacity:** Once a capital campaign committee is established and trained in June 2024, each committee member can hold 3-5 donor relationships alongside Jeanine and Lesley, who can hold 10-15 relationships ongoing. The Campaign Manager will play a significant project management role in helping staff and committee members steward these relationships.

1. Recommended giving levels: \$7,000,000*

<u>GIFT RANGE</u>	<u># GIFTS REQ.</u>	<u># PROSPECTS REQ.</u>	<u>SUBTOTAL</u>	<u>CUMULATIVE TOTAL</u>	<u>CUMULATIVE %</u>
<u>1500000</u>	<u>1</u>	<u>5</u>	<u>1500000</u>	<u>1500000</u>	<u>21%</u>
<u>1000000</u>	<u>1</u>	<u>5</u>	<u>1000000</u>	<u>2500000</u>	<u>36%</u>
<u>600000</u>	<u>2</u>	<u>10</u>	<u>1200000</u>	<u>3700000</u>	<u>53%</u>
<u>450000</u>	<u>2</u>	<u>10</u>	<u>900000</u>	<u>4500000</u>	<u>64%</u>
<u>300000</u>	<u>3</u>	<u>15</u>	<u>900000</u>	<u>5400000</u>	<u>77%</u>
<u>150000</u>	<u>4</u>	<u>20</u>	<u>600000</u>	<u>6000000</u>	<u>88%</u>
<u>120000</u>	<u>6</u>	<u>30</u>	<u>720000</u>	<u>6720000</u>	<u>96%</u>
<u>60000</u>	<u>8</u>	<u>40</u>	<u>480000</u>	<u>7200000</u>	<u>102%</u>
<u>30000</u>	<u>10</u>	<u>50</u>	<u>300000</u>	<u>7500000</u>	<u>107%</u>
<u>15000</u>	<u>12</u>	<u>60</u>	<u>180000</u>	<u>7680000</u>	<u>110%</u>

<u>10000</u>	<u>14</u>	<u>70</u>	<u>140000</u>	<u>7820000</u>	<u>112%</u>
<u><5000</u>	<u>500</u>	<u>2500</u>	<u>50000</u>	<u>7870000</u>	<u>113%</u>
<u>Total:</u>	<u>563</u>	<u>2815</u>		<u>7870000</u>	

The total adds up to more than \$7,000,000. This is intentional:

- Costs of construction tend to go up.
- Nonprofits often neglect to budget donor recognition into their plans, and plaques and signs always add up to more than expected.
- It's always better to raise more than you need.

TOTAL:563 donors, \$7,000,000

- All giving levels have specific targets identified in the [Moves Management Plan](#).

Giving Impact Correlation:

The key to successful campaign fundraising is mapping the direct impact of a donor’s individual and/or collective gifts towards organizational outcomes and results.

For example, Case for Support presented to a prospective donor who has the capacity to make a \$150,000 gift.

“Your gift of \$150,000, combined with other campaign gifts we are cultivating at this time, will allow us to complete all Heating, Ventilation, and Air Conditioning needs for all three floors of the birth center within the next 3-6 months.”

“Your gift of \$100,000, combined with other campaign gifts we are cultivating at this time, will allow us to _____ by _____.”

Donors will give a second gift or stretch more if they understand how it is being put to use to move the project forward. To this end, Wright Collective and CSSBC have mapped the following benchmarks around each of the targeted fundraising goals.

Through this mapping, CSSBC’s fundraisers will be equipped to help these donors understand the power of their gift and donors will feel increased confidence knowing that the organization has done its due diligence on renovation planning.

2. Fundraising benchmarks:

We’re so excited to share that we have already purchased our building, and after receiving several bids for renovation, we’ve chosen a partner we feel confident in to usher the project into the next stages of design development and construction documents.

- \$3,000,000 raised by December 31, 2024 will position us to complete all permitting and bidding so we can begin renovations in February 2025.
- \$2,500,000 raised by June 30, 2025 will position us to continue renovations of the second floor clinic space at the birth center.
- \$2,000,000 raised by December 31, 2025 will allow us to finish renovations by December 2025, prepare for opening in early 2026, and hire all clinical staff needed for the first year of operations.
- \$500,000 raised by June 2026 will position us to fully fund the second year of birth center operations!

● **IV: Identification and tracking all prospective donors and lapsed/current donors to engage**

Name	Affiliation	Gift Capacity	Potential Ask
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- All donors actively being engaged and solicited are in the [Moves Management](#)

Plan.

- All prospective donors to be cultivated and engaged are in the [Prospect Well](#).

V: Managing the Campaign**Campaign Manager**

In May 2024, CSSBC and Wright Collective will jointly assess the implementation needs that will include some of the following support from Wright Collective:

Role of Campaign Manager:

- *Manage the campaign committee* including monthly meetings and individual tracking of campaign members' donor outreach (providing support with materials, information, suggestions for solicitations, etc). Providing updates to the committee on the wins and challenges of the campaign.
- *Support Jeanine and Lesley on their moves management sheet* including setting up and attending meetings with prospective and current donors and foundation partners. Jeanine will hold the majority of the major donors to the campaign.
- *Track pledges and donations in the database* including all committee members and Jeanine's donors and prospects. All donors, pledges, and prospects should be coded in the system that allows for easier tracking and report pulling as well as future analysis of the campaign.
- *Draft content for campaign webpage and update the crowdfunding language on DonorBox fundraising platform* for the board, committee, and other stakeholders to create their own fundraising pages for the campaign.
- *Manage small and large events* including house parties, virtual events, and large in-person campaign events. There could be a separate subcommittee focused on campaign events with members from the campaign committee and the board's Latch and Stroll committee. This committee can support events through planning, taking on specific event roles (hosting; managing volunteers; soliciting speakers, in-kind donations, etc).

Resources for Campaign Management

- **Development and Philanthropy Calendar of Activities** *The calendar is being developed and will be finalized by 5/31/24.*
- **Staff, Board, and Committee Work Plan** *The comprehensive work plan is being developed and will be finalized by 5/31/24.*
- **Campaign Budget** *The budget is being developed and will be finalized by 5/31/24.*

Next Steps:**To be completed by June 30, 2024:**

- All campaign collateral created, including Case for Support, updated slide deck for presentations, renderings, operating budget, campaign t-shirts, and campaign magnets/stickers.
- Board, staff and capital campaign committee complete fundraising training with Alyssa Wright of Wright Collective.
- Establish a campaign committee that will meet monthly.
- Strategy for all major donors and funders determined.

To be completed by September 30, 2024:

- Staff and committee lead Silent Phase fundraising with donor identification and talking points support from the Campaign Manager.
- Staff and Board plan campaign events and activities (per each constituency) through 9/30/25.
- Staff works with consultant to set campaign email marketing and social media strategy and budgets accordingly.
- Staff applies for all LOIs/grants identified in the Prospect Well with deadlines before 9/30/24.
- Staff and consultants determine publicity and media strategy drafted for 2025 for Jeanine and CSSBC.

- Consultant and staff develop clear roles for staff, board, campaign committee roles as relates to fundraising for 2025.

Campaign staffing structure:

- Lead Steward and Founder Jeanine Valrie-Logan: lead fundraiser, especially individual donors and government contacts
- Director of Organizational Development and Strategy Lesley Kennedy: lead grant writer, supports Jeanine and campaign strategy with government contacts and municipal and state funding
- Campaign Manager Mary Demery: runs all aspects of the campaign, supports Jeanine and Lesley with talking points, campaign materials, campaign strategy, manages campaign committee, supports events
- CSSBC Communications Hire: leads graphic design of all materials for campaign, operationalizes strategy for email marketing and digital campaign
- Campaign Committee: lead fundraisers
- Board of Directors: lead corporate outreach for Latch & Stroll event, participate in Year-End and Black Maternal Health Week fundraisers, serve as ambassadors

Capital Campaign Committee outline:

- Monthly 90-minute calls beginning in July 2024
- 10-12 working members, 3-5 honorary members
- Influential chairperson(s)
- Commitment to financial goal and strategic oversight
- Can serve for any amount of time
- Personal financial commitment to campaign



RE: 24-Month Capital Campaign Plan

To Whom It May Concern

With the signatures below, the legal organizational representative of Chicago South Side Birth Center confirms that we intend to meet our Capital Campaign goals as outlined in the preceding document, *24-Month Capital Campaign Plan*. We intend to raise \$7,000,000 by the Spring of 2026, with \$1,500,000 already pledged.

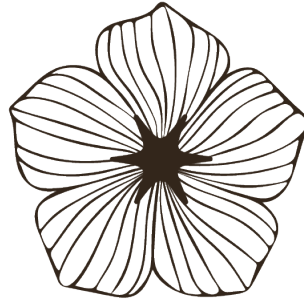
Sincerely,

Jeanine Valrie Logan, CNM, MSN, MPH
Founder & Executive Director
Chicago South Side Birth Center
(Officer of organization)

Lesley Kennedy, MA
Administrator
Chicago South Side Birth Center

Funders for Chicago South Side Birth Center 2024

Funder (In order of award date)	Amount	Program/Department/ Project	Date Received
Irving Harris Foundation (3-year grant totaling \$150,000)	\$50,000	General Operations	50K (11/2023) 50K (11/2024), 50K (11/2025)
Summer Oaks Fund (3-year grant totaling \$350,000)	\$150,000.00	General operations	150K (12/2023) 150K (6/2024), 150K (6/2025)
Trotula Fund	\$55,000.00	Support staff/Admin position	45K (2/2024) 10K pending
Molina Healthcare Illinois	\$250,000.00	General operations	2/2024
TOTAL awards for 2024	\$505,000.00		
Anticipated Awards for 2024			
Groundswell	\$50,000.00	General operations	Applied, pending
MPact for Families (Maven and March for Moms)	\$40,000.00	General operations/capacity building	Applied, pending
NeoCon-Design a Better Chicago	\$25,000.00	Building design	Applied, pending
Blue Cross Blue Shield of IL	\$100,000.00	General operations + 3 community events	Applied, pending
Individual Donors/Community Support	\$250,000.00	General operations	
Latch & Stroll Sponsorships	\$25,000.00	General operations	
Speaking engagements	\$1000.00	General operations	
Space usage	\$500.00	General operations	
Board Give/Get	\$50,000.00	General Operations	
TOTAL anticipated awards	\$541,5000		



Chicago
South Side
BIRTH CENTER

Business Plan

Jeanine Valrie Logan

Executive Director and Director of Midwifery

jeanine@chicagosouthsidebirthcenter.org

773-791-6462

chicagosouthsidebirthcenter.org

Executive Summary

Chicago South Side Birth Center (CSBBC) is a non-profit, independent, Black midwife-led Birth Center located on the South Side of Chicago. We aim to offer a low-risk option for birth and mixed risk option for reproductive health care for people in their own neighborhood and community. We hope to be an answer to the lack of care options currently available on the south side as well as a solution to the disparate maternal and child health rates among Black birthing people and children on the South Side.

With only four hospitals on the South Side providing maternity services, the lack of access to prenatal, birth, and postpartum services are tremendous. Without proper intervention and care, rates of infant and maternal morbidity will increase, and access will continue to be a barrier. It is our goal of the Chicago South Side Birth Center to disrupt these maternal health outcomes for Black birthing people and their families across the city's South Side.

The mission of Chicago South Side Birth Center is to provide concordant, culturally centered, evidence-based midwifery care alongside families and within the community to improve outcomes, promote wellness, and abundance in whole health. Lastly, we aim to grow intergenerational wellness across the South Side through our community health education, ongoing community engagement, and learning offerings to those interested in the fields of health, midwifery, and collective wellness.

The goals and plan for the Chicago South Side Birth Center include:

- Increasing the number of birth options available to birthing people on the South Side of Chicago,
- Addressing the disparities and inequities in maternal and infant outcomes in Chicago from before the time a person gets pregnant,
- Providing full-spectrum, evidenced-based maternity, gynecological, family planning and postpartum care utilizing a midwifery care model,
- Creating a liberatory space that affirms the experience, autonomy, identity, healing, self-determination, and liberation of Black birthing people, their families, and communities.

Lastly, Chicago South Side Birth Center will improve the health disparities of pregnant people and babies on the South Side of Chicago by:

- Improving access to care
- Promoting low-intervention births
- Providing culturally centered and concordant care
- Cultivating and empowering Black mothers and birthing people as partners in their own healthcare

- Providing educational workshops to engage and partner with community in our efforts to improve birth and overall health outcomes

Company

Chicago South Side Birth Center (CSBBC) is a non-profit, independent, midwife-led future Birth Center that will be located on the South Side of Chicago. We aim to offer a community-centered option for birth and reproductive health care services for people in their own neighborhood and community. We will be an answer to the lack of care options currently available as well as a solution to the disparate maternal and child health rates among Black women, birthing people, and children on the South Side.

Overview

Our

Chicago South Side Birth Center's mission is to provide concordant, culturally centered, evidence-based midwifery care alongside families and within the community to improve outcomes, promote wellness, and abundance in whole health. Lastly, we aim to grow intergenerational wellness across the South Side through our community health education, ongoing community engagement, and learning offerings and training to those interested in the fields of health, midwifery, and collective wellness. We envision CSSBC will be a space for collective community healing, joy, and liberation.

Mission

The Chicago South Side Birth Center will be a freestanding birth center, have a home-like atmosphere, and will be centered *within* the healthcare system. Birth Centers focus on a program of care designed in the "wellness model" of pregnancy and birth guided by principles of prevention, sensitivity, safety, appropriate medical intervention, and cost effectiveness¹. Chicago South Side Birth Center will comprise a team of highly qualified professionals that include midwives, nurses, a physician collaborator, pediatricians, nutritionists, social workers, along with childbirth and postpartum doulas and educators. Lastly, CSSBC will offer perinatal mental health services to ensure that women have the tools and resources needed during and after their transition to parenthood.

Research has found that birth centers are safe and effective places to provide access to comprehensive care to mitigate infant mortality and morbidity rates². CSSBC will address the unmet social, cultural, and medical needs of the community by providing gynecologic and midwifery care, education, resources, support groups (called Share

¹ American Association of Birth Centers (2016). What is a birth center? AABC website. Retrieved from <https://www.birthcenters.org/page/whatisbirthcenter>

² Stapleton, S.R., Osborne, C., Illuzzi, J. (2013). Outcomes of Care in Birth Centers: Demonstration of a Durable Model. *Journal of Midwifery & Women's Health*, Volume 58(1), 3-14. <https://doi.org/10.1111/jmwh.1200>

Circles), holistic complementary therapeutic services such as yoga, meditation, and access to the CSSBC's community garden.

The Chicago South Side Birth Center has been successful in passing legislation that expands the number of birth centers and ownership entities in Illinois, specifically in areas where the Maternal and Child Health outcomes are worse than the state and county outcomes. This legislation, HB738, was signed by J.B. Pritzker in August 2021 and was the first step in actualizing a birth center on the South Side. CSSBC has 501c3 status, has developed a transfer agreement with Advocate Trinity Hospital, and has identified a Medical Director.

We have developed programmatic partners with local organizations, FQHCs, and community members which not only affirms the overall support we have been receiving but will allow us to provide services collaboratively across the south side. CSSBC aims to raise 7 million dollars for our capital costs and first two years of operation. We anticipate completing our capital campaign and starting operations in spring 2026.

Business Description

The

Problem

Based on the most recent maternal and child health outcomes in Chicago, non-Hispanic Black women have both the highest rates of severe maternal morbidity and pregnancy-associated mortality. Black women in Chicago have the highest rates of severe maternal morbidity which is 120.8 per 10,000 deliveries, versus 46.9 for white women and 60.0 per Hispanic women³. Despite having similar birth rates, Black women die during or within one year of pregnancy nearly six times more often than non-Hispanic White women⁴. Furthermore, women living in communities with high economic hardship, have the highest pregnancy-associated mortality and maternal morbidity rates as well.

In addition to these findings, Black babies on Chicago's South Side have the worst health outcomes. Current infant mortality rates in Cook County (this is the county where Chicago is situated but includes other cities) are 6.1 per 1,000 live births⁵, and within

³ Illinois Department of Public Health (2018). Illinois Maternal Morbidity and Mortality Report. IDPH website. Retrieved from <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf>

⁴ Ibid.

⁵ March of Dimes (2024). Peristats. March of Dimes website. Retrieved from <https://www.marchofdimes.org/peristats/data?top=6&lev=1&stop=91®=99&sreg=17&creg=17031&obj=1&slev=6>

the Chicago area, 6.6 per 1,000 live births⁶. In the context of race, Black babies die at more than three times the rate of white babies in Chicago and double the rate of Latinx babies⁷. Findings have also revealed that the Calumet Heights neighborhood (where Advocate Trinity Hospital closed its OB unit in Spring 2020 to make space for COVID patients and then reopened in the Fall) has an infant mortality rate of 22.3 per 1,000 live births⁸, with several other South Side neighborhoods — Englewood, Washington Park, Greater Grand Crossing, and South Shore also having infant mortality rates at 13 or above, which is over twice the Cook County average⁹.

Access to care continues to be a barrier that increases the current infant and maternal mortality and morbidity rates across the City of Chicago. Current findings reveal that 24.6% of Black women have inadequate access to prenatal care, in contrast to 11.3% for white women¹⁰.

Some of the barriers to access include:

- Lack of insurance
- Non-existent or lack of transportation
- Provider & healthcare institution mistrust due to previous traumatic healthcare experiences
- Systematic racism
- Poor institution reputation in the Black community
- A reduction in birth options (i.e. hospital and OB unit closures across the South Side)
- Currently, there are no birth centers on the South Side of Chicago

Since 2019, three South Side hospital OB units have permanently closed leaving only three remaining hospitals on the South Side providing maternity services. This further reduces access to obstetric care tremendously. Without proper intervention and care, rates of infant and maternal morbidity will increase, and access will continue to be a barrier. It is our goal of the Chicago South Side Birth Center to disrupt these maternal health outcomes for Black birthing people and their families across the city's South Side by providing healthcare and collaborating with community partners to meet client needs.

⁶ Chicago Health Atlas (2021). Infant mortality statistics. Retrieved from <https://www.chicagohealthatlas.org/indicators/infant-mortality>

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ March of Dimes. (2018). Inadequate prenatal care by race: Chicago, 2004-2014 Average. March of Dimes Peristats. Retrieved from <https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=1714000&top=5&stop=36&lev=1&slev=5&obj=1m>

The Solution

CSSBC will pursue our mission by providing concordant, culturally safe, evidence-based midwifery care to women, infants, and families in the community. The Midwife Model of Care is an approach to maternity care that is different from traditional care as it is very hands-on, trusts the normal, physiologic birth process, promotes minimal intervention, and offers continuous labor support¹¹. As a Black midwife led space, CSSBC augments the tenet of the midwifery model of care by incorporating a “tending to” and “fussing over” approach to maternity care where the time spent, and nurturing (love) offered are key differences in the standard care that is provided for Black women.

Evidence also shows that Black women, birthing people, and infants overall have better outcomes when they are cared for by Black providers¹². Our evidence-based model of care includes longer clinic visits where clients can have their concerns and questions addressed, prenatal/postpartum visits in the home, and centering the clients' experiences/cultural/and community resources. These differences are directly related to the improved outcomes we anticipate at CSSBC.

The goals and plan for the Chicago South Side Birth Center include:

- Increasing the number of birth options available to birthing people on the South Side of Chicago,
- Addressing the disparities and inequities in maternal and infant outcomes in Chicago from before the time a person gets pregnant,
- Providing full-spectrum, evidenced-based maternity, gynecological, family planning and postpartum care utilizing a midwifery care model,
- Creating a liberatory space that affirms the experience, autonomy, identity, healing, self-determination, and liberation of Black birthing people, their families, and communities.

Lastly, Chicago South Side Birth Center will improve the health disparities of pregnant people and babies on the South Side of Chicago by:

- Improving access to care
- Promoting low-intervention births
- Providing culturally centered and concordant care
- Cultivating and empowering Black mothers and birthing people as partners in their own healthcare

¹¹ Midwives Alliance of North America (2020). The Midwives Model of Care. MANA website. Retrieved from <https://mana.org/about-midwives/midwifery-model>

¹² Stallings, E. (2019). Black patients, black physicians and the need to improve health outcomes for African Americans. NBC Universal website. Retrieved from <https://www.nbcnews.com/news/nbcblk/black-patients-black-physicians-need-improve-health-outcomes-african-americans-n1000696>

- Providing educational workshops to engage and partner with community in our efforts to improve birth and overall health outcomes

Innovative**Midwifery****Care**

CSSBC will address the disparities and inequities of Black woman and birthing people, pregnant people and babies on the South Side of Chicago through a birth center and midwifery care model. Research has found that birth centers are safe and effective places to provide access to comprehensive care to mitigate infant mortality and morbidity rates¹³. Midwife led birth centers are successful in lowering cesarean rates, 6% in birth centers compared to 27% in hospitals¹⁴. 2019 data shows that cesarean rates are now higher at 31.7%¹⁵. Birth centers and midwifery care also increase breastfeeding rates, patient confidence and satisfaction, reduce preterm birth rates, and reduce healthcare costs¹⁶.

A Place for Healing and Liberation

Another major goal of CSSBC is creating a liberatory space that affirms the experience, autonomy, identity, healing, self-determination, and liberation of Black birthing people, their families, and communities. Although we will serve clients of all demographics, our work at CSSBC will center Black people. CSSBC believes birth justice in praxis involves the centering of Black birthing people, Black experiences, and Black healing practices. As Black birthing people, we believe we know what is best for us individually as well as collectively. We believe Black people have the solutions and technology to create our own liberation—specifically our freedom and autonomy regarding birth, parenting, and healing.

We envision CSSBC as a home that embodies these ideals and that cultivates and empowers Black women and birthing people as partners in their own healthcare. We see our role in providing culturally relevant access to safe midwifery care as a commitment to the larger social justice movement and informs our resistance and organization. Understanding this role, we further see Chicago South Side Birth Center

¹³ Stapleton, S.R., Osborne, C., Illuzzi, J. (2013). Outcomes of Care in Birth Centers: Demonstration of a Durable Model. *Journal of Midwifery & Women's Health*, Volume 58(1), 3-14.

<https://doi.org/10.1111/jmwh.1200>

¹⁴ Ibid.

¹⁵ Osterman, M.J.K., Hamilton, B.E., Martin, J.A., Driscoll, A.K., Valenzuela, C.P. (2022). Births: Final data for 2020. *National Vital Statistics Reports*; vol 70;17. Hyattsville, MD: National Center for Health Statistics. DOI: <https://dx.doi.org/10.15620/cdc:112078>

¹⁶ Shannon, D.W. (2019). National Evidence Confirms Birth Centers Deliver Improved Health Outcomes at Lower Cost. American Association of Birth Centers website. Retrieved from <https://www.birthcenters.org/general/custom.asp?page=strong-start-national-report#bottom-line-women>

not as a reactionary response to systemic oppression and white supremacy but as a necessary entity—a literal space—that exists to build community, heal, and liberate.

Increased Access to Care
 CSSBC’s establishment on the South Side of Chicago increases the number of birth options available for Black women and birthing people. Since 2019, three south side community hospitals have closed their labor and delivery units displacing thousands of subsequent births across the south side¹⁷. CSSBC will also improve access to care by ensuring that all, including Black and Brown birthing persons are able to obtain the resources to meet their obstetrics and reproductive health needs when they are either out of reach financially, geographically, socioeconomically, or otherwise through traditional services.

Expanding Wellness Model
 CSSBC will also provide reproductive/gynecologic health services for the extended community. Services offered will include well-person care (annual exams, family planning, STI testing) and primary care to be provided by fully licensed healthcare providers as part of community partnerships. The offering of these services is unique in the birth center model as many only provide care during pregnancy, birth, and newly postpartum. It is our goal to extend our wellness health care model to CSSBC as we understand the barriers to quality care that are present for our communities.

CSSBC aims to work in the intersections of healing justice through our community education circles and community support. We will offer Share Circles (support groups) that help prepare families experiencing pregnancy and childbirth. The community education classes will include topics on childbirth education, breastfeeding, new parents/newborn care, trans/gender non-conforming parents, father-identified, postpartum self-care, and co-parenting groups.

