

August 27, 2025

Via Overnight Carrier

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

Re: Project #24-028 Advocate Christ Medical Center – 2 West Conversion

Final Project Report

Advocate Health and Hospitals Corporation, (d/b/a Advocate Christ Medical Center), Advocate Aurora Health, Inc., and Advocate Health, Inc., Construction Project: Advocate **Christ Medical Center – 2 West Conversion**.

Dear Mr. Kniery:

This letter is intended to satisfy Section 1130.770 Project Completion, Final Realized Costs and Cost Overruns, by providing the required information on Project #24-028. The project is for renovation of a twelve (12) bed Medical Surgical patient Hospital Nursing unit of 8,673 square feet at Advocate Christ Medical Center in Oak Lawn, Illinois. This project will increase 12 M/S beds and decrease 12 OB Beds at Advocate Christ Medical Center. The total number of licensed beds will remain at 794. The size and scope as approved by the State Board remains unchanged. The Review Board granted the permit for this Project on December 17, 2024.

The notice of project completion was submitted on August 01, 2025, indicating the project was completed July 01, 2025. The project was completed within the "Completion Date" of March 20, 2026, specified in the Permit Approval Letter. This final report includes the following:

- Certification that the project costs, as itemized, represent all the costs required to complete the project and there are no additional or associated costs or capital expenditure related to this project.
- This also certifies compliance with all the terms of the permit to date, including the project cost, square footage, and services.
- The final application and certification for payment is shown in the AIA G702 and G703 forms. Because this project's permitted costs were less than three times the capital expenditure minimum, we did not conduct an independent auditor's report (Section 1130.770.d.5).

USE OF FUNDS	COSTS INCURRED	IN PERMIT	DIFFERENCE
Preplanning Costs	\$34,600	\$34,600	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$1,315,428	\$1,072,690	\$242,738
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$122,708	\$160,000	-\$37,292
Architectural/Engineering Fees	\$184,832	\$108,600	\$76,232
Consulting and Other Fees	\$0	\$47,100	-\$47,100
Movable or Other Equipment (not in construction contracts)	\$351,426	\$690,900	-\$339,474
Bond Issuance Expense (project related)	\$18,185	\$18,185	\$0
Net Interest Expense During Construction (project related)	\$63,177	\$63,177	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs to Be Capitalized	\$259,255	\$280,100	-\$20,845
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$2,349,611	\$2,475,352	-\$125,741

Please contact me at (708) 473-4692 or Laura Parisi at (773) 304-6068 via email at james.kokaska@aah.org or Laura.parisi@aah.org if you have any questions regarding this report.

Sincerely,


James Kokaska

Vice President, Planning, Design, & Construction
Midwest Acute Care, Inpatient Rehab, Inpatient Behavioral Health, Emergency
Advocate Health and Hospitals Corporation

CC: Mark Miller, President, South Chicago Patient Service Area and Advocate Christ Medical Center
Cameron Lewis, Chief Operating Officer Facility, Advocate Christ Medical Center
Laura Parisi, Director, Planning, Design, & Construction, South Chicago Patient Service Area
Myndee Balkan, Director, Health Facility Planning
Mike Constantino, HFSRB
George Roate, HFSRB
Blanca Dominguez, HFSRB

Application and Certificate for Payment

TO OWNER: Advocate Christ Hospital & Medical Center
18505 West Creek Drive, Suite 1A
Tinley Park, Illinois 60477

PROJECT: Christ Hospital 2W Med Surg
4440 W 95th Street
Oak Lawn, Illinois 60453

FROM CONTRACTOR: Michuda Construction, Inc.
18505 West Creek Drive, Suite 1A
Tinley Park, Illinois 60477

APPLICATION NO: 5
PERIOD TO: 08/31/25
CONTRACT FOR: General Construction
CONTRACT DATE: 02/17/25
PROJECT NOS: 180.356

Distribution to: OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
FIELD ☐
OTHER ☐

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. ORIGINAL CONTRACT SUM \$ 1,315,428.00
2. Net change by Change Orders \$ 0.00
3. CONTRACT SUM TO DATE (Line 1+2) \$ 1,315,428.00
4. TOTAL COMPLETED AND STORED TO DATE (Column G on G703) \$ 1,296,222.00
5. RETAINAGE:

- a. 0.0% of Completed Work
(Column D + E on G703) \$ 0.00
- b. 0.0% of Stored Material
(Column F on G703) \$ 0.00

Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ 0.00

6. TOTAL EARNED LESS RETAINAGE \$ 1,296,222.00

(Line 4 Less Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$ 1,055,531.06

(Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE \$ 240,690.94

9. BALANCE TO FINISH, INCLUDING RETAINAGE

(Line 3 less Line 6) \$ 19,205.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$0.00
Total approved this Month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order		\$ 0.00

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

CONTRACTOR: Michuda Construction, Inc.

By: Michuda Construction Date: 8/27/25

State of: _____ County of: _____

Subscribed and sworn to before me this _____

Notary Public:

My Commission expires: _____

ARCHITECT'S CERTIFICATE FOR PAYMENT

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

AMOUNT CERTIFIED \$ 240,690.94
(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: David R. Doster Date: 08/27/2025

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

AIA[®] Document G703[™] – 1992

Continuation Sheet

AIA Document G702[™]-1992, Application and Certificate for Payment, or G732[™]-2009,

Application and Certificate for Payment, Construction Manager as Adviser Edition,

containing Contractor's signed certification is attached.