CSSBC will also develop health-centered support education groups for community members that are living with health conditions and who can benefit from more support. These groups' focus will include topics of fertility, endometriosis, fibroids, diabetes, nutrition education, and hypertension. Our Share Circles are important and unique as participants will benefit from the shared community with other participants, sharing resources, the medical attention from CSSBC staff that will be provided as needed during groups, and the overall focus of collective wellness amongst community members which is an impact that is different and expands outside of traditional medical care.

¹⁷ Golden, Jamie Nesbitt (2020). St. Bernard Hospital Suspends OB Unit to Treat Coronavirus Patients. *Blockclubchicago.org*. Retrieved from <https://blockclubchicago.org/2020/04/27/st-bernard-hospital-suspends-ob-unit-to-treat-coronavirus-patients/>

Eliminating Insurance Barriers

CSSBC is different than other birth center systems as we are committed to increasing access for Black women and girls that are uninsured, under insured, or received Medicaid benefits. Many birth center models across the US do not accept Medicaid due to the poor reimbursement rates. It is frequent practice to exclude people from birth center care based on their insurance. In Illinois, birth centers are required to accept Medicaid. At CSSBC, we are committed to bringing Black midwifery care and birthing options directly to our community and will welcome clients regardless of their insurance carrier. In fact, we anticipate a clientele and payor mix of 80% Medicaid/20% Commercial insurance at CSSBC. CSSBC will also provide financial assistance to those who qualify and want to participate in programs and services but do not have the financial resources to do so.

Service Area and Demographics

The Chicago South Side Birth Center will be primarily serving communities in Planning Area A-3 of Illinois' medical-surgical and pediatric care planning areas. This Planning Area comprises 30 Chicago community areas (Figure 1). The Birth Center's Service Area covers about a quarter (27%) of Chicago's total population. Table 2 provides an overview of the planning area's demographics.

Figure 1: Planning Area Map

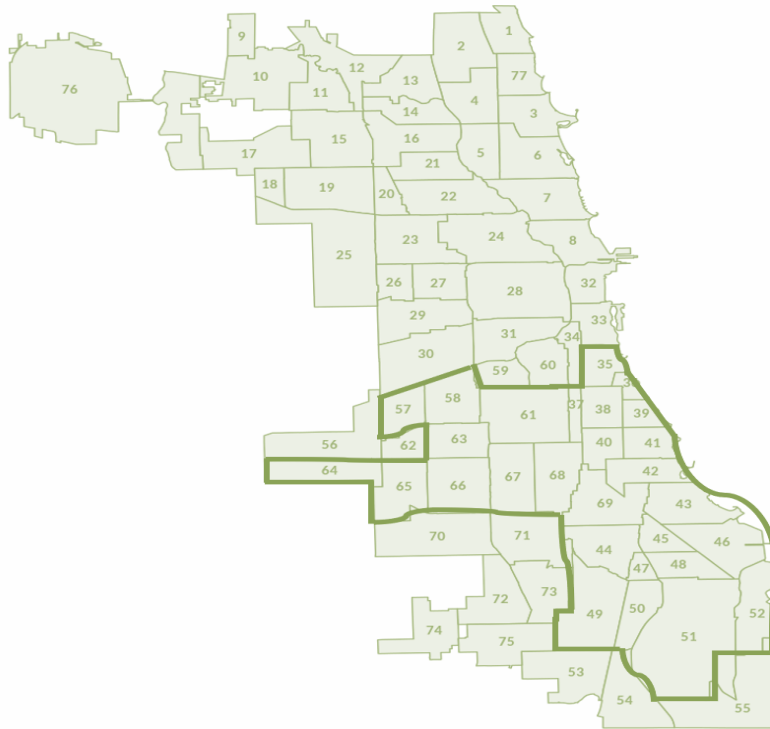


Table 1: Community Areas (CA)

CA Number	Community Area	CA Number	Community Area
35	Douglas	50	Pullman
36	Oakland Park	51	South Deering
37	Fuller Park	52	East Side
38	Grand Boulevard	56	Garfield Ridge
39	Kenwood	57	Archer Heights
40	Washington Park	58	Brighton Park
41	Hyde Park	61	New City

42	Woodlawn	62	West Elsdon
43	South Shore	63	Gage Park
44	Chatham	64	Clearing
45	Avalon Park	65	West Lawn
46	South Chicago	66	Chicago Lawn
47	Burnside	67	West Englewood
48	Calumet Heights	68	Englewood
49	Roseland	69	Greater Grand Crossing

Table 2: Service Area Demographics

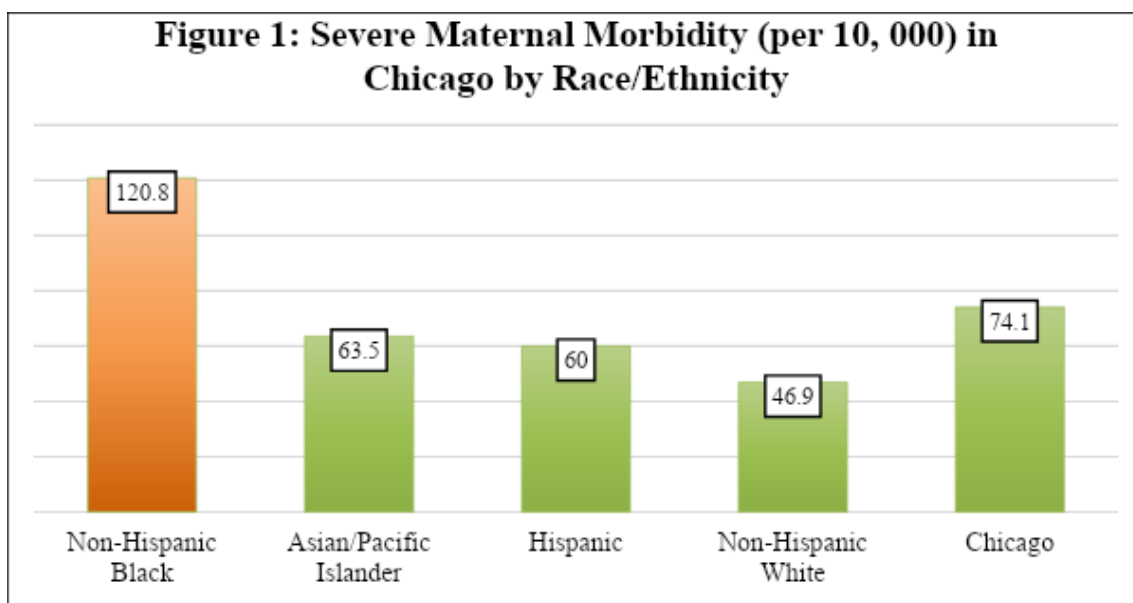
General Demographics	CSSBC's Service Area	Chicago
Total Population	730, 414	2, 665, 039
Non-Hispanic Black	57%	29%
Female	53%	51%
Life Expectancy	73 Years	75 Years
% Uninsured	10.10%	9.75%
% Less than High School	17.52%	14.1%
Median Household Income	\$41,815	\$62,097

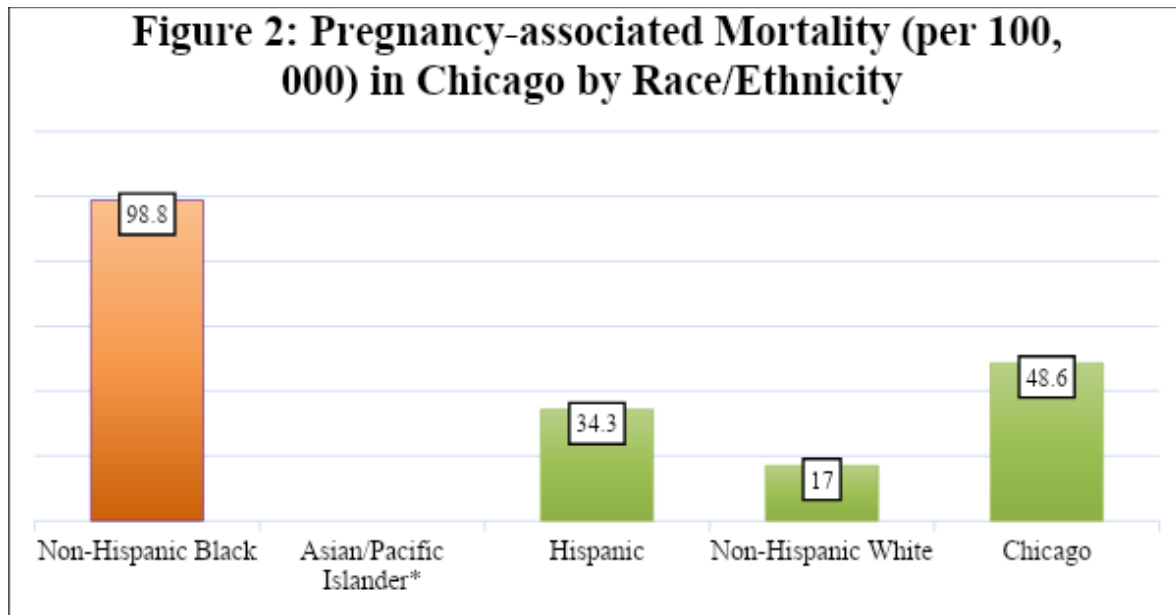
(Source: [Chicago Health Atlas](#))

Chicago's Racial Disparities and Birthing Outcomes

Despite continued medical advancements and high health expenditure in the United States, stark racial disparities in maternal and infant health persist (Hill et al., 2022). Black birthing persons and infants experience mortality rates double or triple those of White families (Welch et al., 2022). Black women also have higher rates of preterm births, low birthweight births, or births for which they received late or no prenatal care compared to White women (Hill et al., 2022). Implicit bias and racism in the health system also contribute significantly to widely disparate outcomes. They affect health care providers' perceptions and decisions, creating inequalities in access, patient-provider interactions, treatment decisions, and health outcomes. For example, false beliefs such as Black people having less sensitive nerve endings have influenced some health care providers to rate Black patients' pain lower and result in less-appropriate treatment recommendations (Hoffman et al., 2016).

In Chicago, non-Hispanic Black women have both the highest rates of severe maternal morbidity and pregnancy-associated mortality. As depicted in Figure 1, the rate of severe maternal morbidity among Black women in the city is 120.8 per 10,000 deliveries, versus 46.9 for White women and 60.0 for Hispanic women (Chicago Department of Public Health [CDPH], 2018). Furthermore, despite having similar birth rates, the risk of Black women dying during or within one year of pregnancy is almost six times more than for non-Hispanic White women (CDPH, 2018). In addition to these findings, Black infants in Chicago's South Side communities have the worst health outcomes (Healthy Chicago Babies, 2016). Since 2010, Non-Hispanic Black infants have had an infant mortality rate that is approximately three times higher than Non-Hispanic White infants (Healthy Chicago Babies, 2016).





*Data count is low

Maternal and infant health disparities are manifestations of broader underlying socio-economic inequities that are rooted in structural racism and discrimination. For instance, the legacy of segregation policies and structural racism has resulted in low availability of health care services in Black communities, which exacerbates maternal and infant health outcomes. The North Side of Chicago has close to 10 times as many health care providers available as Black communities on the South Side (Henricks et al., 2018). Transportation and childcare might be further hurdles to receiving health care for women who must travel further to acquire necessary care. Findings have also revealed that the Calumet Heights neighborhood (where Advocate Trinity Hospital temporarily closed its Obstetrics unit in Spring 2020 to make space for COVID patients) has an infant mortality rate of 15.4 per 1,000 live births (Chicago Health Atlas, 2022). Several other South Side neighborhoods - Englewood, Washington Park, Greater Grand Crossing, and South Shore also have infant mortality rates at 13 or above, which is over twice the Chicago average of 5.2 (Chicago Health Atlas, 2022).

The growing awareness of the dire maternal and infant health outcomes among Black people led the Biden-Harris administration to develop the 'Blueprint for Addressing the Maternal Health Crisis' in June 2022. This encompasses five goals, which includes efforts to expand access to coverage and care, increase access to a broader array of services and providers, improve data collection and reporting, and strengthen economic and social support for people during pregnancy and postpartum (White House, 2022). In the effort to achieve Goal 4 (expanding the perinatal workforce), the federal government plans to provide guidance to states to help them expand access to licensed midwives, doulas, and freestanding birth centers. Building a birth center on Chicago's South Side

therefore serves as an important contribution towards the work of improving health outcomes and reducing disparities.

Background on Freestanding Birth Centers

Maternity care and childbirth have increasingly become over medicalized over the past twenty years. In the US, the C-section rate is above 30% and cesarean deliveries have consistently been the highest among Black people with a rate of 36.2% (March of Dimes, 2023). Interest in midwife-led care and in the establishment of birth centers has steadily increased to address the overmedicalization of birthing. A free-standing birth center is a maternity unit that provides care based on the midwifery and wellness model and promotes pregnancy and birth as natural physiological processes. It is also geographically separate from any maternity care site that provides epidurals and performs cesarean sections (Walsh and Downe, 2004). The American Association of Birth Centers (AABC) further defines birth centers as freestanding home-like facilities that provide safe, culturally relevant, midwifery-led maternal healthcare for all (Walsh and Downe, 2004).

The National Association of Childbirth Centers continues to encourage the development and licensing of free-standing birth centers, and currently, 41 states and the District of Columbia license birth centers. It is often taken for granted that birth occurs in a hospital setting, however, research has revealed that when healthy women with low-risk pregnancies give birth in traditional hospital labor wards, they are more likely to experience interventions and surgical birth (Coxon et al., 2014). Furthermore, there is mounting evidence that birth centers offer a model that successfully supports the Triple Aim of healthcare: improving population health outcomes; enhancing patient satisfaction; and reducing healthcare costs (Welch et al., 2022). Drawing on empirical evidence, this literature review section will explore how birth centers positively impact health outcomes.

A structured review by Walsh and Downe (2004) on the outcomes of freestanding birth centers found that the rates of cesarean sections was considerably lower in birth center groups compared to hospital groups (6.1% vs 12.6%). The same review also found a large difference in the rate of episiotomies (surgical cut made at the vagina opening) between groups- with the birth center groups being lower (47.2% vs 71.8%). Another study found that hospital clients were significantly more likely to deliver a preterm baby (11.0% vs. 7.9%) and have lower birth weight infants (Howell et al., 2014).

Several studies have also reported higher breastfeeding initiation rates at birth centers compared to hospitals. MacDorman and Declercq (2016) reported that among all births in the United States in 2014, there was a 97.8% breastfeeding initiation rate among birth center births, compared with an 80.8% rate in hospitals. Another study by Thornton (2017) revealed that the rate of breastfeeding at discharge was 94.51% among birth center clients compared to 72.77% among persons who delivered in a hospital. This finding is important as breastfeeding rates are significantly lower among Blacks

compared with people from other racial and ethnic groups (Centers for Disease Control and Prevention, 2020). Factors attributed to breastfeeding disparities in the United States include socioeconomic inequalities, lack of paid family leave, and limited health insurance coverage for breastfeeding support services (George, 2022).

Furthermore, studies have revealed that participants who delivered in birth centers reported higher degrees of autonomy and respectful care and less instances of mistreatment, compared with participants who birthed in hospitals (Almanza et al., 2022; Vedam et al., 2019). Birth centers are also a model of care that offers a return on investment in patient-centeredness and cost value. The Centers for Medicare and Medicaid estimate that births in birth centers can save an average of \$1,163 per birth, or \$11.6 million per 10,000 births per year (Howell et al., 2014).

Despite the numerous benefits of birth centers, birth site preference is a complicated decision for many pregnant people who are BIPOC (Adams, 2016; Weisband et al., 2018). Previous studies examining the preference for birthing sites indicate that one of the leading concerns for pregnant people is the safety of their birth environment (Adams, 2016; Coxon et al., 2014, Thompson & Wojcieszek, 2012). For some, safety is avoiding a hospital birth and having a birthing experience that is culturally centered and rooted in reproductive justice. For other people, a safe birth consists of the availability and proximity of tertiary care, such as obstetricians/gynecologists, in case of an emergency that requires this kind of intervention (Coxon et al., 2014; Thompson & Wojcieszek, 2012).

Although Black birthing people represent about 23% of births in the United States, they account for only an estimated 2% of community births (Sperlich et al., 2016). The overwhelming majority of planned home births and birth center births in the United States are chosen by White women, while a greater percentage of Black women who give birth out of hospital have unplanned births (Sperlich et al., 2016). A study in Pittsburgh that explored the factors associated with birth center clients electing hospital births, found that Black race and having public insurance were significantly associated with elective hospitalization for labor and birth (Sanders et al., 2021).

Another study in Ohio showed that Black clients in a midwife-led practice during prenatal care were more likely to transfer to physician-led care during both prenatal care and delivery compared to their White counterparts (Weisband et al., 2018). Additionally, this was after adjusting for medical indications that could account for the transfer (Weisband et al., 2018). The authors suggest that the findings could be due to lack of racial diversity in the midwifery profession and culturally competent birth center staff (Weisband et al., 2018). Implicit biases may also increase the likelihood of more black patients being transferred to physicians during delivery as black women are more at risk of low-risk cesareans. It is also possible that some patients may feel they will receive better care delivering at a hospital.

Birth center ownership is also challenging. BIPOC-owned birth centers comprise less than 5% of the birth centers in the United States, which is largely due to a lack of funding (Welch et al., 2022). Establishing a birth center requires a significant amount of capital which is often difficult for women of color to obtain due to socio-economic inequities. Additionally, many birth workers who are BIPOC are often working unpaid to raise the funds needed to open birth centers to address the health disparities in their communities.

Community Needs Assessment Data Collection

Community

Survey

As part of its planning and development, CSSBC distributed an online 23-question community survey to understand the community's perspective on building and utilizing a birth center on the South Side. There were 79 community members who responded to questions. The survey questions assessed respondents' knowledge of midwives and birth centers; their ideal provider and birthing experiences; attitudes towards freestanding birth centers and their demographic information was collected. There were also open-ended questions, which allowed respondents to share their feelings about their birth experiences and any additional information they wanted the planners to know. Descriptive analysis was conducted to assess the needs, desires, and experiences of the respondents.

Focus

Group

To examine the community's interest in a local birth center, CSSBC also held a focus group. There was a total of four people who participated. The objectives of the focus group were to gauge community interest, collect input about the types of services the participants believed would fill current gaps in care and gather ideas that would enhance the quality of the birth center.

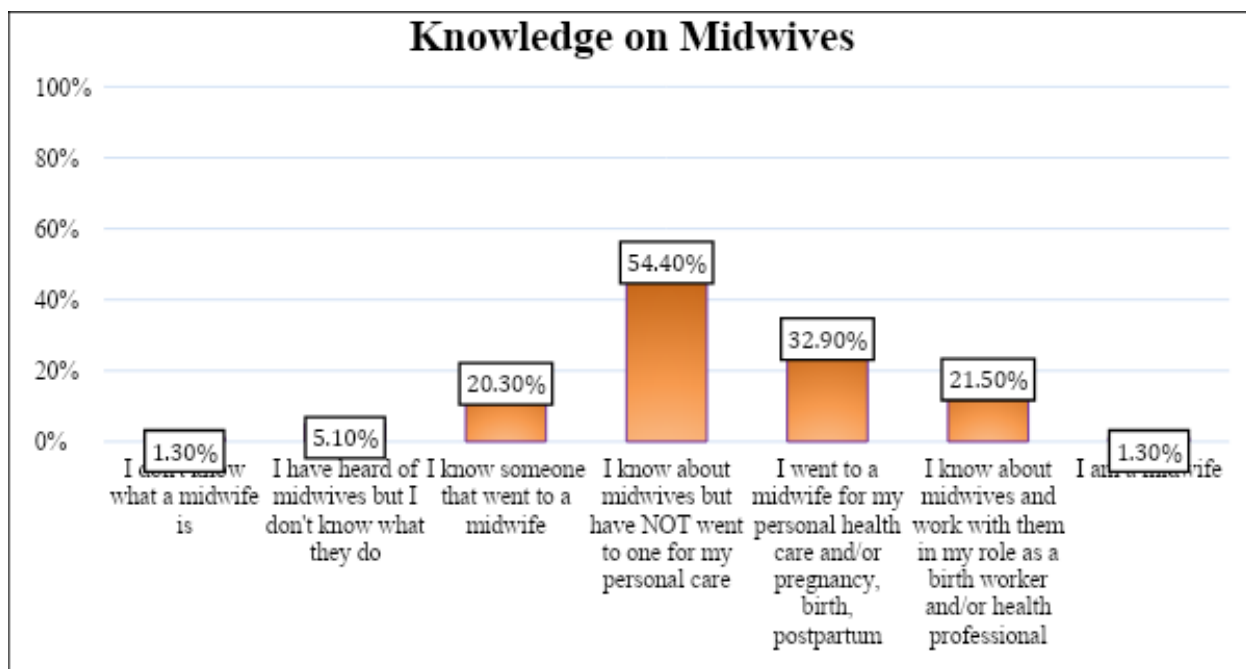
The focus group was guided by the principles of liberatory design; an approach to addressing inequity and power imbalances in design processes. CSSBC endeavors to build relationships of trust with our community and expand the dialogue on how the birth center model of care can respond to health inequity. Unlike traditional research methodologies that have a structured set of steps, liberatory design emphasizes giving voice to the participants and providing them a space to reflect and increase their agency in the design process. It also uses tools such as creative thinking and critical dialogue. Furthermore, liberatory design supports collaborative learning between researchers and communities and enhances communities' capacity to equally participate in research. As a Black-led organization shaped by community voices, it is important to continue to create opportunities to understand the experiences, emotions, and motivations of the people we are planning to serve.

Quantitative Results- Community Survey

Knowledge of and Perception of Midwives

Access to midwifery care in the United States is far lower than in most other industrialized nations, with midwives attending approximately 10 % of US births compared to 50-75% in other high-income countries (Vedam et al., 2018). Midwifery care was virtually obsolete in the United States by the mid-twentieth century. Maternity care provided by Obstetricians was perceived as the safest birth option for pregnant women. Although midwifery care has made a comeback in the USA, midwives are not fully integrated into the healthcare system in many states and often face multiple barriers to practicing. Since most people have limited access to midwives, the study measured people's awareness about midwifery care. It is important to understand if people are aware of the different options available for birthing as more choices can help to improve outcomes for mothers and children.

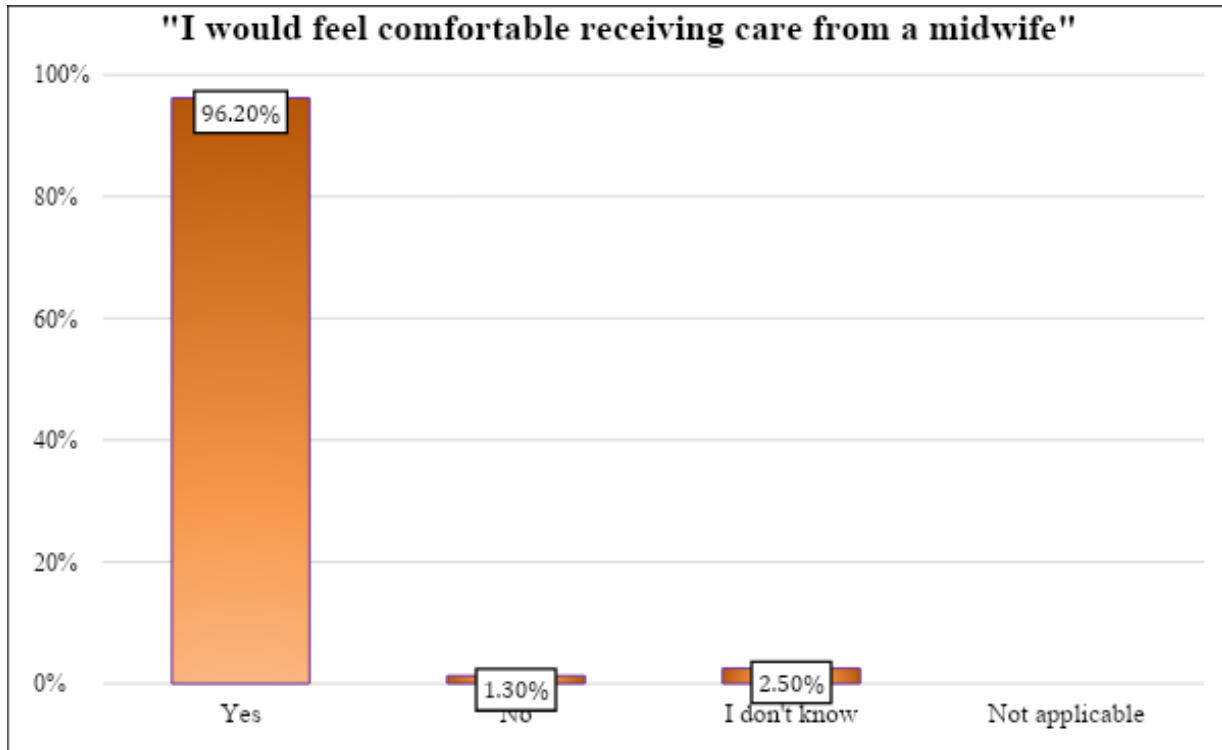
- Among the survey respondents, 54% knew about midwives but have never used their services.
- There were 32.9% respondents who have visited a midwife for their care.

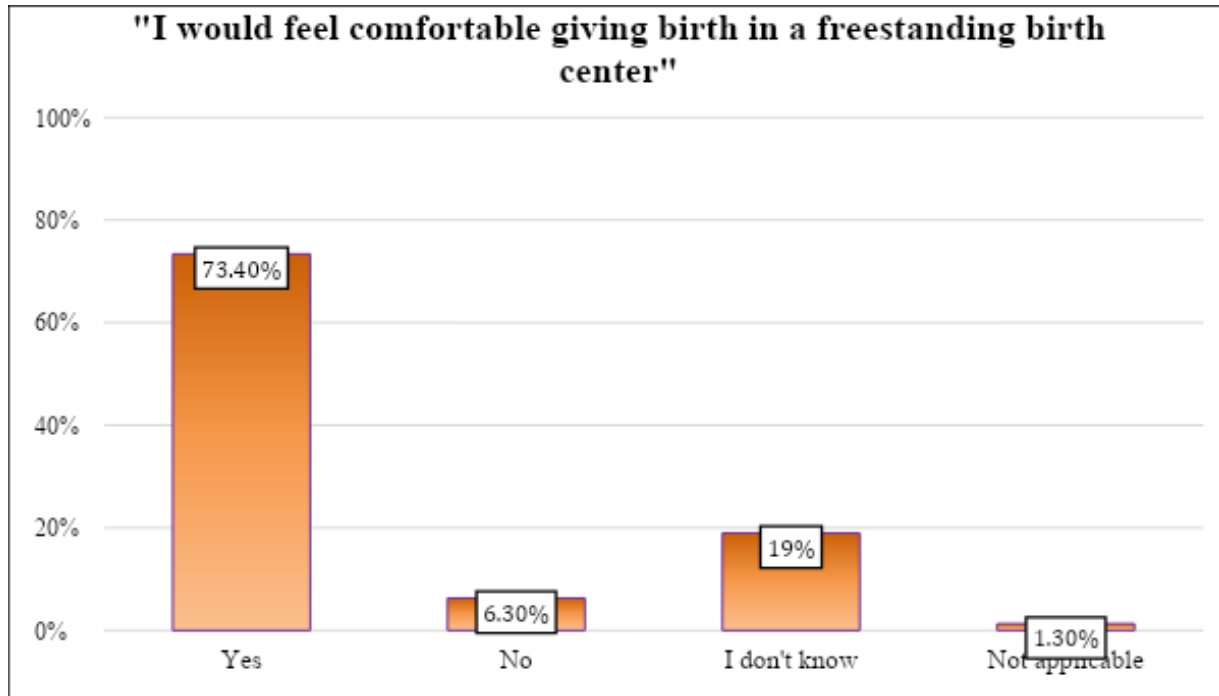


Attitudes Towards Midwifery Care and Freestanding Birth Centers

The survey assessed if people would feel comfortable receiving care from midwives and giving birth at a freestanding birth center. Majority of respondents were receptive to receiving care from a midwife, but not all were comfortable receiving midwifery services at a birth center. This indicates that there is some hesitation about giving birth outside of a hospital, which most people consider as the norm.

- According to the findings, 96.2% reported that they would receive midwifery care and 73.4% reported that they would deliver at a birth center.
- The percentage of respondents who would not opt for freestanding birth centers was 6.3% and 19% said they were unsure about it.





Responses from those who answered 'no' or 'I don't know' to delivering at a freestanding birth center:

Respondents who would not give birth at a freestanding birth or were unsure were given the chance to elaborate. Many people raised concern about how a birth center would handle emergencies requiring obstetrical interventions. Others stated that their decision will be based on the birth center's values and the length of stay at the birth center.

"My first pregnancy our heart rates were dropping and we needed immediate intervention. I'm not aware if birthing centers would be able to do that."

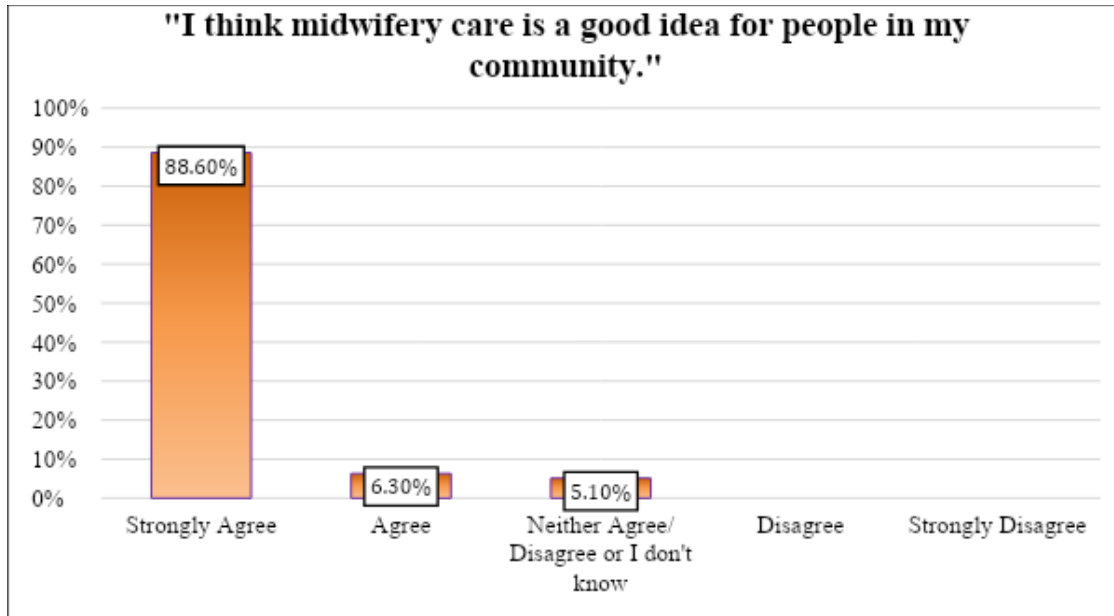
"Family history of cesarean sections."

"Personally, it's totally dependent on the actual birthing center. I would want to know that their values and practices align with my birthing choices."

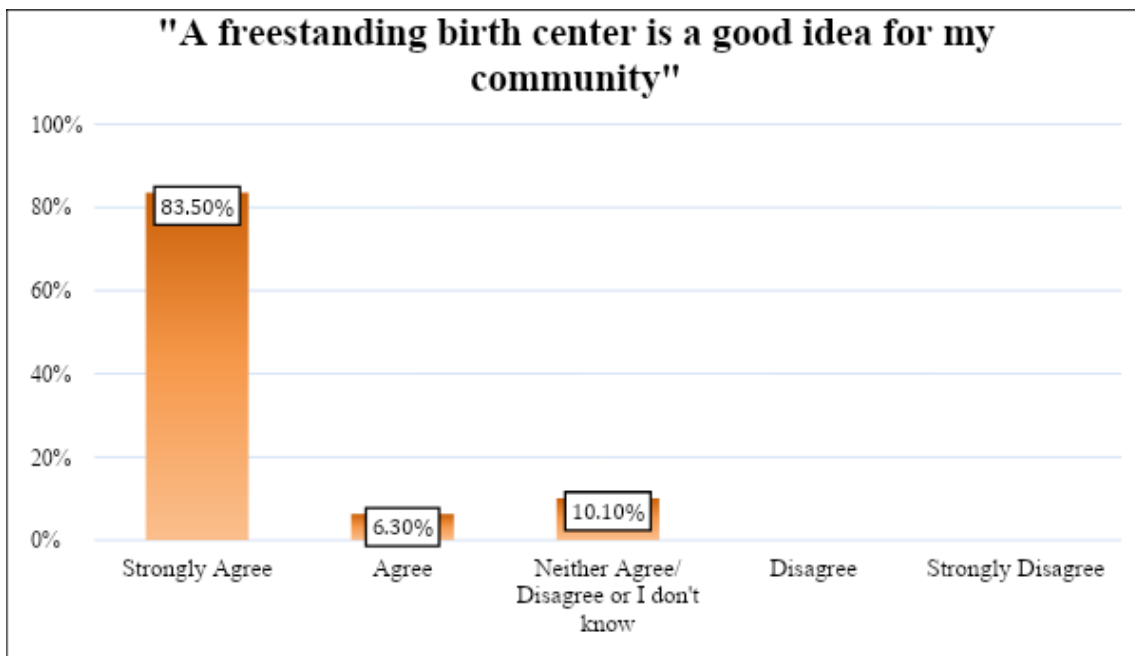
"Because of the limited amount of time you stay in a birth center. I feel it is not long enough and postpartum care needs to be prioritized."

Desire for a Freestanding Birth Center and Midwifery-led Care on the South Side

Over 80% of respondents believed that having a birth center and midwifery-led care in their community is a good idea. This is a positive indication that people want expanded choices for birthing services and are supportive of a birth center in their community.



There were 88.6% of respondents who believe that midwives are a good idea for the community and 83.5% believe that a freestanding birth center is a good idea for the community.

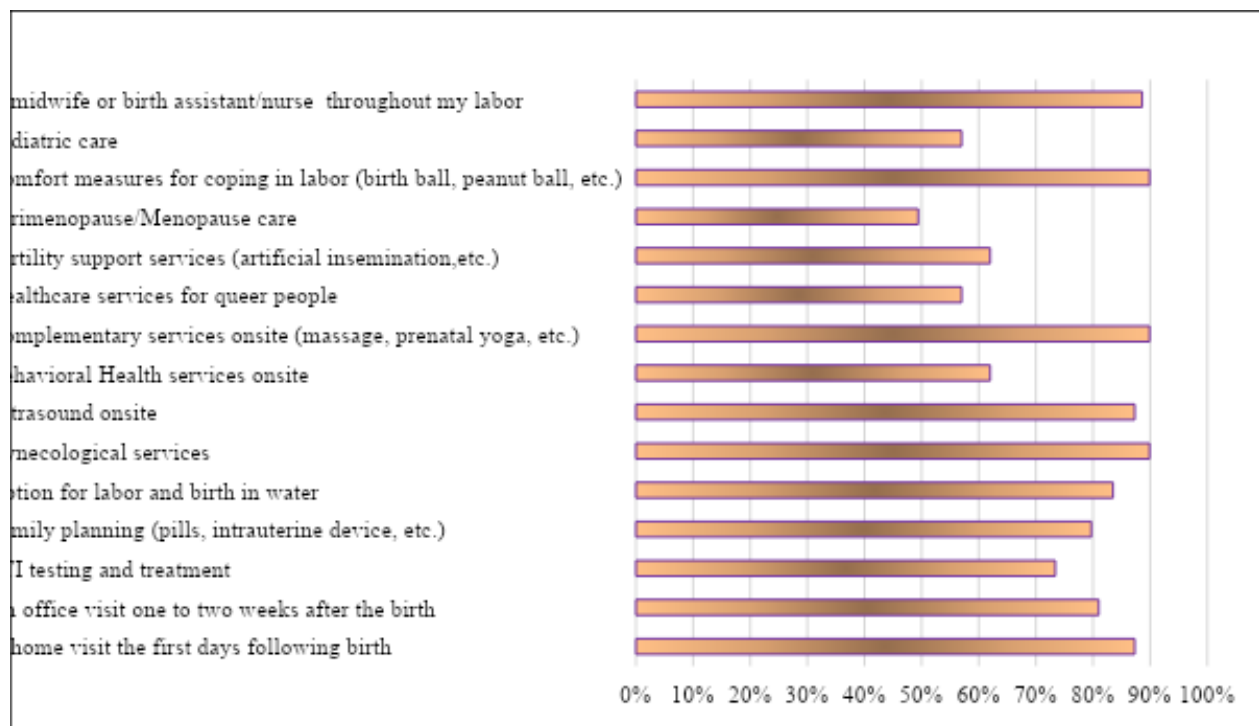
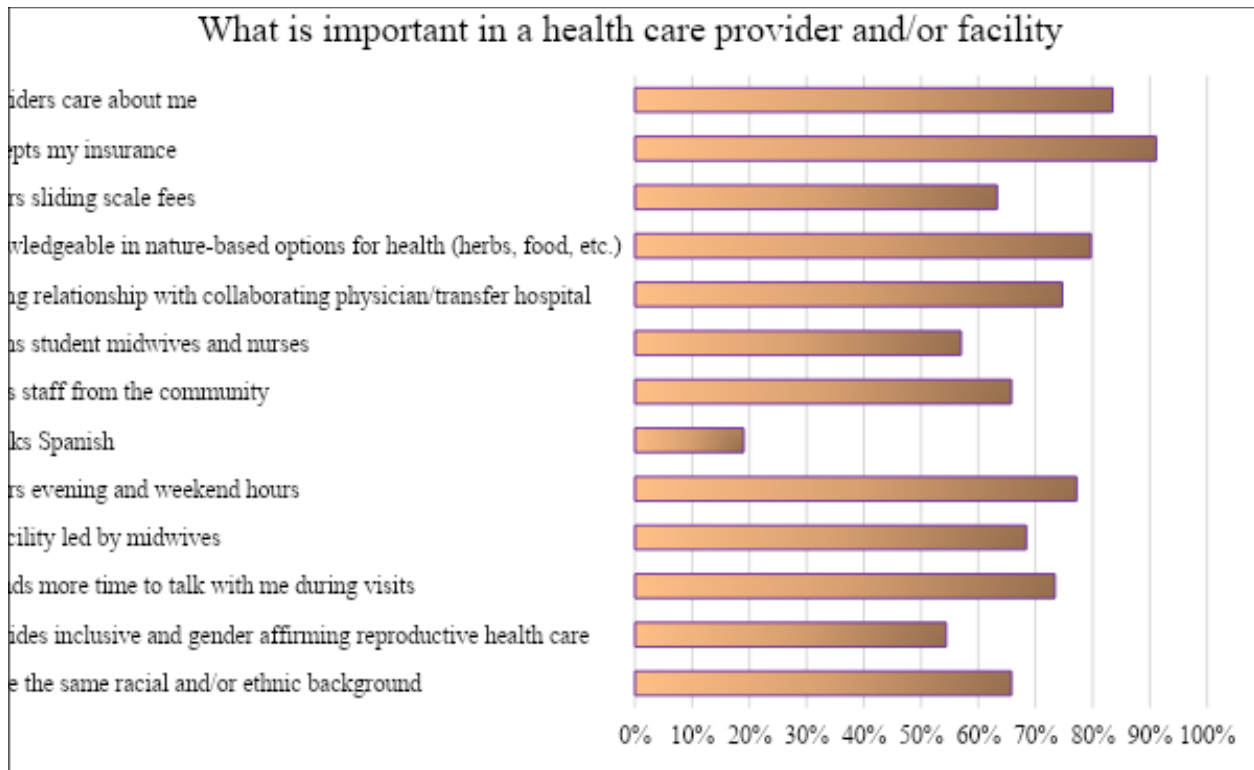


Desired Needs from a Provider and Services from the Birth Center

It was important to understand what qualities community members look for in a provider as the CSSBC aims to be responsive to our clients' needs and ensure that they can have a positive experience. We also assessed the kind of services they would want

the birth center to offer. This will help us tailor our services and create an environment that caters to a variety of needs.

- Community members identified having a provider who accepts their insurance as the most important priority. Having a caring provider was also important to the respondents. These needs therefore suggest some of the unmet needs in the current health system.
- The most requested clinical services were gynecological services (e.g., fibroid care, polycystic ovarian syndrome and pap smears).
- Respondents also ranked having a midwife present during labor as important.
- Notably, other services offered by a birth center that ranked highly focused on comfort and continuity of care; services often not available in traditional hospital-based OB units.



Demographic Characteristics

The key demographic characteristics of the sampled respondents of the community survey are depicted in the graphs below.

Insurance

- Three-quarters of the respondents have insurance through their employers.
- Only 1% stated that they are uninsured.

Educational Attainment

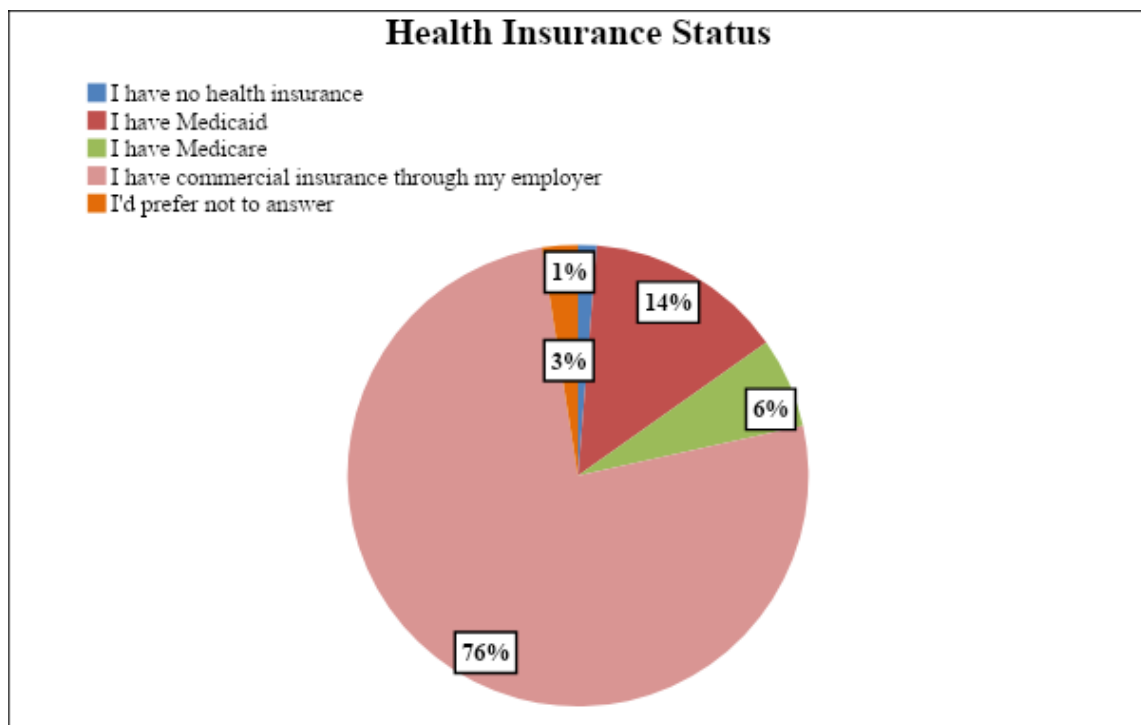
- Majority of the respondents have more than a college degree.

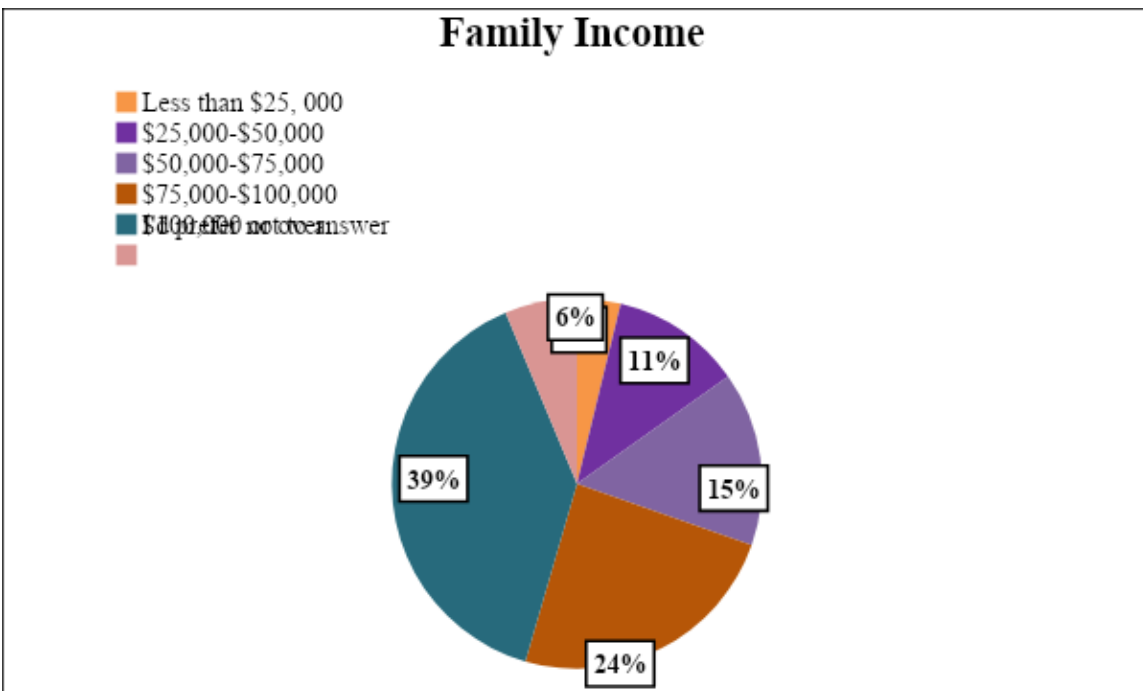
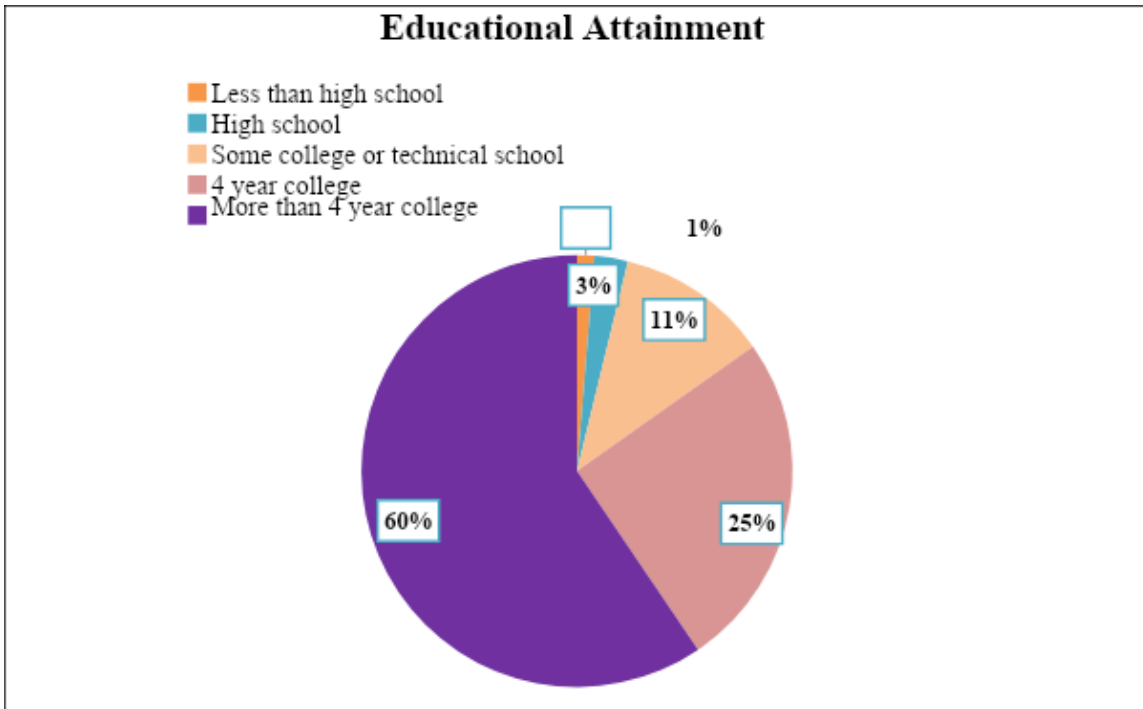
Gender