In tabulations below, amounts are in US dollars.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO.: 5

APPLICATION DATE: 08/16/25

PERIOD TO: 08/31/25

ARCHITECT'S PROJECT NO: 180.356

A ITEM NO.	B DESCRIPTION OF WORK	C ORIGINAL CONTRACT	C.1 CHANGE ORDERS	C.2 REVISED CONTRACT	D	E WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D O R E)	G		H BALANCE TO FINISH (C.2 - G)	I RETAINAGE (IF VARIABLE RATE)
						FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G / C.2)		
01.211300	Alternates 1-3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	0.00	0.00
01.214300	Allowance - Overtime	17,000.45	0.00	17,000.45	11,257.00	5,743.45		0.00	17,000.45	100.0%	0.00	0.00
01.412300	Allowance - Permit Fees	8,500.00	0.00	8,500.00	8,500.00		0.00	0.00	8,500.00	100.0%	0.00	0.00
01.711300	Allowance - Unidentified MEP	3,220.00	0.00	3,220.00	0.00	0.00	0.00	0.00	0.00	0.0%	3,220.00	0.00
02.222400	Mobilization	4,500.00	0.00	4,500.00	4,500.00		0.00	0.00	4,500.00	100.0%	0.00	0.00
02.411900	Selective Demolition	44,658.00	0.00	44,658.00	37,768.00	6,890.00		0.00	44,658.00	100.0%	0.00	0.00
06.100000	Rough Carpentry	14,193.00	0.00	14,193.00	14,193.00		0.00	0.00	14,193.00	100.0%	0.00	0.00
06.220000	Millwork	39,986.00	0.00	39,986.00	39,986.00		0.00	0.00	39,986.00	100.0%	0.00	0.00
08.100000	Doors & Frames	83,665.00	0.00	83,665.00	75,852.00	7,813.00		0.00	83,665.00	100.0%	0.00	0.00
08.711300	Auto Operators	19,033.00	0.00	19,033.00	13,273.61	5,759.39		0.00	19,033.00	100.0%	0.00	0.00
08.800000	Glazing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	0.00	0.00
09.211600	Taping	8,355.00	0.00	8,355.00	8,355.00		0.00	0.00	8,355.00	100.0%	0.00	0.00
09.290000	Gypsum Board	30,692.00	0.00	30,692.00	20,947.00	9,745.00		0.00	30,692.00	100.0%	0.00	0.00
09.500000	Ceilings	24,965.00	0.00	24,965.00	24,965.00		0.00	0.00	24,965.00	100.0%	0.00	0.00

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A	B	C	C.1	C.2	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	ORIGINAL CONTRACT	CHANGE ORDERS	REVISED CONTRACT	WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G / C.2)	BALANCE TO FINISH (C.2 - G)	RETAINAGE (IF VARIABLE RATE)
					FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
09.600000	Flooring, Base, & Tile	62,928.00	0.00	62,928.00	45,480.00	17,448.00	0.00	62,928.00	100.0%	0.00	0.00
09.910000 0	Painting	44,559.00	0.00	44,559.00	34,404.98	10,154.02	0.00	44,559.00	100.0%	0.00	0.00
10.260000	HIWC & Hand/Bumper Rail	37,290.00	0.00	37,290.00	37,290.00	0.00	0.00	37,290.00	100.0%	0.00	0.00
12.050500	Owner Equipment & Accessoires R&R	15,144.00	0.00	15,144.00	14,535.60	608.40	0.00	15,144.00	100.0%	0.00	0.00
21.100000	Sprinkler Systems	21,145.00	0.00	21,145.00	19,466.53	1,678.47	0.00	21,145.00	100.0%	0.00	0.00
22.100000 0	Plumbing	47,892.00	0.00	47,892.00	38,387.00	9,505.00	0.00	47,892.00	100.0%	0.00	0.00
23.050000 0	HVAC	113,687.55	0.00	113,687.55	97,684.95	16,002.60	0.00	113,687.55	100.0%	0.00	0.00
26.050000 0	Electrical	428,046.00	0.00	428,046.00	355,522.50	72,523.50	0.00	428,046.00	100.0%	0.00	0.00
53	Not Awarded	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	0.00	0.00
54	General Conditions	106,927.00	0.00	106,927.00	87,840.56	19,086.44	0.00	106,927.00	100.0%	0.00	0.00
55	General Requirements	64,132.00	0.00	64,132.00	53,104.23	11,027.77	0.00	64,132.00	100.0%	0.00	0.00
56	Fee	58,924.00	0.00	58,924.00	46,530.63	12,393.37	0.00	58,924.00	100.0%	0.00	0.00
57	Contingency	15,986.00	0.00	15,986.00	0.00	0.00	0.00	0.00	0.0%	15,986.00	0.00
	GRAND TOTAL	\$1,315,428.00	\$0.00	\$1,315,428.00	\$1,089,843.59	\$206,378.41	\$0.00	\$1,296,222.00	98.5%	\$19,206.00	\$0.00