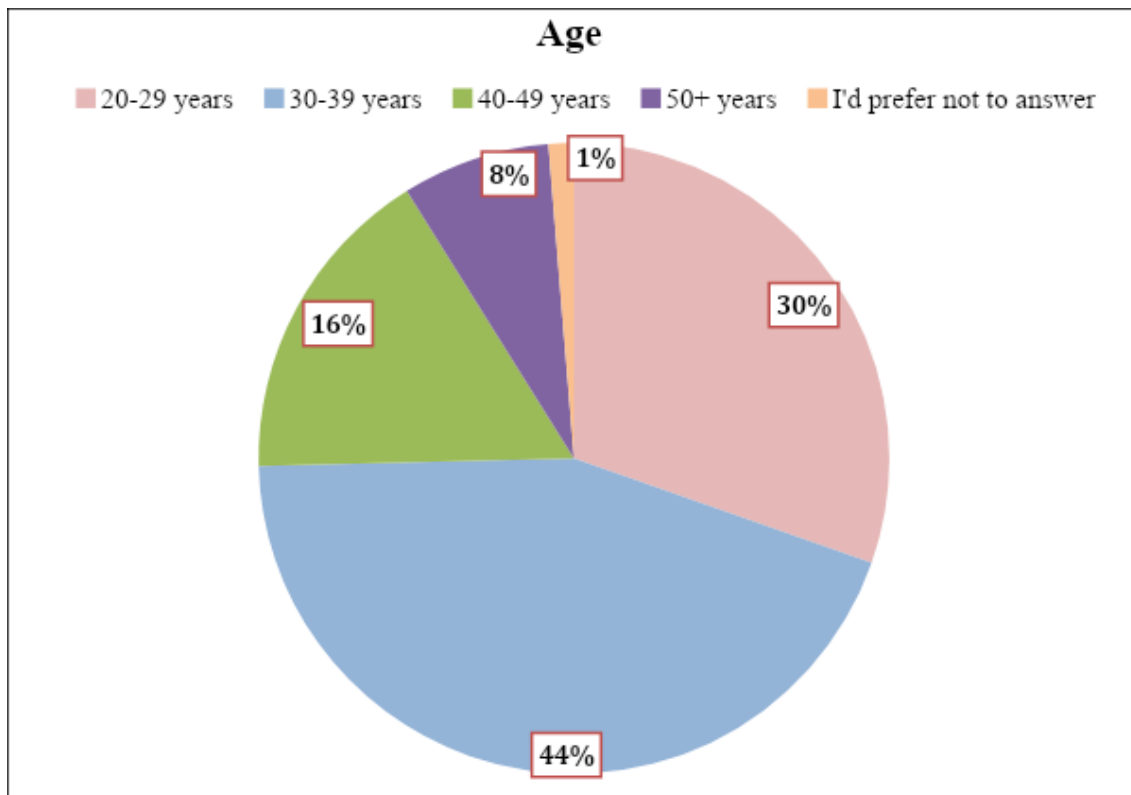
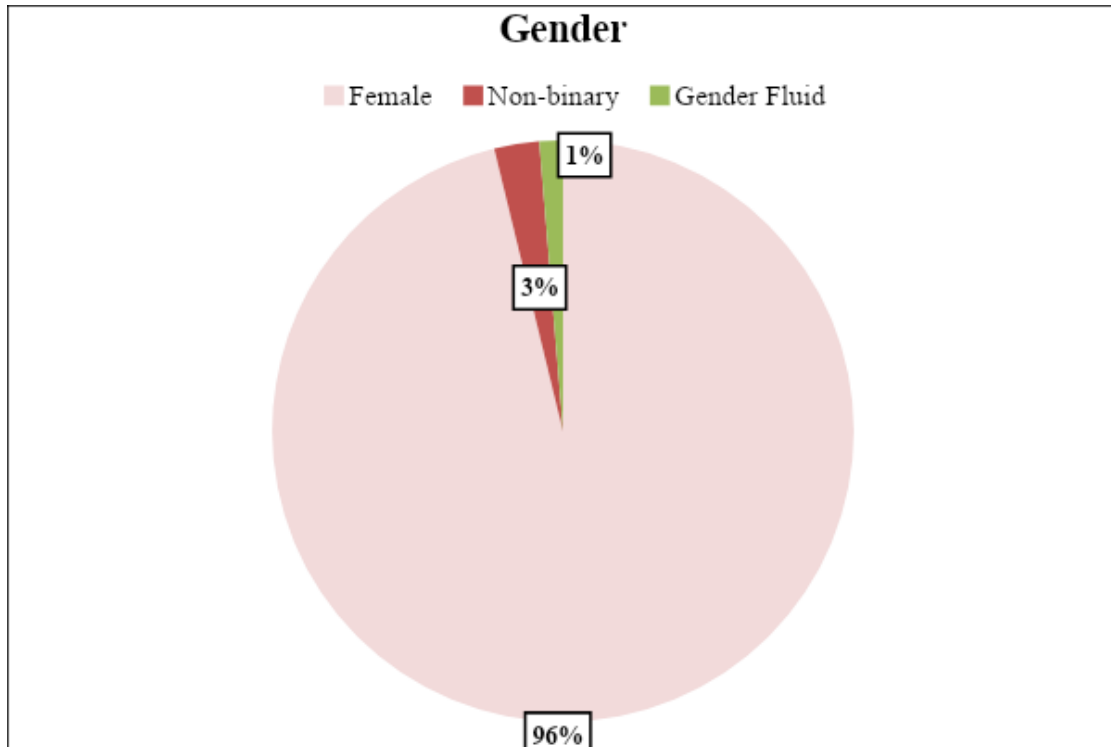
- Over 95% of respondents were female.

Age

- Three-quarters were between 20-39, which indicates that most of the respondents were females of reproductive age. As such, the birth center could be a possible option for those who are planning to have children.







Qualitative Results - Focus Group

Strengths, Weakness, Opportunities and Challenges (SWOC)

Analysis of Chicago's Maternal Health Care System

The focus group was designed to produce a SWOC analysis of the maternal healthcare landscape in Chicago. Participants were asked to assess the current strengths and weaknesses of Chicago's maternal health care system. In addition, they discussed how the birth center would provide opportunities to address health inequity and promote systems change. Furthermore, they also provided some challenges they foresee with opening a birth center on the South Side. Table 2 summarizes the key themes that emerged from the SWOC analysis.

Strengths of the Maternal Health System

The major strengths that emerged from the analysis is that overall, Chicago and the State of Illinois have made substantial effort in terms of policy reform to improve care for those who are most affected by health inequities. The state has extended Medicaid Postpartum coverage for up to 12 months postpartum. In addition, Medicaid reimburses doulas and midwives, which helps to increase access to culturally diverse providers and community-based health care.

"We're one of the few states that have Medicaid expansion and there are a lot of states that don't have that. We're in support of midwifery care models, we're talking about reimbursement rates, we have a robust MMRC [Maternal Mortality Review Committee]."

"Chicago..Illinois, we are on the right side of the maternal health policy, they're discussing the issue and not being dismissive, they're passing laws, and things are being prioritized."

Participants also mentioned that Chicago hospitals are among the best in the world, with high quality infrastructure and medical technology. Furthermore, there is an abundance of expert providers who have extensive experience in responding to maternal and infant health morbidities.

"There are people who travel to Chicago to get treatment at NorthWestern; we've got some of the best talent in the world here".

Weaknesses of the Maternal Health System

Although it was acknowledged as a strength that Chicago is home to the best hospitals in the USA, the need to equitably distribute healthcare resources was resounding. Participants highlighted that BIPOC communities are disproportionately affected by

geographic disparities in healthcare resources since they are often underserved. The following quotes summed up the sentiments.

“There’s a lot of resource-poor hospitals in Black and Brown neighborhoods- you might have hardworking physicians there but if they’ve got to squeeze lemons every time it creates burnout”.

“I’ve been at Rush, and other academic medical centers- North Western, UI Health and Loyola- they are resource rich hospitals that have specialty care and I’ve been to a Roseland and Jackson Park where they’re not as resource rich - you see that what they have available to provide for those communities are glaringly different”.

There were also concerns raised about the lack of patient-centered care in hospitals. Many participants contend that OB units in hospitals tend to depersonalize the birthing processes. According to the respondents, patients are not fully seen or heard but rather, just “*passed along the conveyor belt*” as one participant bluntly stated.

“I feel like with the new nurses and doctors- it’s a job, there’s no extra effort to ensure the patient gets all that they need and going above and beyond to see that the patient gets every resource they need”.

Opportunities for Systems Change and Birth Equity

All of the participants were optimistic about the opening of the birth center and believe that it will help to meet the needs of families and influence systems change. The importance of patient autonomy was also underscored in the focus group as many of the participants believe that in the birth center, the mothers will feel seen and heard and their choices will be honored. The birth center will also expand options for families and increase access to maternity care. This is salient for people in BIPOC communities who face barriers accessing culturally relevant care due to structural racism.

“It will improve access to care, when Mercy closed you only had University of Chicago and Advocate on the South Side. We had Jackson Park but they closed their maternal health services- this will help create more access and options”.

“Families previously blocked from access to birth centers will have more options and autonomy of their health decisions”.

Participants also expressed that the birth center will help to improve maternal and child health outcomes in the Black population. Furthermore, because there has been a history of medical trauma, especially since the creation of obstetrics and gynecology was rooted in experimenting on Black women, the birth center will be a safe haven for this community. The participants believe that the birth center will ensure Women of Color have safe deliveries and have better birthing outcomes. In the quote below, the

participant expressed that the birth center could help address the high prevalence of low-risk Cesareans among Black women, as patients' needs are centered, and the priority is providing an optimal birth experience for each client.

"I would say an improvement in postpartum outcomes- I think with the unnecessary c-sections, you can't get that back, you can't put an abdomen back exactly how it was - there's just so much you can't get back. Whereas, with a birth center, a client's expressions are being honored and she might look back on her birthing experience and say 'wow, I might do it again'".

"The Medical PTSD will go down. People take their birthing experience into their whole lives and imagine being 80 and still trying to let go of that mess- that's a long time".

Some participants also believe that more people opting for birth center deliveries will motivate hospitals to improve their service delivery. This will help to address the gaps in Chicago's maternal health delivery system.

Overall, the participants felt that having a birth center on Chicago's South Side is long overdue as many community members have been lacking care that makes them feel valued and seen. They believe that because the birth center is a community-driven initiative and will be delivered by people from the community, they will be able to approach the center with ease.

Challenges of Opening a Birth Center

The main problem that participants foresee with building a birth center on the South Side is that community members may not perceive it as an alternative and suitable option for maternity care. According to two participants, since these communities have borne the brunt of inequities, some people may think the birth center is a strategy to placate them.

"People might think they're getting substandard care and say they're giving us birth centers instead of hospitals. Especially after Mercy closing. Essentially, just because you're bringing something new to the community doesn't mean it's always well received".

"For the community to understand that the birth center can be trusted and they're good at what they do is a process. They may not see it as an option, rather it is because they don't have anything they are given this. So it needs to be promoted as care that is way better than the hospitals".

Another potential challenge is the lack of awareness about birth centers among community members. One of the participants highlighted that for her and for many

other Black women, hospital births are the norm. As such, people may have some skepticism about delivering at a birth center as it is likely they do not know anyone who has ever done it before.

“My mom gave birth at the hospital, my grandma gave birth at the hospital and my aunty- having different options outside what we’re used to is not something people will be willing to trust right away”.

Table 3: Summary of SWOC Analysis

Component of SWOC	Themes
Strengths	High quality hospital infrastructure
	World-renowned doctors
	Robust data collection and Maternal Mortality Review Committee
	Specialty care
	Responsive policies (midwifery care model, reimbursement of doulas, Medicaid Postpartum coverage).
Weaknesses	Fragmented/inequitable health system- resources are not equitably distributed across geographic areas
	Burnout among providers in hospitals located in low-income communities
	Poor communication from providers
	Lack of awareness about birthing options
	Lack of midwives for prevention care
	Healthcare delivery is not patient-centered
	Birthing is overmedicalized and depersonalized
Opportunities	Expands options for birthing people

	Enhances quality and safety of care
	Increases patient autonomy
	Reduces medical trauma
	Brings healthcare to maternity care deserts
	Improves Black maternal and infant health outcomes
Challenges	Birth centers may be perceived as inferior to hospitals
	Lack of awareness about birth centers

Key Assessment Outcomes

There were other significant themes that emerged from the focus group. These responses were useful and will inform how CSSBC engages with the community in promoting the birth center and strengthening our model of care.

1) Knowledge of Birth Centers and Midwifery

As highlighted in the SWOC analysis, many participants believe that if people lack awareness about birth centers and the roles of midwives, they would be wary of having a birth center delivery. It was therefore important to understand the level of knowledge participants have on midwifery care and birth centers, and in the process create an opportunity to learn and build understanding.

Generally, the participants knew that a birth center is a home-like setting and provides patient-centered care. Though they did not know all the specificities about the various services birth centers offer, most of the participants think that the birthing experience is better at a birth center than in a hospital. This sentiment can be summed up in the following excerpt.

“The difference to me is that in a birthing center a patient has more control and more of a voice in what her labor looks like versus being told this is what it is and this is what it has to be. There’s more of a personal treatment at a birth center, more about the experience than a cookie cutter experience”.

Some participants were unsure about the implications of a birth center operating as a ‘freestanding’ unit. A participant raised the following concern:

“If there is a complication during delivery, if they’re a freestanding birth center, what happens when mom needs to go to the hospital- what does that mean in terms of partnerships with hospitals?”

This concern opened the door for us to talk about the transfer agreement CSSBC has with Trinity hospital and to highlight that Illinois requires birth centers to have a transfer agreement with a hospital. It was also an opportunity to also reflect on how we can better define the concept of ‘freestanding’ to the communities the birth center plans to serve.

2) Attitudes Towards Birth Center Development

Overall, participants had a positive attitude towards the birth center and expressed that it would help to expand options for people on the South Side. They all agreed that increased options are critical to achieving reproductive and birth justice. Furthermore, they believe that the birth center will provide respectful and safe care. Some participants noted that birth center deliveries may not be the most appropriate choice for high-risk pregnancies.

“It depends- what is safe for mom and baby. If it is a high-risk mom, hospitals might be more appropriate and if it’s a low-risk mom, then a birth center is appropriate. I wouldn’t say better or worse- health of mum and baby is the priority”.

“I don’t think people understand that OBs are surgeons, if you’re healthy, you don’t need a surgeon. You’re honestly in better hands with a midwife. If your pregnancy is low-risk you’re safe and healthy with a midwife”.

There was one participant who believed that midwifery-led care was still the safest option for Black women. She also emphasized that high-risk pregnant women should still have access to various birth options and be connected to a midwife to deliver personalized care.

“It is not just about bringing the baby into this side of the earth, it is the support, the delivery and responding to needs- so when you don’t do that for a patient, you’re not providing the best care. Just because a person is high-risk doesn’t mean you limit their options, you need to explain to them what even high-risk is and give them the option to have midwifery care in the hospital. But now as soon as they’re high risk, you transfer them to a specialist, and you take away that connection with the midwife”.

3) Desired Services from the Birth Center

Participants suggested that the services mentioned below should be provided at the birth center. They believe that these services will address a variety of health

disparities and improve health outcomes. Lactation services, for example, could enhance breastfeeding initiation among black women, who have the lowest breastfeeding prevalence in the United States. Postpartum care can also help women care for their infants more effectively and feel more supported.

- Lactation consultation
- Parenting classes
- Disease prevention care
- Well-woman care
- Fertility awareness
- Nutrition education
- Resources for Intimate Partner Violence
- Support to partners
- Postpartum care
- Mental health care
- Wraparound care (social workers)
- Group Prenatal classes

4) Collaboration Between Maternal Health Stakeholders

Participants also discussed how the birth center will help to build partnerships for influencing maternal health outcomes and shared what that partnership will look like. They believe that collaboration with key stakeholders such as hospitals and the Chicago and Illinois Departments of Health will help to bring attention to disparities and increase awareness of birth centers.

One participant suggested that hospitals should have a contact person who is connected with birth centers and will be responsible for providing resources on birth centers to patients.

“Have someone at the hospital who’s connected to all the birthing centers and they would have information from the birth centers to distribute to patients so they know birth centers are an option”.

Another participant also highlighted that the birth center will help to reduce siloed work and contribute to a more integrated maternal healthcare delivery system, which will enhance patient-centered care.

“It will help different partners - the social worker, the OB-gyn, the specialist, the lactation consultant, to work together to provide support for the parent. Freestanding birth centers can help bring that together”.

Other participants highlighted that partnership between the birth center and stakeholders will help to enhance maternal health surveillance data. The birth

center will support the Illinois Department of Public Health and CDPH to collect data on maternal and infant health outcomes through providing care to clients.

“It will bring realistic data collection”.

Current Birth Center Infrastructure
 There are others doing comparable work (aka doctors catching babies in hospitals) but the fact of the matter is there isn't any true competition because the birth center is the only one like it on the South Side.

The Chicago South Side Birth Center will be the seventh birth center in the state of Illinois, and the third in Cook County. Currently, there are a total of six approved freestanding birth centers in Illinois:

- Birth Center at PCC in Cook County A-06
- Birth Center of Bloomington-Normal in McLean County D-02
- Burr Ridge Birth Center in DuPage County A-05
- Birth Center of Chicago in Cook County A-01-5
- North Point Birth Center in Winnebago County B-01
- Quincy Medical Group Birth Center in Adams County E-05
- Chicago South Side Birth Center in Cook County

Infant Mortality Rates in the 10th Ward

Community areas	Per 1,000 live births	%ile	Rank
• South Shore	14.0	95th	5th
• Hegewisch	6.0	51st	39th
• East Side	2.7	14th	67th
• South Deering	12.9	92nd	7th
• Altgeld Gardens	13.0	---	---
• Riverdale	10.1	83rd	14th
• South Chicago	15.8	99th	2nd
• Chicago (2005-2009)	8.1		
• Illinois (2021)	5.6		

(<https://chicagohealthatlas.org/indicators/VRIMR?topic=infant-mortality-rate>)
 (<https://data.cityofchicago.org/Health-Human-Services/Chicago-Infant-Mortality/5qqb-uvkn>)
 (<https://www.uchicagomedicine.org/-/media/pdfs/adult-pdfs/community/chna-community-profiles/riverdale-community-profile.pdf>)

Marketing

Plan

The Chicago Southside Birth Center is dedicated to improving birth outcomes for families on the South Side. We provide culturally sensitive, midwife assisted births, as

well as educational initiatives to empower birthing people and families. Our work is essential to expanding access to high quality care and creating lasting and sustainable growth, abundance, healing, and wellness for generations to come.

CSSBC provides birthing people and their families with the option to birth at a birth center, in addition to the option of home birth or hospital birth. Because hospitals often rely on interventional methods such as induction and prioritize maximizing the efficiency of birth as a medical procedure, giving birth at a birth center can offer a space that is sensitive to the birthing person's needs and desires.

There is a serious need for culturally sensitive care in the Southside community, as there are currently only four hospitals on the Southside that provide maternal care. Studies show that there are many benefits of choosing midwife led childbirth, such as reduced or minimal use of medical interventions such as c sections or epidurals, as well as a deeper sense of emotional, cultural, and spiritual support throughout the pregnancy and birthing process. Black birthing people and families face disproportionately high rates of infant and maternal morbidity, and our intention is to offer a low risk option for birth for community members in a culturally informed and supportive space.

Marketing Activities and Promotion

Promotion of CSSBC will be focused on digital marketing and community outreach through the birth center's website, social media pages, email marketing, and social networks of other childbirth and mom groups. Networking through local and national conferences and health fair opportunities will be used to expand our reach. We will also continue to cultivate community partnerships with other like-minded brands, organizations, and practitioners through co-referral programs and joint advertising. In addition to digital marketing and networking initiatives, we plan to continue our expansion through grass roots community outreach and activism, as well as free educational and community building events held on a consistent basis throughout the year.

Marketing Checklist

- Logo design, brand identity, website, photography for promotional materials
- Create letterhead, business cards, brochure, one page handout
- Optimize website placement with search engines
- Create and implement community needs survey
- Create and launch social media: Facebook, instagram, Twitter, Tiktok, Youtube
- Organize meetings at the birth center with birthworkers, childbirth educators, lactation consultants, etc
- Create engagement opportunities through social media optimization and monthly email newsletters
- Private and public open house events for physicians, birth workers, congress people, birth advocates, etc

- Monthly educational and community building events at the birth center for community members
- Large scale engagement events to promote mission and brand awareness

Operations

Chicago South Side is a non-profit and guided programmatically by the voices and lived experiences of the surrounding community and stakeholders. We aim to move forward as community driven, informed by the theories of social enterprise¹⁸. The staff, leadership, and community will have equal input for CSSBC's programming, services, the how and when we work, as well as creating spaces and opportunities for worker and community innovation and creation of programs and services. CSSBC honors individuals' lived experiences and acknowledges their expertise in our model of care. CSSBC is led by a strong and active board with Jeanine Logan, Executive Director and Director of Midwifery leading the organization to center our work and reach in honor of community.

CSSBC is informed by our grassroots research and community survey, an inquiry to what community members would like to see in a birth center in the community. The confidential survey responses inform our understanding of the need, drive service provision, program development, and contribute to the limited yet growing discourse and literature on BIPOC owned birth centers.

CSSBC honors individuals' lived experiences and acknowledges their expertise in birth justice work. We look to our community member experts and advisory council and board to guide our work, to elevate our mission, and define our impact (what heals and uplifts their individual and collective experiences). We recruit and hire from within community— geographically, racially, and with concordance in cultural, gender identity and sexuality— as to cultivate the safe, accessible, and culturally centered care we offer as well as to create opportunities for growth and leadership advancement. Having providers, staff, and board members that represent our constituents is centered in our development.

The CSSBC Community

Board of Directors

TIFFANY GORMAN (*Chair*)

As a child development specialist with a commitment to supporting families and communities, Tiffany believes literacy and strong family communication are the best

¹⁸ Barone, A. (2022). Social Enterprise. Investopedia.com website. Retrieved from <https://www.investopedia.com/terms/s/social-enterprise.asp>

ways to achieve positive outcomes for children. Tiffany is a doula at Windy City Doulas and is committed to expanding her professional and personal experiences to the work of Chicago South Side Birth Center. Tiffany holds a certificate in Diversity, Equity, and Inclusion in the Workplace Certificate from USF. She is an alum of Fisk University where she graduated with a BS in Business Administration/Management. Tiffany also holds a MS in Child Development from Erickson Institute. Outside of her doula work, Tiffany is a trained yogi and writer. She is the Founder of Gorman House Publishing and an amazing chef.

JULIANNA “JULIE” DAVIS (*Treasurer*)

A lifelong Chicagoan, Julie is a community advocate and committed to the life and joy of the Black community. She has numerous years of experience promoting wholeness and all facets of health within the community. Julie has worked in education and health care and has worked in maternal and child health for the last 3 years in her role as a High-Risk Community Health Specialist and Maternal Child Health Case Manager at Access Community Health Network. Her previous experiences include work as Medical Billing Coordinator (Ijegba Community Inc), Field Care Coordinator (Independent Living Systems, LLC), Education Coordinator (Children's Home + Aid), and Adult Educator (Chicago Commons). Julie is a University of Illinois Chicago alum and holds both a BA in Psychology and African American Studies as well as an M.Ed. in Educational Psychology/Youth Development. She enjoys gardening, traveling and binge-watching TV shows. Julianna spends her extra time tending to her home and community garden, enjoying live music, and loving all things Black.

CICELY FLEMING (*Secretary*)

Former Alderwoman Cicely L. Fleming is a dedicated community advocate and a founding member of The Organization for Positive Action and Leadership (OPAL), a group committed to promoting equity in government. Fleming has served the community as a PTA President, a member of Evanston's Mental Health Board, and as a volunteer at Connections for the Homeless. She is currently the State Director at Birth to Five IL. Cicely holds a Master's Degree in Public Administration from DePaul University, with academic and personal interests in policy development & analysis; asset-based community development; voter engagement & mobilization; and racial equity in government. An Evanston native, Cicely enjoys raising her three children along with her husband Andrew. Cicely enjoys reading, running, spending time with friends, and community organizing.

LAKEESHA HARRIS

Lakeesha is an unapologetic Black Feminist, Abolitionist, and former Co-Executive Director of Lift Louisiana - where she worked to shift policy needed to improve the lives of Louisiana's women, their families, and their communities. In 2021-2022 Lakeesha wrote and hosted *Old Pro News* - a limited podcast dedicated to educating everyone on

current legislation, policy, and activism of Sex Workers globally. A continuation of her work as the former Director of Reproductive Health and Justice at Women with A Vision, Inc, in New Orleans, LA - where she worked with Representative Mandie Landy in spearheading the first comprehensive statewide bills in the nation to decriminalize sex work. She, along with current and other former sex workers, developed the *deep south decrim toolkit*, lodging a statewide campaign to educate the community on what it means when sex workers are targeted and criminalized. During the 2021 legislative session, a group of 119 sex workers and allies provided three hours of testimony in the Louisiana House - a first, not only in the deep south, but in any state house! In 2020, Lakeesha was celebrated by Bitch Media among its Bitch 50 Activists for her work to maintain abortion access in Louisiana and nationwide. Her twenty plus years as a Reproductive Justice leader had produced two RJ Amicus Briefs that were presented to The Supreme Court on behalf of abortion access, one currently being considered in the *Dobbs v. Jackson Women's Health Organization* case. Before moving to the Deep South, Lakeesha was an organizer, Health Educator, and Insemination Coordinator in the Midwest providing comprehensive care to sex workers, women, trans people, and GNC folx at one of the last remaining feminist Health centers in the country, Chicago Women's Health Center. Lakeesha's essays, interviews, and critical work has been featured on The Daily by The New York Times, Democracy Now, The Advocate, and Rewire News just to name a few. More Info on Lakeesha can be accessed [here](#).

ALIA HAWKINS

Alia E. Hawkins is the founder and director of Beachfront Dance School, a not-for-profit dance school located in Gary, Indiana. She is a health law/healthcare compliance attorney and registered mediator. She is also a former classical ballet dancer. In her spare time, she enjoys cooking for family and friends; gardening; knitting; tennis; Pilates; yoga; swimming and traveling.

CARLA MADELEINE KUPE, ESQ.

Carla Madeleine Kupe is a Managing Partner and Co-Founder of CZL P.C. where she leads Legal Consulting services around Corporate Governance and Operations through a diversity, equity, inclusion, and anti-racism/oppression lens. Carla considers herself a strategist, an educator, and a collaborative leader. Her unique personal background has translated into unique and innovative problem-solving approaches throughout her career. Carla is the first-born of five children of Congolese parents, speaks eight languages, was born and has lived in Germany and Luxembourg, and has been calling the U.S. her home since 1997. Carla has a remarkable ability to put herself into another's shoes, to see an issue from different vantage points. This refined skill has enabled Carla to consistently render comprehensive advice and lead collaborative projects with people of all lived experiences.

Carla loves to be the architect of preventive and proactive strategies but also enjoys devising paths for change to improve existing systems and organizational cultures. Carla is also the founder and CEO of The Impact Alliance LLC, a diversity, equity, inclusion, and anti-racism/colonialism consulting enterprise through which she provides advising, consulting, education, and leadership coaching services to organizations in both sectors and across industries. Additionally, she currently serves as the Gender and Racial Equity Program Director for the YWCA Metropolitan Chicago. In 2018, Carla was one of the architects of the Professional Identity Formation program at Loyola University Chicago School of Law and acted as the program's director until 2021.

Carla created Speak Truth Summit, a platform giving voice and visibility to the particular and unique experiences of women of color in 2018. Carla served as the first Director of Diversity, Equity, Inclusion, and Compliance Director at the City of Chicago Office of Inspector General. Additionally, Carla is a member and contributing author of the editorial board for the Illinois chapter of the National Diversity Council. Carla serves as a mentor at the University of Chicago Polsky Center for Entrepreneurship and Innovation. She received her Bachelor of Arts in Political Science with a minor in Psychology from Kalamazoo College in Kalamazoo, Michigan, and her Juris Doctor from Loyola University Chicago School of Law, Chicago, Illinois.

Key Staff

JEANINE VALRIE LOGAN, CNM, MSN, MPH (*Executive Director and Director of Midwifery*) Jeanine is a relentless advocate for birth equity, dedicating her career to addressing disparities in Black maternal health. Jeanine founded and is currently spearheading the creation of the [Chicago South Side Birth Center](#), a nonprofit, midwife-led, culturally concordant, and community-focused haven for expectant mothers and birthing people on Chicago's South Side. She is also the current Leader in Residence at the philanthropic organization [Chicago Beyond](#), where Jeanine receives funding and strategic support to successfully launch the Chicago South Side Birth Center. In August 2021, Jeanine played a pivotal role in the passage of Illinois House Bill 738, a significant legislative milestone aiming to expand access to birth centers throughout the City of Chicago. As a Certified Nurse Midwife and lactation specialist with a robust background in public health and reproductive health policy, Jeanine's expertise has been instrumental in shaping policies that prioritize maternal well-being. A passionate birth justice activist, Jeanine is a vocal speaker on topics ranging from breastfeeding and birth justice to the pivotal roles of doulas and midwives in the Black community. Co-editor of the book "Free to Breastfeed: Voices of Black Mothers," she contributes to the narrative of empowerment and choice for Black mothers. Beyond her professional pursuits, Jeanine is a wife and mother of three remarkable Empresses, all born out-of-hospital, reflecting her commitment to the principles she advocates. In her spare time, she channels her creativity into art, crafts herbal medicines, forages plants, and passionately engages in #herbalist pursuits. Jeanine Valrie Logan embodies the spirit of change, working collectively with birth

workers of color and allies to dismantle birth inequity and bring about transformative progress in maternal healthcare.

LESLEY KENNEDY (*Administrator and Director of Strategy and Org Development*)
Lesley Kennedy (she/her) has dedicated her 20+year career to helping strengthen Chicago's non-profit sector. Lesley owns and operates a thriving consulting practice primarily focused on organization development, culture improvement, and leadership coaching. Prior to consulting full-time, Lesley most recently served as Chief Equity Officer for Girl Scouts of Greater Chicago and Northwest Indiana and was previously Director of Strategy and Organization Development at Cabrini Green Legal Aid (CGLA), supporting the organization's internal culture and strategic direction. Lesley served as Youth & Opportunity United's Chief Program Officer, leading the development of Y.O.U.'s long-term program strategy and oversaw the daily impact of more than 50 staff members across 11 program sites.

Lesley brings an extraordinary breadth and depth of experience to the sector. She joined Y.O.U. following five years as a Senior Program Officer at the Robert R. McCormick Foundation, where she pioneered and managed the Foundation's Child and Youth Education and Health and Wellness Portfolios. Prior to McCormick, Lesley served for seven years as the Executive Director of the Chicago Girls' Coalition, a Chicago-based non-profit that provided capacity building and technical assistance to girl-serving organizations and programs. Lesley led McCormick Foundation's integration of a racial equity lens to their giving as well as pioneered racial equity all-staff training at Y.O.U. and CGLA.

In 2018, Lesley contributed as an Advisory Committee member to Equity in the Center's report: *Awake to Woke to Work: Building a Race Equity Culture*. Lesley has a master's degree in Social Service Administration from the University of Chicago and a bachelor's degree in English and Women's Studies from Stephens College. Lesley has guest lectured on inclusive leadership at University of Chicago's Crown Family School of Social Work, Policy and Practice and Loyola University's Quinlan School of Business. Lesley's commitment to birth equity is demonstrated over the past ten years as an advisory board member for PCC Community Health Center, board member for Chicago Southside Birth Center, certified lactation counselor, birth educator, and student midwife. She happily lives on the south side of Chicago with her husband and three young people.

LISSAH MASON (*Community Building and Education Coordinator*)
Lissah Mason is the Community Building & Education Coordinator at Chicago Southside Birth Center. She is also Co-Founder of (Re)Birth Society, a community organization committed to wellness, justice, education and empowerment. She serves as a Full Spectrum Doula, specializing in spontaneous physiological birthing and Afro-Indigenous birth practices. Lissah completed the Doula Training International (DTI) program in 2018

and the CAPPA Childbirth Educator program in 2023. She has received traditional hands-on trainings and skills from peer and elder birth workers. With over 7 years of education and experience in the field of plant-spirit medicine, she is a certified herbalist and lifelong student at Chestnut School of Herbal Medicine. In addition to her wellness work, Lissah is a scholar, educator & journalist with a focus on African-Indigenous cultural history and heritage. Over the past 10 years she has been active in community service and social justice work, volunteering for grassroots orgs in North Alabama, Tuskegee, Chicago and San Diego. In addition to her role within the CSSBC, she serves on the board of Nature's Garden for Victory & Peace. Lissah is a devoted Mama, family member, teacher, friend, and #ancestorsbaby, committed to total liberation for the Earth, the Spirits, and the People.

STELLA LEE (*Communications and Marketing Coordinator*)

Stella is an artist, writer, designer, and intuitive healer dedicated to helping others connect to their inner being and access their optimal wellness. As a designer and marketing specialist, she operates at the intersection of art and service, with the intention to cultivate community based wellness through nonviolent language and accessible design.

DR. DELE OGUNLEYE (*Medical Director*)

Dele Ogunleye, MD, FACOG, is a board-certified obstetrician gynecologist and urogynecologist who also practices pelvic medicine and reconstructive surgery at Advocate Women's Healthcare in Bloomington, Illinois. He sympathetically treats fertility issues, public floor prolapses, urinary incontinence and other complications of menopause, pregnancy, and general womanhood. Dr. Ogunleye earned his medical degree from Obafemi Awolowo University, in Ife, Nigeria. He completed a residency at Wren General Hospital in Cheshire, United Kingdom before moving stateside for another residency at Good Samaritan Hospital in Baltimore, MD. Today, Dr. Ogunleye holds memberships with multiple professional organizations to keep up on the latest advancements in obstetrics and gynecology. He is a fellow of the American Congress of Obstetrics and Gynecology and a member of the American Medical Association. The Greater Medical Council in the UK and Ohio State Medical Association. Throughout his career, Dr. Ogunleye has contributed much of his own research to his field. He was given the Oregon Research Award in 2003 for his research paper exploring the role of trophoblastic hyperplasia in ectopic pregnancies. At Advanced Women's Healthcare, Dr. Ogunleye is trained in the da Vinci robotic surgery to delicately repair damage to the ovaries, fallopian tubes, and uterus. He has treated women in Bloomington since 2004 before opening Advanced Women's Healthcare 2012. He is the President/Cofounder of Birth Partners Inc. Dr. Ogunleye has involvement in several other businesses and investment endeavors, including 8 successful birth centers, and in the process of opening two other locations.

Community Partners

The following local and community-based partners continue to provide invaluable support:

- SMNG, Ltd., Principal Architects for our building design and build out and have been working with them since 2021.
- Dentons Law Group provides pro bono legal services to assist with the development of our organizational structure, real estate, and medical contracting. Dentons provide
- The Wright Collective, a fundraising consulting firm, is supporting CSSBC to develop a framework for our capital campaign, which will launch in spring 2024.
- Advocate Trinity Hospital holds our hospital transfer agreement and our identified Medical Director.
- Lastly, in 2023 we launched our [grassroots research and community survey](#), an inquiry to what community members would like to see in a birth center in the community. We collected nearly 100 responses and used them to inform our programs and our work.
- We have developed programmatic partners and support with local organizations, FQHCs, and community members which not only affirms the overall support we have been receiving but will allow us to provide services collaboratively across the south side. Some of these partners include: March of Dimes, Chicago Beyond, Health and Medicine Policy Research Group, 10th Ward Alderman Peter Chico, Ujimaa Medics, Chicago Volunteer Doula, Chicago Abortion Fund, Kids Jamm Yoga, Chicago Black Doula Alliance, Melanated Midwives, Birth Center Equity, and Molina Healthcare Illinois.

Community

Advisory

Board

CSSBC honors individuals’ lived experiences and acknowledges their expertise in this birth justice work. With that said, we also look to our community member experts and advisory council and board to guide our work, to elevate our mission, and define our impact (what heals and uplifts their individual and collective experiences).

We intend to continue to recruit and hire from within community— geographically, racially, and with concordance in cultural, gender identity and sexuality— as to cultivate the safe, accessible, and culturally centered care we offer as well as to create opportunities for growth and leadership advancement. Having providers, staff, and board members that represent our constituents is centered in our development.

Financial

Plan

Since the launch of the project to start Chicago South Side Birth Center, CSSBC has been very successful in funding raising primarily due to community and philanthropic

interest in expanding midwifery and community birth services in communities most affected by the maternal health crisis. We have found that there is true interest in CSSBC as evidenced by our volunteers, partnerships, investors, and local government¹⁹.

To date, CSSBC has raised \$ \$1,946,879.95.

Chicago South Birth Center Funders to Date:

Funder (In order of award date)	Amount	Program/Department/ Project	Date Received
American College of Nurse Midwife Foundation Wayachi Seed Grant	\$5,000.00	Marketing Survey/Events	12/14/2021
VNA Foundation	\$194,000.00	Development Steward position	97K (12/23/2021) 97K (7/2023)
Illinois Children's Healthcare Foundation	\$10,000.00	Development Steward position	1/26/2022
Irving Harris Foundation	\$281,000.00	General Operations	50K (12/8/2021), 50K (11/4/2022), 11K (12/12/2022), 20K (11/2023), 150K (11/2023, 2024 and 2025)
Blue Cross Blue Shield of IL	\$80,000.00	General operations + 3 community events	12/31/2021
Voices for Racial Justice	\$75,000.00	General operations + 25K for scholarships	2/21/2022
The Cleveland Foundation	\$67,000.00	General operations	25K (3/3/2022), 42K (3/2/2023)
Ms. Foundation	\$50,000.00	General operations	25K (7/20/22), 25K (8/2023)
Mac Arthur Foundation	\$1380.00	Matching Employee Funds	6/27/2022
Goldman Sachs	\$200,000.00	General operations/Programs	100K (8/25/2022), 100K (8/17/2023)
Pierce Family Foundation	\$500.00	General operations	12/31/2022
Groundswell	\$70,000	General operations	3/15/2023 (10K), 3/2024 (10K), 4/2024 (50K)
Summer Oaks Fund	\$350,000.00	General operations	150K (12/2023) 150K (2024) 150K (2025)
Trotula Fund	\$55,000.00	Support staff/Admin position	45K (2/2024) 10K pending
Molina Healthcare Illinois	\$250,000.00	General operations	250K (2/2024)
Vivo Foundation	\$50,000.00	General Operations	3/2023
Individual Donors/Community Support	\$157,999.95	General operations	60,369K (original gofund me) 44,383K (second gofundme) 53,247.95K (donorbox) Ongoing
TOTAL Funds Raised to Date	\$1,946,879.95		

This success has afforded us to purchase our building located at 8301 S. South Shore Drive, Chicago, IL 60617. In December 2023, we purchased our building in cash for

¹⁹ Olander, Olivia (2024). Gov. J.B. Pritzker pushes maternal health funding at planned South Side birthing center. Chicago Tribune. Retrieved from <https://www.chicagotribune.com/2024/02/26/pritzker-maternal-health-budget/>

\$450,000 -- and 35% of those funds, or about \$158,000 came from community members crowdfunding this campaign.

CSSBC has also received a financial commitment from a local philanthropic organization of \$1.5m towards startup and operating costs for the center, contingent on a viable path to long-term sustainability. This contingency includes: a business plan & operating budget, fundraising strategy, and CON approval received.

Chicago South Side Birth Center is working with fundraising experts [Wright Collective](#) to develop and execute our Capital Campaign, #SupportSouthSideBirth.

GOAL: Chicago South Side Birth Center is aiming to raise \$7,000,000 by the Spring of 2026, with \$1,500,000 already pledged. Please see the fundraising plan attached.

Evaluation

As the Chicago South Side Birth Center is still in development, many of our impact and evaluation strategies are directly related to the start-up process and market research. For our developed marketing plan, we will evaluate all responses to the community survey and tailor our community education programs and service provision to meet the identified needs of the community. During the evaluation of the marketing plan, we will examine our marketing timeline and compare it to the actual outcomes to date to assess and evaluate the marketing strategies and efforts.

Our community education programming will rely on pre- and post-evaluations as well as real time storytelling, either recorded or written, to capture the impact our education program has on an individual. Once the Chicago South Side Birth Center opens, we will use clinic record reviews on client care and outcomes to determine if our services and programs are in fact reducing racial disparities in maternal health. We plan to evaluate provider and client evaluation of satisfaction as research is consistent in its evidence that client satisfaction and quality of care improves when there is racial concordance between the client and provider (LaVeist & Nuru-Jeter, 2002). Lastly, once accredited as a birth center, we will participate in the required state and voluntary national data registry for birth centers to track our success amongst others birth centers in the nation.

Birthing a Difference: A Program Evaluation Plan for the Chicago South Side Birth Center

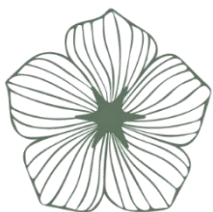
2025-2027



Photo: Iritisen Muhammad

By Danita Hingston | Community Health Sciences, Maternal and Child Health ILE

University of Illinois-Chicago, Spring 2024



Chicago
South Side
BIRTH CENTER

Offering wellness and abundance in whole
health through community based, culturally
centered midwifery care.

Executive Summary

Freestanding Birth Centers, which typically provide services using the midwifery model of care, have been shown to address the Triple Aim of Healthcare: improve population health outcomes; enhance patient experience of care; and, reduce healthcare expenditures (Welch et al., 2022). Birth Center deliveries are associated with lower risk of primary C-sections, preterm delivery, low birthweight, and with increased breastfeeding continuation rates (Alliman et al., 2019, Howell et al., 2014, MacDorman and Declercq, 2016). Despite these positive outcomes, access to Birth Centers and midwifery care options is limited for Black families in Chicago, where Black women have the highest rates of severe maternal morbidity and maternal mortality, and Black infants on the South Side of Chicago experience the worst perinatal health outcomes in the city (Chicago Department of Public Health, 2019, Healthy Chicago Babies, 2016).

The Chicago South Side Birth Center (CSSBC) is a non-profit startup that will be an independent, Black nurse-midwife led, community-centered Freestanding Birth Center with a mission to decrease racial inequities between pregnant people and their infants on the South Side compared to other areas of the city. This will be achieved by improving access to care, promoting low-intervention births, providing culturally centered care, and empowering pregnant clients as partners in their own healthcare.

To evaluate the impact of the CSSBC on maternal and infant health outcomes, an evaluation plan has been developed in partnership with CSSBC's Lead Steward¹. This evaluation plan aims to track key process and outcome objectives annually from program year 2025 through 2027. These process and outcome objectives were derived from internal program goals and the American Association of Birth Center (AABC) perinatal quality outcome indicators. A survey instrument will also be utilized to collect data on Patient Reported Experience of Care (PREM) and satisfaction. The analysis plan includes the generation of descriptive statistics to measure the socio-behavioral and medical characteristics of the CSSBC clients, achievement of the CSSBC's process objectives, as well as core perinatal quality outcomes. Likewise descriptive statistics will be generated for PREM and satisfaction. Perinatal outcomes among CSSBC's Black birthing clients insured by Medicaid will be compared with Illinois PRAMS and birth data for Black individuals covered by Medicaid. Overall, the evaluation will guide CSSBC's programmatic efforts to improve the experience of pregnancy, birth, and postpartum care for Black families, a key step towards advancing birth equity.

¹ The decision to use the title Lead Steward for the Birth Center, rather than Executive Director, is a purposeful one that reflects CSSBC's community centered and driven values. 'Steward' is borrowed from the language of land stewardship, and is understood that in this project, stewardship will occur in conjunction with the staff, board, and community to achieve the goals of the Birth Center.

Program Description

The Chicago South Side Birth Center (CSSBC) is an independent, Black nurse-midwife led, community centered Freestanding Birth Center (FBC) located in South Shore (a South Side Chicago community area) that will begin providing a low-risk option for birth in 2025 (CSSBC, 2023). CSSBC will comprise a team of highly qualified professionals that include nurse-midwives, professional midwives, a physician collaborator, nutritionist, and social worker, along with childbirth and parenting doulas and educators. The mission of CSSBC is to provide concordant, culturally centered, evidence-based midwifery care within the South Side community to improve maternal and infant birth outcomes and promote wellness (CSSBC, 2023).

Interest in midwife-led care and in the establishment of Birth Centers has steadily increased as one way to address the perceived overmedicalization of birthing (Cole et al., 2017). FBCs are facilities where care is provided using the midwifery and wellness model of care, emphasizing pregnancy and birth as natural physiological processes (American Association of Birth Centers [AABC], n.d.). The program of care is guided by “principles of prevention, sensitivity, safety, appropriate medical intervention, and cost effectiveness” (AABC, n.d., para. 2). The Birth Center model of care has been shown to positively impact experiences of autonomy and respectful care during pregnancy and delivery (Almanza et al., 2021). Birth Center deliveries are associated with lower risk of primary C-sections, preterm delivery and low birthweight, and increased breastfeeding continuation rates (Alliman et al., 2019, Howell et al., 2014, MacDorman and Declercq, 2016). Birth Center births are also associated with lower NICU admissions and neonatal deaths (Wallace et al., 2024). CSSBC will be a freestanding Birth Center, have a home-like atmosphere, and will be integrated within the broader maternity care system, collaborating with Advocate Trinity Hospital, local Federally Qualified Health Centers, and other community-based health and social service organizations.

Landscape Analysis: The Need for CSSBC

CSSBC will primarily serve 30 communities in Planning Area A-3 of Illinois’ medical-surgical and pediatric care planning areas, including the communities of Douglas, Englewood, Oakland, Fuller Park, Calumet Heights, and Roseland. This service area represents about a quarter (27%) of Chicago’s total population, with 57% Non-Hispanic Black residents (Chicago Health Atlas, 2023). These communities face significant socio-economic disparities; for instance, the average household income is \$41,815, lower than Chicago’s median income of \$62,097, and 18% of residents have less than a high school diploma, compared to 14% citywide (Chicago Health Atlas, 2023). The Lead Steward expects that the majority of CSSBC’s clientele will be covered by Medicaid; the projected payor mix is 80% Medicaid and 20% private insurance, self-pay, and uninsured.

Socio-economic disparities which are rooted in structural racism and segregation, shape access to healthcare on Chicago’s South Side (Henricks et al., 2018). There is a stark contrast in access to providers between the South and North Sides of Chicago, with the North Side having nearly 10 times as many healthcare providers available as predominantly Black neighborhoods on the South Side (Henricks et al., 2018). Furthermore, maternity care options are rapidly decreasing on the South Side, due to closure of several hospitals with obstetric units (Liese et al., 2022). At the beginning of 2019, there were six hospitals with OB units located on the South Side; however, two closed their OB units in that year. In 2020, two more hospitals temporarily closed their OB units due to the COVID-19 pandemic. Finally, in 2021, a third hospital with an OB unit permanently closed (Butler et al., 2021). Presently, there are only three OB units remaining on the South Side, resulting in significant gaps in continuity of care for pregnant people. As the Lead Steward points out: *“Families are forced to patch together their maternity care, seeking prenatal care at one facility, then an ultrasound there, mostly out of pocket and finally, show up at the closest hospital to their home to have their baby where they most likely will not have a midwife”*.

Overall, these barriers to care are reflected in the high rates of adverse perinatal and birth outcomes on the South Side. For example, in Calumet Heights (where Advocate Trinity Hospital temporarily closed its OB unit in 2020), the infant mortality rate is 14.2 per 1,000 live births while the

citywide rate is 6.4 (Chicago Health Atlas, 2024). CDPH (2019) also found that women living in communities with high economic hardship have the highest rates of severe maternal morbidity (91.5 per 10,000 deliveries). Moreover, between 2011 and 2016, the pregnancy-associated mortality ratio was nearly six times higher for Black women compared to White women (CDPH, 2019).

Theory of Change

Many Maternal and Child Health advocates have come to believe that a community-centered approach and a Black-led service model of maternity care are both crucial to achieving birth equity in the USA (Welch et al., 2022, Zephyrin et al., 2021). Based on the health inequities described above, the current healthcare system clearly does not adequately protect the health and well-being of Black women and infants, necessitating alternative care models like CSSBC (Liese et al., 2022).

The theory of change that will guide CSSBC's efforts to address these inequities in perinatal health outcomes will focus on community, patient-centered care, and seamless integration of the Birth Center's care and other activities into the healthcare system. CSSBC aims to be rooted in the community by building local partnerships and ensuring that the Birth Center is accessible to all birthing people seeking culturally centered care, regardless of their socioeconomic status. The Birth Center will also prioritize the needs and preferences of patients, and provide care that respects their culture and autonomy, which is expected to lead to better patient experience and improved trust. Finally, CSSBC will be integrated into the broader healthcare system, which will ensure seamless care coordination when needed, and access to additional healthcare and community-based services. The program logic model with details of how the inputs, activities, outputs, and outcomes align is available in Appendix A.

Through this pathway of increased access, improved care experiences, and additional support, CSSBC intends to achieve better perinatal health outcomes. The long-term impact of CSSBC is expected to be a reduction in maternal and infant morbidity and mortality rates, as well as an improvement in the overall experience of pregnancy, birth, and postpartum care for Black birthing people on the South Side of Chicago.

Evaluation Need

Current evidence indicates that women covered by Medicaid often face more social risk factors, which can negatively affect birth outcomes (Centers for Medicare and Medicaid Services, 2016). This evaluation plan was developed in collaboration with CSSBC's Lead Steward and Midwife, Jeanine Valrie Logan. The evaluation plan aims to understand how the Birth Center model can provide maternity care for Black birthing clients insured by Medicaid by addressing social risk factors and centering their experiences, with the goal of improving perinatal health outcomes and patient care experiences. This plan will guide the evaluation of process and outcome objectives from program years 2025 to 2027 based on the evaluation questions below.

Evaluation Questions

1. What are the differences in prenatal care utilization and postpartum visit attendance between CSSBC Medicaid-insured Black clients and Medicaid-insured Black birthing individuals in Illinois?
2. What are the differences in birth outcomes (vaginal delivery, low birthweight, and preterm birth) between Black CSSBC clients on Medicaid and Black birthing individuals insured by Medicaid in Illinois?
3. How does giving birth at CSSBC affect the initiation and continuation of breastfeeding among Black birthing individuals insured by Medicaid?
4. Does giving birth at CSSBC influence the uptake of effective contraceptive use during the postpartum period among Black birthing individuals insured by Medicaid?
5. How does receipt of CSSBC services affect maternity care experiences and satisfaction with care among Black birthing individuals insured by Medicaid?

CSSBC’s Process and Outcome Objectives

Objectives for the process and outcome measures were developed with input from the Birth Center leaders (process objectives) and perinatal effective care and outcome measures collected by the AABC. Table 1 provides an overview of these objectives, in addition to their corresponding baseline measurement when available, measurement targets, and both Birth Center and comparison data sources.

Table 1: Overview of Evaluation Objectives, Indicators and Data Sources

	Baseline	Target	CSSBC Data Source	Comparison Data Source
Process Objectives				
% of eligible clients requesting CSSBC services who are matched with a CNM.	-	100%	Client Intake Database	NA
% of enrolled clients for whom demographic and maternal health characteristics are collected.	-	100%	Client reported information and medical history	IL PRAMS-Birth Certificate Joint Data (for demographics not actual data collection process)
% of CSSBC clients who receive prenatal care during the first trimester.	79%*	90%	Provider Documentation	IL PRAMS-Birth Certificate Joint Dataset
% of CSSBC clients who receive breastfeeding education during prenatal care.	82%**	100%	Provider Documentation	IL PRAMS-Birth Certificate Joint Dataset
% of prenatal care clients who deliver at the Birth Center.	-	70%	Provider Documentation	NA
% of clients who are transferred to a hospital during labor/delivery.	-	<15%	Provider Documentation	NA
% of clients who complete client survey at postpartum visits by 12 weeks postpartum during postpartum visit.	-	100%	Client Survey	NA
Perinatal Outcomes				
Adequate Prenatal Care (attended 80%- 109% of expected visits) ²	59%*	80%	Dataset for AABC Perinatal Registry	IL PRAMS-Birth Certificate Joint Dataset
Vaginal Delivery	66%***	90%	Dataset for AABC Perinatal Registry	IL PRAMS-Birth Certificate Joint Dataset
Low Birthweight	15%***	<5%	Dataset for AABC Perinatal Registry	IL PRAMS-Birth Certificate Joint Data
Preterm Birth	15%***	<5%	Dataset for AABC Perinatal Registry	IL PRAMS-Birth Certificate Joint Dataset
Attended Postpartum Visit (between 7 and 90 days after delivery)	86.5%*	90%	Dataset for AABC Perinatal Registry	IL PRAMS-Birth Certificate Joint Dataset
Exclusive Breastfeeding at 12 weeks	21.5%*	70%	Dataset for AABC Perinatal Registry	IL PRAMS-Birth Certificate Joint Dataset
Effective Contraceptive Use by 6 months postpartum	52%*	70%	Dataset for AABC Perinatal Registry	IL PRAMS-Birth Certificate Joint Dataset
Client Experience				
% of CSSBC clients who agree or strongly agree that they felt heard by their midwife and that their healthcare choices were respected.	-	90%	Client Survey	NA
Client Satisfaction				
% of CSSBC clients who agree or strongly agree that overall, they were happy with the care they received at the Birth Center.	-	90%	Client Survey	NA
% of CSSBC clients who would recommend the Birth Center to a friend or relative and/or return to the Birth Center for a subsequent birth.	-	90%	Client Survey	NA

*2020 IL PRAMS Data for Black individuals, **2020 IL PRAMS Data for birthing pop. ***2020-22 March of Dimes Peristats Data for Black individuals in IL.

² Adequacy is measured using the Adequacy of Prenatal Care Utilization Index, which classifies prenatal care received into 1 of 4 categories (inadequate, intermediate, adequate, and adequate plus) by combining information about the timing of prenatal care and the number of visits.

Methodology

Evaluation Design

This evaluation will collect both process and outcome measures. Collection of the process measures will be ongoing. For the outcomes, this evaluation will use simple non-equivalent control group post-test only and one group post-test only designs.

Sample

All Medicaid-insured Black clients who receive maternity care at CSSBC and are at least six months postpartum between the program start date on January 1, 2025, and December 31, 2027, will be included in the 2025-2027 evaluation. The perinatal outcomes of birthing clients who delivered at the Birth Center and those transferred to a hospital during labor/delivery will be compared to those of a comparison group (Medicaid-insured Black birthing people in IL).

Data Collection

Process Evaluation

During the evaluation period, sociodemographic characteristics and medical and health history information of CSSBC birthing clients will be collected during intake. In addition, the other process measures noted above will be collected by ongoing provider documentation of Birth Center clients' experiences during the prenatal, delivery, and postpartum periods.

Outcome Evaluation: Non-equivalent Group Post-test Only

This evaluation design is adapted from the evaluation by Alliman et al. (2019), which used descriptive statistics to compare socio-behavioral and medical risks and core perinatal quality outcomes between an AABC sample and national data. Of note, Alliman et al. did not generate inferential statistical comparisons as the national data were considered to be benchmarks. As such, in keeping with the Alliman approach, in the proposed evaluation plan, no inferential statistical comparisons are proposed.

The sociodemographic characteristics, maternal health histories, and perinatal outcomes of CSSBC Medicaid-insured Black birthing clients will be compared with those of Black women in Illinois insured by Medicaid during pregnancy. The perinatal outcomes at CSSBC will be compiled through provider documentation of clients' prenatal care, labor and delivery, and postpartum care experiences, and will be summarized annually. If patients are transferred for delivery in the hospital, the CSSBC staff will request copies of the records to obtain information about the delivery type and whether infants were born preterm or low birthweight.

The data for the comparison group will be retrieved from the most recent Illinois Pregnancy Risk Assessment Monitoring System (PRAMS) data that will be available — likely for the year 2024. PRAMS reports data on variables including prenatal care utilization, postpartum visit attendance, insurance status before, during and after delivery, and breastfeeding. PRAMS survey responses are also linked to birth certificate data, making it possible to retrieve data for additional variables including delivery type and birth outcomes such as preterm birth. The evaluator will restrict the analysis to include only Medicaid-insured Black individuals. By using the PRAMS dataset, percentages for all outcomes of interest among Black birthing people on Medicaid can be calculated.

Outcome Evaluation: One Group Post-test Only

CSSBC plans to measure clients' experiences and satisfaction with their care. These data will be collected using a one-group post-test survey. This information will be valuable for understanding how well CSSBC is achieving its goal of providing patient-centered care. Evaluating clients' experience and satisfaction with care will also assist in identifying areas for improvement and ensuring client feedback is incorporated into program delivery. CSSBC will provide clients with the survey during their postpartum visit, which will be completed via Google Form on a tablet. The measures on client experience will be adapted from the validated Patient Reported Experience Measure (PREM) survey instrument developed

by the Illinois Perinatal Quality Collaborative (ILPQC, 2023). CSSBC also developed questions to measure client satisfaction based on the Patient Satisfaction Questionnaire Short-Form (PSQ 18), which taps into multiple dimensions of satisfaction with healthcare, including technical quality, interpersonal manner, physical environment, accessibility, and availability (Marshall and Hays, 1994). However, CSSBC's questions are specific to care delivered within a midwifery model and include other items that are important to the South Side Birth Center. The survey instrument is outlined in Appendix C.

Data Management

CSSBC will manage all data collected as a part of the evaluation, which will be drawn from the sources mentioned in Table 1 above. To ensure the confidentiality and security of the data, strict protocols to safeguard patient information will be followed. The client survey will be administered through Google Forms and will be stored in a secure electronic folder within CSSBC's Google Drive. CSSBC will either hire an external evaluator or seek evaluation support from UIC-SPH faculty and students. The evaluation team will be responsible for calculating, tracking, and reporting the program metrics.

Data Analysis

Descriptive statistics will be utilized to evaluate sociodemographic and maternal health history characteristics, perinatal outcomes, and patient experiences and satisfaction. The mock tables in Appendix B provide annual tracking of process measures (Table 2), an overview of the sociodemographic and maternal health characteristics of CSSBC Medicaid-insured Black clients and the comparison group (Table 3) and perinatal outcomes for the two groups (Table 4). Appendix C includes the survey instrument to measure client experience (PREM) and satisfaction.

Limitations

A main limitation of this evaluation is that individuals are not randomized to either give birth at CSSBC or to a hospital. Clients who choose to give birth at CSSBC may differ in socioeconomic status, health behaviors, and other factors from the individuals in the PRAMS comparison group, which can introduce potential confounders that make it difficult to attribute observed differences solely to receiving care at CSSBC. Furthermore, delayed reporting of PRAMS birth data means the comparison group will not be contemporaneous with CSSBC births, changes in healthcare policies and societal factors over time could therefore be associated with the outcomes. Finally, the analysis proposed here is descriptive and statistical comparisons will not be generated.

Potential Impact

This evaluation will be valuable for providing insights into how an evidence-based community model of care is associated with perinatal outcomes and patient care experiences on Chicago's South Side. The evaluation of key process objectives will also help CSSBC to monitor fidelity to program protocols necessary for providing high-quality healthcare. In addition, improvement in the overall experience of pregnancy, birth, and postpartum care for Black people is vital to promoting birth equity. Although the evaluation period is too short to capture long-term outcomes and impact of CSSBC service delivery, there is no reason that this evaluation cannot be ongoing if resources are available. Longer-term follow-up will be necessary to assess the sustainability of the model of care in South Side communities served by CSSBC. If the data are available, future evaluations could compare CSSBC's perinatal outcomes specifically with those in Chicago, as the healthcare landscape in the city differs from other parts of Illinois. Additionally, plans for future comparisons using statistical analysis should be considered. Overall, this evaluation will support CSSBC's ongoing efforts to raise funds to continue to support birthing families on the South Side.

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Appendix A: CSSBC Program Logic Model

Inputs	Activities	Outputs	Outcomes
<p>Building/ Technology</p> <p>CSSBC building and lease, utilities, clinical and non-clinical equipment, technology systems, supplies, educational materials, marketing, food.</p> <p>Personnel</p> <p>Leadership Team:</p> <p>Lead Steward (Executive Director), Director of Organizational Development and Strategy, Community Building and Educational Coordinator and Board of directors</p> <p>Clinic and support Team:</p> <p>Certified nurse-midwives, certified professional midwives, birth assistants, doulas, clinical manager, director of midwifery, physician collaborator, nutritionist, social worker, admission coordinator, medical biller, receptionist</p> <p>Funding</p> <p>Grant from the VNA Foundation, Chicago Beyond, and other funding partners</p> <p>Fundraisers to support program activities</p> <p>Partnerships</p> <p>Advocate Trinity Hospital, Federally Qualified Health Centers, and community organizations.</p>	<p>Client Intake</p> <ul style="list-style-type: none"> Screen incoming requests and referrals based on eligibility requirements Match clients with a certified nurse-midwife <p>Prenatal Care</p> <ul style="list-style-type: none"> Record medical, and family history Initial and ongoing risk assessment Fetal examination Prenatal and Postpartum education including health behaviors during and after pregnancy Provide culturally-relevant information <p>Intrapartum (Low-risk vaginal birth)</p> <p>Certified nurse-midwife is the primary attendant at birth and performs the following activities:</p> <ul style="list-style-type: none"> Assess labor progress Monitor birthing patient and fetus during labor Manage complications (if needed transfer to a hospital) Deliver newborn and placenta Support early bonding between mother and infant including breastfeeding initiation Provide continuity of care into the postpartum period 	<p># of eligible clients</p> <p># of eligible clients who are matched with a certified nurse-midwife</p> <p># of clients with maternal characteristics and health histories documented</p> <p># of clients who receive prenatal care in the first trimester</p> <p># of clients who receive breastfeeding education during prenatal care</p> <p># of clients who have a vaginal delivery</p> <p># of clients who are transferred to the hospital during labor</p>	<p>Short-term outcomes:</p> <p>AABC perinatal quality indicators:</p> <ul style="list-style-type: none"> Adequate Prenatal Care: 80% Vaginal Delivery: 90% Preterm Birth: <5% Low Birthweight: <5% Attended Postpartum Visit (7-90 days post-delivery): 90% <p>Client experience and satisfaction</p> <ul style="list-style-type: none"> 90 % of clients felt heard and felt healthcare choices were respected 90% of clients happy with overall care 90% of clients would recommend CSSBC/ return for next birth <p>Intermediate outcomes (AABC perinatal quality indicators):</p> <ul style="list-style-type: none"> Exclusive Breastfeeding at 12 weeks: 70% Effective contraceptive use by 6 months PP: 70% <p>Long-term outcomes (not measured):</p> <ul style="list-style-type: none"> Reduction in racial disparities in maternal morbidity and mortality Reduction in racial disparities in infant morbidity and mortality

<p>Management Systems</p> <p>Patient report and midwife documentation will be used to record social and medical characteristics, health history, and perinatal outcomes.</p> <p>Data management system for patient reported care experience (PREM) and CSSBC client satisfaction survey (Google Form and Google Drive)</p>	<p>Postpartum</p> <ul style="list-style-type: none"> • Breastfeeding support • Postpartum visit 7-90 days after delivery (physical examination and wellness check)- CSSBC will emphasize the importance of a 2nd visit. • Family planning services • Newborn examination <p>Data Management</p> <ul style="list-style-type: none"> • Collect sociodemographic and maternal history characteristics at enrollment • Compile perinatal quality indicators annually for submission to the AABC Perinatal Data Registry • Clients complete post survey after completion of services 	<p># of clients who complete experience and satisfaction survey by 12 weeks postpartum</p>	<ul style="list-style-type: none"> • Improved positive experiences for clients. • Increased satisfaction of maternity care • Enhanced reputation and trust in the Birth Center within the community
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Appendix B: Mock TablesTable 2: Annual Documentation of Process Measures

	Annual Objective %	Q1 (Jan – March)	Q2 (April – June)	Q3 (July – Sept)	Q4 (Oct-Dec)
Client Intake					
Number of eligible patients					
Percent of eligible patients matched to a midwife.	100%				
Percent of enrolled clients for whom demographic and maternal health characteristics are collected.	100%				
Prenatal Care and Breastfeeding Education					
Percent of CSSBC birthing clients who receive first trimester PNC.	90%				
Percent of CSSBC birthing clients who receive breastfeeding education during PNC visits.	100%				
Delivery					
Percent of CSSBC birthing clients who deliver at the center.	70%				
Percent of CSSBC birthing clients who are transferred to the hospital during labor/delivery.	<15%				
Survey Completion					
Percent of clients who complete survey during postpartum visit.	100%				

Table 3: Socio-demographic and maternal risk characteristics of CSSBC Black birthing clients on Medicaid 2025-2027, compared with Illinois data for Black birthing individuals on Medicaid

Socio-demographic Characteristics	CSSBC (Black clients on Medicaid) N n (%)	IL Data (Black birthing individuals on Medicaid) N n (%)
<i>Maternal Age</i>		
≤20 Years		
20-24 Years		
25-29 Years		
30-34 Years		
≥35 Years		
<i>Education</i>		
High School or Less		
>HS		
<i>Marital Status</i>		
Married		
Unmarried		
<i>Parity</i>		
Primiparous		
Multiparous		
<i>Medical Risk Factors</i>		
Hypertension		
Diabetes		
<i>Psychosocial risk factor</i>		
Unintended Pregnancy in this pregnancy		
Smoked 3 months before pregnancy		

Table 4: Perinatal Outcomes of CSSBC Births for Black Medicaid clients 2025-2027, compared with Illinois data for Black birthing individuals on Medicaid

	CSSBC Births (Black clients on Medicaid) N n (%)	IL Birth Data (Black individuals on Medicaid) N n (%)
Adequate Prenatal Care (attended 80%- 109% of expected visits)		
Vaginal Delivery		
Preterm Birth		
Low Birthweight		
Attended Postpartum Visit (7-90 days after delivery)		
Exclusive Breastfeeding at 12 weeks		
Effective Contraceptive Use by 6 months PP		

Appendix C: Client Experience and Satisfaction Survey

For each of the following statements, please choose the answer that best describes your experiences of receiving care at the Chicago South Side Birth Center. Choose one option for each question that is closest to how you feel. There is no right or wrong answer.

Section A: Patient Reported Experience of Care					
	Strongly Disagree: 1	Disagree: 2	Neither Disagree nor Agree: 3	Agree: 4	Strongly Agree: 5
I could ask questions about my healthcare.	N (%)	N (%)	N (%)	N (%)	N (%)
My healthcare choices were respected by my midwife and other providers at CSSBC.	N (%)	N (%)	N (%)	N (%)	N (%)
My midwife and others in my healthcare team did a good job listening to me and I felt heard.	N (%)	N (%)	N (%)	N (%)	N (%)
My healthcare team understood my background, home life and health history, and communicated with each other.	N (%)	N (%)	N (%)	N (%)	N (%)
My midwife asked for my permission before carrying out exams and treatments.	N (%)	N (%)	N (%)	N (%)	N (%)
I did not feel pressured by my healthcare team into accepting care I did not want or did not understand.	N (%)	N (%)	N (%)	N (%)	N (%)
When my midwife and/or healthcare team could not meet my wishes, they explained why.	N (%)	N (%)	N (%)	N (%)	N (%)
I trusted my midwife and/or healthcare team to take the best care of me.	N (%)	N (%)	N (%)	N (%)	N (%)

Section B: CSSBC Client Satisfaction Questions					
	Strongly Disagree: 1	Disagree: 2	Neither Disagree nor Agree: 3	Agree: 4	Strongly Agree: 5
I was happy with the overall care I received and felt that it was appropriate for my healthcare needs.	N (%)	N (%)	N (%)	N (%)	N (%)
My midwife/ healthcare providers checked everything when caring for me throughout prenatal care, labor/delivery and postpartum care.	N (%)	N (%)	N (%)	N (%)	N (%)
The Birth Center had everything to provide complete care.	N (%)	N (%)	N (%)	N (%)	N (%)
I did not have any doubts about the skills and knowledge of my midwife and providers.	N (%)	N (%)	N (%)	N (%)	N (%)
My midwife usually spent plenty of time with me during care and was not in a hurry.	N (%)	N (%)	N (%)	N (%)	N (%)
My midwife and healthcare team were friendly and approachable.	N (%)	N (%)	N (%)	N (%)	N (%)
I was satisfied with the operating hours of the Birth Center.	N (%)	N (%)	N (%)	N (%)	N (%)
I was satisfied with the process of scheduling appointments at the Birth Center.	N (%)	N (%)	N (%)	N (%)	N (%)
I was satisfied with the wait time at the Birth Center before being seen by a healthcare provider.	N (%)	N (%)	N (%)	N (%)	N (%)
I felt that the Birth Center was clean and comfortable.	N (%)	N (%)	N (%)	N (%)	N (%)
I was able to get the care I wanted at the Birth Center	N (%)	N (%)	N (%)	N (%)	N (%)

without being setback financially.					
I would recommend the Birth Center to a friend or relative and/or return to the Birth Center for my next pregnancy.	N (%)	N (%)	N (%)	N (%)	N (%)

Chicago South Side Birth Center Operating Expense Worksheet

Expense	Start-Up (year 0)	Year 1	Year 2	Year 3	Year 4	Year 5
			09/24-08/25	09/25-08/26	09/23-08/25	09/24-08/26
	Birth estimates	225	290	360	440	500
Personnel						
Midwifery Director	\$ 110,000.00	\$ 110,000.00	\$ 118,450.00	\$ 122,003.50	\$ 125,663.61	\$ 129,433.51
Administrator	\$ 100,000.00	\$ 100,000.00	\$ 97,850.00	\$ 100,785.50	\$ 103,809.07	\$ 106,923.34
Certified Nurse Midwife (1)	\$ 95,000.00	\$ 95,000.00	\$ 92,700.00	\$ 95,481.00	\$ 98,345.43	\$ 101,295.79
Certified Nurse Midwife (2)	\$ 95,000.00	\$ 95,000.00	\$ -	\$ 92,700.00	\$ 95,481.00	\$ 98,345.43
Certified Nurse Midwife (3)	\$ 95,000.00	\$ -	\$ -	\$ -	\$ -	\$ 92,700.00
Certified Nurse Midwife Fellow	\$ -	\$ -	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00	\$ 70,000.00
Birth Assistant/RN (1)	\$ -	\$ 65,000.00	\$ 51,500.00	\$ 53,045.00	\$ 54,636.35	\$ 56,275.44
Birth Assistant/RN (2)	\$ -	\$ 65,000.00	\$ 50,000.00	\$ 51,500.00	\$ 53,045.00	\$ 54,636.35
Medical Assistant	\$ -	\$ 50,000.00	\$ 41,200.00	\$ 42,436.00	\$ 43,709.08	\$ 45,020.35
Medical Assistant	\$ -	\$ 50,000.00	\$ -	\$ 40,000.00	\$ 41,200.00	\$ 42,436.00
Receptionist/Clinic Coordinator	\$ -	\$ 60,000.00	\$ 57,680.00	\$ 59,410.40	\$ 61,192.71	\$ 63,028.49
Welcoming and Safe Space Curator	\$ -	\$ 60,000.00	\$ 57,680.00	\$ 59,410.40	\$ 61,192.71	\$ 63,028.49
Community Building and Education Coordinator	\$ 60,000.00	\$ 62,000.00	\$ 57,680.00	\$ 59,410.40	\$ 61,192.71	\$ 63,028.49
Communications Coordinator	\$ 60,000.00					
Administrative Assistant	\$ 55,000.00					
Personnel Taxes (12%)	\$ 80,400.00	\$ 97,440.00	\$ 83,368.80	\$ 101,541.86	\$ 104,336.12	\$ 118,338.20
Benefits (5%)	\$ 33,500.00	\$ 40,600.00	\$ 34,737.00	\$ 42,309.11	\$ 43,473.38	\$ 49,307.58
Personnel Subtotal	\$ 783,900.00	\$ 950,040.00	\$ 812,845.80	\$ 990,033.17	\$ 1,017,277.17	\$ 1,153,797.48
Contracted Services						
	Start-Up (year 0)	Year 1	Year 2	Year 3	Year 4	Year 5
Architect and/or Engineer	\$ 347,890.00	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Director Guarantee Payment	\$ 18,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00
Billing Service/Specialist	\$ -	\$ 50,000.00	\$ 51,500.00	\$ 53,045.00	\$ 54,636.35	\$ 56,275.44
Ultrasound Service/Sonographer	\$ -	\$ -	\$ 35,000.00	\$ 38,000.00	\$ 40,000.00	\$ 42,000.00
Maintenance/ Housekeeping - Contract	\$ 5,000.00	\$ 40,000.00	\$ 40,000.00	\$ 40,000.00	\$ 40,000.00	\$ 40,000.00
Site Survey and Soil Investigation	\$ 16,505.00					
Contractor Fees	\$ 142,494.00					
Consultation Fees	\$ 30,000.00	\$ 6,000.00	\$ 5,000.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00
Legal	\$ 10,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Volunteer program	\$ -	\$ 10,000.00	\$ 15,600.00	\$ 15,600.00	\$ 15,600.00	\$ 15,600.00
CON submission fees	\$ 30,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Accounting/Bookkeeping	\$ 25,000.00	\$ 14,000.00	\$ 14,000.00	\$ 14,000.00	\$ 14,000.00	\$ 14,000.00
Contracted Services Subtotal	\$ 624,889.00	\$ 143,000.00	\$ 184,100.00	\$ 186,145.00	\$ 189,736.35	\$ 193,375.44
Facility Expenses						
	Start-Up (year 0)	Year 1	Year 2	Year 3	Year 4	Year 5
Building Purchase	\$ 450,000.00					
Build out	\$ 4,293,177.00					
Contingencies	\$ 640,227.00					
Utilities	\$ 5,000.00					
IT	\$ 40,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
Maintenance / Repairs	\$ 10,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00

Minor Equipment	\$ 245,000.00	\$ 5,000.00	\$ 5,000.00	\$ 15,000.00	\$ 5,000.00	\$ 5,000.00
Postage	\$ 1,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Printing / Copying	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Furniture, outfitting the finished space	\$ 200,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
Office Supplies	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
Housekeeping Supplies & Laundry	\$ 2,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
Medical Supplies Drugs / Lab	\$ 35,000.00	\$ 50,000.00	\$ 55,000.00	\$ 60,000.00	\$ 65,000.00	\$ 70,000.00
Lab fees		\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00
Home Visit Mileage	\$ -	\$ 5,000.00	\$ 5,000.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
Recruitment	\$ 5,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Travel	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
Insurance - Professional Malpractice	\$ -	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00
Insurance - General & Workers Comp	\$ -	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
CEU / CME / Conference Registration/ Membership / Dues / Subscripti	\$ -	\$ 4,000.00	\$ 9,600.00	\$ 9,600.00	\$ 9,600.00	\$ 9,600.00
State License for birth center	\$ 10,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,500.00	\$ 6,000.00
AABC Membership	\$ 2,500.00	\$ 765.00	\$ 1,055.00	\$ 1,445.00	\$ 1,445.00	\$ 1,445.00
Accreditations (CABC)	\$ 10,000.00			\$ 6,000.00		
Facility Expenses Subtotal	\$ 5,961,904.00	\$ 219,765.00	\$ 230,655.00	\$ 254,045.00	\$ 243,545.00	\$ 249,045.00

Total Expenses	\$ 7,130,493.00	\$ 1,312,805.00	\$ 1,227,600.80	\$ 1,430,223.17	\$ 1,450,558.52	\$ 1,596,217.92
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Revenue							
Projected Births	0	225	290	360	440	500	
IDPA Reimbursement Amount (projected to account for 70% of births)	\$ -	\$ 4,438.00	\$ 4,438.00	\$ 4,438.00	\$ 4,438.00	\$ 4,438.00	\$ 4,438.00
Commerical Reimbursement Amount (projected to account for 25% of births)	\$ -	\$ 8,053.00	\$ 8,053.00	\$ 8,053.00	\$ 8,053.00	\$ 8,053.00	\$ 8,053.00
Self Pay Amount (projected to account for 5% of births)	\$ -	\$ 6,477.00	\$ 6,477.00	\$ 6,477.00	\$ 6,477.00	\$ 6,477.00	\$ 6,477.00
Subtotal IDPA Reimbursement Revenue	\$ -	\$ 748,912.50	\$ 965,265.00	\$ 1,198,260.00	\$ 1,464,540.00	\$ 1,664,250.00	\$ 1,664,250.00
Subtotal Commerical Reimbursement Revenue	\$ -	\$ 362,385.00	\$ 467,074.00	\$ 579,816.00	\$ 708,664.00	\$ 805,300.00	\$ 805,300.00
Sub total Self Pay Revenue	\$ -	\$ 72,866.25	\$ 93,916.50	\$ 116,586.00	\$ 142,494.00	\$ 161,925.00	\$ 161,925.00
Sub total Guaranteed Services Revenue	\$ -	\$ 225,000.00	\$ 290,000.00	\$ 360,000.00	\$ 440,000.00	\$ 500,000.00	\$ 500,000.00
Total Reimbursement Revenue	\$ -	\$ 1,409,163.75	\$ 1,816,255.50	\$ 2,254,662.00	\$ 2,755,698.00	\$ 3,131,475.00	\$ 3,131,475.00
Total Donations	\$ 7,130,493.00	\$ 125,000.00	\$ 125,000.00	\$ 125,000.00	\$ 125,000.00	\$ 125,000.00	\$ 125,000.00
Grand Total Revenue	\$ 7,130,493.00	\$ 1,534,163.75	\$ 1,941,255.50	\$ 2,379,662.00	\$ 2,880,698.00	\$ 3,256,475.00	\$ 3,256,475.00
Charity Care		\$ 7,670.83	\$ 9,706.28	\$ 11,898.31	\$ 14,403.49	\$ 16,282.38	\$ 16,282.38
Total Profit / (Loss) YTD	\$ -	\$ 221,358.75	\$ 713,654.70	\$ 949,438.83	\$ 1,430,139.48	\$ 1,660,257.08	\$ 1,660,257.08
Net Operating Margin							

	Start-Up (year 0)	Year 1	Year 2	Year 3	Year 4	Year 5
	Birth Estimates	2026	2027	2028	2029	2030
Project Cost		225	290	360	440	500
3 Preplanning Costs	\$ 825,900.00					
4 Site Survey and Soil Investigation	\$ 16,505.00					
8 Moderation	\$ 4,293,177.00					
9 Contingencies	\$ 640,227.00					

10 Architectual	\$	347,890.00
11 Consulting and Other fees	\$	282,494.00
12 Moveable or other equipment	\$	292,000.00
15 Acquisition of Building	\$	450,000.00
16 Capitalized	\$	245,000.00
Total Uses of Funds		\$7,130,493.00

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
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1	Applicant Identification including Certificate of Good Standing	63-64
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	Service Specific:	
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Not included	Comprehensive Physical Rehabilitation	142
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Not included	Open Heart Surgery	144
Not included	Cardiac Catheterization	145
Not included	In-Center Hemodialysis	146
Not included	Non-Hospital Based Ambulatory Surgery	147
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ADMISSION POLICY

Screening Risk Criteria for admission and retention of birth center clients

1. The following criteria will be used by the Certified Nurse Midwives to determine which women and newborns can be safely cared for in the birth center. Risk screening is a continuous, on-going process that begins with the prospective OB inquiry and ends when the mother and newborn are discharge from the birth center in stable condition.
2. In general, eligibility for giving birth in the birth center requires an essentially healthy woman who has carried a singleton fetus to term, whereas the fetus is in vertex presentation for delivery, and who by general clinical standards can reasonably anticipate a normal spontaneous vaginal delivery.
3. The following factors identified as **absolute** contraindications to Birth Center care:
 - a. Previous uterine surgery, including but not limited to cesarean section.
 - b. Three or more consecutive spontaneous abortions prior to this pregnancy
 - c. Pre-existing disease requiring medical management including but not limited to diabetes, hypertension, heart disease, renal pulmonary, hemolytic disease, hyperthyroidism, neuro-psychiatric disorders and seizure disorders.
 - d. Drug or alcohol abuse.
 - e. Multiple gestation
 - f. Previously undetermined physical or emotional illness that requires medical management beyond the CNM scope of practice.
 - g. Abnormal lab results including but not limited to: confirmed HIV positive, Confirmed RPR positive, hemoglobinopathies, Rh Sensitization
4. The following factors identified are **relative** contraindications to Birth Center care:
 - a. Age at delivery <16
 - b. Primigravida >40
 - c. Multigravida >45
 - d. Grand-Multiparity >10 pregnancies
 - e. History of premature delivery, pregnancy or delivery complications.
 - f. Family history or prior child with hereditary disease or congenital anomalies
 - g. Pregnancy >24 weeks with no prenatal care this pregnancy.
 - h. Fetal loss (>2nd trimester) or neonatal loss with the last pregnancy
5. These additional factors which appear or develop in the course of the antepartum care may require consult or referral to appropriate level of medical management
 - a. Hyperemesis associated with weight loss persisting into the second trimester.
 - b. Incompetent cervix
 - c. Anemia unresponsive to treatment

Cut-off values for anemia in pregnant women

<u>Trimester</u>	<u>Hgb (<q/dl)</u>	<u>Hct (<%)</u>
First	11.0	33.0
Second	10.5	32.0
Third	11.0	33.0
 - d. Gestational diabetes requiring management with oral medication or insulin.
 - e. Gestational hypertension unresponsive to midwifery management.
 - f. Preeclampsia with or without severe features.
 - g. Abnormal fetal growth, fetal anomalies, IUGR, IUFD.
 - h. Polyhydramnios or oligohydramnios
 - i. Preterm labor with cervical change

- j. Placental complications including but not limited to placenta previa or placental abruption.
 - k. Pregnancy exceeding 42 completed weeks.
 - l. Acute onset or exacerbation of a medical condition requiring care beyond the midwifery scope.
 - m. Client noncompliance with healthcare responsibilities or required birth center care and or inability to form or maintain respectful relationship with the staff.
6. The following conditions which appear or develop during the intrapartum course which may necessitate transfer or admission to the hospital and medical management. The CNM will determine the appropriate ongoing role for the CNM should any of these conditions occur:
- a. Onset of labor at <37 weeks
 - b. Fetal malpresentation
 - c. Active HSV lesion
 - d. Rupture of membranes >24 hours without labor
 - e. Chorioamnionitis
 - f. Fever
 - g. Cord Prolapse
 - h. Hemorrhage
 - i. Blood pressure >150/100 or indicators of preeclampsia
 - j. Fetal distress
 - k. Thick meconium stained amniotic fluid
 - l. Failure to progress in labor.

The following will serve as the guidelines for dysfunctional labor patterns and require consultation with MD:

Dysfunctional labor:

- a. In the first stage of labor, 6cm or greater with membranes ruptured, arrest of labor will be determined along with the clinical judgment of the CNM and the collaborating physician if there has been no cervical change with adequate contractions palpating every 2-3 minutes, for 4 to 6 hours.
 - b. In the second stage of labor, arrest will be determined along with the clinical judgment of the CNM and the collaborating physician if no progress (descent or rotation) for 3 hours or more in a nulliparous women without epidural and 2 hours or more in a multiparous women without epidural. (Epidural analgesia is not offered at the birthing center).
7. The following post-partum conditions would require that the mother be transferred to the hospital for medical management.
- a. Retained placenta
 - b. Hemorrhage (EBL >1500) or hemodynamically unstable
 - c. Laceration requiring extensive repair not in the scope or expertise of the midwife. (MD will have discretion over whether the client needs transferred. MD may decide to repair an extensive laceration including a 3rd or fourth degree laceration at the birth center if able to perform adequately and with appropriate pain management.)
 - d. Any medical condition of the mother requiring > 12 hours observation post-partum.
 - e. Post-partum preeclampsia.
8. The following conditions of the newborn require transfer of the infant to pediatric care and or the hospital.
- a. Apgar score < 7 at 5 minutes of age
 - b. Weight < 2500 grams and or indications of prematurity.
 - c. Major anomaly

- d. Problems with respiration of thermoregulation
- e. Any medical condition of the newborn requiring more than 12 hours of observation after birth.

Pre-admission contact- All inquiries to the Birth Center will be addressed with open, honest communication about the birth center encouraging a positive public image.

1. Procedure:
 - a. A client inquiry sheet is completed by the nurse on all women seeking information about the Birth Center.
 - b. The nurse will obtain all the necessary information on the inquiry sheet as appropriate.
 - c. If it is clear that the person does not meet the risk criteria, she should be advised of that fact with an explanation of the risk criteria for prenatal care and safe birth practices at the birth center.
 - d. After the initial phone interview, potential clients meeting the risk criteria qualifications are scheduled for "Good Beginnings" class as an orientation to the birth center, midwifery care and out of hospital birth.
 - e. The inquiry sheet will be filed in the "Good Beginnings" binder so it is available at the time of the schedule orientation/class.
2. Orientation
 - a. Welcome and introduction
 - b. Review some history of the Birth Center and the philosophy of midwifery care as well as the Birth Center.
 - c. Explain Midwifery and the team concept of care. Discuss team members may include (but is not limited to) by consultation; CNM's, Nurse Practitioner, nurses, physicians, lactation consultant and psychologist, family practice physician and pediatrician. The client is a team member as well.
 - d. Discuss risk criteria and the rationale for each criteria as they set a foundation for safe delivery of care.
 - e. Review the Birth Center program
 - i. Prenatal visits: traditional care vs. Prenatal Care Plus (PCP)
 - ii. Family involvement
 - iii. Educational program and available resources
 - iv. Out of hospital Labor and Birth
 - v. Post-partum and newborn follow up
 - f. Role of the OB consultant, collaborative management and transfer of care for emergency circumstances.
3. Tour
4. Answer Questions
5. Review Paper work. Insurance confirmation to be completed. If client is private pay, these arrangements are also made however, client is not required to commit to care until after the initial orientation class.

CHARITY CARE POLICY

Financial Policy:

The mission of Chicago South Side Birth Center is to provide a high-quality, cost effective out-of-hospital birth experience for low-risk pregnant mothers, birthing people, and babies, for gynecological, prenatal care, natural childbirth, and full postpartum care. Inherent in the Center's mission are values of respect and compassion for all human beings. With its mission and values as its guiding philosophy, the Birth Center is committed to putting the needs of the patient first, and thus enacting a policy designed to meet the financial needs of patients.

Birth Center care is intended to be a lower cost option than traditional obstetrical/ hospital care. Our preference would be to provide a package of comprehensive services that cover all the essentials of prenatal care, birth and follow-up services. This is what we are able to do when we offer a set fee to our self-pay, underinsured or uninsured clients. However, insurance companies/ "third party" payers (someone else is being billed for your care) require that services be broken out and billed separately.

COMPREHENSIVE BIRTH CENTER CARE includes the following:

- initial history and physical exam
- basic prenatal lab work
- prenatal visits and/ or group sessions
(typically one first trimester visit then every 4 weeks to 32 weeks; every 2 weeks to 38 weeks; then weekly until delivery)
- 24 hour telephone counseling and availability
- nurse-midwife attendance throughout labor and birth
- labor and delivery in the Birth Center facility
- postpartum and newborn care in the Center up to 12 hours with a nurse in attendance
- postpartum office visits for mother/birthing person at 24- 72 hours after birth, one week and six weeks.

The following services, if needed, are charged separately:

- ultrasound(s)
- laboratory test(s)
- specialized testing or treatment beyond the customary
- birth class and breastfeeding class
- drugs or medications
- emergency transport charges
- obstetrician's and pediatrician's fees
- hospital charges
- a follow up visits for the newborn, along with state mandated screening tests; metabolic screening, CCHD and hearing screening
- circumcision of the newborn
- additional visits for illnesses that are not routine prenatal care will be billed separately

Note regarding special circumstances: 1). In the event of a transfer of care during pregnancy, fees are determined on the basis of the services rendered. 2) For a planned hospital birth, the midwives charge the professional fee. The hospital will bill you separately for the services you and your baby receive. 3) When labor has been managed by the nurse-midwives, the professional fee and facility fee will be charged for use of the Birth Center even if a transfer occurs in labor and birth occurs in the hospital.

INSURED CLIENTS The Birth Center must bill separately for professional care, use of the facility and newborn care. The contracted laboratory will bill for laboratory services. Every insurance plan differs as to what they pay for such services. Your insurance will be verified in accordance with practice policy. Currently our billing service provides this service after you register and upon payment of their associated fee. You will be responsible for payment of the difference between the total fee and the estimated expected insurance benefit. You may pay the balance due in full at the first visit or in installments. We will

set up a payment contract. Please remember that the filing of an insurance claim is a courtesy to you. Payment is ultimately your responsibility. Your insurance company contract is with you.

SELF-PAY The fee for comprehensive birth center care for uninsured clients is substantially discounted. **An initial \$500 payment is expected for self-pay clients and those with unmet insurance deductibles exceeding \$500.** This payment (part of the total fee) reflects the cost of this initial visit. Arrangements for the payment of the fee balance are made on an individual basis as described below. Information on finance services is available upon request. All payment plans are to be paid in full by the estimated due date. Any account with a balance remaining 60 days after delivery is subject to turnover to a collection agency.

MEDICAID Illinois Medicaid reimbursement is accepted as a form of payment. Charges not covered by Medicaid are your responsibility. We will inform you of your payment obligations if you should become ineligible for Medicaid prior to the end of your pregnancy. Please stay aware of your continuing Medicaid eligibility. It is your responsibility to keep Medicaid and our practice informed of any changes in your insurance and to ensure that we have information on all policies that you have.

CHARITY CARE The scope of the Birth Center Charity (Ubuntu) Care policy has two components:

- a) providing a fair and equitable financial assistance program;
- b) providing education and resources for our patients

The center will work with each family to ensure quality care and will budget accordingly for charity care, including faith based health sharing plans.

Financial Assistance: The Birth Center will follow a fair and consistent method for the reviewing and granting requests for charitable medical care to our patients who are unable to pay their birth center and/or clinic bills due to difficult financial situations. A designated representative will review individual cases and make a determination of financial assistance that may be offered. Eligible individuals include patients who do not have insurance and patients who have insurance but are underinsured. Patients must cooperate with any insurance claim submission and exhaust their insurance coverage before becoming eligible for financial assistance. The need for financial assistance will be based on a historical financial profile and current financial situation, including income, assets, employment status, family size and availability of alternative sources of payment. Assistance may include individualized payment plans, medical services at reduced rates, and full write-offs, using federal poverty income guidelines, using fair and consistent collection practices that are in the best interest of all parties involved.

Education & Resources: Birth Center will provide education and assistance to help patients find sources to fund their care, including identifying alternative sources for their medical care and opportunities to work with outside agencies. The Center will work with local agencies such as the Health Department's staff to connect patients with the necessary resources for physical, emotional and financial well-being.

QUALITY OF SERVICES/CONTINUOUS QUALITY IMPROVEMENT POLICY

Quality of Services:

1. The Birth Center strives to provide high quality, gynecological and well woman care, as well as family centered, maternal and newborn care to healthy women anticipating uncomplicated pregnancies, labor and birth.
2. The staff at the birth center maintains the all professional standards for each respective discipline.
3. The birth center staff will maintain continued personal and professional continuing education in order to keep up to date in advances or changes in evidence based care.
4. The staff cares for the woman and her family; however, *the woman* defines her family.
5. Each client receives an information packet to inform them of the quality of services provided. At the initial appointment written information is given describing level of care, confidentiality and patient rights and responsibilities.

Procedure for evaluation:

1. Each patient will be provided with an Evaluation after birth. Forms will be reviewed by the Birth Center Director, CNM and at board and staff meetings.
2. Cumulative statistics on all phases of care will be gathered and reviewed quarterly by the Director. Any trend of concern will be brought to the staff and consultants meetings for discussion and plans for improvement.
3. The Board of Directors will review the cumulative statistics yearly. The education program will be reviewed at least yearly by the CNMs and revised as needed.
4. The Administrator will survey clients' periodically on client satisfaction and other issues as directed by the Board of Directors or requested by the CNM Director or staff. This information will be presented at staff and board meetings
5. The professional staff and consultants will periodically review cases of transports as well as cases with outcome problems. Recommendations for changes will then be proposed and approved.
6. Chart Reviews will be done by trimester. Gynecological chart will be reviewed by the CNM director.

Review of Policies & Procedures and Clinical Practice Guidelines:

1. Every policy protocols and procedure will be reviewed annually by the CNM Director and administrator.
2. Clinical Practice Guidelines, Risk Criteria and the Approved Drug List will be reviewed annually by the CNM Director submitted to the collaborative physicians for re-approval.
3. Record of policy and procedure review will be documented on the policy and procedure review form and filed in the administrative files.
4. Any interim revisions or additions to the care guides because of changing or evolving best practice will be presented at monthly meeting to have approval by the professional

5. staff and collaborative physicians or medical director.
6. Medical record forms, Education materials and client hand-out/forms are reviewed on an ongoing basis and revised as needed.
7. Retired forms/policies and procedures/clinical practice guidelines are filed in historical file binders by date.
8. Outside consultation expertise is used to review problems and identify quality Improvements as needed.

Facility Safety:

1. Facility rounds will be conducted monthly by the Director or a staff member whom she assigns.
2. The facility safety checklist will be used, and each item on the list checked.
3. Any item found deficient will be corrected as soon as possible or reported to the CNM Director or administrator.
4. The deficiency and evidence of correction will be documented on the facility safety checklist.
5. A summary of the facility rounds will be reported at staff meeting.
6. The completed checklist will be kept on file in the CQI manual.

Equipment Maintenance:

1. All equipment will be checked on a regular basis according to criteria specified in the equipment maintenance criteria to assure that it is clean and in good working condition.
2. Regular maintenance checks will be documented on the CQI Checklist and filed in the CQI manual.
3. Defective equipment is labeled as such and stored until repaired.
4. Temperatures of refrigerators/freezers will be monitored when in office. If min/max temp recording falls out of safe range, health department will be contacted for further instruction.

Inventory and Shelf Life:

1. All supplies will be checked on a monthly basis to assure that inventories are adequate and expiration dates are current.
2. Check all medications monthly for expiration dates.
3. Discard or return any expired drugs or supplies and replace to meet stock requirement.
4. Re-sterilize any re-useable sterile packs or instruments which have expired.
5. Any sterile packs without expiration dates may be used unless package had become damaged at which point would need discarded per manufacturer's guidelines.
6. Make note of medications and supplies that will expire within the next month and place them so they will be used first, prior to expiration.
7. Check stock of all drugs, IV's, and sterile and non-sterile supplies to assure that amounts are adequate each practice day for exam rooms and for delivery suites after each delivery and or monthly.
8. Order any needed supplies.
 - a. Record inventory on "Master Inventory List"
 - b. Shelf life for medication and expirations are documented quarterly and this check list kept on the outside of the locked door of the medication cabinet.

Emergency Supplies:

1. Readily accessible emergency boxes are maintained for both maternal and neonatal emergencies.
2. All emergency boxes and supplies will be checked monthly and after each birth if emergency box is opened to ensure that:
 - a. The box is closed and secure and not opened unless there is an emergency for the mother or the baby.
 - b. Equipment and supplies for emergency tray are neatly arranged checked and a log of the checks is maintained.
 - c. All drugs and supplies are in the proper location.
 - d. Amounts are adequate.
 - e. Expiration dates are current.
 - f. Emergency supplies will be maintained according to emergency supplies list.
 - g. Place surgical tape or sticker over the opening of the box with initials and date it was last inventoried and secured.

Emergency Drills:

Although emergencies at the birth center are rare, they do require swift decisive action when they occur. Emergency drills are a way to ascertain the ability of staff to respond to an emergency swiftly, efficiently and effectively.

1. Emergency Drills are conducted on the following basis
 - a. Fire/Disaster: Quarterly
 - b. Medical Emergency: Quarterly
 - c. Other drills: Quarterly.
2. An emergency drill report will be completed and filed in the Facility Binder filed under SAFETY & DRILLS
3. Responsibility for conducting each drill will be the CNM Director or Administrator and will include staff member.
4. The staff member conducting the drill is also responsible for completing the emergency drill report and returning filing it in the SAFETY & DRILLS binder.
5. If deficiencies are identified as a result of any drill, they will be corrected by staff in-service, change in procedures, or other appropriate action.
6. Medical Emergency Drills will include but are not limited to:
 - a. Post partum Hemorrhage
 - b. Prolapsed Cord
 - c. Neonatal Resuscitation
 - d. Shoulder dystocia

CQI Report and Peer Review (Morbidity & Mortality Review):

1. Objective: To provide guidelines for morbidity and mortality criteria and standards for review at Birth Center.
2. Purpose of this review is to discuss cases from the previous month that meet the criteria determined by mutually agreed upon guidelines. This meeting is also a form of peer review.
3. The review will take place during the monthly provider staff meeting so that discussions can involve all of the providers. This day may vary based upon holiday schedules and CNM on call.

4. All professional staff will attend the M&M reviews as well as those providers involved with the individual case presented. Providers or ancillary staff involved with the care of the client involved in the review will provide written account of the event or series of
5. events contributing to unusual occurrence.
6. All notes taken during the meeting will meet the HIPAA standards and will only have the patients initials and pertinent information related to the case.
7. The following clinical situations meet the criteria for review:
 - a. Unexplained 3rd trimester IUFD
 - b. Perinatal morbidity
 - c. APGARS < 5 at 5 minutes
 - d. Birth Trauma
 - e. Severe Shoulder dystocia
 - f. Neonatal seizure
 - g. Maternal seizure
 - h. Baby transferred out following delivery
 - i. Any postpartum hospital admission
 - j. Maternal EBL >1000 PPH
 - k. Maternal morbidity
 - l. Any potential event or encounter which may result in legal action
8. The provider(s) involved will review the case or issue immediately following as an After Action Review or debriefing if applicable.
9. The CNM (s) involved will be prepared to give a case review with a description of the case, the complication and actions taken.
10. The staff has the opportunity to discuss the complication and make any recommendations if applicable.

Unusual Event Report:

1. Whenever an unusual event occurs involving staff, clients, families, students and/or visitors, an unusual event report will be completed by the staff member involved and filed in the administrative file.
2. All unusual event reports will be reviewed by the CNM Director and the medical Director and appropriate action taken.
3. An usual event is defined as any occurrence that is out-of-ordinary, particularly if the event has quality of care or risk management implications.
4. Examples of types of incidents requiring completion of the form are:
 - a. falls or other injuries
 - b. needle sticks
 - c. client/family with serious complaint regarding birth center services, staff or care
 - d. poor clinical outcomes
5. Clients or family complaints regarding a specific staff member or care rendered will be reviewed and handled by the CNM Director or administrator. The CNM Director will discuss the evaluation with that individual. A copy of the comments, and any discussion, may be placed in the employee's personnel file at the discretion of the CNM Director or administrator.

III. Admin. Code tit. 77 § 264.1550

Section 264.1550 - Admission Protocols for Acceptance of Birth Center Clients

- a) Only clients whose births are planned to occur following a normal, uncomplicated, and low-risk pregnancy may be allowed to receive services at the birth center. Clients must meet the criteria for birth center admission that are consistent with accreditation standards and the certified nurse midwife's or physician's scope of practice and with requirements of this Section.
- b) No general, spinal/epidural, or regional anesthesia may be administered at the birth center.
- c) Any pregnant person walk-in who is beyond 32 weeks of gestation and is in labor, and who has not previously been approved for admission, shall be immediately transported to a hospital.
- d) *An obstetrician, family practitioner (family physician) or physician, certified nurse midwife, or licensed certified professional midwife shall attend each person in labor from the time of admission through birth and throughout the immediate postpartum period. Attendance may be delegated only to another physician a certified nurse midwife, or a licensed certified professional midwife. (Section 25(c) of the Act)*
- e) Criteria for approval for admission shall be in writing.
- f) Each birth center shall establish a written risk assessment that shall be completed prior to admission for each client and included in the client's clinical record. The assessment must include a detailed medical history, a physical examination, family circumstances, and other social and psychological factors.
- g) A physician, certified nurse midwife, or a licensed certified professional midwife shall determine the general health and complete a risk assessment of the client per requirements in subsection (f), using the following criteria for exclusion as a birth center client. These criteria shall be considered for all clients prior to acceptance for birth center services and throughout the pregnancy for continuation of services. The clinical director shall use professional judgment consistent with recommendations in the Guidelines for Perinatal Care, Standards for Birth Centers, and Indicators of Compliance with Standards for Birth Centers to make determinations of the criteria for exclusion for delivery at the birth center.
- 1) Pre-pregnancy body mass index of less than 18 or greater than 40.
 - 2) Medical risk factors, including, but not limited to:
 - A) Chronic hypertension not controlled by medication;
 - B) Elevated blood glucose levels unresponsive to dietary management;
 - C) Positive HIV antibody test; or
 - D) Current drug or alcohol substance use disorder.
 - 3) Obstetrical risk factors, including but not limited to:

- A)** Two or more prior cesarean sections (a client with a single prior cesarean may be admitted subject to conditions in subsection (h));
 - B)** History of gynecologic uterine wall surgery in which the uterine cavity was entered; or
 - C)** History of manual removal of a placenta.
- 4)** Prenatal/delivery risk factors, including but not limited to:
 - A)** Documented low-lying placenta in an individual with a history of previous cesarean delivery;
 - B)** Anemia resistant to supplemental therapy;
 - C)** Documented placental anomaly;
 - D)** Lie other than vertex at term;
 - E)** Pre-eclampsia/gestational hypertension (as defined by current ACOG standards);
 - F)** Multiple gestation;
 - G)** Premature labor at less than 36 weeks (client may return to the birth center if not delivered at 37 weeks);
 - H)** Rupture of membranes prior to the 37th week gestation;
 - I)** Gestation beyond 42 weeks by reliable confirmed dates;
 - J)** Isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer, which may have a detrimental effect on the childbearing individual or fetus;
 - K)** Suspected deep vein thrombosis;
 - L)** Placental abruption or previa;
 - M)** Dead fetus;
 - N)** Known fetal anomalies that may be affected by the site of birth; or
 - O)** Primary genital herpes infection in pregnancy.
- h)** Trial of labor after cesarean/vaginal birth after cesarean (TOLAC/VBAC)
 - 1)** A birth center may admit a client with a previous cesarean section for a TOLAC/VBAC if the client meets the following criteria:
 - A)** The client has an operative report documenting one prior low transverse cesarean section, or if the surgical details of the previous cesarean incision are not known, the client gives informed consent based on information provided under subsection (h)(3)(C);

- B)** The client's BMI prior to the current pregnancy was less than 40;
 - C)** A documented ultrasound of the client's placental location, performed by a radiologist or maternal-fetal medicine physician, shows no abnormalities (previa, low-lying/suspected accreta, percreta, increta, etc.); and
 - D)** The Department additionally recommends that the interval since the client's previous birth be at least 19 months and that the estimated weight of the fetus at delivery be less than 4000 grams (8.8 pounds).
- 2)** A birth center that accepts clients for TOLAC/VBAC shall have a transfer agreement with a Level 1 or higher perinatal center that agrees to receive TOLAC patients from birth centers, within a ground travel time distance that allows for an emergency cesarean section to be started within 30 minutes after the decision that a cesarean section is necessary.
- A)** The transfer agreement must address communication between the receiving hospital and birth center when a TOLAC client is admitted to the birth center and during the progression of the client's labor. The agreement must also address the hospital's and birth center's response in situations where progression of labor is delayed.
 - B)** The birth center shall notify the receiving hospital immediately if an emergency transfer becomes necessary.
- 3)** The birth center shall obtain informed consent from a prospective client for a TOLAC/VBAC.
- A)** The consent forms must include up to date information, from peer reviewed publications or expert consensus such as that of the American College of Obstetricians and Gynecologists (ACOG) or the American Academy of Pediatrics (AAP), concerning the incidence of uterine rupture during TOLAC/VBAC and the incidence of neonatal ICU admissions and neonatal deaths when uterine rupture occurs.
 - B)** The consent form shall use language that is easily understood from a health literacy perspective and is translated into the language of the birthing person.
 - C)** In a case where the surgical details of the previous cesarean incision are not known, the birth center shall notify the client that the quoted risk of rupture is based on their history only, and may be higher than the risk for a client with a documented low transverse cesarean section.
- 4)** A birth center that accepts TOLAC/VBAC clients shall have a letter of agreement with an Administrative Perinatal Center and share the renewal data submitted to DPH OCHR with the APC on an annual basis, including the addition of TOLAC/VBAC patient numbers. The birth center shall also participate in the APC's morbidity and mortality reviews.
- i)** Pregnant persons who fail to register for acceptance with the birth center before 32 weeks gestation and who have not received prenatal care shall be reviewed and approved by the

clinical director prior to admission. The person shall otherwise meet the criteria for the risk assessment that are set forth in this Section, the birth center shall have documentation of prenatal care, and the birth center shall comply with the transfer agreement between the birth center and the referral hospital.

j) The acceptance and admission policies of the birth center shall not discriminate against clients based on disability, race, religion, source of payment, sexual orientation or any other basis recognized by applicable State and federal laws.

k) Before acceptance and admission to services, a client shall be informed of:

- 1)** The qualifications of the birth center clinical staff;
- 2)** The risks related to out-of-hospital childbirth;
- 3)** The benefits of out-of-hospital childbirth; and
- 4)** The possibility of referral or transfer if complications arise during pregnancy or labor, with additional costs for services rendered.

l) The birth center shall obtain the client's written consent for birth center services, and a copy of the signed consent shall be included in the client's individual clinical record.

m) The number of pregnant persons in active labor who have been admitted to the birth center at any given point in time shall be no greater than the number of birth rooms in the birth center.

Ill. Admin. Code tit. 77, § 264.1550

Added at 47 Ill. Reg. 13572, effective 9/8/2023

Information maintained by the Legislative Reference Bureau

Updating the database of the Illinois Compiled Statutes (ILCS) is an ongoing process. Recent laws may not yet be included in the ILCS database, but they are found on this site as [Public Acts](#) soon after they become law. For information concerning the relationship between statutes and Public Acts, refer to the [Guide](#).

Because the statute database is maintained primarily for legislative drafting purposes, statutory changes are sometimes included in the statute database before they take effect. If the source note at the end of a Section of the statutes includes a Public Act that has not yet taken effect, the version of the law that is currently in effect may have already been removed from the database and you should refer to that Public Act to see the changes made to the current law.

HEALTH FACILITIES AND REGULATION (210 ILCS 170/) Birth Center Licensing Act.

(210 ILCS 170/1)

Sec. 1. Short title. This Act may be cited as the Birth Center Licensing Act.

(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/5)

Sec. 5. Definitions. In this Act:

"Birth center" means a designated site, other than a hospital:

(1) in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy;

(2) that is not the pregnant person's usual place of residence;

(3) that is dedicated to serving the childbirth-related needs of pregnant persons and their newborns, and has no more than 10 beds;

(4) that offers prenatal care and community education services and coordinates these services with other health care services available in the community; and

(5) that does not provide general anesthesia or surgery.

"Certified nurse midwife" means an advanced practice registered nurse licensed in Illinois under the Nurse Practice Act with full practice authority or who is delegated such authority as part of a written collaborative agreement with a physician who is associated with the birthing center or who has privileges at a nearby birthing hospital.

"Department" means the Illinois Department of Public Health.

"Hospital" does not include places where pregnant females are received, cared for, or treated during delivery if it is in a licensed birth center, nor include any facility required to be licensed as a birth center.

"Licensed certified professional midwife" means a person who has successfully met the requirements under Section 45 of the Licensed Certified Professional Midwife Practice Act and holds an active license to practice as a licensed certified professional midwife in Illinois.

"Physician" means a physician licensed to practice medicine in all its branches in Illinois.

(Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23; 102-1117, eff. 1-13-23.)

(210 ILCS 170/10)

Sec. 10. License required. Except as provided by this Act, no person shall open, manage, conduct, offer, maintain, or advertise as a birth center without a valid license issued by the Department. All birth centers in existence as of the effective date of this Act shall obtain a valid license to operate within 2 years after the adoption of rules by the

Department to implement this Act under Section 60.
(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/15)

Sec. 15. Issuance and renewal of license.

(a) An applicant for a license under this Act shall submit an application on forms prescribed by the Department. Each application shall be accompanied by a nonrefundable license fee, as established by rule by the Department under Section 60.

(b) The Department may grant a temporary initial license to an applicant. A temporary initial license expires on the earlier of the date the Department denies the license or the date 6 months after the temporary initial license was issued.

(c) The Department shall issue a license under this Act if, after application, inspection, and investigation, it finds the applicant meets the requirements of this Act and the rules and standards adopted pursuant to this Act.

(d) A license is renewable every year upon submission of: (i) the renewal application and fee and (ii) a report on a form prescribed by the Department that includes information related to quality of care at a birth center. The report must be in the form and documented by evidence as required by the Department by rule under Section 60.

(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/17)

Sec. 17. Certificate of need; licenses.

(a) A birth center shall obtain a certificate of need from the Health Facilities and Services Review Board under the Health Facilities Planning Act before receiving a license by the Department under this Act.

(b) If, after obtaining an initial certificate of need under subsection (a), a birth center seeks to increase the bed capacity of the birth center, the birth center must obtain a certificate of need from the Health Facilities and Services Review Board before increasing the bed capacity.

(c) A birth center in a medically underserved area, as determined by the U.S. Department of Health and Human Services, shall receive priority in obtaining a certificate of need under this Section.

(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/20)

Sec. 20. Linkages.

(a) A birth center shall link and integrate its services with at least one birthing hospital with a minimum of a Level 1 perinatal designation.

(b) A birth center shall have an established agreement with a nearby receiving birthing hospital with policies and procedures for timely transfer of maternal and neonatal patients. The agreement shall include a determination of maternal and neonatal conditions necessitating consultation and referral. This should include plans for communication with the receiving hospital before and after transfer.

(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/25)

Sec. 25. Staffing.

(a) A birth center shall have a clinical director, who may be:

(1) a physician who is either certified or eligible for certification by the American College of Obstetricians and Gynecologists or the American Board of Osteopathic

Obstetricians and Gynecologists or has hospital obstetrical privileges; or

(2) a certified nurse midwife.

(b) The clinical director shall be responsible for:

(1) the development of policies and procedures for services as provided by Department rules;

(2) coordinating the clinical staff and overall provision of patient care;

(3) developing and approving policies defining the criteria to determine which pregnancies are accepted as normal, uncomplicated, and low-risk; and

(4) developing and approving policing regarding the anesthesia services available at the center.

(c) An obstetrician, family practitioner, certified nurse midwife, or licensed certified professional midwife shall attend each person in labor from the time of admission through birth and throughout the immediate postpartum period. Attendance may be delegated only to another physician, a certified nurse midwife, or a licensed certified professional midwife.

(d) A second staff person shall be present at each birth who:

(1) is licensed or certified in Illinois in a health-related field and under the supervision of a physician, a certified nurse midwife, or a licensed certified professional midwife who is in attendance;

(2) has specialized training in labor and delivery techniques and care of newborns; and

(3) receives planned and ongoing training as needed to perform assigned duties effectively.

(Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23.)

(210 ILCS 170/30)

Sec. 30. Minimum standards.

(a) The Department's rules adopted pursuant to Section 60 of this Act shall contain minimum standards to protect the health and safety of a patient of a birth center. In adopting rules for birth centers, the Department shall consider:

(1) the Commission for the Accreditation of Birth Centers' Standards for Freestanding Birth Centers;

(2) the American Academy of Pediatrics and American College of Obstetricians and Gynecologists Guidelines for Perinatal Care; and

(3) the Regionalized Perinatal Health Care Code.

(b) Nothing in this Section shall be construed to prohibit a facility licensed as a birth center from offering other reproductive health care subject to any applicable laws, rules, regulations, or licensing requirements for those services. In this subsection, "reproductive health care" has the same meaning as used in Section 1-10 of the Reproductive Health Act.

(Source: P.A. 102-518, eff. 8-20-21; 102-813, eff. 5-13-22; 102-1117, eff. 1-13-23.)

(210 ILCS 170/35)

Sec. 35. Quality of care. The Department's rules shall provide for a time period within which each birth center must become accredited by either the Commission for the Accreditation of Freestanding Birth Centers or The Joint Commission.

A birth center shall implement a quality improvement program consistent with the requirements of the accrediting body and is encouraged to participate in quality improvement projects implemented by the Department's Administrative Perinatal Centers and other Department-supported perinatal quality improvement projects. Clinicians, or their clinical representative, attending persons in labor at the birth center shall attend

morbidity and mortality reviews that occur at the receiving birthing hospital on their patients, when invited, at a mutually agreeable time. This includes, but is not limited to, maternal and neonatal patients transferred to the receiving birthing hospital.

(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/40)

Sec. 40. Reimbursement requirements.

(a) A birth center shall seek certification under Titles XVIII and XIX of the federal Social Security Act.

(b) Services provided to individuals eligible for medical assistance shall be covered in accordance with Article V of the Illinois Public Aid Code and reimbursement rates shall be set by the Department of Healthcare and Family Services.

(c) A birth center shall provide charitable care consistent with that provided by comparable health care providers in the geographic area.

(d) A birth center may not discriminate against any patient requiring treatment because of the source of payment for services, including Medicare and Medicaid recipients.

(Source: P.A. 102-518, eff. 8-20-21; 103-593, eff. 6-7-24.)

(210 ILCS 170/45)

Sec. 45. Reporting requirements. The Department shall by rule require each birth center to report information every year that is consistent with the birth center's license renewal schedule, which the Department shall make publicly available and which shall include the following:

(1) utilization data involving patient length of stay;

(2) admissions and discharges;

(3) complications;

(4) transfers;

(5) deaths;

(6) any other publicly reported data required under the Consumer Guide to Health Care; and

(7) post-discharge patient status data where patients are followed for 14 days after discharge from the birth center to determine whether the mother or baby developed a complication or infection.

(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/46)

Sec. 46. Maternal milk donation education.

(a) To ensure an adequate supply of pasteurized donor human milk for premature infants in Illinois, a birth center with obstetrical service beds shall provide information and instructional materials to parents of each newborn, upon discharge from the birth center, regarding the option to voluntarily donate milk to nonprofit milk banks that are accredited by the Human Milk Banking Association of North America or its successor organization. The materials shall be provided free of charge and shall include general information regarding nonprofit milk banking practices and contact information for area nonprofit milk banks that are accredited by the Human Milk Banking Association of North America.

(b) The information and instructional materials described in subsection (a) may be provided electronically.

(c) Nothing in this Section prohibits a birth center from obtaining free and suitable information on voluntary milk donation from the Human Milk Banking Association of North America, its successor organization, or its accredited members.

(Source: P.A. 103-160, eff. 1-1-24; 103-605, eff. 7-1-24.)

(210 ILCS 170/50)

Sec. 50. Training. A birth center shall, in consultation with the clinical director, establish and implement a policy to ensure appropriate training and competency of individuals employed within the birth center. The policy shall, at a minimum, define the acts and practices that are allowed or prohibited for such employees, establish how training will be conducted, and illustrate how initial competency will be established.

(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/55)

Sec. 55. Inspections; special inspections; reports.

(a) The Department, whenever it determines necessary, may conduct a special inspection, survey, or evaluation of a birth center to assess compliance with licensure requirements and standards or a plan of correction submitted as a result of deficiencies cited by the Department or an accrediting body.

(b) Upon the Department's completion of any special inspection, survey, or evaluation, the appropriate Department personnel who conducted the special inspection, survey, or evaluation shall submit a copy of his or her report to the licensee upon exiting the birth center, and shall submit the actual report to the appropriate regional office.

(c) The Department's report and any recommendation for action under this Act shall be sent to the Department's central office together with a plan of correction from the birth center.

(d) The plan of correction may contain related comments or documentation provided by the birth center that may refute findings in the report, explain extenuating circumstances that the birth center could not reasonably have prevented, or indicate methods and timetables for correction of deficiencies described in the report.

(e) A birth center has 10 days after the date of the Department's special inspection, survey, or evaluation to submit a plan of correction. The Department shall determine whether a birth center is in violation of this Section no later than 60 days after completion of each special inspection, survey, evaluation, or plan of correction.

(f) The Department shall maintain all special inspection, survey, or evaluation reports for at least 5 years in a manner accessible to the public.

(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/60)

Sec. 60. Rules.

(a) The Department shall adopt rules for the administration and enforcement of this Act.

(b) Rules adopted by the Department under this Act shall stipulate:

(1) the eligibility criteria for birth center admission that are consistent with accreditation standards and the certified nurse midwife's or physician's scope of practice;

(2) the necessary equipment for emergency care according to the Commission for Accreditation of Birth Centers' standards;

(3) the minimum elements required in the transfer agreement between a birth center and a receiving birth hospital with at least a Level 1 perinatal designation, including the amount of travel time between facilities in rural and nonrural areas, the staff required to transfer patients, and the mode of emergency transportation between facilities; and

(4) the equipment used by the birth center to ensure that it is compatible with the health and safety of the patients.

(Source: P.A. 102-518, eff. 8-20-21.)

(210 ILCS 170/99)

Sec. 99. Effective date. This Act takes effect upon becoming law.

(Source: P.A. 102-518, eff. 8-20-21.)



RE: 24-Month Capital Campaign Plan

To Whom It May Concern

With the signatures below, the legal organizational representative of Chicago South Side Birth Center confirms that we intend to meet our Capital Campaign goals as outlined in the preceding document, *24-Month Capital Campaign Plan*. We intend to raise \$7,000,000 by the Spring of 2026, with \$1,500,000 already pledged.

Sincerely,

Jeanine Valrie Logan, CNM, MSN, MPH
Founder & Executive Director
Chicago South Side Birth Center
(Officer of organization)

Lesley Kennedy, MA
Administrator
Chicago South Side Birth Center



CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

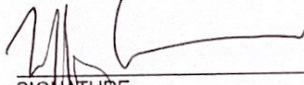
- o in the case of a corporation, any two of its officers or members of its Board of Directors.
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- o in the case of a partnership, two of 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 is filed on the behalf of ***Chicago South Side Birth Center*** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Jeanine Valrie Logan
PRINTED NAME

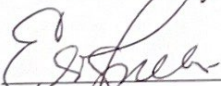
Executive Director and Director of Midwifery
PRINTED TITLE


SIGNATURE

Tiffany Gorman
PRINTED NAME

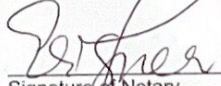
Board President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23 day of August


Signature of Notary

Seal
Official Seal
ERICA FIGUEROA
Notary Public, State of Illinois
Commission No. 977674
My Commission Expires September 8, 2027
*Insert the EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 27 day of August


Signature of Notary

Seal
Official Seal
ERICA FIGUEROA
Notary Public, State of Illinois
Commission No. 977674
My Commission Expires September 8, 2027

RE: Funders for Chicago South Side Birth Center to Date

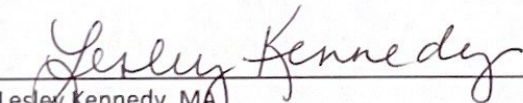
To Whom It May Concern

With the signatures below, the legal organizational representative of Chicago South Side Birth Center confirms that to date we have raised the indicated amount listed above through grants, foundations, peer to peer fundraising, donor advised funds, and individual donors.

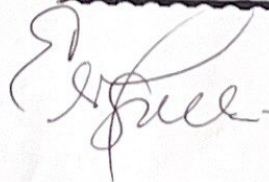
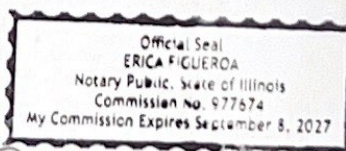
Sincerely,



Jeanine Valrie Logan, CNM, MSN, MPH
Founder & Executive Director
Chicago South Side Birth Center
(Officer of organization)



Lesley Kennedy, MA
Administrator
Chicago South Side Birth Center



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

Dear Chair Savage:

Pursuant to 210 ILCS 170/40(d) I hereby certify the following:
Chicago South Side Birth Center will not discriminate against any patient requiring treatment because of the source of payment for services, including Medicare and Medicaid recipients.

Chicago South Side Birth Center will provide HFSRB with data needed for planning including, but not be limited to, facility capacity, utilization, and socio-economic information in compliance with Sections 13 and 14.1 of the Health Facilities Planning Act and 77 Ill. Adm. Code 1100.60.

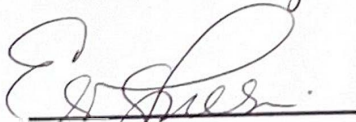
Sincerely,



Jeanine Valarie Logan
Executive Director and Director of Midwifery

Notarization

Subscribed and sworn to before
me this day of 23 August 2024.



Signature of Notary